പതിനാലാം കേരള നിയമസഭ

പത്താം സമ്മേളനം

നക്ഷത്രചിഹ്നമിട്ട നിയമസഭാ ചോദ്യം നം.*582 — 28/03/2018-ൽ മറുപടിക്ക്

അക്രഡിറ്റേഷൻ ലഭിച്ച ആശുപത്രികൾ

ചോദ്യം		മറുപടി	
ശ്രീ.ബി.ഡി. ദേവസ്സി ശ്രീ.ഒ. ആർ. കേളു ശ്രീ.കെ.കുഞ്ഞിരാമൻ ശ്രീ.എം. മുകേഷ്		**ശ്രീമതി . കെ.കെ. ശൈലജ ടീച്ചർ (ആരോഗ്യവും സാമൂഹ്യനീതിയും വകുപ്പുമന്ത്രി)**	
എ)	സംസ്ഥാനത്തെ വിവിധതലങ്ങളിലുള്ള സർക്കാർ ആശുപത്രികളുടെ ഗുണനിലവാരം ഉറപ്പാക്കാനായുള്ള കേരള അക്രഡിറ്റേഷൻ സ്റ്റാന്റേഡ്സ് ഫോർ ഹോസ്പിറ്റൽസ് (കാഷ്) പ്രകാരം അക്രഡിറ്റേഷൻ ലഭിച്ച എത്ര ആശുപത്രികൾ ഉണ്ടെന്ന് അറിയിക്കാമോ;	എ)	കേരളാ അക്രഡിറ്റേഷൻ സ്റ്റാൻഡേർഡ്സ് ഫോർ ഹോസ്പിറ്റൽസ് (കാഷ്) പദവി ലഭിച്ച 26 സർക്കാർ ആശുപത്രികളാണ് സംസ്ഥാനത്തുള്ളത്.
ബി)	ഓരോ തലത്തിലുള്ള ആശുപത്രിക്കും നിർണ്ണയിച്ചിരിക്കുന്ന ഭൗതിക നിലവാരം വിശദമാക്കുമോ;	ബി)	ആശുപത്രികളുടെ നിലവാരം നിർണ്ണയിക്കുന്നത് കേരളാ അക്രഡിറ്റേഷൻ സ്റ്റാൻഡേർഡ്സ് ഫോർ ഹോസ്പിറ്റൽസ് (കാഷ്) ചെക്ക് ലിസ്റ്റ് പ്രകാരമാണ്. ആയതിന്റെ പകർപ്പ് അനുബന്ധമായി ചേർത്തിരിക്കുന്നു.
സി)	ആർദ്രം ദൗത്യം പ്രാവർത്തികമാക്കുന്നതിന്റെ ഭാഗമായി സർക്കാർ ആശുപത്രികളെ മികച്ച സേവന കേന്ദ്രങ്ങളാക്കിത്തീർക്കാൻ നടത്തി വരുന്ന പ്രവർത്തനങ്ങൾ അറിയിക്കുമോ; സർക്കാർ [illegible]	സി)	സംസ്ഥാനത്തെ ചികിത്സാ സംവിധാനങ്ങളെ എല്ലാ തലത്തിലും രോഗീസൗഹൃദമാക്കുന്നതിനും ഗുണമേന്മയുള്ള ആരോഗ്യ സേവനങ്ങൾ ഉറപ്പാക്കുന്നതിനുമാണ് ആർദ്രം ദൗത്യം ലക്ഷ്യമിടുന്നത്. ആർദ്രം പദ്ധതിയുടെ ഭാഗമായി ആശുപത്രികളിലെ അടിസ്ഥാന സൗകര്യങ്ങൾ വർദ്ധിപ്പിക്കുന്നതിനായി, താഴെ പറയുന്ന സംവിധാനങ്ങളാണ് ഏർപ്പെടുത്താൻ ഉദ്ദേശിക്കുന്നത്. [illegible]

	കാര്യക്ഷമമാക്കാൻ പ്രത്യേകം ശ്രദ്ധ പതിപ്പിക്കുമോ?	വർദ്ധിപ്പിക്കുക – ടോക്കൺ സംവിധാനം ഏർപ്പെടുത്തുക – ഡിസ് പ്ലേ ബോർഡുകൾ സ്ഥാപിക്കുക 2. വിവിധ ഒ.പി. സെക്ഷനുകൾ, ലാബോറട്ടറികൾ, പരിശോധനാ സൗകര്യങ്ങൾ തുടങ്ങിയവ എളുപ്പം കണ്ടുപിടിക്കാനുള്ള സൈനേജുകൾ സ്ഥാപിക്കുക 3. രോഗികൾക്ക് കാത്തിരിപ്പിന് ആവശ്യമായ സ്ഥല സൗകര്യങ്ങളും കസേരയും കുടിവെള്ളവും ഏർപ്പെടുത്തുക 4. രോഗീ പരിചരണ സഹായികൾ ഉറപ്പാക്കുക 5. ടോയ് ലറ്റ് സൗകര്യങ്ങൾ, പബ്ലിക് അഡ്രസ്സിംഗ് സിസ്റ്റം മുതലായവ ഏർപ്പെടുത്തുക 6. രോഗികളുടെ സ്വകാര്യത ഉറപ്പു വരുത്തുന്ന കൺസൾട്ടേഷൻ റൂമുകൾ, അടുത്ത പ്രാവശ്യം ഡോക്ടറെ കാണാനുള്ള ബുക്കിംങ്ങും ഡോക്ടറെ കാണാൻ മുൻകൂട്ടിയുള്ള ബുക്കിംഗും ഏർപ്പെടുത്തുക സംസ്ഥാനത്തെ 8 മെഡിക്കൽ കോളേജുകളുടെ കീഴിലുള്ള മുഴുവൻ ഔട്ട് പേഷ്യന്റ് വിഭാഗങ്ങൾ രോഗീസൗഹൃതമാക്കി മാറ്റുന്നതാണ്. ഏപ്രിൽ മാസം അവസാനത്തോടെ മിക്ക മെഡിക്കൽ കോളേജികളിലും ഒന്നാം ഘട്ടം നവീകരണ ജോലികൾ പൂർത്തിയാകുന്നതാണ്. സംസ്ഥാനത്തെ 170 പ്രാഥമികാരോഗ്യ കേന്ദ്രങ്ങൾ കുടുംബാരോഗ്യ കേന്ദ്രങ്ങളായി മാറ്റുന്നതിന് തെരഞ്ഞെടുത്തിട്ടുണ്ട്. ഈ കേന്ദ്രങ്ങളിലെ അടിസ്ഥാന ചികിത്സാ സൗകര്യങ്ങൾ കുടുംബ ആരോഗ്യ കേന്ദ്രം എന്ന തലത്തിലേയ്ക്ക് കൊണ്ടുവരുന്നതിലൂടെ അനാവശ്യമായ റഫറലുകൾ ഒഴിവാക്കാനും സാധാരണ ചികിത്സാ സേവനങ്ങൾക്കു വേണ്ടി സ്വകാര്യ ആശുപത്രികളെ സമീപിക്കുന്നതും അതുവഴി ചെലവും ഗ്രാമീണരായ രോഗികളുടെ

