

NOVAC

Quality Nursing Care...



Specialist in Home Healthcare



NOVAC HEALTHCARE Private Limited



I.C.U Care / Ventilator Cases / Tracheostomy Cases



Day Shift

08:00AM to 08:00PM
Senior ICU Nurse
Junior ICU Nurse

Night Shift

08:00PM to 08:00AM
Senior ICU Nurse
Junior ICU Nurse



I.C.U Care / Ventilator Cases / Tracheostomy Cases

3 Shift Method
08 Hrs Shift

Case attended by
3 Sr **I.C.U** Nurse



Morning Shift

06:00AM to 02:00PM



Afternoon Shift

02:00PM to 10:00PM



Night Shift

10:00PM to 06:00AM

I.C.U Care / BIPAP & CIPAP / Tracheostomy Case / 2 Senior I.C.U Nurse



Day Shift

08:00AM to 08:00PM
Senior ICU Nurse



Night Shift

08:00PM to 08:00AM
Senior ICU Nurse



Dedicated 24 Hrs / 12 Hrs Day Shift & 12 Hrs Night Shift Method



Day Shift

08:00AM to 08:00PM

Senior Nurse



Night Shift

08:00PM to 08:00AM

Senior Nurse



24 Hrs To 48 Hrs
Paid Trail Depending
On the Package.

Geriatric Care

24 Hrs Single Nurse
(Integrated)

Stay In Duty
(Stay in Home)



Duty Hour Pattern

Availability For : 24 Hrs

Effective Duty Hours : 16 Hrs

Resting Period : 08 Hrs

Category / Charges Nurse

Senior ICU Nurse : Available

Senior Nurse : Available

Medium Nurse : Available

Junior Nurse : Available

24 Hrs To 48 Hrs Paid Trail
Depending On the Package.



Note: Food need to be provided

Baby Care / Mother Care / Neonatal & Paediatric Case



Morning Shift

06:00AM to 02:00PM



Afternoon Shift

02:00PM to 10:00PM



Night Shift

10:00PM to 06:00AM



3 Shift Method
8 Hrs Shift

Case attended by
3 Neonatal Nurse

Lunch Need
To be Provided

All Kind Of Medical Equipment



**Home Ventilator
Ventilator vivo 65**



**BIPAP & CPAP Machine
PHILIPS AVAPS**



Cardiac Monitor



**HOME MEDIX 10 Ltr
Oxygen Concentrator**



**PHILIPS 5 Ltr
Oxygen Concentrator**



**Oxy-Med 5 Ltr
Oxygen Concentrator**



**50 Ltr
Oxygen Cylinder**



**10 Ltr
Oxygen Cylinder**



**Double Jar
Suction Machine**

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
Air Mattress**



**Bubble Type
Air Mattress**



**Devon Cirona
DVT Pump**



Reclining Wheelchair



Regular Wheelchair



Cardiac Table

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 5,000/- applicable.



Medical Equipment

- ▶ The Case Manager will suggest the list of Medical Equipments
- ▶ Case Manager can give the Guidance of Buyable & Rentable
- ▶ Client can Directly contact Our Medical Equipment Team.
- ▶ Client can directly deal the Payment & Tariff of Medical Equipments.
- ▶ Nursing Charges & Medical Equipment charges are two Different zone.



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**



Physiotherapy Rehabilitation



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

Doctor Visit Based on Prior Appointment

Charge based on Distance.

Based on the category of the Doctor.

Usual Price Range **INR 2,500 To 3,500**.



Doctor Visit

Payment Policy & Minimum Service Period

Minimum Service Period

1. Minimum Service Period will be 15 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 Trial 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 case of delay in payment, service will be suspended or terminated.**

For Long Time Packages

Maximum possible Discounts 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

GSTIN : 29AAHCN9515H1Z2
CIN : U85190KA2021PTC155019

Account Details

Account Name : NOVAC HEALTHCARE PVT LTD
Account Type : Current Account
Account Number : 50 2000 6192 7831
Bank Name : **HDFC Bank**
Branch Name : Vijaya Bank Layout
State : Karnataka
IFSC Code : HDFC0002841



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.
- E. Initial financial deposit to the hospital taken care by NOVAC later.

In Worst Case Scenario

- A. Doctor will visit and confirms death.
- B. Death Certificate will be issued (Charges will be separate.)
- C. Freezer box and other arrangements will be done by company.
- D. Non-utilized days rather than lock in period will be refunded to the client on the very next working day.

Management Team



Sreedeeep D
Director

+91 99956 04021



Arun A C
Director

+91 9900 6565 36



Siddique S
Director

+91 888 499 4242



Sobin M U
Customer Relations

+91 99725 25002



Anees M
Quality Assurance

+91 888 499 4747



Dr. Sangita Sutradhar

MBBS, Fellowship in
Emergency Medicine,
MMED Family Medicine

Corporate Office :

Novac Healthcare Pvt. Ltd.
1026/A, 9th Cross, 18B Main,
BTM 4th Stage, 2nd Block,
Bangalore- 560076.



Website : www.novacindia.com

E-Mail : contact@novacindia.com

Mobile : +91 9945 61 5002

Landline : 080 4153 0576