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Ministry of Fisheries, Animal Husbandry & Dairying
Department of Animal Husbandry & Dairying

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CIRCULAR

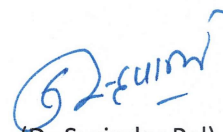
The undersigned is directed to forward draft standards for Veterinary Hospitals and Veterinary Clinics (copies enclosed) for standardization of facilities/services at veterinary Hospitals & Clinics. In this regard, all States/UTs are requested to provide their comments/feedback on draft document within 30 days. The comments may be related to whether standard/criteria are understandable, beneficial and achievable. The comments/ observations/ feedback may please be sent on the following E-mail addresses:

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The said draft copies have also been uploaded on the website of this Department viz. <https://dahd.nic.in/>


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Distribution:

Director, AHD of All States/UTs

NIC, DAHD (with a request to upload circular on the website of this Department)

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Accreditation Standards for Veterinary Hospitals

Final Draft
February 2022

Draft for Stakeholder Comments

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II Introduction

Veterinary services are aimed for the prevention, control, diagnosis and treatment of diseases affecting the health of animals. It is also concerned with preventing the transmission of animal diseases to humans. Services also include veterinary extension activities, artificial insemination and breeding activities and vaccination programmes. The animal health care sector is rapidly changing with the advancement of knowledge and technology, and public expectations. Quality in animal health care has not much advanced as compared to human health care. This is perhaps due to lack of any quality improvement or accreditation framework, in-depth knowledge of veterinary practitioners in relation to quality and non-institutionalisation of quality concept.

Animals and the health systems which ensure their protection, play a vital role in the security, and the economic and social wellbeing of people. Animals are a valuable asset to the rural poor for their living, and contribute for income generation, food security and nutrition. Poor financial resources, and inadequately staffed and unorganised Veterinary Services result in high animal losses and uncontrolled epidemics. Animal diseases cause significant, unpredictable negative impacts on the livelihoods of communities. More than 60% of animal diseases are zoonotic (transmissible to humans), making animal health and public health closely related. Thus, ensuring animal health and its service delivery is the need of the hour globally requiring sustainable attention and investment. This is what precisely the “**One Health**” concept is all about i.e. integration of human health and animal health.

Dr Monique Eloit, Director General, World Organisation for Animal Health (OIE) stated “National Veterinary Services preserve and develop animal resources, reducing poverty and hunger worldwide through improving rural livelihoods and feeding the world. Their additional impact on global health security by addressing “risk at source” for emerging pandemic threats, antimicrobial resistance and food safety crises further safeguards the planet. For these compelling reasons, supporting the livestock sector through investments in national Veterinary Services, based on international standards and principles of ‘good governance’, protects and develops all communities, from global to local.”

In human health care, ‘Accreditation Standards’ world over have been used as a framework to achieve desirable goals. Accreditation Standards have always laid down a set of requirements which are usually higher than basic requirements for licensing. These standards provide an opportunity to healthcare providers to look at their systems, policies, procedures and processes to see whether they are able to achieve better in terms of structures, processes and outcomes. Learning from the experience in human health care and researched literature in veterinary sector these accreditation standards for veterinary hospitals are developed. Standards are written in a manner to facilitate easy understanding by veterinary hospitals to adapt and implement. This set of standards on implementation in a veterinary hospital would certainly show benefits of increased patient (animal owner/client) and staff satisfaction, reduction in mortality, reduction in infection rates, reduction in adverse incidents, and transparency in functioning and of course better clinical outcomes.

These standards were developed keeping in mind the challenges in veterinary hospitals and to ensure that standards are relevant, understandable, measurable, beneficial and achievable.

These accreditation standards are meant to accredit veterinary hospitals i.e. veterinary facilities having

OPD, IPD, Emergency, Surgery, Diagnostic (Lab and Imaging), breeding and support services and are in possession of all infrastructure and facilities that are appropriate and relevant to the services being provided by the organization.

These accreditation standards for veterinary hospitals are comprised of 10 chapters, 75 standards and 281 criteria. Criterion is the measurable component of the standard. We are hopeful that veterinary hospitals as well as their patients (clients/ owners) would find these useful. We seek your feedback on continuous basis to improve them as part of our regular review and revision process which will generally takes place every three to four years.

We would like to immensely thank the Technical Committee and reviewers involved for their efforts, time and commitment leading to the development of these accreditation standards for veterinary hospitals.

II Standards Framework

This set of accreditation standards have a defined framework making them easy for veterinary hospitals and assessors to use. These standards are categorised into 10 Chapters as mentioned above. Each Chapter is divided into a number of Standards and each Standard is further divided into a number of criteria. Criterion is a measurable element to evaluate the compliance against that specific standard. First five chapters are focused on the organisational functioning and the last five chapters are focused on patient care. Ten chapters together cover all components of care continuum in a veterinary hospital. The framework is as follows:

Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
1	Governance and Leadership (GAL)	5	15
2	Human Resources Management (HRM)	5	16
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6	Patient Assessment and Care (PAC)	15	56
7	Client/ Owner Rights and Education (CRE)	6	23
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9	Surgical Care and Safety (SCS)	7	29
10	Hygiene and Infection Control (HIC)	6	33
Total	10	75	281

Illustration of how the standard is structured:

Chapter is referred as acronym e.g. Governance and Leadership is referred as GAL. Standards are numbered as GAL.1, GAL.2 etc. and criteria are numbered as GAL.1.a, GAL.1.b etc.

Standard framework can be depicted as follows:

Chapter

Standard

Criterion

Chapter 1. Governance and Leadership (GAL)

Standard GAL.1: The management of the veterinary hospital is committed to, and actively engaged in, quality and safety.

Criteria GAL.1.aThe management documents its vision, mission and values.

Criteria GAL.1.b.....

Scoring methodology:

Each criterion is scored at a scale of 10/5/0/NA based on the compliance as per below principle:

- Compliance to the requirement: 10 (70 or >70% samples complying)
- Partial compliance to the requirement: 5 (30 to 69% samples complying)
- Non-compliance to the requirement: 0 (<30% samples complying)
- Not Applicable: NA (There may be a possibility that some of the standard/criterion is not relevant to a specific type of organisation based on its services, in such case that standard/criterion shall be rated as NA)

Evaluation Criteria for accreditation decision:

A veterinary hospital must meet the following criteria for the award of accreditation. In addition, an Action Plan to be prepared for addressing criterion having received a score of 0/5.

- No zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must be ≥ 5 .
- The average score for individual chapter must be ≥ 7 .
- The overall average score for all chapters must be ≥ 8

Chapter 1 Governance and Leadership (GAL)

Introduction

Each veterinary hospital requires a governance structure that is ultimately responsible for the quality and safety of the services being provided. This responsibility is derived from its legal identity and operational authority for all activities undertaken by the veterinary hospital within the ambit of applicable national/state laws and regulations. Each veterinary hospital, regardless of its complexity, also has a formal organisational structure. Leaders/Management ensure compliance to a system that promotes safety and quality, which meet needs and expectations of patients/owners/clients including availability of adequate resources e.g., human, financial & physical and monitoring and evaluation components.

STANDARDS AND CRITERIA		
Standard	GAL.1:	The management of the veterinary hospital is committed to, and actively engaged in, quality and safety.
Criterion	a.	The hospital management documents its vision and mission.
	b.	Expectation of management to create and maintain a culture of quality and safety is documented in a policy.
Standard	GAL.2:	The management is accountable for the quality and safety of care delivered.
Criterion	a.	There is a documented and dated organogram of the veterinary hospital.
	b.	The management ensures the availability of required internal structures and resources to support quality and safety.
Standard	GAL.3:	The management keeps itself updated on the quality and safety of care delivered.
Criterion	a.	The management organise meetings to discuss quality and safety of care and minutes of meeting are prepared to take actions in a defined time frame.
	b.	Reports on results from peer review activities like different assessments/audits are reviewed by the leadership and action taken.
Standard	GAL.4:	The veterinary hospital delivers services and makes decisions in accordance with its values and ethical principles.
Criterion	a.	Values of the veterinary hospital are defined, displayed and communicated to staff.
	b.	The veterinary hospital has defined and displayed its scope of services.
	c.	The veterinary hospital defines its code of ethics/ behaviour and functions in an ethical manner.
Standard	GAL.5:	The veterinary hospital is committed to animal health promotion, wellness, disease prevention and livestock improvement in collaboration with community and government agencies.
Criterion	a.	The veterinary hospital defines policies for animal health promotion, wellness, disease prevention and livestock improvement.

- | | |
|-----------|--|
| b. | The veterinary hospital participates in local/regional/national programmes related to animal health promotion, wellness, disease prevention and livestock improvement. |
| c. | The veterinary hospital provides information, education and counselling to community partners and population on animal health promotion, wellness, disease prevention and other relevant subjects. |
| d. | A process is implemented for reporting zoonotic and notifiable diseases as per laws and regulations, as applicable. |
| e. | The veterinary hospital has a documented policy and procedure for issuing animal health and travel certificate as per applicable national and international regulations. |
| f. | The veterinary hospital contributes to Public Health/ One Health. |

Chapter 2 Human Resource Management (HRM)

Introduction

Human Resource includes the people that work *in, for, or with* the veterinary hospital and are integral to ensuring the delivery of quality, patient-centred, and safe care. The veterinary hospital must be able to assure the client/ owner that it can meet their needs and deliver quality and safe care through a team of dedicated and qualified staff. Management should provide safe physical and social environment which is free from harassment or accidents.

STANDARDS AND CRITERIA		
Standard	HRM.1:	The veterinary hospital has adequate and appropriate human resources.
Criterion	a.	The veterinary hospital has suitably qualified and trained adequate manpower to provide the defined scope of services.
	b.	The veterinary hospital has a documented job description for all staff.
	c.	The veterinary hospital applies due diligence to ensure that potential staff has good moral character.
	d.	The veterinary hospital has a documented recruitment process which includes requirements related to competencies, induction and evaluation/re-evaluation.
Standard	HRM.2:	The veterinary hospital has a continuous professional development programme for its staff.
Criterion	a.	There is a documented professional development policy for staff.
	b.	Staff is provided in-service training as and when required.
	c.	Staff is trained on safety related to occupation and surrounding environment.
	d.	Staff is trained on respecting patient's (animal owner/ client) preferences and choices, informing about their options for care and treatment, and obtaining informed consent.
	e.	There is a documented performance evaluation process for staff.
Standard	HRM.3:	A documented disciplinary and grievance handling system exists in the veterinary hospital.
Criterion	a.	Disciplinary and grievance handling policies and procedures are documented and are in line with applicable laws.
	b.	Such policies and procedures are made available to each staff.
Standard	HRM.4:	A documented policy exists to address health and safety needs of staff.
Criterion	a.	The staff engaged in direct patient care is subjected to annual health check-ups and vaccinations as required, and results are recorded.
	b.	Health issues including occupational health hazards (e.g. acquiring infection, exposure to radiation, etc.) of staff are identified and addressed as per documented policy.
	c.	Personal radiation monitoring device is provided to applicable staff and periodically tested.