			കണ്ടെത്തലിനും തുടർചികിത്സയ്ക്കുള്ള സംവിധാനങ്ങൾ (ലാബോറട്ടറി സൗകര്യങ്ങൾ ഉൾപ്പെടെ) ഓരോ കേന്ദ്രത്തിലും സജ്ജമാക്കുവാനും ഉദ്ദേശിക്കുന്നു. ഇതുവരെ 115 പ്രാഥമിക ആരോഗ്യ കേന്ദ്രങ്ങളെ കുടുംബാരോഗ്യ കേന്ദ്രങ്ങളാക്കി മാറ്റിയിട്ടുണ്ട്. ശേഷിക്കുന്നവയിൽ പുതുതായി കെട്ടിടം ആവശ്യമുള്ള 7 പ്രാഥമികാരോഗ്യ കേന്ദ്രങ്ങളൊഴികെയുള്ളവയുടെ നവീകരണം മാർച്ച് മാസം അവസാനത്തോടെ പൂർത്തീകരിയ്ക്കാൻ സാധിക്കുന്നതാണ്. സംസ്ഥാനത്തെ 17 ജില്ലാ/ജനറൽ ആശുപത്രികളെ ആർദ്രം ദൗത്യത്തിന്റെ ഭാഗമായി ഒ.പി. ടാൻസ്ഫർമേഷൻ നടപ്പിലാക്കുന്നതിനായി തെരഞ്ഞെടുത്തിട്ടുണ്ട്.

സെക്ഷൻ ഓഫീസർ

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
	date *				
PA1.2	**Process of registration, admission, transfer process, management of non availability of bed**				
1.2.1	The registration is done in the allotted registration areas and OP number or Unique Hospital Identification number is generated	✓	✓	✓	✓
1.2.2	There are sufficient number of counters available to regularize the crowd if computerization is not done				✓
1.2.3	Token system is available in the OP *	✓	✓	✓	✓
1.2.4	During the referral of patients, patients are given the discharge card in IP cases and referral note in case of OP and same is recorded in the register	✓	✓	✓	✓
1.2.5	Separate queue for senior citizens				✓
1.2.6	Patients are accepted only if the organization can provide the required service	✓	✓	✓	✓
1.2.7	IP patients have case record as per the case sheet designed by NRHM and customized by the hospital *		✓	✓	✓
1.2.8	The hospital needs to provide only necessary admissions, prolonged stay of the patients only with reliable reasons.		✓	✓	✓
1.2.9	Managing patients during non availability of beds could be done by temporary		✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
	additional floor beds but no bed sharing				
1.2.10	The summary of patients conditions and the treatment are given in the discharge summary including Discharge Against the Medical Advice cases *		✓	✓	✓
PA1.3	**Basic facilities for OP and casualty**				
1.3.1	Wheel chairs and trolleys with safety belts are available	✓	✓	✓	✓
1.3.2	Entry to OP is Wheel chair friendly *	✓	✓	✓	✓
1.3.3	Waiting chairs are available in adequate numbers for the Patients	✓	✓	✓	✓
1.3.4	Secondary waiting area is available if primary waiting is not sufficient			✓	✓
1.3.5	TV is available in the waiting area for entertainment and for IEC activities		✓	✓	✓
1.3.6	Safe Drinking water is available	✓	✓	✓	✓
1.3.7	Proper lights and fans are available	✓	✓	✓	✓
1.3.8	Enquiry counter is present			✓	✓
1.3.9	Breast feeding area with privacy for mothers is available		✓	✓	✓
1.3.10	Toilets and toilets for physically challenged are available	✓	✓	✓	✓
1.3.11	Privacy of patients ensured during patient examination	✓	✓	✓	✓
1.3.12	OP register with OP number, name, age, Place and Diagnosis is maintained in the	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
	OP *				
PA1.4	**Assessment of the patients**				
1.4.1	All patients are reassessed at appropriate intervals at least once in 24hours		✓	✓	✓
1.4.2	The initial assessment for in-patients is documented within 24 hours or earlier *		✓	✓	✓
1.4.3	Nutritional Assessment is done for selected cases as per the policy of the hospital				✓
PA1.5	**Imaging services where applicable**				
1.5.1	Imaging services comply with site approval of Department of Radiation Safety and certification of registration by AERB *	✓	✓	✓	✓
1.5.2	X ray facility is available			✓	✓
1.5.3	Ultrasound scan facility is available			✓	✓
1.5.4	Signage, time frame, patient education information, warning light are displayed	✓	✓	✓	✓
1.5.5	Waiting area for the patients with basic amenities are provided	✓	✓	✓	✓
1.5.6	Changing room/separate area for ensuring privacy of the patients	✓	✓	✓	✓
1.5.7	PNDT Act display in front of the Ultrasound room and inside the room *	✓	✓	✓	✓
1.5.8	Form B is displayed in the Ultra Sound imaging room *	✓	✓	✓	✓
1.5.9	Waste disposal are as per the laid down laws *	✓	✓	✓	✓
1.5.10	Documented process for maintenance	✓	✓	✓	✓
1.5.11	Calibration of the equipments are done	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
	periodically				
1.5.12	Quarterly External quality check with other higher institution where radiologist available			✓	✓
1.5.13	Periodic inspection of Personal Protective Equipments such as lead apron, gonad shields, thyroid shield etc and are documented	✓	✓	✓	✓
1.5.14	The TLD badge is worn on body below the lead rubber apron while working with X-Ray machine	✓	✓	✓	✓
1.5.15	Fluoroscopy / special invasive investigations are carried out by the radiologists			✓	✓
1.5.16	Fire extinguisher are placed in appropriate locations	✓	✓	✓	✓
1.5.17	Handling and disposal of radio-active and hazardous materials are as per guidelines				✓
1.5.18	Documentation is available on TLD badge with expiry date *	✓	✓	✓	✓
1.5.19	Documentation is available on Film wastage and re-dos	✓	✓	✓	✓
1.5.20	Critical result register is maintained with the patient Name, IP number, time and person who intimated to whom and signature of intimated person	✓	✓	✓	✓
1.5.21	Register for Maintenance of equipments, calibration, validation reports, report on	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
	Quality Check are available				
1.5.22	Register for waste disposal is available	✓	✓	✓	✓
PA1.6	**Documented discharge process and discharge summary**				
1.6.1	The patient's discharge process is planned in consultation with the patient and or family		✓	✓	✓
1.6.2	Discharge summary is provided to the patients at the time of discharge		✓	✓	✓
1.6.3	A discharge summary is given to all the patients leaving the organization (including patients discharge against medical advice) *		✓	✓	✓
1.6.4	In case of death the summary of the case also includes the cause of death.		✓	✓	✓
1.6.5	Discharge summary includes reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.		✓	✓	✓
1.6.6	Discharge summary includes investigation results, any procedure performed medication and other treatment given.		✓	✓	✓
1.6.7	Discharge summary includes Follow up advice, medication and other instructions in an understandable manner		✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
1.6.8	Discharge summary includes Instructions about when and how to obtain urgent care		✓	✓	✓
PA1.7	**Manuals**				
1.7.1	Hospital defines the services available and scope of services in the services available manual	✓	✓	✓	✓
1.7.2	Registration of the patient and admitting out-patients, in-patients and emergency patients	✓	✓	✓	✓
1.7.3	Managing patients during non availability of beds		✓	✓	✓
1.7.4	Imaging services, quality assurance and safety aspects	✓	✓	✓	✓
1.7.5	Transfer or referral of patients	✓	✓	✓	✓
1.7.6	Discharge process (including medico-legal cases) and procedure for patients discharge against medical advice		✓	✓	✓

