



# NATIONAL QUALITY ASSURANCE STANDARDS

FOR  
**Public Health Facilities**

2 0 2 0



Effective from January, 2022

Ministry of Health and Family Welfare  
Government of India





# NATIONAL QUALITY ASSURANCE STANDARDS

FOR  
Public Health Facilities

2 0 2 0



Effective from January, 2022

Ministry of Health and Family Welfare  
Government of India

© 2016, National Health Mission, Ministry of Health & Family Welfare, Government of India

First Edition: 2016

Revised Edition: 2018

New Edition: 2020

Reproduction of any excerpts from this document does not require permission from the publisher so long as it is verbatim, is meant for free distribution and the source is acknowledged



ISBN 978-93-82655-30-5

Ministry of Health & Family Welfare

Government of India

Nirman Bhavan, New Delhi, India

Designed and Printed by: Macro Graphics Pvt. Ltd.



## LIST OF CONTRIBUTORS

List of Contributors 2020		
1.	Ms. Vandana Gurnani	Additional Secretary& Mission Director (NHM), MoHFW
2.	Mr. Vikas Sheel	Joint Sectary (Policy), MoHFW
3.	Dr. N. Yuvraj	Director (NHM-I), MoHFW
4.	Mr. Sachin Mittal	Director (NHM-II), MoHFW
5.	Mr. Mandar Randive	Consultant, MoHFW8.
Standard Review Committee- 2020		
1	Dr. K. Dayanand Rao	General Manager, AAHC Telangana
2	Ms. Madhukala Mishra	D.D Nursing, Sikkim
3	Dr. Kartik Shah	State Quality Nodal Officer, Gujarat
4	Dr. M. Mariappan	Professor, Tata Institute of Social Sciences, Mumbai
5	Maj. Gen. (Dr.) M. Srivastava	Senior Consultant, Academy of Hospital Administration, Noida
6	Dr. Nikhil Prakash Gupta	Expert, WHO Head Quarter Geneva
7	Dr. J.N. Srivastava	Head, Quality Improvement, NHSRC
8	Dr. Deepika Sharma	Senior Consultant, QI, NHSRC
9	Dr. Arpita Agrawal	Consultant, QI, NHSRC
Standard Review Committee- 2017		
Group I – Focus on Maternal Health Components		
1	Dr. Dinesh Baswal	DC (Maternal Health-I/C), MoHFW
2	Dr. J.N. Srivastav	NHSRC
3	Dr. Paul Francis/Dr. Amrita Kansal	WHO
4	Dr. Asheber Gaym	UNICEF
5	Dr. Neelesh Kapoor	IPE Global
6	Dr. Vikas Yadav/Deepti Singh	Jhpiego
7	Nikhil Prakash	NHSRC
8	Dr. Anil Kandukuri	NHSRC
9	Dr. Salima Bhatia, Sr. Consultant	MoHFW
10	Dr. Tarun Singh Sodha, Consultant	MoHFW

11	Dr. JyotiBaghel, Jr. Consultant	MoHFW
12	Additional Experts (as nominated by MH Division)	
Group II – Focus on Child Health Components		
1	Dr. Ajay Khera	DC (Child Health-I/C), MoHFW
2	Dr. J.N. Srivastav	NHSRC
3	Dr. Prabhakar	DC (Child Health), MoHFW
4	Dr. Paul Francis/Dr. Amrita Kansal	WHO
5	Dr. Gagan Gupta	UNICEF
6	Dr. Harish Kumar	IPE Global
7	Dr. Renu Srivastav	IPE Global
8	Dr. Vikas Yadav/Deepti Singh	Jhpiego
9	Nikhil Prakash	NHSRC
Standard Review Committee- 2016		
1	Dr. J.N. Srivastava	Advisor Quality Improvement, NHSRC-Chairperson
2	Prof. Sangeeta Sharma	Prof. & Head, Neuropsychopharmacology, IHBAS, New Delhi
3	Prof. M. Mariappan	Prof. & Chairperson, Centre for Hospital Management, TISS, Mumbai
4	Prof. Avinash Supe	Dean, KEN Medical College Hospitals, Mumbai
5	Prof. Urmila Thatte	Prof. & Head, Dept. of Pharmacology, Seth GS Medical College, Mumbai
6	Dr. Munindra Srivastava	President, AHA, Noida
7	Dr. Sandip Sanyal	Deputy Director of Health Services, Hospital Administration Branch, Kolkata
8	Dr. Parminder Gautam	Senior Consultant, Quality Improvement, NHSRC
9	Dr. Nikhil Prakash	Senior Consultant, Quality Improvement, NHSRC
10	Dr. Deepika Sharma	Consultant, Quality Improvement, NHSRC
Standard Formulation Committee- 2013		
1	Ms. Anuradha Gupta	AS&MD (NRHM), MoHFW
2	Dr. Rakesh Kumar	JS, RCH, MoHFW
3	Mr Manoj Jhalani	JS, Policy, MoHFW
4	Dr. Himanshu Bhushan	DC (I/c MH), MoHFW
5	Dr. Manisha Malhotra	DC (MH), MoHFW
6	Dr. Dinesh Baswal	DC (MH), MoHFW
7	Dr. S.K. Sikdar	DC (I/c FP), MoHFW
8	Dr. P.K. Prabhakar	DC (CH), MoHFW
9	Dr. Poonam Varma Shivkumar	Prof. of OBGY, MGIMS, Wardha
10	Dr. R. Rajendran	State Nodal Officer, Anaesthesia, Tamil Nadu