Standard	HRM.5:	The veterinary hospital has a documented system of maintaining personal files for all staff.
Criterion	a.	Personal files are maintained and updated as necessary for each staff.
	b.	Personal file contains at least the qualifications; work experience, results of evaluation and appraisals, employment history, trainings attended, regulatory certification/license, job description, attendance and leave records.

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**Chapter 3
Facility and Risk Management (FRM)**

Introduction

The veterinary hospital shall develop mechanisms for preventing avoidable risks related to unsafe care and treatment. Facility must assess the potential health and safety risks during care and treatment and ensure staff has the requisite qualification, skills, experience and competence. Premises and equipment must be safe and available in optimal quantities.

STANDARDS AND CRITERIA		
Standard	FRM.1:	Facility Management is guided by applicable laws and regulations.
Criterion	a.	The Management of the veterinary hospital is familiar with and abide by the local and national laws that govern the veterinary hospital.
	b.	The updated drawings are available which include site-layout, floor plans and emergency escape routes.
Standard	FRM.2:	The management ensures the availability of adequate infrastructure and facility to provide the defined scope of services.
Criterion	a.	The veterinary hospital has adequate infrastructure and facilities to provide defined services.
	b.	The veterinary hospital has adequate facility for animal handling, restraint and waiting.
	c.	The veterinary hospital has a mechanism for controlling/ regulating direct contacts of patients.
	d.	The veterinary hospital has facility for feed/ food and water for patients/ owners.
Standard	FRM.3:	There is a documented safety and security plan.
Criterion	a.	The veterinary hospital has a safety and security plan which is dependent on identified safety and security threats e.g., natural and manmade disasters.
	b.	The plan ensures maintaining a safe and secure environment for patients, client/owner, staff and visitors.
	c.	The veterinary hospital has security personnel that can handle issues of security and know how and when to report security issues to the management.
	d.	Inspection of the veterinary hospital is conducted at least two times in a year to identify security and safety threats and findings from inspection are acted upon.
	e.	There are safety signages including radiation signage both internally and externally (as applicable) available in the veterinary hospital in a language understood by client/owner and community.
Standard	FRM.4:	There is a documented plan and system for management of hazardous material.
Criterion	a.	There is a list of identified hazardous materials in the veterinary hospital.
	b.	There is a documented procedure for handling and disposal of

		hazardous materials/ waste which is in accordance with the applicable regulations.
	c.	Staff is trained on the proper use of personal protective equipment and procedures during use, spill or exposure to hazardous materials.
Standard	FRM.5:	The veterinary hospital has provision of potable water and electricity during operational hours.
Criterion	a.	The veterinary hospital ensures availability of potable water and electricity during operational hours.
	b.	The quality of water should be checked periodically.
Standard	FRM.6:	There is a documented disaster/emergency response plan.
Criterion	a.	The veterinary hospital has a disaster/ emergency response plan to manage both natural (e.g. fires, floods, earthquakes, disease outbreaks, cyclones) and man-made (e.g. urban fire, industrial accidents, terrorism) emergencies and resources are made available during such emergencies.
	b.	The plan is reviewed and tested at least once in a year.
	c.	The fire safety plan is tested at least twice in a year and staff participates in it.
	d.	The veterinary hospital has displayed emergency numbers of internal and external responders/help.
Standard	FRM.7:	There is a documented equipment management programme.
Criterion	a.	The veterinary hospital ensures availability of required equipment including bio-medical equipment as per its scope of services.
	b.	There is a documented operational and maintenance (preventive/ breakdown) plan for all equipment.
	c.	Qualified and trained staff operates, inspects and maintains equipment.
	d.	The veterinary hospital ensures that only trained and competent people handle specialised equipment.
	e.	Equipment are periodically inspected and calibrated as applicable to ensure proper functioning.
Standard	FRM.8:	The veterinary hospital has a programme for maintaining medical gases, vacuum and compressed air.
Criterion	a.	Documented procedures govern procurement, handling, storage, distribution, usage and replenishment of medical gases in a safe manner.
	b.	There is a documented operational, inspection, testing and maintenance plan for piped medical gas, compressed air and vacuum installation.
Standard	FRM.9:	The veterinary hospital has a programme for the management of utility system.
Criterion	a.	There is a maintenance plan for heating, ventilation and air-conditioning.
	b.	There is a maintenance plan for water system.
	c.	There is a maintenance plan for electrical system.
	d.	There is a maintenance plan for information technology and

		communication systems.
Standard	FRM.10:	A documented risk management plan is implemented.
Criterion	a.	The veterinary hospital identifies, evaluates and manages potential risks to patients, client/owner, staff and visitor.
	b.	The veterinary hospital takes appropriate actions to eliminate or minimise these risks.
	c.	The veterinary hospital protects patients, client/owner and staff from abuse.

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Chapter 4 Information Management System (IMS)

Introduction

An effective Information management system is based on the information needs of the veterinary hospital. The information system should be able to capture, transmit, store, analyse, utilise and retrieve information “*as and when*” required for improving the clinical outcomes as well as individual and overall veterinary hospital performance. It is therefore important that the veterinary hospital has a robust information management system.

STANDARDS AND CRITERIA		
Standard	IMS.1:	Documented policy and procedure exist to meet the information needs of the veterinary hospital.
Criterion	a.	The information needs of the veterinary hospital are identified and are appropriate to the scope of the services being provided.
	b.	The veterinary hospital contributes to external databases in accordance with the local laws and regulations, as applicable.
Standard	IMS.2:	The veterinary hospital implements a robust document control system.
Criterion	a.	The veterinary hospital has a documented procedure to develop, authorise, review and update its documents (generated internally & received from external sources) including plans, policies and procedures within defined time frames.
	b.	Documented procedures exist for storing and retrieving documents.
Standard	IMS.3:	The veterinary hospital implements a robust system of controlling and managing data.
Criterion	a.	Formats for data collection are standardised.
	b.	Necessary resources are available for collection and analysis of data.
	c.	Documented procedures are laid down for timely and accurate dissemination of data.
	d.	Documented procedures exist for storing and retrieving data.
Standard	IMS.4:	The veterinary hospital defines what constitutes a veterinary medical record and maintains it.
Criterion	a.	The veterinary medical record includes but not limited to complete information about the animal owner or caregiver if known (name, address, phone number), name of the animal, information about species, breed, age, sex, identification of patient and body weight.
	b.	The veterinary medical record contains information about reasons for bringing animal to veterinary hospital, diagnosis and treatment/care plan.
	c.	The veterinary medical record contains the results of tests carried out, procedure(s) performed and the care including nursing care provided.
	d.	When a patient is transferred to another veterinary hospital, the veterinary medical record contains the date of transfer, the reason for

		the transfer and the name of the receiving hospital.
	e.	The veterinary medical record contains a duly signed copy of the discharge summary, if applicable, by appropriate and qualified personnel.
Standard	IMS.5:	The veterinary hospital maintains complete and accurate veterinary medical record of every patient.
Criterion	a.	Every veterinary record has a unique identifier.
	b.	Veterinary hospital identifies those authorized to make entries in these records.
	c.	Entry in the veterinary record is named, signed, dated and timed, if appropriate.
	d.	The record provides a complete, up-to-date and chronological account of patient care.
	e.	Provision is made for the availability of the patient's record to care providers as required.
Standard	IMS.6:	The veterinary hospital has documented policy and procedure for maintaining confidentiality, integrity and security of records, data and information.
Criterion	a.	Documented policy and procedure exist for maintaining confidentiality, security and integrity of patient and client/owner records, data and information.
	b.	The policy and procedure are in accordance with the applicable laws.
	c.	The veterinary hospital ensures safeguarding of data & record against loss, destruction and tampering.
	d.	A documented procedure exists to address issues related to patients/veterinarians and other public agencies requesting access to information in the veterinary record in accordance with the local and national law.
Standard	IMS.7:	There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information.
Criterion	a.	Documented policy and procedure are in place on retaining the patient's clinical records, data and information in accordance with the local and national laws and regulations.
	b.	The destruction and retrieval of veterinary medical records (both paper and electronic), data and information are done in accordance with the laid-down policy.
Standard	IMS.8:	The veterinary hospital regularly conducts veterinary medical record audit.
Criterion	a.	The veterinary medical record audit is periodically conducted.
	b.	The audit covers timeliness, legibility and completeness of the veterinary records.

Chapter 5 Continual Quality Improvement (CQI)

Introduction

Veterinary hospital must have an effective governance system in place, including assurance and auditing systems. These must assess, monitor and drive improvement in the quality and safety of the services provided. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the services. The facility must continually evaluate and seek to improve their governance and auditing practice.

STANDARDS AND CRITERIA		
Standard	CQI.1:	There is a structured quality improvement programme.
Criterion	a.	A quality improvement programme is developed, implemented and maintained.
	b.	There is a designated individual for coordinating and implementing the quality improvement programme.
	c.	The programme is communicated and coordinated amongst all the staff of the veterinary hospital through appropriate training mechanism.
	d.	Regular audits (minimum once in a year) are conducted to ensure continuous compliance of the programme.
Standard	CQI.2:	There is a structured patient-safety programme in the veterinary hospital.
Criterion	a.	A documented patient-safety programme is implemented.
	b.	The scope of the programme is defined to include adverse events ranging from “no harm” to “sentinel events”.
	c.	There is a designated individual for coordinating and implementing the patient-safety programme. The designated individual may be same/ different as designated for coordinating and implementing quality improvement programme.
	d.	The patient-safety programme is reviewed and updated at least once in a year.
Standard	CQI.3:	The veterinary hospital defines and monitors performance indicators.
Criterion	a.	Clinical quality indicators are defined and measured.
	b.	Managerial quality indicators are defined and measured.
	c.	Results from the monitoring of the defined indicators are used to make improvement.

Chapter 6
Patient Assessment and Care (PAC)

Introduction

Clients/ animal owners are made aware of the services being offered through different modes as per the requirement of the veterinary hospital. Processes are defined for various activities including registration, admission, referral and discharge. Patients once taken into the veterinary hospital are assessed and re-assessed as per policy for their clinical needs and treatment. Diagnostic services are provided as per the scope of services.

STANDARDS AND CRITERIA		
Standard	PAC.1:	The veterinary hospital defines and displays its services
Criterion	a.	The veterinary hospital clearly defines the services it provides.
	b.	Services being provided are displayed for easy access of the user.
	c.	The staff is aware of these services.
Standard	PAC.2:	The veterinary hospital has a documented registration and admission process, as applicable.
Criterion	a.	The veterinary hospital has a documented policy and procedure for registration/ admission of out-patients, in-patients and emergency patients, as applicable.
	b.	The procedure includes identifying patients with urgent needs and who require immediate attention and these patients are attended to or treated immediately.
	c.	Patients are accepted only if the veterinary hospital can provide the services.
	d.	A unique number is generated to identify the patient throughout the veterinary hospital.
	e.	The veterinary hospital has a system of payment receipts.
Standard	PAC.3:	The veterinary hospital has adequate mechanism for referral of patients.
Criterion	a.	The veterinary hospital has a documented procedure for referral of patients based on their health status and need.
	b.	The veterinary hospital maintains a list of veterinary hospitals for referring the patients appropriately.
Standard	PAC.4:	Initial assessment is conducted of all patients being cared for in the veterinary hospital.
Criterion	a.	All patients undergo an initial assessment based on their needs, age and condition.
	b.	The veterinary hospital defines the contents of the assessment including screening for nutritional needs.
	c.	A care plan for all patients is prepared based on the initial assessment and signed by the treating veterinarian.