* Mandatory Standards

CHAPTER 2

LABORATORY SERVICES (LS)

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
LS2.1	**Laboratory need to display**				
2.1.1	Available tests are displayed outside the laboratory	✓	✓	✓	✓
2.1.2	Tariff chart is displayed outside the laboratory	✓	✓	✓	✓
2.1.3	Turnaround time for routine, special and emergency test are displayed outside the laboratory	✓	✓	✓	✓
2.1.4	Instruction to patients regarding accepting and rejection criteria of samples are displayed outside the laboratory	✓	✓	✓	✓
2.1.5	Instruction to patients regarding grievance redressal is displayed outside the laboratory	✓	✓	✓	✓
2.1.6	Guideline for the critical value are displayed inside the laboratory	✓	✓	✓	✓
2.1.7	Temperature chart is available in the laboratory	✓	✓	✓	✓
2.1.8	Access control is displayed in the laboratory	✓	✓	✓	✓
LS 2.2	**Technical and quality manager**				
2.2.1	Laboratory identified a Quality manager for supervising the technical activities	✓	✓	✓	✓
2.2.2	Periodic Maintenance of Equipment is done	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
2.2.3	Inventory management is adequate	✓	✓	✓	✓
LS 2.3	**Collection of the sample**				
2.3.1	Quantity of sample required for each test is documented	✓	✓	✓	✓
2.3.2	Separate area for collection of the sample is available	✓	✓	✓	✓
2.3.3	Toilet facility for patient is available	✓	✓	✓	✓
2.3.4	Sample are labeled with name and lab number or IP /OP number	✓	✓	✓	✓
2.3.5	Color coded bins are available in the blood collection area as per the Biomedical Waste management rules *	✓	✓	✓	✓
2.3.6	HIV consent form is used for HIV testing	✓	✓	✓	✓
LS 2.4	**Quality assurance**				
2.4.1	Internal Quality control is being done	✓	✓	✓	✓
2.4.2	External Quality Assurance is done at least once in three months			✓	✓
2.4.3	Evaluation of Re-dos before dispatch and after dispatch	✓	✓	✓	✓
2.4.4	Periodic Review of complaints and feedback and corrective and preventive action are taken	✓	✓	✓	✓
LS 2.5	**Laboratory safety**				
2.5.1	Personal protective equipment are being used	✓	✓	✓	✓
2.5.2	Protocol for blood spill management is available	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH /GH
2.5.3	Protocol for mercury spill management is available	✓	✓	✓	✓
2.5.4	Protocol for hazardous material spillage are available	✓	✓	✓	✓
2.5.5	Hazardous chemicals are stored in separate shelf/ cupboard	✓	✓	✓	✓
2.5.6	Electrical safety is ensured in the lab	✓	✓	✓	✓
2.5.7	Protocol for biomedical waste management are implemented *	✓	✓	✓	✓
2.5.8	Fire extinguisher are placed in appropriate locations	✓	✓	✓	✓
LS 2.6	**Laboratory Manuals**				
2.6.1	Quality Manual	✓	✓	✓	✓
2.6.2	Sample collection manual	✓	✓	✓	✓
2.6.3	Standard Operating Procedure	✓	✓	✓	✓
2.6.4	Safety manual	✓	✓	✓	✓
LS 2.7	**Laboratory Registers**				
2.7.1	Critical value register	✓	✓	✓	✓
2.7.2	Internal Quality Control register	✓	✓	✓	✓
2.7.3	External Quality Control Register	✓	✓	✓	✓
2.7.4	Sample discard register	✓	✓	✓	✓
2.7.5	Complaints register	✓	✓	✓	✓
2.7.6	Reagents expiry register	✓	✓	✓	✓
2.7.7	Stock registers	✓	✓	✓	✓
2.7.8	Equipment register	✓	✓	✓	✓