11	Dr. Arvind Mathur	WHO, SEARO
12	Dr. Dinesh Agarwal	UNFPA
13	Dr. Pavitra Mohan	UNICEF
14	Dr. Neerja Bhatla	Prof of OBGY, AIIMS, New Delhi
15	Dr. Somesh Kumar	Jhpiego
16	Dr. Archana Mishra	DD (MH), GoMP
17	Dr. Ritu Agrawal	UNICEF
18	Dr. Aparajita Gogoi	CEDPA, India
19	Dr. Sridhar R.P.	State Health Consultant (MCH), Gujarat
20	Dr. Pushkar Kumar	Lead Consultant, MH, MoHFW
21	Mr. Nikhil Herur	Consultant MH, MoHFW
22	Dr. Rajeev Agarwal	Sr. Mgt. Consultant, MH, MoHFW
23	Dr. Ravinder Kaur	Senior Consultant, MH, MoHFW
24	Dr. Renu Srivastava	SNCU Co-ordinator, CH, MoHFW
25	Dr. Anil Kashyap	Consultant NRHM, MoHFW
26	S. Chandrashekhar	JD(QA & IEC, KHSDRP, Karnataka
27	Ms. Jyoti Verma	DD & Nodal Officer, QA, Govt. of Bihar
28	Ms. Laura Barnitz	CEDPA, India
29	Ms. Priyanka Mukherjee	CEDPA, India
<b>NHSRC Team</b>		
1	Dr. T. Sundararaman	ED, NHSRC
2	Dr. J.N. Srivastava	Advisor – QI, NHSRC
3	Dr. P. Padmanaban	Advisor (PHA Div.), NHSRC
4	Mr. Prasanth K.S.	Sr. Consultant (PHA Div.), NHSRC
5	Dr. Nikhil Prakash	Consultant NHSRC (QI Div)
6	Dr. Deepika Sharma	Consultant NHSRC (QI Div)
<b>Maharashtra Team</b>		
1	Shri Vikas Kharage	Ex MD, NRHM, Govt. of Maharashtra
2	Dr. Satish Pawar	Director, Health Services, Govt. of Maharashtra
3	Dr. M.S. Diggikar	Ex Principal, Public Health Institute, Nagpur, Maharashtra
4	Mr. Shridhar Pandit	PO, NRHM, Govt. of Maharashtra







## TABLE OF CONTENTS

List of Contributors	iii
National Quality Assurance Standards	1
National Quality Assurance Standards for District Hospital	9
National Quality Assurance Standards for Community Health Centre (First Referral Unit)	48
National Quality Assurance Standards for Primary Health Centre (24X7)	78
National Quality Assurance Standards for Urban Primary Health Centre	106
National Quality Assurance Standards for Ayushman Arogya Mandirs (Sub-Health Centres)	130
National Quality Assurance Standard for AEFI Surveillance Program	154
National Quality Assurance Standard for Comprehensive Lactation Management Centres	158
Amendments Made Under National Quality Assurance Standards	162
Bibliography	164





# NATIONAL QUALITY ASSURANCE STANDARDS





## INTRODUCTION TO NATIONAL QUALITY ASSURANCE STANDARDS

Often, measuring the quality in health facilities has never been easy, more so, in Public Health Facilities. We have had quality frame-work and Quality Standards & linked measurement system, globally and as well as in India. The proposed system has incorporated best practices from the contemporary systems, and contextualized them for meeting the needs of Public Health System in the country.

The system draws considerably from the guidelines (more than one hundred fifty in number), Standards and Texts on the Quality in Healthcare and Public health system, which ranges from ISO 9001 based system to healthcare specific standards such as JCI, IPHS, etc. Operational Guidelines for National Health Programmes and schemes have also been consulted.

We do realise that there would always be some kind of 'trade-off', when measuring the quality. One may have short and simple tools, but that may not capture all micro details. Alternatively one may devise all-inclusive detailed tools, encompassing the micro-details, but the system may become highly complex and difficult to apply across Public Health Facilities in the country.

Another issue needed to be addressed is having some kind of universal applicability of the quality measurement tools, which are relevant and practical across the states. Therefore, proposed system has flexibility to cater for differential baselines and priorities of the states.