Standard	PAC.5:	Patients admitted by the veterinary hospital undergo a regular reassessment, as applicable.
Criterion	a.	Patients are reassessed at appropriate interval based on their clinical status.
	b.	Reassessment determines the course of care for continuation, change in care plan or discharge.
	c.	Staff involved in direct patient care document the findings of reassessment.
Standard	PAC.6:	The veterinary hospital ensures uniformity and continuity of patient care.
Criterion	a.	Documented procedure guides the uniform care to patients and care is provided according to appropriate laws and regulations.
	b.	The care plan for every patient is individualized and is dependent on their needs at assessment and reassessment.
	c.	Qualified individuals provide care to patients based on their licensing, credentialing and privileging.
	d.	The veterinary hospital has a documented procedure for managing patients with chronic illnesses.
Standard	PAC.7:	Diagnostic laboratory services are available as per the scope of services of the veterinary hospital.
Criterion	a.	Diagnostic laboratory services are in consonance with the services provided by the veterinary hospital.
	b.	Documented procedure exists for pre-examination, examination and post examination of specimen.
	c.	Adequately trained and competent staff is available.
	d.	Turnaround time for results is defined and critical results are informed immediately.
	e.	Tests not available are outsourced to a competent facility.
	f.	Typed and signed report in detail is provided to clients/animal owners and a copy maintained at the facility.
Standard	PAC.8:	Diagnostic imaging services are available as per the scope of services of the veterinary hospital.
Criterion	a.	Diagnostic imaging services are in consonance with the services provided by the veterinary hospital.
	b.	Documented procedures/ protocols based on evidence-based practices exist for the imaging procedures (modalities).
	c.	Radiation safety programme is documented and implements the principles of As Low As Reasonably Achievable (ALARA).
	d.	Turnaround time for results is defined and critical results are informed immediately.
	e.	Personnel protective equipment/ devices including radiation protection are provided to staff and patients/ animal owners.
	f.	Procedures not available are outsourced to a competent facility.
	g.	Typed and signed report in detail is provided to clients/animal owners

		and a copy maintained at the facility.
Standard	PAC.9:	Emergency services are provided as per documented procedures.
Criterion	a.	There is a documented procedure for emergency services in line with legal provisions.
	b.	Staff is knowledgeable and trained in attending the patients arriving in emergency or requiring emergency intervention.
	c.	Mechanism to provide appropriately equipped ambulance is in place.
	d.	The veterinary hospital has a documented policy and procedure to handle veterolegal cases in line with applicable laws and regulations.
Standard	PAC.10:	A documented discharge process exists.
Criterion	a.	The veterinary hospital plans the discharge of patient in consultation with the client/owner.
	b.	Documented policy and procedure exist for patients/ clients/owners leaving against medical advice or on request.
	c.	A discharge summary/ note is provided to all patients.
Standard	PAC.11:	The veterinary hospital defines the contents of discharge summary/ note, as applicable.
Criterion	a.	Discharge summary/ note contains the patient's and client/ owner's name, unique identification number, date of admission and date of discharge.
	b.	Discharge summary/ note contains the reasons for procedure/ admission, significant findings and diagnosis/ differential diagnosis and the patient's condition at the time of discharge.
	c.	Discharge summary/ note contains information regarding investigation results, any procedure performed, medication administered and other treatment given.
	d.	Discharge summary/ note contains follow-up advice, medication and other instructions in a manner understood to the client/owner.
	e.	Discharge summary/ note incorporates instructions about when and how to obtain urgent care.
Standard	PAC.12:	Documented policy and procedure exist for any research activity.
Criterion	a.	Documented policy and procedure address any research activity carried out and need to be in compliance with applicable regulatory, national and international requirements/ guidelines.
	b.	Appropriate Competent Authority/Ethics Committee oversee all research activity.
	c.	Client's/owner's informed consent is taken before enrolling into research/ clinical trial.
Standard	PAC.13:	Documented policy and procedure exist for care of patients in intensive care and high dependency units.
	a.	Documented policies and procedures are used for care of patients in intensive care and high dependency units.

	b.	Hospital use documented criteria for admission and discharge for its intensive care and high dependency units.
	c.	There are adequate and trained staff and equipment available.
Standard	PAC.14:	The veterinary hospital ensures appropriate pain management.
Criterion	a.	There are documented policy and procedure for pain management.
	b.	All patients are screened for pain and detailed assessment is done in patients with pain.
	c.	Pain alleviation measures/ medications are started immediately in patients with pain.
Standard	PAC.15:	The veterinary hospital supports end of life care in terminally ill patients.
Criterion	a.	There are documented policies and procedures for supporting patients with terminal illness with end-of-life care including euthanasia. These policy and procedure are in line with legal requirements, if any.
	b.	These policies and procedures take care of unique needs of such patients and symptomatic treatment is provided to patients.

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Chapter 7
Client/Owner Rights and Education (CRE)

Introduction

Patient is the centre of the care being provided in a health care setting. It is therefore important that clients'/owner's (representing patient) rights and responsibilities are documented and known to the client. It is also important to educate client regarding plan of care of the patient. Better client/owner satisfaction or outcome is achieved when clients/ owners are adequately informed about patient's care, their rights are respected and they are involved in the decision-making process.

STANDARDS AND CRITERIA		
Standard	CRE.1:	The veterinary hospital protects the rights of client/owner and inform them about their responsibilities.
Criterion	a.	Client/ owner rights and responsibilities are documented and displayed.
	b.	Client/ owner is informed of his rights and responsibilities in a manner and language he can understand.
	c.	Staff are aware of client's / owner's rights and steps are taken to protect them.
Standard	CRE.2:	The veterinary hospital identifies and documents the rights of client/ owner.
	a.	Client / owner rights include confidentiality of information.
	b.	Client/ owner rights include informed consent before transfusion of blood, anaesthesia, surgery, initiation of any research and any other high risk/ invasive procedure.
	c.	Client/ owner rights include refusal of treatment.
	d.	Client/ owner rights include information on the expected cost of treatment.
	e.	Client/ owner rights include access to veterinary medical records.
	f.	Client/ owner rights include right to complaint and how to voice a complaint.
	g.	Client/ owner rights include information and education on treatment and healthcare needs of his animal. Education includes about diet and nutrition, immunisations, specific disease process and prevention of infection.
	h.	Client/ owner rights include right to second opinion.
Standard	CRE.3:	The veterinary hospital documents the responsibilities of the client.
Criterion	a.	Client/ owner responsibilities include disclosing relevant, accurate and complete information about his animal's health and history.

	b.	Client/ owner responsibilities include abiding by administrative procedures, including visiting hours, payment, and appointment scheduling and cancellation policies.
	c.	Client/ owner responsibilities include showing respect for other clients/ owners, patients, and staff.
	d.	Client/ owner responsibilities include adhering to prescribed treatment plans and postoperative care.
Standard	CRE.4:	The veterinary hospital educates the client/ owner to make informed decisions and their involvement in care planning.
Criterion	a.	Client/ owner is explained about patient’s medicines, nutrition, and use of veterinary equipment.
	b.	Client/ owner is explained about patient’s treatment and or procedures.
	c.	Client/ owner is explained about the possible complications of patient.
	d.	Communication is done in a language that the client/ owner understands.
Standard	CRE.5:	The veterinary hospital has a documented feedback (compliment and complaint) system.
Criterion	a.	The veterinary hospital documents its policy and procedure for receiving and handling feedback (compliments and complaints) from the users of its services.
	b.	A documented complaint redressal procedure exists to receive, investigate and resolve complaints in a timely manner.
	c.	The veterinary hospital uses the results of complaint investigation to make improvements.
Standard	CRE.6:	The veterinary hospital provides information about the expected cost of treatment.
Criterion	a.	There is a uniform pricing policy in a given setting (out-patient & in-patient wards).
	b.	The tariff list is available to client/ owner.
	c.	Client/ owner is explained about the expected cost and information provided about possible increase in expected cost due to complications.

Chapter 8 Medication Management and Safety (MMS)

Introduction

Medication Management provides a frame work for safe and effective medication management system. Safe and effective medication management includes the processes for procurement, storage, prescribing, transcribing, preparing, dispensing and administering medicines. All processes of medication management of the facility comply with applicable rules and regulations.

STANDARDS AND CRITERIA		
Standard	MMS.1:	Documented policy and procedure exist for the management of medication.
Criterion	a.	There is a policy on medication management (pharmacy service and usage of medication).
	b.	There is a documented procedure for purchase, storage, prescription and dispensing of medications.
	c.	The medication management complies with the applicable laws and regulations.
Standard	MMS.2:	There is a documented process for procurement of medications.
Criterion	a.	The veterinary hospital defines the process for procurement of medicines in drug formulary.
	b.	A specific list of high-risk medications, with minimum and maximum dosages is available, as applicable.
Standard	MMS.3:	There is documented policy and procedure for storage and disposal of medications.
Criterion	a.	There is a documented policy and procedure for storage of medications.
	b.	The veterinary hospital ensures that medicines are stored according to manufacturer’s recommendation.
	c.	A system for inventory control is implemented (like ABC, vital, essential, desirable etc.).
	d.	Look-alike and sound-alike medications are identified and stored physically apart from each other.
	e.	Emergency medications are identified and available for immediate use in the patient care areas.
	f.	The veterinary hospital has a process for immediate re-stocking of emergency medications.
	g.	All prepared medicines and reagents - are labelled, and expiration dates or any applicable warnings are mentioned.
	h.	All expired or contaminated medicines are stored separately or discarded as per regulatory requirements to prevent inadvertent

		dispensing.
	i.	There is a policy on defining maximum dosages and safe storage of concentrated electrolytes to prevent inadvertent administration.
	j.	The veterinary hospital has a process for disposing of expired, cytotoxic, contaminated medicines and empty vials, and the same is documented.
Standard	MMS.4:	There is a documented policy and procedure for prescription of medication.
Criterion	a.	Medications are prescribed as per documented policy and procedure ensuring patient safety.
	b.	Only qualified healthcare providers according to licensure, training or certification can prescribe.
	c.	The veterinary hospital determines what a complete medication order is but minimally contains patient identification, medication name, route of administration, dose, and frequency.
	d.	Medication orders are clear, legible, dated, named and signed.
	e.	A prescription audit is conducted periodically to ensure implementation of prescription policy.
Standard	MMS.5:	A documented policy and procedure exist for safe dispensing of medications.
Criterion	a.	Medications are checked before dispensing and it includes right drug, right patient, right dose, right route, right time, right reason and expiry date.
	b.	High risk medications are verified before dispensing.
Standard	MMS.6:	A documented policy and procedure exist for safe administration of medications.
Criterion	a.	Medication administration is done only by trained personnel.
	b.	Patient is identified prior to administration.
	c.	Medication is verified from the order and physically inspected prior to administration.
	d.	Prior to administration, the person verifies the dosage, route and timing.
	e.	Medication administration is recorded in the patient records.
Standard	MMS.7:	The veterinary hospital has a system of monitoring of adverse drug events.
Criterion	a.	Adverse drug events are defined and reported within a defined time.
	b.	Data is collected and analysed for such events to make improvement.
Standard	MMS.8:	There is a documented policy and procedure for the use of narcotic drugs and psychotropic substances.
Criterion	a.	Documented policy and procedure for use of narcotics and psychotropic substances exists in consonance with local and national regulations. Required licence is obtained to keep permissible quantities of narcotic drugs
	b.	Such drugs are stored in a secure manner as per regulatory requirement

	c.	A proper record is kept of the usage, administration and disposal of these drugs.
Standard	MMS.9:	Documented policies and procedures guide the use of veterinary medical supplies and consumables.
Criterion	a.	There is a defined process for acquisition of veterinary medical supplies and consumables.
	b.	Veterinary medical supplies and consumables are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s).
	c.	Sound inventory control practices guide storage of veterinary medical supplies and consumables.
Standard	MMS.10:	Documented policies and procedures guide the use of veterinary medical devices including prosthesis or prosthetic implant.
Criterion	a.	Documented policies and procedures govern selection, procurement and usage of veterinary medical devices including prosthesis based on current scientific literature.
	b.	The veterinary hospital identifies and lists the types of implantable veterinary medical devices that are used within its scope of services.
	c.	The type, batch and serial number of the veterinary medical device including prosthesis are recorded in the patient's veterinary record.