* Mandatory Standards

Chapter 3

PATIENT CARE (PC)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
PC 3.1	**Uniform healthcare to all patients**				
3.1.1	Institution has a standard case sheet for all IP admissions		✓	✓	✓
3.1.2	Case record of the IP patient will be completed in 48 hours and care plan is countersigned by the clinician in-charge of the patient within 24 hours of admission		✓	✓	✓
3.1.3	The institution is following Treatment protocol when ever it is available		✓	✓	✓
PC 3.2	**Emergency services**				
3.2.1	Casualty is functional 24 hours and is accessible, preferably with separate entry			✓	✓
3.2.2	Hospital display 'CASUALTY' board at the entrance			✓	✓
3.2.3	All Wheel chairs and stretchers in the casualty are equipped with safety straps		✓	✓	✓
3.2.4	Staff is trained to handle the emergency cases in accordance with policy		✓	✓	✓
3.2.5	MLC cases are informed and documented as per the law *			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
3.2.6	Crash cart/ Emergency trolley with emergency medicines, Masks, Ambu bag, Torch with spare battery, Laryngoscope are available with daily check list		✓	✓	✓
3.2.7	Privacy of the Patient is ensured in the casualty		✓	✓	✓
3.2.8	Observation room with at least four beds is available in the casualty		✓	✓	✓
3.2.9	Hand washing facility with running water is available			✓	✓
PC.3.3	**The ambulance services**				
3.3.1	There is adequate access and space for the ambulance parking	✓	✓	✓	✓
3.3.2	Ambulance appropriately equipped for BLS with trained personnel			✓	✓
3.3.3	There is a daily checklist of all equipment and emergency medications			✓	✓
3.3.4	The ambulance(s) has a proper communication system like cell phone			✓	✓
3.3.5	Ambulance have a log book for the maintenance of vehicle and daily vehicle cheklist		✓	✓	✓
PC 3.4	**Cardio-pulmonary resuscitation**				
3.4.1	CPR team is identified and trained by the Institution (Code Blue)	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
3.4.2	Code blue is announced through public addressing system or any communication system in the hospital			✓	✓
3.4.3	Periodical training in cardio pulmonary resuscitation at least once in 6 months *	✓	✓	✓	✓
3.4.4	The events during a cardio pulmonary resuscitation are recorded and analyzed	✓	✓	✓	✓
PC 3.5	**Rational use of blood and blood products**				
3.5.1	Informed consent is obtained for donation and transfusion of blood and blood products *			✓	✓
3.5.2	Transfusion reactions are analyzed for preventive and corrective actions			✓	✓
3.5.3	Blood bag identification sticker is fixed in the case sheet whenever there is a blood transfusion			✓	✓
3.5.4	Staff is trained to implement these policies			✓	✓
PC 3.6	**Intensive Care and High Dependency Units**				
3.6.1	Adequate staff and equipments are available				✓
3.6.2	All staff are trained in infection control practices				✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
3.6.3	Crash cart/Emergency trolley with emergency medicines, Masks, Ambu bag, Torch with spare battery Laryngoscope, defibrillator, etc are available with daily check list				✓
PC 3.7	**Vulnerable patients**				
3.7.1	There are ramp with railings or lift in all patient care areas for trolleys and wheel chairs	✓	✓	✓	✓
3.7.2	There are bath rooms for physically challenged patients	✓	✓	✓	✓
PC 3.8	**Care of high-risk obstetrical patients.**				
3.8.1	There are at least two gynecologist and trained nurses			✓	✓
3.8.2	High-risk obstetric patient's assessment also includes maternal nutrition.	✓	✓	✓	✓
3.8.3	The organization caring for high risk obstetric cases having NICU with appropriate equipments and staff				✓
PC 3.9	**Care of Pediatric patients**				
3.9.1	Display the scope of pediatric services in the Pediatric OP			✓	✓
3.9.2	There are pediatricians with DCH or MD in pediatrics at the institution			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
3.9.3	Provisions are made for special care of children such as play room, Breast feeding room etc				✓
3.9.4	Patient assessment includes detailed nutritional, growth, psychosocial and immunization assessment			✓	✓
3.9.5	Identification tag is provided to all mother and child after delivery / Caesarian *			✓	✓
3.9.6	All staff are trained in prevention of child/ neonates abduction and abuse (Code Pink) as per laid down policy document			✓	✓
3.9.7	The children's family members are educated about nutrition, immunization and safe parenting	✓	✓	✓	✓
PC 3.10	**Care of patients undergoing moderate sedation**				
3.10.1	Intra-procedure monitoring includes heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation.		✓	✓	✓
3.10.2	Informed consent is obtained before giving sedation *		✓	✓	✓
3.10.3	All Patients are monitored after giving sedation		✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
PC 3.11	**Administration of anesthesia**				
3.11.1	There are qualified anesthesiologist or on call anesthesiologist			✓	✓
3.11.2	All patients for anesthesia have a pre-anesthesia assessment by anesthesiologist			✓	✓
3.11.3	The pre-anesthesia assessment results in formulation of an anesthesia plan which is documented			✓	✓
3.11.4	An immediate preoperative re-evaluation is documented			✓	✓
3.11.5	Informed consent for administration of anesthesia is obtained by the anesthetist *			✓	✓
3.11.6	During anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anesthesia			✓	✓
3.11.7	Each patient's post-anesthesia status is monitored and documented			✓	✓
3.11.8	A qualified individual applies defined criteria to transfer the patient from the recovery area			✓	✓
3.11.9	All adverse anesthesia events are recorded, monitored and evaluated			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
PC 3.12	**Care of Surgical services**				
3.12.1	Surgical patients have preoperative assessment and a provisional diagnosis documented prior to surgery		✓	✓	✓
3.12.2	An informed consent is obtained by the surgeon prior to each procedure *		✓	✓	✓
3.12.3	Name of the patients, IP number, Age, surgery, surgical site are verified before transferring the patient to OT, at OT and before surgery at the Operation Table *		✓	✓	✓
3.12.4	Separate Identification tag for all surgical patients and verify the name, IP number, surgical site with case record by the doctor and nurse *		✓	✓	✓
3.12.5	A brief operative note is documented prior to transfer of patient from recovery area		✓	✓	✓
3.12.6	The operating surgeons document the post operative instructions and plan of care		✓	✓	✓
PC 3.13	**Policies and procedures guide appropriate pain management**				
3.13.1	Appropriate assessment tools such as visual analog scale, pain rating scale etc are used			✓	✓
3.13.2	Patient and family are educated on			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
	various pain management techniques in case of chronic diseases				
PC 3.14	**Policies and procedures guide all research activities**				
3.14.1	The organization has an ethics committee to oversee all research activities including students projects and has powers to discontinue a research when risks outweigh the potential benefits	✓	✓	✓	✓
3.14.2	Patient's informed consent is obtained before entering them in research protocols and Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal *	✓	✓	✓	✓
3.14.3	Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the organization's services.	✓	✓	✓	✓
3.14.4	All research activities are in accordance with guidelines published by Indian Council of Medical Research (ICMR) *	✓	✓	✓	✓
PC 3.15	**Nutritional Service**				

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
3.15.1	When families provide food to the patient, they are educated about the patients' diet limitations		✓	✓	✓
3.15.2	Food is prepared, handled, stored and distributed in a safe manner	✓	✓	✓	✓
PC 3.16	**Manuals for Care of Patients**				
3.16.1	Policies and procedures to guide patient admission			✓	✓
3.16.2	Policies and procedure for emergency care are documented	✓	✓	✓	✓
3.16.3	Policies also address handling of medico-legal cases	✓	✓	✓	✓
3.16.4	Policies and procedures guide the triage of patients for initiation of appropriate care		✓	✓	✓
3.16.5	Documented policies and procedures guide the uniform use of resuscitation throughout the organization	✓	✓	✓	✓
3.16.6	Documented policies and procedures are used to guide rational use of blood and blood products			✓	✓
3.16.7	The transfusion services are governed by the applicable laws and regulations			✓	✓
3.16.8	The organization has documented admission and discharge criteria for			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
	its intensive care and high dependency units				
3.16.9	The organization defines whether high-risk obstetric cases be cared for or not		✓	✓	✓
3.16.10	The organisation defines the scope of its pediatric services			✓	✓
3.16.11	Policies and procedures prevent child/ neonates abduction and abuse		✓	✓	✓
3.16.12	There is a documented policy and procedure for the administration of anesthesia			✓	✓
3.16.13	The policies and procedures are documented for surgical procedures		✓	✓	✓
3.16.14	Documented policies and procedure exist to prevent adverse events like wrong site, wrong patients and wrong surgery		✓	✓	✓
3.16.15	Documented policies and procedures guide the management of pain			✓	✓

