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**SPECIALIST
IN HOME
HEALTHCARE**



✉ contact@novaacnursing.com
🌐 www.novaacnursing.com

NOVAAC NURSING SERVICES

I.C.U CARE / VENTILATOR CASES / TRACHEOSTOMY CASES



Lunch Need To be Provided
For The Day Shift Staff.



DAY SHIFT
08.00AM TO 08.00 PM
Senior ICU Nurse
Junior ICU Nurse



NIGHT SHIFT
08.00PM TO 08.00 AM
Senior ICU Nurse
Junior ICU Nurse



I.C.U CARE / VENTILATOR CASES / TRACHEOSTOMY CASES

Case attended by 3 Sr I,C,U Nurse



3 Shift Method
08 Hrs Shift



MORNING SHIFT
06.00AM TO 02.00 PM



AFTERNOON SHIFT
02.00PM TO 10.00 PM



NIGHT SHIFT
10.00PM TO 06.00 AM



I.C.U CARE / BIPAP & CIPAP / TRACHEOSTOMY CASES

Case attended by 2 Sr I,C,U Nurse



DAY SHIFT
08.00AM TO 08.00 PM
Senior ICU Nurse



NIGHT SHIFT
08.00PM TO 08.00 AM
Senior ICU Nurse



DEDICATED 24 Hrs / 12 Hrs DAY SHIFT & 12 Hrs NIGHT SHIFT METHOD



24 Hrs to 48 Hrs
paid Trail Depending
On the Package



DAY SHIFT
08.00AM TO 08.00 PM
Senior Nurse



NIGHT SHIFT
08.00PM TO 08.00 AM
Senior Nurse

GERIATRIC CARE | **24 HRS SINGLE NURSE** (Integrated) | **STAY IN DUTY** (Stay in Home)



NOTE: FOOD & ACCOMMODATION
NEED TO BE PROVIDE

Single Shift Method
24 Hrs in House

DUTY HOUR PATTERN

AVAILABILITY FOR :24 Hrs
EFFECTIVE DUTY HRS :16 Hrs
RESTING PERIOD :06 Hrs

AVAILABLE CATEGORY

SENIOR ICU NURSE
SENIOR NURSE
MEDIUM NURSE
JUNIOR NURSE

BABY CARE / MOTHER CARE / **NEONATAL & PAEDIATRIC CASE**

3 Shift Method
08 Hrs Shift



MORNING SHIFT
06.00AM TO 02.00 PM

Case attended by
3 neonatal nurse



AFTERNOON SHIFT
02.00PM TO 10.00 PM

Lunch Need
To be Provide



NIGHT SHIFT
10.00PM TO 06.00 AM



STANDARD OPERATING PROCEDURE



Assessment by Case Manager

If the Patient is Hospitalized:

Transition Period One to Two days nursing service at hospital prior to the discharge.
To make sure that the Proper Handover & the staff is familiar with the case.

If the Patient is in Home or Already Discharged:

The Quality Manager will do a Home Visit and understand the case condition.
The case will be started with the advice & instructions of the Quality Manager.

REGISTRATION PROCESS

The Case Manager will decide and suggest a category of the Nursing.
In accordance with the Client's comfort level & Family atmosphere staff will be finalized either male or female Nurse.
Client need to fill the registration form.
Consent form need to be signed and given.
Valid ID & Address Proof to be given to the company.
Company will keep the confidentiality of the documents & Information.
One time Registration charges of INR 3,000/- applicable



TRIAL PERIOD

- ◆ 24 Hrs to 48 Hrs paid trial period to understand the quality
- ◆ After the trial period, we will take the feedback from the client
 - About the quality of the nursing service.
 - Character & Attitude of the staff.
 - If necessary an option to change the staff.
- ◆ Depends on patient condition, category of the nursing service will be **redesigned**, on various aspect.
- ◆ **Paid Trial Period/ exempted only in case of quality drawback.**



PHYSIOTHERAPPY REHABILITATION

- Conducted at Home comfort.
- Timings can be customized.
- Charges : Based on the **Distance**.
- Usual Price Range **INR 750 to 1500**.

DOCTOR VISIT

Doctor Visit Based on **Prior Appointment**
charge based on Distance.
Based on the category of the Doctor.
Usual price range **INR 1,500 to 2,500/-**.

Minimum Service Period

1. Minimum Service Period will be 10 days (Minimum Lock-In)
2. In special critical cases lock-in will be 7 days, no trial & payment up-front.

Payment Policy:

1. Strictly **Pre Paid Mode** of payment.
2. First bill cycle Payment should be made **the very next day,after the Trail Period.**
3. The minimum billing will be done for the initial 15 days period.
4. if there is any confusion regarding the category of the service a lump sum amount collected as a security deposit, later this amount will be adjusted to the invoice.
5. If the service is extending or continuing:
 - a) The next invoice will be generated 2 days prior to the next bill cycle.
 - b) Will be sending the invoice, either through the registered mail id, by post or by hand.
 - c) The payment should be made on or before of the first day of next bill cycle.
 - d) **In cause of delay in payment, service will be suspended or terminated.**

For Long Time Packages

Maximum possible discount will be applicable.
package period payment should be made one shot as prepaid.

Payment Mode :

1. Online Bank Transfer
2. Cheque Payment
3. Cash Payment
4. UPI

GSTN :

CIN : U86900TN2024PTC172958

Bank Details

Account Name	: NOVAAC NURSING SERVICES PVT LTD
Account Type	: Current Account
Account Number	: 50200102082483
Bank Name	: HDFC Bank
Branch Name	: Vadapalani
State	: Tamil Nadu
IFSC Code	: HDFC0001297
Mobile	: +91 96201 68609

Regular Quality Visit

Periodic Quality visit and assessment by Quality Manager and Team.

Assess Medications, Checking Vitals & Proper Documentation.

Assess patient's physical and psychological condition.

Personal Hygiene maintenance & Cleanliness of the patient.

Collect the feedback from Patient and Relative.

- ▶ Regarding the attitude & behavior of the staff.
Punctuality & Regularity of the staff.
- ▶ Grooming standards of the staff.
- ▶ Patient's & Client's comfortable level with the Nursing Staff.
- ▶ **Staff's on duty Alcohol & Substance abuse etc.**
After collecting the feedback, management will rectify the issues ASAP.....

In Emergency Case

- A. Assess the emergency situation.
- B. Preparing the patient to shift to the hospital
- C. Informing the Management, the entire Team is available 24/7 365 days.
- D. Shifting the patient to hospital and stabilizes the patient.

All Kind Of Medical Equipment



Five Function Electric
Hospital Cot with Mattress



Three Function Electric
Hospital Cot with Mattress



Two Function Manual
Hospital Cot with Mattress



Tubular Air
Mattress



Oxygen
Concentrator



Oxygen
Cylinder



Cardiac Monitor



Regular Wheelchair



Cardiac Table

CORPORATE OFFICE

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