Chapter 9 Surgical Care and Safety (SCS)

Introduction

It is important that the veterinary hospital uses evidence-based methods in clinical settings and the staff has requisite knowledge and skill set to carry out the procedures appropriately. Different policies and procedures are required to be in place to ensure that procedures being performed to provide desired outcomes. The surgical procedures should follow the best practices for use of anaesthesia, and use of blood & blood components to ensure patient safety.

STANDARDS AND CRITERIA		
Standard	SCS.1:	Documented procedure exists for the performance of various procedures.
Criterion	a.	Only qualified individuals assess the patients, determine the need for surgery and perform the surgical procedure.
	b.	All phases of surgical care of the patient including pre, intra and post operation are adequately planned and documented.
	c.	Surgical care for the implanting of a medical device is planned with special consideration to include selection of devices, reporting processes for implantable device-related adverse events.
	d.	Client/ owner is educated on the surgical procedure to be performed on patient which includes the risks, benefits and possible complications and all these are documented in the patient records.
	e.	Informed written consent is obtained from the client/ owner before surgery and is documented.
	f.	Patients are monitored intra and post operatively as determined by the condition and the surgical procedure.
Standard	SCS.2:	The veterinary hospital follows a documented procedure for surgical safety.
Criterion	a.	A documented policy and procedure ensure surgical safety.
	b.	When surgery is performed, the veterinary hospital uses uniform processes to ensure the correct site, correct procedure, and correct patient.
	c.	The veterinary hospital uses a surgical safety checklist to document the process.
	d.	All members of the surgical team are involved in the time out process.
Standard	SCS.3:	Documented policy and procedure are used for administration of anaesthesia and sedation.
Criterion	a.	Only qualified individuals conduct pre anaesthesia and pre induction assessments and administer anaesthesia/ sedation for patients that require anaesthesia.

	b.	The anaesthesia care of each patient is adequately planned, informed consent obtained by anaesthetist and documented.
	c.	The veterinary hospital has necessary equipment, and supplies to safely administer anaesthesia/ sedation and deal with potential or unintended outcomes.
	d.	Physiological status of patients is monitored during anaesthesia and sedation. Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, level of sedation and pain perception.
	e.	Patients are monitored after anaesthesia/ sedation and the same is documented.
	f.	Adverse anaesthesia/ sedation events are monitored and recorded.
	g.	A documented procedure exists for special care of poor risk patients including very young and geriatric patients during administration of anaesthesia.
Standard	SCS.4:	Policies and procedures guide the care of patients undergoing local anaesthesia.
Criterion	a.	There is a policy regarding administration of local anaesthesia and is in consonance with the national guidelines.
	b.	The policy identifies staff authorized to administer local anaesthesia.
	c.	A documented procedure exists for special care of anxious patients including very young and geriatric patients during administration of local anaesthesia.
Standard	SCS.5:	There is a documented policy and procedure for use of blood and its components.
Criterion	a.	Documented policy and procedure are used for use of blood and its components.
	b.	Documented procedure exists for safe transfusion in compliance with regulatory requirements.
	c.	Transfusion reactions are reported and documented.
Standard	SCS.6:	Documented policy and procedure exist for the care of patients in observation units as per the scope of services.
Criterion	a.	Documented policy and procedure are used to provide care to patients in observation unit.
	b.	The veterinary hospital defines admission and discharge criterion from observation unit.
	c.	Appropriately trained staff and required equipment are available in the observation unit.
	d.	Appropriate infection control practices are implemented.
Standard	SCS.7:	There are documented policies for certain special procedures.
Criterion	a.	The veterinary hospital has a policy for elective castration, ear cropping, docking and ovariohysterectomy, etc.
	b.	The veterinary hospital has a policy for artificial insemination and maintains records of all artificial insemination performed including the details of the semen used.

Chapter 10

Hygiene and Infection Control (HIC)

Introduction

Changing technology and disease profile continue to present new challenges for infection prevention and control within veterinary facilities. Patients are at risk of developing healthcare associated infections because an increasing variety of medical procedures and invasive techniques create potential routes of infection. Poor infection control practices, transmission of drug-resistant bacteria leads to an increase in veterinary hospital acquired infections. Healthcare associated infections are the most common complications affecting patients.

STANDARDS AND CRITERIA		
Standard	HIC.1:	The veterinary hospital has a comprehensive hygiene and infection control programme.
Criterion	a.	There is a hygiene and infection control programme that covers clinical and non-clinical areas.
	b.	The infection control programme includes infection control manual containing policies and procedures for clinical and non-clinical areas including laundry and linen management.
	c.	The infection control manual includes proper waste disposal including biomedical and other types of wastes.
	d.	The infection control manual includes cleaning, disinfection and sterilisation activities.
	e.	The manual includes hand hygiene practices.
	f.	The manual includes handling of zoonotic and notifiable diseases.
Standard	HIC.2:	There is documented process to ensure infection control in sterilisation unit.
Criterion	a.	The veterinary hospital has identified an area for cleaning of instruments.
	b.	There is a process for decontamination of dirty instruments immediately after use or before they are cleaned using appropriate disinfectants.
	c.	The area for wrapping and packaging of instruments is adequate, clean and safe.
	d.	Sterilisation unit is well equipped for the type of services being provided.
	e.	The veterinary hospital monitors the efficacy of sterilisation process.
Standard	HIC.3:	The veterinary hospital has a documented policy on biomedical waste segregation and disposal in accordance with laws.
Criterion	a.	A documented policy on handling biomedical waste exists.
	b.	Veterinary hospital has authorisation for handling of biomedical waste as per law.
	c.	Waste segregation is performed at the site of generation.

	d.	Appropriate personnel protective equipment are available and used when handling biomedical waste.
Standard	HIC.4:	The veterinary hospital has a system of use of the Personal Protective Equipment (PPEs).
Criterion	a.	The veterinary hospital must make PPEs (e.g. gloves, protective eye wear, mask, apron, gown, boots/ shoe covers, cap/ hair cover) available at all times.
	b.	Staff must be regularly trained and educated on the appropriate use of PPEs.
	c.	PPEs must be worn by health care workers who provide direct care to patients and who work in situations where they may have contact with blood, body fluids, excretions or secretions.
Standard	HIC.5:	The veterinary hospital has a policy to prevent/ reduce healthcare associated infections.
Criterion	a.	The veterinary hospital implements hand hygiene practices.
	b.	Healthcare workers are provided access to hand hygiene facilities in patient care areas.
	c.	Healthcare workers wash or decontaminate hands using a plain soap and/or antimicrobial agent, such as an alcoholic hand rub.
	d.	Pre and post exposure prophylaxis is provided to concerned staff. (ex. Rabies)
	e.	Appropriate engineering control systems including heating, ventilation and air-conditioning, as applicable to prevent infection are provided.
	f.	There are separate areas for vaccination from areas of infected animals.
Standard	HIC.6:	The veterinary hospital ensures proper cleaning and disinfection.
Criterion	a.	Clinical and non-clinical areas are kept clean.
	b.	There is a cleaning procedure for clinical areas.
	c.	The procedure for cleaning includes the use of personal protective equipment, appropriate disinfectant for cleaning of equipment, surfaces and floors.
	d.	The cleaning procedure includes daily cleaning of operation theatre, resuscitation equipment, trolleys etc. with appropriate cleaning materials.
	e.	Separate cleaning mops are used for clinical and non-clinical areas.
	f.	Appropriate disinfectants are used.
	g.	Disinfectants should be stored correctly and according to manufacturer's instructions.
	h.	Soiled equipment e.g. kidney dish, forceps, etc. are soaked in disinfectant before removal from the procedure room or theatre.
	i.	There is a process to ensure proper preparation of disinfectant and monitoring of efficacy of disinfection.

Glossary

Following is a compilation of some commonly-used terms in this standard. This is to support the understanding of the standard.

Accreditation	A self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system. (ISQua)
Adverse drug event	<p>Adverse event: Any untoward medical occurrence that may present during treatment/ prophylaxis with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.</p> <p>Adverse Drug Reaction: A response to a drug/ vaccine which is noxious and unintended and which occurs at doses normally used for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function. Therefore ADR = Adverse Event with a causal link to a drug/ vaccine.</p> <p>Adverse drug event: The FDA recognises the term adverse drug event to be a synonym for adverse event.</p> <p>In the patient-safety literature, the terms adverse drug event and adverse event usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a</p> <ul style="list-style-type: none"> • drug • harm caused by drug use, and • a medication error with or without harm <p>Institute of Medicine: “An injury resulting from medical intervention related to a drug”, which has been simplified to “an injury resulting from the use of a drug”</p> <p>Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors.</p> <p>A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.</p>
Adverse event	Unintended injuries or complications that are caused by the management of a patient/service user’s care, rather than by the underlying disease. Such complications can lead to death, disability or a prolonged hospital stay.
Ambulance	A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.
Anaesthesia	Loss of bodily sensation with or without loss of consciousness
Animal	Animal means a mammal, reptile, bird or bee
Animal identification	means the combination of the identification and <i>registration</i> of an <i>animal</i> individually, with a unique identifier, or collectively by its <i>epidemiological unit</i> or group, with a unique group identifier.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.