* Mandatory Standards

Chapter 4

ADMINISTRATION OF MEDICATION (AM)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
AM.4.1	**Storage of Medication**				
4.1.1	Medicines are stored in clean, well lit and ventilated environment as specified by the manufacture in both ward and Pharmacy	✓	✓	✓	✓
4.1.2	Temperature of the refrigerator are monitored and temperature chart is available	✓	✓	✓	✓
4.1.3	Physical verification of drugs are being conducted once in 6 months to verify any loss and theft and is documented	✓	✓	✓	✓
4.1.4	Sound alike and look alike medicines are stored separately in both Ward and Pharmacy	✓	✓	✓	✓
4.1.5	Adequate amount of emergency medicines are stocked at all time	✓	✓	✓	✓
4.1.6	Check list to verify the replenishment of emergency medicines in timely manner is available	✓	✓	✓	✓
4.1.7	Fire extinguishers are installed and periodically inspected	✓	✓	✓	✓
4.1.8	Medicines are stored in containers with labels in ward and pharmacy	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
AM 4.2	**Prescription of Medication**				
4.2.1	Prescriptions are written in specified location in the case sheet by the treating doctor			✓	✓
4.2.2	Medication orders are clear, legible, dated, timed and signed.	✓	✓	✓	✓
4.2.3	Verbal orders are documented and signed by the treating doctor within 24 hours *			✓	✓
AM 4.3	**Hospital Formulary**				
4.3.1	Hospital has a Drugs and Therapeutic committee		✓	✓	✓
4.3.2	Hospital has its own Drug formulary or accepts State drug formulary	✓	✓	✓	✓
AM 4.4	**Dispensing of Medicines**				
4.4.1	Medications are checked prior to dispensing, including the expiry date to ensure that they are fit for use.	✓	✓	✓	✓
4.4.2	All medicines are labeled with drug name, Strength, frequency of Administration	✓	✓	✓	✓
4.4.3	Either strip medicines indicating name, expiry date or otherwise medicines are labeled with name and expiry date before dispensing	✓	✓	✓	✓
4.4.4	Medicines are recalled based on letters from regulatory authority or internal feedback	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
4.4.5	When pharmacy is closed, emergency need for any drug are obtained from the ward pharmacy/on call pharmacist/ from casualty		✓	✓	✓
AM 4.5	**Medication Administration.**				
4.5.1	Medications, Dosage, Route, timings are verified with patients Name and patient number prior to administration and documented in the case sheet.		✓	✓	✓
4.5.2	Prepared medication are labeled prior to preparation of second drug	✓	✓	✓	✓
4.5.3	Adverse drug events are documented and reported within a specified time in CDSCO form and are analyzed by the treating doctor and practices are modified to reduce the same *	✓	✓	✓	✓
4.5.4	Patients are educated about food drug interaction and safe and effective use of medication if applicable	✓	✓	✓	✓
4.5.5	Self administration of Medicine is documented in the case sheet, if any.		✓	✓	✓
AM 4.6	**Narcotic and Psychotropic Medicines**				
4.6.1	Narcotic medicines are kept in Double lock (2 keys with 2 locks kept by the 2 different persons) as per the Narcotic act *	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
4.6.2	Triplicate forms are used for outside narcotic prescription	✓	✓	✓	✓
4.6.3	Doctors name, register number, signature with date and time in prescription of Narcotic medicine	✓	✓	✓	✓
4.6.4	Empty ampoules are returned along with the narcotics administration detail sheet.	✓	✓	✓	✓
4..6.5	Discarded Narcotic drug are documented with witness	✓	✓	✓	✓
AM 4.7	**Implantable Prosthesis**				
4.7.1	Batch and Serial number of the Implantable Prosthesis are recorded in the case record and in the register kept for Implantable Prothesis			✓	✓
AM 4.8	**Medical Gas**				
4.8.1	International Color code for cylinders, gas pipe line, outlet etc *	✓	✓	✓	✓
4.8.2	Periodically Leak Proof test are done for piped gas line at Storage, Supply and end user level			✓	✓
4.8.3	Empty, filled and running Cylinders are labeled and stored in the designated area under safe custody	✓	✓	✓	✓
4.8.4	Fire extinguishers are installed in Manifold/ Cylinder storage area	✓	✓	✓	✓
AM 4.9	**Manuals**				
4.9.1	Essential Drug List	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
4.9.2	Pharmacy manual	✓	✓	✓	✓
4.9.3	Hospital drug formulary or state drug formulary	✓	✓	✓	✓
AM4.10	**Registers**				
4.10.1	Medicine stock register/ medicine inventory register	✓	✓	✓	✓
4.10.2	Instruments and equipment register	✓	✓	✓	✓
4.10.3	Local purchase register	✓	✓	✓	✓
4.10.4	Medical gas register	✓	✓	✓	✓
4.10.5	Issue note register	✓	✓	✓	✓
4.10.6	Annual intent register	✓	✓	✓	✓
4.10.7	Daily check of emergency medicine register	✓	✓	✓	✓
4.10.8	List of high risk medication	✓	✓	✓	✓
4.10.9	Adverse drug event register	✓	✓	✓	✓
4.10.10	Narcotic register	✓	✓	✓	✓

* Mandatory Standards

Chapter 5

PATIENT RIGHTS & RESPONSIBILITIES (PR)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
PR 5.1	**Hospital protect patient rights and responsibility**				
5.1.1	Hospital protects patient rights, which includes- • respect for personal dignity and privacy during examination, procedures and treatment, • protection from physical abuse or neglect, • refusal of treatment, • General consent for all IP admission\ • Informed consent before anesthesia, blood and blood product transfusions and any invasive / high risk procedures / treatment, • how to voice a complaint, • the expected cost of the treatment • access to his or her clinical records	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
5.1.2	Patients and families responsibilities includes; • Providing complete information of full name, address and accurate information about the health, present condition, past illness, medication etc • Inform the doctor about the anticipated problem, alternate therapy etc • To give privilege to other patients who need urgent care • Follow the instruction given by the doctors, nurses and hospital authorities • Not to take any medications without the knowledge of doctor • Abide the hospital rules and regulations	✓	✓	✓	✓
PR 5.2	**Display of rights and responsibilities**				
5.2.1	In Malayalam and English	✓	✓	✓	✓
5.2.2	At least in OP waiting area, Casualty and wards	✓	✓	✓	✓
5.2.3	Display of citizen charter and booklet	✓	✓	✓	✓
5.2.4	Display of user charges, tariff list if any.	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
PR 5.3	**Patient grievance redressal mechanism**				
5.3.1	Complaints and suggestion box in OP waiting area, wards	✓	✓	✓	✓
5.3.2	Display of information on how to voice a complaint	✓	✓	✓	✓
PR 5.4	**Patient Education**				
5.4.1	It includes safe and effective use of medication and potential side effects, diet and nutrition, immunizations, disease process, complications and prevention strategies and preventing infections	✓	✓	✓	✓

* Mandatory Standards

Chapter 6

INFECTION CONTROL (IC)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
IC 6.1	**Role of Hospital in Prevention of Hospital Acquired Infection**				
6.1.1	The Hospital have an infection control committee to minimize the risk of Hospital Acquired Infections and to monitor the surveillance program *	✓	✓	✓	✓
6.1.2	Gloves, masks, soaps and disinfectants are available and used correctly	✓	✓	✓	✓
6.1.3	Swabs for bacterial cultures are routinely collected from the designated site identified by the Hospital such as Operation Theatres, Intensive care units/high dependence unit, Labor room, CSSD/Auto clave room, Transfusion services unit, Food handling areas, Drinking water etc	✓	✓	✓	✓
6.1.4	Hospital have a designated infection control nurse for monitoring Hospital Acquired Infection	✓	✓	✓	✓
6.1.5	Post exposure prophylaxis are available for the staff in the institution 24 hours *	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
6.1.6	Hand washing facilities with Elbow tap are available in all patient care areas	✓	✓	✓	✓
6.1.7	The hospital will inform to the higher authorities if any notifiable disease or outbreak	✓	✓	✓	✓
6.1.8	Hospital have the availability of isolation /barrier nursing facilities	✓	✓	✓	✓
6.1.9	Health Care Institution has a policy for restricting visitors in the hospital during non visiting time	✓	✓	✓	✓
IC 6.2	**Role of Hospital Infection control Committee**				
6.2.1	Continued surveillance of hospital acquired infections is being done		✓	✓	✓
6.2.2	Development and formulation of preventive and corrective programs in view of infectious hazards	✓	✓	✓	✓
6.2.3	Develops hospital antibiotic policy			✓	✓
6.2.4	Develop a system of identifying, reporting, investigating and controlling the hospital acquired infection	✓	✓	✓	✓
6.2.5	Periodically educate the healthcare workers of the institution on infection control policies and protocol	✓	✓	✓	✓
6.2.6	Conduct meetings for review of Hospital Acquired Infection	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
6.2.7	Monitor the methods of sterilization and disinfection	✓	✓	✓	✓
IC 6.3	**House Keeping and Linen Management**				
6.3.1	Hospital have a linen change policy consonance with the best practices	✓	✓	✓	✓
6.3.2	Washing protocol for the linens are according to type	✓	✓	✓	✓
6.3.3	Cleaning of the AC duct, replacement of filters, replacement or repair of plumbing, sewer line are done periodically	✓	✓	✓	✓
6.3.4	Periodical cleaning of the water storage area and alternate source are done and documented	✓	✓	✓	✓
6.3.5	Develop, implementation and monitoring of Checklist for house keeping	✓	✓	✓	✓
IC 6.4	**Biomedical Waste Management**				
6.4.1	Biomedical waste segregation through Color coded bags and containers as per the Biomedical waste management and handling rules 1998 *	✓	✓	✓	✓
6.4.2	Needles are destroyed by Needle destroyers and treated with the Hypochlorite solution in a puncture proof containers *	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
6.4.3	There are designated covered Biomedical waste storage area under the lock and key which is away from the patient traffic area	✓	✓	✓	✓
6.4.4	Personal protective measures like Rubber gloves, gum boots, Plastic Apron, Masks etc are used by the staff handling Biomedical waste *	✓	✓	✓	✓
6.4.5	Bio hazard symbol are displayed where applicable	✓	✓	✓	✓
IC 6.5	**Surveillance indices are available**				
6.5.1	Daily recording of the Invasive procedure		✓	✓	✓
6.5.2	Monitoring of Urinary Tract Infection		✓	✓	✓
6.5.3	Respiratory Tract Infection		✓	✓	✓
6.5.4	Intra vascular Device Infection		✓	✓	✓
6.5.5	Surgical Site Infection		✓	✓	✓
6.5.6	Adverse effect following immunization	✓	✓	✓	✓
6.5.7	Checklist for House keeping for cleaning	✓	✓	✓	✓
6.5.8	Hand washing Surveillance	✓	✓	✓	✓
6.5.9	Biomedical Waste Management	✓	✓	✓	✓
6.5.10	Needle Prick injuries are monitored	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
IC 6.6	**Sterilization**				
6.6.1	Central Sterile Supply Department (CSSD) or Autoclave room is in the suitable location with proper layout (unidirectional flow, zoning) and separation of clean and dirty areas *		✓	✓	✓
6.6.2	All reusable medical instruments are disinfected or sterilized after use		✓	✓	✓
6.6.3	Bowie Dick tape test is carried out in autoclave everyday		✓	✓	✓
6.6.4	Batch number are specified in each sterilization procedure for traceability in the recall procedure		✓	✓	✓
IC 6.7	**Operation Theatre**				
6.7.1	Operation theatre have zoning		✓	✓	✓
6.7.2	Infection control practices, Clinical Indicators of Operation theatre are monitored and followed		✓	✓	✓
6.7.3	Air temperature in the Operation theatre is measured and Temperature chart is maintained.		✓	✓	✓
6.7.4	Operation theatre is air conditioned and preferably fitted with air filters.		✓	✓	✓
IC 6.8	**Manuals**				
6.8.1	The Institutions have an Infection control manual which are updated at least once in a year	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
6.8.2	The manuals contains; Infection Control Committee, Surveillance, Staff Health Program, Isolation, Care of Systems & Indwelling Devices, Disinfection, Waste Management, House Keeping, Food Handling & Handlers, Laundry, Mortuary practices, Investigation of Outbreak, Special care Units and Visitors Policy	✓	✓	✓	✓
IC 6.9	**Training for In-service and New staff**				
6.9.1	Hand washing	✓	✓	✓	✓
6.9.2	Bio medical waste management and segregation	✓	✓	✓	✓
6.9.3	Blood and Mercury spill management	✓	✓	✓	✓
6.9.4	Safe injection and infusion practices	✓	✓	✓	✓
6.9.5	Housekeeping and Linen management	✓	✓	✓	✓
IC 6.10	**Registers**				
6.10.1	Housekeeping Register	✓	✓	✓	✓
6.10.2	Equipment Sterilization Register	✓	✓	✓	✓
6.10.3	Invasive procedure Register in wards		✓	✓	✓
6.10.4	Needle Prick injury Register	✓	✓	✓	✓
6.10.5	Post Exposure Prophylaxis Register	✓	✓	✓	✓
6.10.6	Training Register	✓	✓	✓	✓
6.10.7	Consolidate register	✓	✓	✓	✓

* Mandatory Standards

Chapter 7

QUALITY INDICATORS (QI)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
QI 7.1	**Managerial Indicators**				
7.1.1	Bed occupancy rate per month in percentage *		✓	✓	✓
7.1.2	Average length of stay per month		✓	✓	✓
7.1.3	Number of Out patient (OP), and In patient (IP) per month *	✓	✓	✓	✓
7.1.4	Number of LSCS and normal deliveries per month *		✓	✓	✓
7.1.5	Percentage of Caesarian sections per month *		✓	✓	✓
7.1.6	Number of Notifiable disease reported per month *	✓	✓	✓	✓
7.1.7	Incidence of sentinel, near miss and adverse events per month	✓	✓	✓	✓
7.1.8	No. of bed sores per thousand (Calculated for month)		✓	✓	✓
7.1.9	Percentage of Post Exposure Prophylaxis used in needle stick injuries *	✓	✓	✓	✓
7.1.10	Percentage of staff vaccinated against Hepatitis B	✓	✓	✓	✓
7.1.11	Number of birth and death per month		✓	✓	✓
7.1.12	Patient satisfaction of OP and / IP at least once in six month	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
7.1.13	Employee satisfaction survey once in a year	✓	✓	✓	✓
QI 7.2	**Indicators in Imaging and diagnostic services**				
7.2.1	Number of Errors / 1000 investigation per month	✓	✓	✓	✓
7.2.2	Number of Redos/ 1000 investigation per month	✓	✓	✓	✓
QI 7.3	**Indicators in Invasive procedure**				
7.3.1	Reexploration/ resuturing rate per month			✓	✓
7.3.2	Hematoma at puncture site per month		✓	✓	✓
IQA 7.4	**Indicators for Adverse drug event and anesthesia**				
7.4.1	Percentage of medication error per Month	✓	✓	✓	✓
7.4.2	Incidence of Adverse drug reaction per Month	✓	✓	✓	✓
7.4.3	Incidence of Adverse anesthesia event per Month			✓	✓
QI 7.5	**Indicators for Blood and blood product**				
7.5.1	Percentage of transfusion reaction per month			✓	✓
7.5.2	Percentage of wastage of blood and blood product per month			✓	✓
7.5.3	Percentage of blood component usage per month			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
QI 7.6	**Indicators for Medical Record Audit**				
7.6.1	Percentage of Medical records not having discharge summary		✓	✓	✓
7.6.2	Percentage of Medical records which are incomplete		✓	✓	✓
7.6.3	Percentage of Medical records not having consent		✓	✓	✓
QI 7.7	**Indicators for Infection control Audit are calculated**				
7.7.1	Urinary Tract Infection rate		✓	✓	✓
7.7.2	Respiratory tract infection rate		✓	✓	✓
7.7.3	Intravascular Device infection rate		✓	✓	✓
7.7.4	Surgical site infection rate		✓	✓	✓
QI 7.8	**Data collection, report and Documentation**				
7.8.1	Hospital have Format for data collection	✓	✓	✓	✓
7.8.2	The data are analysed and reported to the concerned authority	✓	✓	✓	✓
7.8.3	Internal audit are being conducted at least once in 6 months	✓	✓	✓	✓
7.8.4	Corrective and preventive actions are being taken based on the internal audit and the same is documented.	✓	✓	✓	✓