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.
Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Client	'Client' means and includes the animal owner of the patient or his/her representative who presents the patient(s) to a veterinarian and/or seeks his/her advice and treatment.
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare professional.
Data	Facts or information used usually to calculate analyse or plan something.
Discharge summary/ note	A part of animal patient record that summarises the reasons for procedure/ admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).
Disinfection	means the application, after thorough cleansing, of procedures intended to destroy the infectious or parasitic agents of animal diseases, including zoonoses; this applies to premises, <i>vehicles</i> and different objects which may have been directly or indirectly contaminated.
Ethics	Moral principles that govern a person's or group's behaviour.
Formulary	An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective. The list is compiled by professionals and physicians in the field and is updated at regular intervals.
Grievance- handling procedure	Sequence of activities carried out to address the grievances of clients/owners, visitors, and staff.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Healthcare-associated infection	Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC) This was earlier referred to as Nosocomial/hospital-acquired/ hospital-associated infection(s).
High Risk /High Alert Medications	High-risk / high-alert medications can be defined as those drugs that have a heightened risk for adverse events or have heightened risk of catastrophic harm whenever there is an error. These drugs include generally have low therapeutic index.
Indicator	A statistical measure of the performance of functions, systems or processes overtime. For example, healthcare associated infection rate, mortality rate, turn-around time etc.
Information	Processed data which lends meaning to the raw data.
Informed Consent	1. Willingness of a client/ owner to allow his animal undergo

	<p>examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient (client/ owner in this case) about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient's owner/ client to take an informed decision of health care of his animal.</p> <p>2. In Veterinary, patient consent is given by the owner of the animal.</p>
Inventory control	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.
Job description	<ol style="list-style-type: none"> 1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g. PCPNDT Act.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
Medication Order	<p>A written order by a physician, dentist, or other designated health professional for a medication to be dispensed by a pharmacy for administration to a patient. Primary difference between <i>Prescription & Medication Order</i> is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy.</p> <p>Medication Order is an active Record, while Prescription is a Document.</p>
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
No harm	<p>This is used synonymously with near miss. However, some authors draw a distinction between these two phrases.</p> <p>A near-miss is defined when an error is realised just in the nick of time and</p>

	abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).
Notifiable disease	Means a disease listed by the <i>Veterinary Authority</i> , and that, as soon as detected or suspected, should be brought to the attention of this <i>Authority</i> , in accordance with national regulations.
Occupational health hazard	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Organogram/ Organisation structure	A graphic representation of reporting relationship in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available at all or temporarily not available. For example, outsourcing of house-keeping, security, specific diagnostic facilities.
Patient	'Patient' means and includes animal as defined above or a group of them being treated or managed or advised to be treated or managed by registered Veterinary Practitioner(s).
Patient medical record/ Veterinary medical record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the veterinary facility. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary. (Death certificate, where applicable)
Patient - safety Programme	A Programme focused on patient safety to ensure patient remains safe while receiving care.
Patient Satisfaction (Client/ owner Satisfaction)	Patient satisfaction (client/ owner satisfaction) is a measure of the extent to which a patient/ client is content with the health care which they received from their health care provider. Patient/ client satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.
Personal protective equipment	Personal protective equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter.
Prescription	A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient.
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
Procedure	A specified way to carry out an activity or a process (ISO 9000).

Process	A set of interrelated or interacting activities which transforms inputs into outputs (ISO 9000).
Programme	A sequence of activities designed to implement policies and accomplish objectives.
Prosthesis	A prosthesis or prosthetic implant is an artificial device that replaces a missing body part, which may be lost through trauma, disease, or a condition present at birth. Prostheses are intended to restore the normal functions of the missing body part.
Quality	<ul style="list-style-type: none"> • Degree to which a set of inherent characteristics fulfil requirements (ISO9000). • Characteristics imply a distinguishing feature (ISO 9000). • Degree of adherence to pre-established criteria or standards.
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (ISO 9000).
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.
Radiation safety	<p>Refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing & Non-Ionizing Radiation.</p> <p>This is implemented by taking steps to ensure that people will not receive excessive doses of radiation by monitoring all sources of radiation to which they may be exposed. (<i>Reference: McGraw-Hill Dictionary of Scientific & Technical Terms</i>)</p> <p>In a healthcare setting, this commonly refers to X-ray machines, CT/ PET CT Scans, Particle accelerators, Radio-isotopes etc.</p>
Re-assessment	It implies continuous and ongoing assessment of the patient which is recorded in the veterinary records as progress notes.
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for efficient and effective functioning of an organisation.
Risk management	Clinical and administrative activities to identify evaluate and reduce the risk of injury.
Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Scope of services	Range of clinical and supportive activities that are provided by a healthcare organisation.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sedation	<p>The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation.</p> <p>Sedation is a state where the animal is not entirely unconscious, but its awareness of its surroundings is severely altered and it does not have control of its muscles.</p> <p>There are different “levels” of sedation. Some animals only need to be minimally restrained, and we give them drugs to induce light sedation: they may still be able to move their heads or wag their tails when we call their name.</p>

	Others require more restraint and they are heavily sedated, a state which is approaching general anaesthesia in the level of immobility and altered awareness that the animal experiences.
Sentinel events	A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.
Staff	All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Sterilisation	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
Transfusion reaction	A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood or blood component.
Values	The fundamental beliefs that drive organisational behaviour and decision-making. This refers to the guiding principles and behaviours that embody how an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.
Vision	An overarching statement of the way an organisation wants to be, an ideal state of being at a future point. This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.

Draft for Stake

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Draft for Stakeholder Comments

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Accreditation Standards for Veterinary Clinics

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DRAFT FOR PUBLIC CONSULTATION

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II Introduction

Veterinary services are aimed for the prevention, control, diagnosis and treatment of diseases affecting the health of animals. It is also concerned with preventing the transmission of animal diseases to humans. Services also include veterinary extension activities, artificial insemination and breeding activities and vaccination programmes. The animal health care sector is rapidly changing with the advancement of knowledge and technology, and public expectations. Quality in animal health care has not much advanced as compared to human health care. This is perhaps due to lack of any quality improvement or accreditation framework, in-depth knowledge of veterinary practitioners in relation to quality and non-institutionalisation of quality concept.

Animals and their health protection system, play a vital role in the security, and the economic and social wellbeing of people. Animals are a valuable asset to the rural poor for their living, and contribute for income generation, food security and nutrition. Poor financial resources, and inadequately staffed and unorganised Veterinary Services result in high animal losses and uncontrolled epidemics. Animal diseases cause significant, unpredictable negative impacts on the livelihoods of communities. More than 60% of animal diseases are zoonotic (transmissible to humans), making animal health and public health closely related. Thus, ensuring animal health and its service delivery is the need of the hour globally and require sustainable attention and investment. This is what precisely the “**One Health**” concept is all about i.e. integration of human health and animal health.

Dr Monique Eloit, Director General, World Organisation for Animal Health (OIE) stated “National Veterinary Services preserve and develop animal resources, reducing poverty and hunger worldwide through improving rural livelihoods and feeding the world. Their additional impact on global health security by addressing “risk at source” for emerging pandemic threats, antimicrobial resistance and food safety crises further safeguards the planet. For these compelling reasons, supporting the livestock sector through investments in national Veterinary Services, based on international standards and principles of ‘good governance’, protects and develops all communities, from global to local.”

In human health care, ‘Accreditation Standards’ world over have been used as a framework to achieve desirable goals. Accreditation Standards have always laid down a set of requirements which are usually higher than basic requirements for licensing. These standards provide an opportunity to organisations to look at their systems, policies, procedures and processes to see whether they are able to achieve better in terms of structures, processes and outcomes. These accreditation standards for veterinary clinic are developed out of learning from the experience in human health care and researched literature in veterinary sector. Standards are written in a manner to facilitate easy understanding by veterinary clinicians to adapt and implement. This set of standards on implementation in a veterinary clinic would certainly show benefits of increased patient (animal owner/client) and staff satisfaction, reduction in mortality, reduction in infection rates, reduction in adverse incidents, and transparency in functioning and of course better clinical outcomes and client satisfaction.

These standards were developed keeping in mind the challenges in veterinary clinic and to ensure that standards are relevant, understandable, measurable, beneficial and achievable.

These accreditation standards are meant to accredit veterinary clinic as defined below:

A standalone veterinary facility that provides veterinary services by registered Veterinarian. The Clinic may include the following types of facilities:

- A standalone veterinary facility for OPD services
- A Clinic which provides services in two or more specialties, working in cooperation and sharing the same facilities (Polyclinic)
- A Clinic, which in addition to patient care, provides facilities for dispensing medicines.

In addition, a 'clinic' may have added services as follows:

Diagnostic services such as:

- Laboratory
- Imaging (X-Ray, USG etc.)
- Any other

Therapeutic services such as:

- Procedures

Support services such as:

- Pharmacy
- Physiotherapy
- Nutrition
- Counselling etc.

These accreditation standards for veterinary clinics are comprised of 10 chapters, 58 standards and 181 criteria. Criterion is the measurable component of the standard. We are hopeful that veterinary clinic as well as their patients (clients/ owners) would find these useful. We seek your feedback on continuous basis to improve them as part of our regular review and revision process which will generally takes place every three to four years.

We would like to immensely thank the Technical Committee and reviewers involved for their efforts, time and commitment leading to the development of these accreditation standards for veterinary clinic.

II Standards Framework

This set of accreditation standards have a defined framework making them easy for veterinary clinic and assessors to use. These standards are categorised into 10 Chapters as mentioned above. Each Chapter is divided into a number of Standards and each Standard is further divided into a number of criteria. Criterion is a measurable element to evaluate the compliance against that specific standard. First five chapters are focused on the organisational functioning and the last five chapters are focused on patient care. Ten chapters together cover all components of care continuum in a veterinary clinic. The framework is as follows:

Sl. No.	Name of Chapter	No. of Standards	No. of Criteria
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Total	10	58	181

Illustration of how the standard is structured:

Chapter is referred as acronym e.g. Governance and Leadership is referred as GAL. Standards are numbered as GAL.1, GAL.2 etc. and criteria are numbered as GAL.1.a, GAL.1.b etc.

Standard framework can be depicted as follows:

Chapter
 Standard
 Criterion

Chapter 1. Governance and Leadership (GAL)

Standard GAL.1: The management of the veterinary clinic is committed to, and actively engaged in, quality and safety.

Criteria GAL.1.aThe management documents its vision, mission and values.

Criteria GAL.1.b.....

Scoring methodology:

Each criterion is scored at a scale of 10/5/0/NA based on the compliance as per below principle:

- Compliance to the requirement: 10 (70 or >70% samples complying)
- Partial compliance to the requirement: 5 (30 to 69% samples complying)
- Non-compliance to the requirement: 0 (<30% samples complying)
- Not Applicable: NA (There may be a possibility that some of the standard/criterion is not relevant to a specific type of organisation based on its services, in such case that standard/criterion shall be rated as NA)

Evaluation Criteria for accreditation decision:

A veterinary clinic must meet the following criteria for the award of accreditation. In addition, an Action Plan to be prepared for addressing criterion having received a score of 0/5.