* Mandatory Standards

Chapter 8

RESPONSIBILITY OF ADMINISTRATION (RA)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
RA8.1	**Management responsibility to display the information**				
8.1.1	Organogram is available	✓	✓	✓	✓
8.1.2	Mission, Vision, quality and safety policy are displayed at least in OP, Casualty, Administration department	✓	✓	✓	✓
8.1.3	Services provided	✓	✓	✓	✓
8.1.4	User charge/ tariff list if any	✓	✓	✓	✓
8.1.5	Instructions to patient	✓	✓	✓	✓
8.1.6	Floor plan	✓	✓	✓	✓
8.1.7	Layout of hospital	✓	✓	✓	✓
8.1.8	Fire exit route / plan	✓	✓	✓	✓
8.1.9	No smoking policy	✓	✓	✓	✓
8.1.10	No bribing policy	✓	✓	✓	✓
8.1.11	Disaster management plan		✓	✓	✓
8.1.12	Visitors policy		✓	✓	✓
RA8.2	**Facility and Safety Assurance**				
8.2.1	Sanitary rounds are conducted at least once in a month *	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
8.2.2	Periodic inspection of electrical facility round includes • open panels/loose electrical wire, • signage, instruction board, • log book in generator room, • sand bucket and rubber mats in electrical room, • power fluctuation, • generator outside the building, • proper earthing , • working condition and adequacy of electrical appliances, • availability of maintenance staff etc	✓	✓	✓	✓
8.2.3	Periodic plumbing inspection of • leakage, block, • working condition of sanitary appliances, • availability of maintenance staff	✓	✓	✓	✓
8.2.4	Periodic fire safety round includes • availability and inspection of fire extinguishers, • fire exit/ plan, • awareness of staffs, • dumping of combustible items, • instructions during fire outbreak, etc	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
8.2.5	Other periodic services inspection includes • unauthorized entry to open terrace, • lift safety, • sharp bends in equipments, • railings for ramps/ toilets, • antiskid tiles/ rubber mat in slippery areas, • call bells, • straps for wheel chairs/ stretchers, • bed railings for vulnerable patients, • trolley for the transportation of cylinders	✓	✓	✓	✓
8.2.6	Documentation of the quarterly facility and safety round report with corrective and preventive action	✓	✓	✓	✓
RA8.3	**Emergency Preparedness**				
8.3.1	Hospital have code blue team for Cardio pulmonary resuscitation	✓	✓	✓	✓
8.3.2	Training / mock drill in Emergency preparedness for all staffs		✓	✓	✓
8.3.3	Hospital earmarked Triage area for combating mass casualty		✓	✓	✓
8.3.4	Mock drill for disaster management and fire safety conducted		✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
RA8.4	**Personnel management**				
8.4.1	Selection, recruitment, jobs specification, job description, transfer, promotions, disciplinary actions, grievance handling mechanism, pre-employment health check up, vaccination and credentialing	✓	✓	✓	✓
RA8.5	**Training**				
8.5.1	Training when there is job change/ new equipment installed and documented	✓	✓	✓	✓
8.5.2	Prepare Training schedule in areas of safety, infection control, risk management and as per the need of the hospital.	✓	✓	✓	✓
RA8.6	**Personal records**				
8.6.1	Except PSC hands other contract staffs have personal record containing information such as qualification, disciplinary background, health status, training, copy of appointment order etc	✓	✓	✓	✓
8.6.2	Yearly health check up for all employees to be included in the personal records	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
RA8.7	**Statutory compliance with rules and regulations**				
8.7.1	Building Permit *	✓	✓	✓	✓
8.7.2	No objection certificate from the Chief Fire Officer *	✓	✓	✓	✓
8.7.3	No objection certificate under Pollution Act *	✓	✓	✓	✓
8.7.4	Radiation Protection Certificate in respect of all X-ray, cath lab and CT Scanners from BARC *	✓	✓	✓	✓
8.7.5	PNDT act *	✓	✓	✓	✓

* Mandatory Standards

Chapter 9

Medical Record Management (MR)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
MR 9.1	Content of medical record (Refer [illegible] sheet developed by NRHM)				
9.1.1	Every OP and /IP case record has a unique identifier.	✓	✓	✓	✓
9.1.2	Every OP and /IP case record entry is identified, dated, timed and documented	✓	✓	✓	✓
9.1.3	The record provides an up-to-date and chronological account of patient care	✓	✓	✓	✓
9.1.4	The OP and /IP case record contains information regarding reasons for admission, diagnosis and plan of care	✓	✓	✓	✓
9.1.5	Operative and other procedures performed are incorporated in the medical record	✓	✓	✓	✓
9.1.6	When patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the referred hospital.	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
9.1.7	The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel		✓	✓	✓
9.1.8	In case of death, the medical record contains the cause of death indicating the date and time of death	✓	✓	✓	✓
9.1.9	Care providers have access to current and past medical record		✓	✓	✓
MRD 9.2	**Maintaining confidentiality, integrity security [illegible]n and destruction of C[illegible]**				
9.2.1	The hospital have policy on confidentiality, security, integrity of information in consonance with the applicable laws	✓	✓	✓	✓
9.2.2	Hospital is safeguarding of data/ record against loss, destruction and tampering	✓	✓	✓	✓
9.2.3	A documented procedure exists on how to respond to patients/ physicians and other public agencies requests for access to information in the medical record in accordance with the State and national law	✓	✓	✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
MRS	Medical Record Department				
9.3.1	Case sheet filed according to the IP number or reliable system developed by the Hospital		✓	✓	✓
9.3.2	Fire extinguisher is available in the medical record department *	✓	✓	✓	✓
9.3.3	Periodic Pest control is practiced	✓	✓	✓	✓
9.3.4	Safety of the medical record room is ensured	✓	✓	✓	✓

* Mandatory Standards

Chapter 10

Human Resources (HR)

As per the existing norms.

Chapter 11

INFRASTRUCTURE REQUIREMENTS (IR)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
IR11.1	**General Physical Infrastructure**				
11.1.1	Minimum bed strength		30		
11.1.2	Floor Area of the hospital			65-85 m^2 per bed	65-85 m^2 per bed
11.1.3	Road and Vehicle access	✓	✓	✓	✓
11.1.4	Solar water heater or photoelectric cell		✓	✓	✓
IR11.2	**Minimum Requirements for Areas or departments**				
11.2.1	Administrative Block			✓	✓
11.2.2	Circulation Areas	✓	✓	✓	✓
11.2.3	Entrance Area	✓	✓	✓	✓
11.2.4	OP clinics for general and specialties	✓	✓	✓	✓
11.2.5	OP waiting area	✓	✓	✓	✓
11.2.6	Nursing Station at OP	✓	✓	✓	✓
11.2.7	Separate room for doctors/consultants	✓	✓	✓	✓
11.2.8	Medical records room	✓	✓	✓	✓
11.2.9	Nurses room	✓	✓	✓	✓
11.2.10	Staff room	✓	✓	✓	✓
11.2.11	X ray			✓	✓
11.2.12	Clinical Laboratory		✓	✓	✓
11.2.13	Blood Storage Unit or Blood bank			✓	✓
11.2.14	Wards	✓	✓	✓	✓
11.2.15	Pharmacy	✓	✓	✓	✓
11.2.16	Intensive Care Unit				✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
11.2.17	Operation Theatre		✓	✓	✓
11.2.18	Labour room		✓	✓	✓
11.2.19	Physical Medicine and Rehabilitation				✓
11.2.20	Central Sterile and Supply Department or Auto clave		✓	✓	✓
11.2.21	Dietary Service		✓	✓	✓
11.2.22	Hospital Laundry			✓	✓
11.2.23	Medical and General Stores	✓	✓	✓	✓
11.2.24	Mortuary			✓	✓
11.2.25	Committee Room or conference hall		✓	✓	✓
11.2.26	Residential Quarters		✓	✓	✓
11.2.27	Parking space	✓	✓	✓	✓
IR11.3	**Other Departments or services**				
11.3.1	Electric Engineering				✓
11.3.2	Public Health Engineering				✓
11.3.3	Waste Disposal System	✓	✓	✓	✓
11.3.4	Trauma Centre			✓	✓
11.3.5	Telephone	✓	✓	✓	✓
11.3.6	Intercom			✓	✓
11.3.7	Internet	✓	✓	✓	✓
11.3.8	Public Address system			✓	✓
IR11.4	**Equipments**				
11.4.1	300 M.A. X-ray machine or Digital X ray			✓	✓
11.4.2	C arm with accessories				✓
11.4.3	Dental X ray machine			✓	✓
11.4.4	Ultra Sonogram			✓	✓
11.4.5	Echocardiogram			✓	✓

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
11.4.6	ECG machine		✓	✓	✓
11.4.7	Cardiac Monitor		✓	✓	✓
11.4.8	Cardiac Monitor with defibrillator	✓	✓	✓	✓
11.4.9	Ventilators				✓
11.4.10	Pulse Oximeter			✓	✓
11.4.11	B P apparatus	✓	✓	✓	✓
11.4.12	Baby Incubators			✓	✓
11.4.13	Phototherapy Unit			✓	✓
11.4.14	Standard weighing scale	✓	✓	✓	✓
11.4.15	Immunization Equipments	✓	✓	✓	✓
11.4.16	Binocular Microscope or digital microscope	✓	✓	✓	✓
11.4.17	Auto analyzer				✓
11.4.18	Semi auto analyzer			✓	✓
11.4.19	Computer with Modem with UPS, Printer with Internet Connection	✓	✓	✓	✓
11.4.20	Xerox Machine	✓	✓	✓	✓
11.4.21	Public Address System		✓	✓	✓
11.4.22	LCD projector		✓	✓	✓
11.4.23	Refrigerator	✓	✓	✓	✓
IR11.5	**Vehicle**				
11.5.1	Facility for hiring vehicle or Pickup vehicles (Omni/ car/ jeep etc)	✓	✓	✓	✓
11.5.2	Ambulance or KEMP (Kerala Emergency Medical Project)			✓	✓

* Mandatory Standards

Chapter 12

Public Health Programmes (PH)

Sl No	Standards	PHC	CHC	Taluk H	DH/ GH
PH12.1.	**Family Welfare Programme**				
12.1.1	Family planning Services available is displayed	✓	✓	✓	✓
12.1.2	Availability of condoms	✓	✓	✓	✓
12.1.3	Availability of Oral Contraceptive pills	✓	✓	✓	✓
12.1.4	Facility for Intra Uterine Contraceptive Device (IUCD) insertion	✓	✓	✓	✓
12.1.5	Facility for NSV			✓	✓
12.1.6	Facility for Minilap or laparoscopy			✓	✓
12.1.7	Registers are available	✓	✓	✓	✓
12.1.8	Iron and Folic Acid tablets are available	✓	✓	✓	✓
12.1.9	Tetanus toxoid vaccine is available	✓	✓	✓	✓
PH 12.2	**Immunization Programme**				
12.2.1	immunization services are displayed	✓	✓	✓	✓
12.2.2	Routine immunization	✓	✓	✓	✓
12.2.3	Anti rabies vaccination			✓	✓
12.2.4	ILR is available and working	✓	✓	✓	✓
12.2.5	Temperature chart is maintained in the ILR	✓	✓	✓	✓

12.2.6	Cold box and vaccine carrier available in sufficient number	✓	✓		
12.2.7	Immunization cards are available	✓	✓	✓	✓
12.2.8	Immunization registers are available	✓	✓	✓	✓
PH 12.3	**National Vector Borne Disease Control Programme**				
12.3.1	IEC materials for mosquito control are available	✓	✓	✓	✓
12.3.2	Microscopy facility for detection of Malaria is available		✓	✓	✓
12.3.3	Anti malarial drugs are available	✓	✓	✓	✓
12.3.4	Passive anti malarial surveillance	✓	✓		
12.3.5	Revised drug schedule available for the treatment of Malaria	✓	✓	✓	✓
12.3.6	Insecticides, sprayers/ fogging machine are available	✓	✓		
12.3.7	Diethylcarbamazine Citrate and Albendazole are available	✓	✓	✓	✓
12.3.8	Dengue and Chikungunia treatment protocols are available	✓	✓	✓	✓
12.3.9	Field activity against Aedes mosquitoes	✓	✓		
PH12.4.	**Revised National Tuberculosis Control Programme**				
12.4.1	DOTS centre	✓	✓	✓	✓
12.4.2	Sputum microscopy			✓	✓
12.4.3	Drug storing facility		✓	✓	✓
12.4.4	Treatment card, Identity card etc	✓	✓	✓	✓

PH 12.5	**National Programme for Control of Blindness**				
12.5.1	Vision examination	✓	✓	✓	✓
12.5.2	Opthlamoscopy			✓	✓
12.5.3	Cataract surgery			✓	✓
12.5.4	School survey		✓		
12.5.5	Examination for Glaucoma			✓	✓
PH12.6.	**National Leprosy Eradication Programme**				
12.6.1	Diagnosis of Leprosy	✓	✓	✓	✓
12.6.2	Multi Drug Therapy protocol is available	✓	✓	✓	✓
12.6.3	Multi Drug Therapy treatment is available	✓	✓	✓	✓
12.6.4	Identification of complications	✓	✓	✓	✓
12.6.5	Management of complications of Leprosy			✓	✓
12.6.6	MDT Treatment card is available	✓	✓	✓	✓
12.6.7	Registers are available	✓	✓	✓	✓
12.6.8	Skin biopsy facility is available				✓

* Mandatory Standards