- No zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must be ≥ 5 .
- The average score for individual chapter must be ≥ 7 .
- The overall average score for all chapters must be ≥ 8

Chapter 1 Governance and Leadership (GAL)

Introduction

Each veterinary clinic requires a governance structure that is ultimately responsible for the quality and safety of the services being provided. This responsibility is derived from its legal identity and operational authority for all activities undertaken by the veterinary clinic within the ambit of applicable national/state laws and regulations. Each veterinary clinic, regardless of its complexity, also has a formal organisational structure. Leaders/Management ensure compliance to a system that promotes safety and quality, which meet needs and expectations of patients/owners/clients including availability of adequate resources e.g., human, financial & physical and monitoring and evaluation components.

STANDARDS AND CRITERIA		
Standard	GAL.1:	The management of the veterinary clinic is committed to, and actively engaged in, quality and safety.
Criterion	a.	Vision, mission and values of the clinic are defined, displayed and communicated to staff.
	b.	The management develops a quality and safety policy.
Standard	GAL.2:	The management is accountable for the quality and safety of care delivered.
Criterion	a.	There is a documented and dated organogram of the veterinary clinic.
	b.	The management ensures the availability of required internal structures and resources to support quality and safety.
Standard	GAL.3:	The management keeps itself updated on the quality and safety of care delivered.
Criterion	a.	The management organise meetings to discuss quality and safety of care and minutes of meeting are prepared to take actions in a defined time frame.
	b.	Reports on results from peer review activities like different assessments/audits are reviewed by the leadership and action taken.
Standard	GAL.4:	The veterinary clinic is committed to animal health promotion (wellness) and disease prevention in collaboration with community and government agencies.
Criterion	a.	The veterinary clinic participates in local/regional/national programmes related to animal health promotion (wellness) and disease prevention.
	b.	The veterinary clinic provides information, education and counselling to community partners and owners on animal health promotion (wellness), disease prevention and other relevant subjects.
	c.	A process is implemented for reporting zoonotic and notifiable diseases as per laws and regulations, as applicable.
	d.	The veterinary clinic has a documented policy and procedure for issuing animal health and travel certificate as per applicable national and international regulations.
	e.	The veterinary clinic contributes to Public Health/ One Health.

Chapter 2 Human Resource Management (HRM)

Introduction

Human Resource includes the people that work *in, for, or with* the veterinary clinic and are integral to ensuring the delivery of quality, patient-centred, and safe care. The veterinary clinic must be able to assure the client/ owner that it can meet their needs and deliver quality and safe care through a team of dedicated and qualified staff. Management should provide safe physical and social environment which is free from harassment or accidents.

STANDARDS AND CRITERIA		
Standard	HRM.1:	The veterinary clinic has adequate and appropriate human resources.
Criterion	a.	The veterinary clinic has suitably qualified and trained adequate manpower to provide the defined scope of services.
	b.	The veterinary clinic has a documented job description for all staff.
	c.	The veterinary hospital applies due diligence to ensure that potential staff has good moral character.
	d.	The veterinary clinic has a documented recruitment process.
Standard	HRM.2:	The veterinary clinic has a continuous professional development programme for its staff.
Criterion	a.	Professional development programme includes continuous learning and in-service training as and when required.
	b.	Staff is trained on safety related to occupation and surrounding environment.
	c.	There is a documented performance evaluation process for staff.
Standard	HRM.3:	A documented disciplinary and grievance handling system exists in the veterinary clinic.
Criterion	a.	Disciplinary and grievance handling policies and procedures are documented and are in line with applicable laws.
	b.	Such policies and procedures are made available to each staff.
Standard	HRM.4:	A documented policy exists to address health and safety needs of staff.
Criterion	a.	The staff engaged in direct patient care is subjected to annual health check-ups and vaccinations as required, and results are recorded.
	b.	Health issues including occupational health hazards (e.g. acquiring infection, exposure to radiation, etc.) of staff are identified and addressed as per documented policy.
	c.	Personal radiation monitoring device is provided to applicable staff and periodically tested.
Standard	HRM.5:	The veterinary clinic has a documented system of maintaining personal files for all staff.
Criterion	a.	Personal files are maintained and updated as necessary for each staff.
	b.	Personal file contains at least the qualifications; work experience, results of evaluation and appraisals, employment history, trainings attended, regulatory certification/license, job description, attendance and leave records.

Chapter 3 Facility and Risk Management (FRM)

Introduction

The veterinary clinic shall develop mechanisms for preventing avoidable risks related to unsafe care and treatment. Facility must assess the potential health and safety risks during care and treatment and ensure staff has the requisite qualification, skills, experience and competence. Premises and equipment must be safe and available in optimal quantities.

STANDARDS AND CRITERIA		
Standard	FRM.1:	Facility Management is guided by applicable laws and regulations.
Criterion	a.	The Management of the veterinary clinic is familiar with and abide by the local and national laws that govern the veterinary clinic.
	b.	The management ensures the availability of adequate infrastructure to provide the defined scope of services.
Standard	FRM.2:	There is a documented safety and security plan.
Criterion	a.	The veterinary clinic has a safety and security plan which is dependent on identified safety and security risks including natural and manmade disasters.
	b.	The plan ensures maintaining a safe and secure environment for patients, client/owner, staff and visitors.
	c.	The fire safety plan is tested at least twice in a year and staff participates in it.
	d.	There are safety signages including radiation signage as applicable available in the veterinary clinic in a language understood by client/owner and community.
	e.	The veterinary clinic protects patients, client/owner and staff from abuse.
Standard	FRM.3:	The veterinary clinic has provision of potable water and electricity during operational hours.
Criterion	a.	The veterinary clinic ensures availability of potable water and electricity during operational hours.
	b.	The quality of water should be checked periodically.
Standard	FRM.4:	There is a documented equipment management programme.
Criterion	a.	The veterinary clinic ensures availability of required equipment including bio-medical equipment as per its scope of services.
	b.	There is a documented operational and maintenance (preventive/breakdown) plan for all equipment.
	c.	Equipment are periodically inspected and calibrated as applicable to ensure proper functioning.
Standard	FRM.5:	The veterinary clinic has a programme for maintaining medical gases, vacuum and compressed air.
Criterion	a.	Documented procedures governing procurement, handling, storage, usage and replenishment of medical gases in a safe manner.
	b.	There is a documented operational, inspection, testing and

		maintenance plan for piped medical gas, compressed air and vacuum installation.
Standard	FRM.6:	The veterinary clinic has a programme for the management of utility system.
Criterion	a.	There is a maintenance plan for heating, ventilation and air-conditioning.
	b.	There is a maintenance plan for water, electricity and communication systems.

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Chapter 4 Information Management System (IMS)

Introduction

An effective Information management system is based on the information needs of the veterinary clinic. The information system should be able to capture, transmit, store, analyse, utilise and retrieve information “*as and when*” required for improving the clinical outcomes as well as individual and overall veterinary clinic performance. It is therefore important that the veterinary clinic has a robust information management system.

STANDARDS AND CRITERIA		
Standard	IMS.1:	The veterinary clinic implements a system of managing data and information.
Criterion	a.	There are standardised format for collection of data and information.
	b.	There is a procedure for storing and retrieving data and information.
Standard	IMS.2:	The veterinary clinic implements a robust document control system.
Criterion	a.	The veterinary clinic has a documented procedure to develop, authorise, review and update its documents (generated internally & received from external sources) including plans, policies and procedures within defined timeframes.
	b.	Documented procedures exist for storing and retrieving documents.
Standard	IMS.3:	The veterinary clinic maintains complete and accurate veterinary medical record of every patient.
Criterion	a.	The veterinary medical record includes but not limited to complete information about the animal owner or caregiver if known (name, address, phone number), name of the animal, information about species, breed, age, sex, identification of patient and body weight; information about reasons for bringing animal to veterinary clinic, diagnosis and treatment, results of tests carried out, procedure(s) performed and the care including nursing care provided.
	b.	Veterinary medical record contains name, date and signatures of the treating veterinarian.
	c.	When a patient is transferred to another veterinary clinic/ hospital, the veterinary medical record contains the date of transfer, the reason for the transfer and the name of the receiving clinic/ hospital.
Standard	IMS.4:	The veterinary clinic has documented policy and procedure for maintaining confidentiality, integrity and security of records, data and information.
Criterion	a.	Documented policy and procedure exist for maintaining confidentiality, security and integrity of patient and client/owner records, data and information.
	b.	The policy and procedure are in accordance with the applicable laws.
Standard	IMS.5:	There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information.

Criterion	a.	Documented policy and procedure are in place on retaining the patient's clinical records, data and information in accordance with the local and national laws and regulations.
	b.	The destruction and retrieval of veterinary medical records (both paper and electronic), data and information is done in accordance with the laid-down policy.
Standard	IMS.6:	The veterinary clinic regularly conducts veterinary medical record audit.
Criterion	a.	The veterinary medical record audit is periodically conducted.
	b.	The audit covers timeliness, legibility and completeness of the medical records.

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Chapter 5 Continual Quality Improvement (CQI)

Introduction

Veterinary clinic must have an effective governance system in place, including assurance and auditing systems. These must assess, monitor and drive improvement in the quality and safety of the services provided. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the services. The facility must continually evaluate and seek to improve their governance and auditing practice.

STANDARDS AND CRITERIA		
Standard	CQI.1:	There is a structured quality improvement programme.
Criterion	a.	A quality improvement programme is developed, implemented and maintained.
	b.	The programme is communicated and coordinated amongst all the staff of the veterinary clinic through appropriate training mechanism.
	c.	Regular audits (minimum once in a year) are conducted to ensure continuous compliance of the programme.
Standard	CQI.2:	There is a structured patient-safety programme in the veterinary clinic.
Criterion	a.	A documented patient-safety programme is implemented.
	b.	The scope of the programme is defined to include patient safety practices.
	c.	The patient-safety programme is reviewed and updated at least once in a year.
Standard	CQI.3:	The veterinary clinic defines and monitors performance indicators.
Criterion	a.	Clinical quality indicators (e.g. adverse drug events, medical record content etc.) are defined and measured.
	b.	Managerial quality indicators (e.g. waiting time, staff satisfaction, client/owner satisfaction etc.) are defined and measured.
	c.	Results from the monitoring of the defined indicators are used to make improvement.

Chapter 6 Patient Assessment and Care (PAC)

Introduction

Clients/animal owners are made aware of the services being offered through different modes as per the requirement of the veterinary clinic. Processes are defined for various activities including registration, admission, referral and discharge. Patients once taken into the veterinary clinic are assessed and re-assessed as per policy for their clinical needs and treatment. Diagnostic services are provided as per the scope of services.

STANDARDS AND CRITERIA		
Standard	PAC.1:	The veterinary clinic defines and displays its services
Criterion	a.	The veterinary clinic clearly defines the services it provides.
	b.	Services being provided are displayed for easy access of the user.
	c.	The concerned staff is aware of these services.
Standard	PAC.2:	The veterinary clinic has a documented registration process.
Criterion	a.	The veterinary clinic has a documented procedure for registration of patients.
	b.	The procedure includes identifying patients with urgent needs and who require immediate attention and these patients are attended to or treated immediately.
	c.	Patients are accepted only if the veterinary clinic can provide the services.
	d.	A unique number is generated to identify the patient throughout the veterinary clinic.
Standard	PAC.3:	The veterinary clinic has adequate mechanism for referral of patients.
Criterion	a.	The veterinary clinic has a documented procedure for referral of patients based on their health status and need.
	b.	The veterinary clinic maintains a list of veterinary clinics/ hospitals for referring the patients appropriately.
Standard	PAC.4:	Initial assessment and follow-up assessment is conducted of all patients being cared for in the veterinary clinic.
Criterion	a.	All patients undergo an initial assessment and follow-up assessment as required based on their needs, age and condition.
	b.	The veterinary clinic defines the contents of the assessment including screening for nutritional needs.
	c.	A care plan for all patients is prepared based on the initial assessment and signed by the treating veterinarian.
Standard	PAC.5:	The veterinary clinic ensures uniformity and continuity of patient care.
Criterion	a.	Documented procedure guides the uniform care to patients and care is provided according to appropriate laws and regulations.

	b.	Qualified individuals provide care to patients based on their licensing, credentialing and privileging.
	c.	The veterinary clinic has a documented procedure for managing patients with chronic illnesses.
Standard	PAC.6:	Diagnostic laboratory services are available as per the scope of services of the veterinary clinic.
Criterion	a.	Diagnostic laboratory services are in consonance with the services provided by the veterinary clinic.
	b.	Documented procedure exists for pre-examination, examination and post examination of specimen.
	c.	Adequately trained and competent staff is available.
	d.	Turnaround time for results is defined and critical results are informed immediately.
	e.	Tests not available are outsourced to a competent facility.
	f.	Typed and signed report in detail is provided to clients/animal owners and a copy maintained at the facility.
Standard	PAC.7:	Diagnostic imaging services are available as per the scope of services of the veterinary clinic.
Criterion	a.	Diagnostic imaging services are in consonance with the services provided by the veterinary clinic.
	b.	Documented procedures/ protocols based on evidence-based practices exist for the imaging procedures (modalities).
	c.	Radiation safety programme is documented and implements the principles of As Low As Reasonably Achievable (ALARA).
	d.	Turnaround time for results is defined and critical results are informed immediately.
	e.	Personnel protective equipment/ devices including radiation protection are provided to staff and patients/ animal owners.
	f.	Typed and signed report in detail is provided to clients/animal owners and a copy maintained at the facility.
Standard	PAC.8:	Emergency services are provided as per documented procedures.
Criterion	a.	There is a documented procedure for emergency services in line with legal provisions.
	b.	Staff is knowledgeable and trained in attending the patients arriving in emergency or requiring emergency intervention.
	c.	Mechanism to provide appropriately equipped ambulance is in place.
	d.	The veterinary clinic has a documented policy and procedure to handle veterolegal cases in line with applicable laws and regulations.
Standard	PAC.9:	A documented discharge process exists, if applicable.
Criterion	a.	The veterinary clinic plans the discharge of patient in consultation with the client/owner.
	b.	A discharge summary/ note is provided to all patients. Discharge summary/ note contains the patient's and client/ owner's name, unique

		identification number, date of admission and date of discharge, reasons for procedure/ admission, significant findings and diagnosis/ differential diagnosis and the patient's condition at the time of discharge, information regarding investigation results, any procedure performed, medication administered and other treatment given, follow-up advice, medication and other instructions in a manner understood to the client/owner and instructions about when and how to obtain urgent care.
Standard	PAC.10:	Documented policy and procedure exist for any research activity.
Criterion	a.	Documented policy and procedure address any research activity carried out and need to be in compliance with applicable regulatory, national and international requirements/ guidelines.
	b.	Appropriate Competent Authority/Ethics Committee oversee all research activity.
	c.	Client's/owner's informed consent is taken before enrolling into research/ clinical trial.
Standard	PAC.11:	The veterinary clinic supports end of life care in terminally ill patients.
Criterion	a.	There are documented policies and procedures for supporting patients with terminal illness with end-of-life care including euthanasia. These policy and procedure are in line with legal requirements, if any.
	b.	These policies and procedures take care of unique needs of such patients and symptomatic treatment is provided to patients.

Chapter 7
Client/Owner Rights and Education (CRE)

Introduction

Patient is the centre of the care being provided in a health care setting. It is therefore important that clients'/owner's (representing patient) rights and responsibilities are documented and known to the client. It is also important to educate client regarding plan of care of the patient. Better client/owner satisfaction or outcome is achieved when clients/ owners are adequately informed about patient's care, their rights are respected and they are involved in the decision-making process.

STANDARDS AND CRITERIA		
Standard	CRE.1:	The veterinary clinic protects the rights of client/owner and informs them about their responsibilities.
Criterion	a.	Client/ owner rights and responsibilities are documented and displayed.
	b.	Client/ owner is informed of his rights and responsibilities in a manner and language he can understand.
	c.	Staff are aware of client's / owner's rights and steps are taken to protect them.
Standard	CRE.2:	The veterinary clinic identifies and documents the rights of client/ animal owner.
	a.	Client/ owner rights include confidentiality of information.
	b.	Client/ owner rights include informed consent before transfusion of blood, anaesthesia, surgery, initiation of any research and any other high risk/ invasive procedure.
	c.	Client/ owner rights include refusal of treatment.
	d.	Client/ owner rights include information on the expected cost of treatment.
	e.	Client/ owner rights include access to veterinary medical records.
	f.	Client/ owner rights include right to complaint and how to voice a complaint.
	g.	Client/ owner rights include information and education on treatment and healthcare needs of his animal. Education includes about diet and nutrition, immunisations, specific disease process and prevention of infection.
Standard	CRE.3:	The veterinary clinic educates the client/ owner to make informed decisions and their involvement in care planning.
Criterion	a.	Client/ owner is explained about patient's medicines, nutrition, and use of medical equipment.
	b.	Client/ owner is explained about patient's treatment and or procedures.

	c.	Client/ owner is explained about the possible complications of patient.
	d.	Communication is done in a language that the client/ owner understands.
Standard	CRE.4:	The veterinary clinic has a documented feedback (compliment and complaint) system.
Criterion	a.	The veterinary clinic documents its policy and procedure for receiving and handling feedback (compliments and complaints) from the users of its services.
	b.	A documented complaint redressal procedure exists to receive, investigate and resolve complaints in a timely manner.
	c.	The veterinary clinic uses the results of complaint investigation to make improvements.
Standard	CRE.5:	The veterinary clinic provides information about the expected cost of treatment.
Criterion	a.	The tariff list is available to client/ owner.
	b.	Client/ owner is explained about the expected cost and information is provided about possible increase in expected cost due to complications.

Chapter 8 Medication Management and Safety (MMS)

Introduction

Medication Management provides a frame work for safe and effective medication management system. Safe and effective medication management includes the processes for procurement, storage, prescribing, transcribing, preparing, dispensing and administering medicines. All processes of medication management of the facility comply with applicable rules and regulations.

STANDARDS AND CRITERIA		
Standard	MMS.1:	Documented policy and procedure exist for the management of medication.
Criterion	a.	There is a policy on medication management (pharmacy service and usage of medication).
	b.	There is a documented procedure for purchase, storage, prescription and dispensing of medications.
	c.	The medication management complies with the applicable laws and regulations.
Standard	MMS.2:	There is a documented process for procurement of medications.
Criterion	a.	The veterinary clinic defines the process for procurement of medicines in drug formulary.
	b.	A specific list of high-risk medications, with minimum and maximum dosages is available, as applicable.
Standard	MMS.3:	There is documented policy and procedure for storage and disposal of medications.
Criterion	a.	There is a documented policy and procedure for storage of medications.
	b.	The veterinary clinic ensures that medicines are stored according to manufacturer's recommendation.
	c.	Look-alike and sound-alike medications are identified and stored physically apart from each other.
	d.	Emergency medications are identified and available for immediate use in the patient care areas.
	e.	The veterinary clinic has a process for disposing of expired, cytotoxic, contaminated medicines and empty vials, and the same is documented.
Standard	MMS.4:	There is a documented policy and procedure for prescription of medication.
Criterion	a.	Only qualified healthcare providers according to licensure, training or certification can prescribe.
	b.	The veterinary clinic determines what a complete medication order is but minimally contains patient identification, medication name, route of administration, dose, and frequency.

	c.	Medication orders are clear, legible, dated, named and signed.
	d.	A prescription audit is conducted periodically to ensure implementation of prescription policy.
Standard	MMS.5:	A documented policy and procedure exist for safe dispensing of medications.
Criterion	a.	Medications are checked before dispensing and it includes right drug, right patient, right dose, right route, right time, right reason and expiry date.
	b.	High risk medications are verified before dispensing.
Standard	MMS.6:	A documented policy and procedure exist for safe administration of medications.
Criterion	a.	Medication administration is done only by trained personnel.
	b.	Patient is identified and medication is verified from the order (for dosage, route and timing) prior to administration.
	c.	Medication administration is recorded in the patient records.
Standard	MMS.7:	The veterinary clinic has a system of monitoring of adverse drug events.
Criterion	a.	Adverse drug events are defined and reported within a defined time.
	b.	Data is collected and analysed for such events to make improvement.
Standard	MMS.8:	There is a documented policy and procedure for the use of narcotic drugs and psychotropic substances.
Criterion	a.	Documented policy and procedure for use of narcotics and psychotropic substances exists in consonance with local and national regulations. Required licence is obtained to keep permissible quantities of narcotic drugs.
	b.	Such drugs are stored in a secure manner as per regulatory requirement and a record is kept of the usage, administration and disposal of these drugs.
Standard	MMS.9:	Documented policies and procedures guide the use of veterinary medical supplies and consumables.
Criterion	a.	There is a defined process for acquisition of veterinary medical supplies and consumables.
	b.	veterinary medical supplies and consumables are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s).
Standard	MMS.10:	Documented policies and procedures guide the use of veterinary medical devices including prosthesis or prosthetic implant.
Criterion	a.	Documented policies and procedures govern selection, procurement and usage of veterinary medical devices including prosthesis based on current scientific literature.
	b.	The veterinary clinic identifies and lists the types of implantable medical devices that are used within its scope of services.
	c.	The type, batch and serial number of the veterinary medical device including prosthesis are recorded in the patient's medical record.

Chapter 9 Surgical Care and Safety (SCS)

Introduction

It is important that the veterinary clinic uses evidence-based methods in clinical settings and the staff has requisite knowledge and skill set to carry out the procedures appropriately. Different policies and procedures are required to be in place to ensure that procedures being performed to provide desired outcomes. The surgical procedures should follow the best practices for use of anaesthesia, and use of blood & blood components to ensure patient safety.

STANDARDS AND CRITERIA		
Standard	SCS.1:	Documented procedure exists for the performance of various surgical procedures.
Criterion	a.	Only qualified individuals assess the patients, determine the need for surgery and perform the surgical procedure.
	b.	All phases of surgical care of the patient including pre, intra and post operation are adequately planned and documented using a checklist.
	c.	Surgical care for the implanting of a medical device is planned with special consideration to include selection of devices, reporting processes for implantable device-related adverse events.
	d.	Client/ owner is educated on the surgical procedure to be performed on patient which includes the risks, benefits and possible complications and all these are documented in the patient records.
	e.	Informed written consent is obtained from the client/ owner before surgery and is documented.
	f.	Patients are monitored intra and post operatively as determined by the condition and the surgical procedure.
Standard	SCS.2:	The veterinary clinic follows a documented procedure for surgical safety.
Criterion	a.	A documented policy and procedure ensure surgical safety.
	b.	When surgery is performed, the veterinary clinic uses uniform processes to ensure the correct site, correct procedure, and correct patient.
	c.	The veterinary clinic uses a surgical safety checklist to document the process.
	d.	Details of periodic disinfection of surgical facilities are maintained
Standard	SCS.3:	Documented policy and procedure are used for administration of anaesthesia and sedation.
Criterion	a.	Only qualified individuals administer anaesthesia/sedation.
	b.	The anaesthesia care of each patient is adequately planned, informed consent obtained and documented.
	c.	The veterinary clinic has necessary equipment, and supplies to safely administer anaesthesia/ sedation and deal with potential or unintended

		outcomes.
	d.	Physiological status of patients is monitored during anaesthesia and sedation. Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, level of sedation and pain perception.
	e.	Patients are monitored after anaesthesia/ sedation and the same is documented.
	f.	Adverse anaesthesia/ sedation events are monitored and recorded.
	g.	A documented procedure exists for special care of high-risk patients including very young and geriatric patients during administration of anaesthesia.
Standard	SCS.4:	There is a documented policy and procedure for use of blood and its components.
Criterion	a.	Documented policy and procedure are used for use of blood and its components.
	b.	Documented procedure exists for safe transfusion in compliance with regulatory requirements.
Standard	SCS.5:	Documented policy and procedure exist for the care of patients in observation units as per the scope of services.
Criterion	a.	Documented policy and procedure are used to provide care to patients in observation unit.
	b.	The veterinary clinic defines admission and discharge criterion from observation unit.
	c.	Appropriate infection control practices are implemented.
Standard	SCS.6:	There are documented policies for certain special procedures.
Criterion	a.	The veterinary clinic has a policy for elective castration, ear cropping, docking and ovariohysterectomy, etc.
	b.	The veterinary clinic has a policy for artificial insemination and maintains records of all artificial insemination performed including the details of the semen used.

Chapter 10 Hygiene and Infection Control (HIC)

Introduction

Changing technology and disease profile continue to present new challenges for infection prevention and control within veterinary facilities. Patients are at risk of developing healthcare associated infections because an increasing variety of medical procedures and invasive techniques create potential routes of infection. Poor infection control practices, transmission of drug-resistant bacteria leads to an increase in veterinary clinic acquired infections. Healthcare associated infections are the most common complications affecting patients.

STANDARDS AND CRITERIA		
Standard	HIC.1:	The veterinary clinic has a comprehensive hygiene and infection control programme.
Criterion	a.	The infection control programme includes infection control manual containing policies and procedures for clinical and non-clinical areas including laundry and linen management.
	b.	The infection control manual includes proper waste disposal including biomedical and other types of wastes as per law.
	c.	The infection control manual includes cleaning, disinfection and sterilisation activities.
	d.	The manual includes handling of zoonotic and notifiable diseases.
Standard	HIC.2:	The veterinary clinic has a policy to prevent/ reduce healthcare associated infections.
Criterion	a.	The veterinary clinic implements hand hygiene practices.
	b.	The veterinary clinic must make PPEs (e.g., gloves, protective eye wear, mask, apron, gown, boots/ shoe covers, cap/ hair cover) available at all times for use as appropriate.
	c.	There is a process to ensure proper preparation of disinfectant and monitoring of efficacy of disinfection.
	d.	Pre and post exposure prophylaxis is provided to concerned staff. (ex. Rabies)
	e.	Appropriate engineering control systems including heating, ventilation and air-conditioning, as applicable to prevent infection are provided.
	f.	There are separate areas for vaccination from areas of infected animals.
Standard	HIC.3:	The veterinary clinic ensures proper cleaning, disinfection and biomedical waste management.
Criterion	a.	Clinical and non-clinical areas are kept clean.
	b.	The cleaning and disinfection include daily cleaning of surgical facilities/ operation theatre, resuscitation equipment, trolleys etc. with appropriate

cleaning materials and disinfectants. A record of these is maintained.

- c. Clinic ensures proper biomedical waste management including segregation, storage, transport and disposal.

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Glossary

Following is a compilation of some commonly-used terms in this standard. This is to support the understanding of the standard.

Accreditation	A self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system. (ISQua)
Adverse drug event	<p>Adverse event: Any untoward medical occurrence that may present during treatment/ prophylaxis with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.</p> <p>Adverse Drug Reaction: A response to a drug/ vaccine which is noxious and unintended and which occurs at doses normally used for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function. Therefore ADR = Adverse Event with a causal link to a drug/ vaccine.</p> <p>Adverse drug event: The FDA recognises the term adverse drug event to be a synonym for adverse event.</p> <p>In the patient-safety literature, the terms adverse drug event and adverse event usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a</p> <ul style="list-style-type: none"> • drug • harm caused by drug use, and • a medication error with or without harm <p>Institute of Medicine: “An injury resulting from medical intervention related to a drug”, which has been simplified to “an injury resulting from the use of a drug”</p> <p>Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors.</p> <p>A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.</p>
Adverse event	Unintended injuries or complications that are caused by the management of a patient/service user’s care, rather than by the underlying disease. Such complications can lead to death, disability or a prolonged clinic stay.
Ambulance	A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.
Anaesthesia	Loss of bodily sensation with or without loss of consciousness
Animal	Animal means a mammal, reptile, bird or bee
Animal identification	means the combination of the identification and <i>registration</i> of an <i>animal</i> individually, with a unique identifier, or collectively by its <i>epidemiological unit</i> or group, with a unique group identifier.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.

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.
Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Client	'Client' means and includes the animal owner of the patient or his/her representative who presents the patient(s) to a veterinarian and/or seeks his/her advice and treatment.
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare professional.
Data	Facts or information used usually to calculate analyse or plan something.
Discharge summary/ note	A part of animal patient record that summarises the reasons for procedure/ admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).
Disinfection	means the application, after thorough cleansing, of procedures intended to destroy the infectious or parasitic agents of animal diseases, including zoonoses; this applies to premises, <i>vehicles</i> and different objects which may have been directly or indirectly contaminated.
Ethics	Moral principles that govern a person's or group's behaviour.
Formulary	An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective. The list is compiled by professionals and physicians in the field and is updated at regular intervals.
Grievance- handling procedure	Sequence of activities carried out to address the grievances of clients/owners, visitors, and staff.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Healthcare-associated infection	Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC) This was earlier referred to as Nosocomial/clinic-acquired/ clinic-associated infection(s).
High Risk /High Alert Medications	High-risk / high-alert medications can be defined as those drugs that have a heightened risk for adverse events or have heightened risk of catastrophic harm whenever there is an error. These drugs include generally have low therapeutic index.
Indicator	A statistical measure of the performance of functions, systems or processes overtime. For example, healthcare associated infection rate, mortality rate, turn-around time etc.
Information	Processed data which lends meaning to the raw data.
Informed Consent	1. Willingness of a client/ owner to allow his animal undergo

	<p>examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient (client/ owner in this case) about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient's owner/ client to take an informed decision of health care of his animal.</p> <p>2. In Veterinary, patient consent is given by the owner of the animal or the client.</p>
Inventory control	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.
Job description	<ol style="list-style-type: none"> 1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g.PCPNDTAct.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
Medication Order	<p>A written order by a physician, dentist, or other designated health professional for a medication to be dispensed by a pharmacy for administration to a patient. Primary difference between <i>Prescription & Medication Order</i> is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy.</p> <p>Medication Order is an active Record, while Prescription is a Document.</p>
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
No harm	This is used synonymously with near miss. However, some authors draw a distinction between these two phrases.

	A near-miss is defined when an error is realised just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).
Notifiable disease	Means a disease listed by the <i>Veterinary Authority</i> , and that, as soon as detected or suspected, should be brought to the attention of this <i>Authority</i> , in accordance with national regulations.
Occupational health hazard	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Organogram/ Organisation structure	A graphic representation of reporting relationship in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available at all or temporarily not available. For example, outsourcing of house-keeping, security, specific diagnostic facilities.
Patient	'Patient' means and includes animal as defined above or a group of them being treated or managed or advised to be treated or managed by registered Veterinary Practitioner(s).
Patient medical record/ Veterinary medical record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the veterinary facility. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary. (Death certificate, where applicable)
Patient - safety Programme	A Programme focused on patient safety to ensure patient remains safe while receiving care.
Patient Satisfaction (Client/ owner Satisfaction)	Patient satisfaction(client/ owner satisfaction) is a measure of the extent to which a patient/ client is content with the health care which they received from their health care provider. Patient/ client satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.
Personal protective equipment	Personal protective equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter.
Prescription	A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient.
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.

Procedure	A specified way to carry out an activity or a process (ISO 9000).
Process	A set of interrelated or interacting activities which transforms inputs into outputs (ISO 9000).
Programme	A sequence of activities designed to implement policies and accomplish objectives.
Prosthesis	A prosthesis or prosthetic implant is an artificial device that replaces a missing body part, which may be lost through trauma, disease, or a condition present at birth. Prostheses are intended to restore the normal functions of the missing body part.
Quality	<ul style="list-style-type: none"> • Degree to which a set of inherent characteristics fulfil requirements (ISO9000). • Characteristics imply a distinguishing feature (ISO 9000). • Degree of adherence to pre-established criteria or standards.
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (ISO 9000).
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.
Radiation safety	<p>Refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing & Non-Ionizing Radiation.</p> <p>This is implemented by taking steps to ensure that people will not receive excessive doses of radiation by monitoring all sources of radiation to which they may be exposed. (<i>Reference: McGraw-Hill Dictionary of Scientific & Technical Terms</i>)</p> <p>In a healthcare setting, this commonly refers to X-ray machines, CT/ PET CT Scans, Particle accelerators, Radio-isotopes etc.</p>
Re-assessment	It implies continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for efficient and effective functioning of an organisation.
Risk management	Clinical and administrative activities to identify evaluate and reduce the risk of injury.
Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Scope of services	Range of clinical and supportive activities that are provided by a healthcare organisation.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sedation	<p>The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation.</p> <p>Sedation is a state where the animal is not entirely unconscious, but its awareness of its surroundings is severely altered and it does not have control of its muscles.</p> <p>There are different “levels” of sedation. Some animals only need to be minimally restrained, and we give them drugs to induce light sedation: they may still be able to move their heads or wag their tails when we call their name.</p>

	Others require more restraint and they are heavily sedated, a state which is approaching general anaesthesia in the level of immobility and altered awareness that the animal experiences.
Sentinel events	A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.
Staff	All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Sterilisation	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
Transfusion reaction	A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood or blood component.
Values	The fundamental beliefs that drive organisational behaviour and decision-making. This refers to the guiding principles and behaviours that embody how an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.
Vision	An overarching statement of the way an organisation wants to be, an ideal state of being at a future point. This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.

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