Following are salient features of the proposed quality system:

- 1. Comprehensiveness** – The proposed system is all inclusive and captures all aspects of quality of care within the eight areas of concern. The departmental check-lists transposed within Quality Standards, and commensurate measurable elements provide an exhaustive matrix to capture all aspects of quality of care at the Public Health Facilities.
- 2. Contextual** – The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities; since Public Hospitals have their own processes, responsibilities and peculiarities, which are very different from 'for-profit' sector. For instance, there are standards for providing free drugs, ensuring availability of clean linen, etc. which may not be relevant for other hospitals.
- 3. Contemporary** – Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and their relevant practices have been incorporated.
- 4. User Friendly** – The Public Health System requires a credible Quality system. It has been endeavour of the team to avoid complex language and jargon. So that the system remains user-friendly to enable easy understanding and implementation by the service providers. Checklists have been designed to be user-friendly with guidance for each checkpoint. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for the convenience, and also to avoid calculation errors.
- 5. Evidence based** – The Standards have been developed after consulting vast knowledge resource available on the quality. All respective operational and technical guidelines related to RMNCHA and National Health Programmes have been factored in.

6. **Objectivity** – Ensuring objectivity in measurement of the Quality has always been a challenge. Therefore in the proposed quality system, each Standard is accompanied with measurable elements & Checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures inter-departmental variability for the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a snap-shot, which can be used for monitoring, as well as for inter-hospital/inter-state(s) comparison.
7. **Flexibility** – The proposed system has been designed in such a way that states and Health Facilities can adapt the system according to their priorities and requirements. State or facilities may pick some of the departments or group of services in the initial phase for Quality improvement. As baseline differs from state to state, checkpoints may either be made essential or desirable, as per availability of resources. Desirable checkpoints will be counted in arriving at the score, but this may not withhold its certification, if compliance is still not there. In this way the proposed system provides flexibility, as well as ‘road-map’.
8. **Balanced** – All three components of Quality – Structure, process & outcome, have been given due weightage.
9. **Transparency** – All efforts have been made to ensure that the measurement system remains transparent, so that assessee and assessors have similar interpretation of each checkpoint.
10. **Enabler** – Though standards and checklists are primarily meant for the assessment, it can also be used as a ‘road-map’ for improvement.

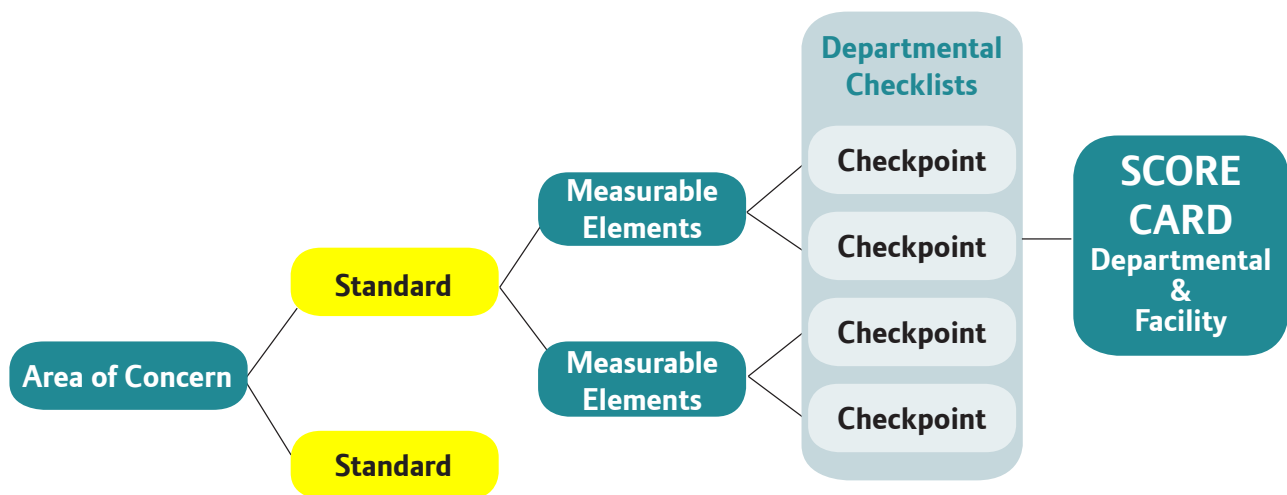


## COMPONENTS OF QUALITY MEASUREMENT SYSTEM AND THEIR INTENT

The main pillars of Quality Measurement Systems are Quality Standards. These standards have been defined for various level of facilities. The Standards have been grouped within the eight **Areas of Concern**. Each Standard further has specific **Measurable Elements**. These standards and measurable elements are checked in each department of a health facility through department specific **Checkpoints**. All Checkpoints for a department are collated, and together they form assessment tool called '**Checklist**'. Scored/filled-in Checklists would generate scorecards.

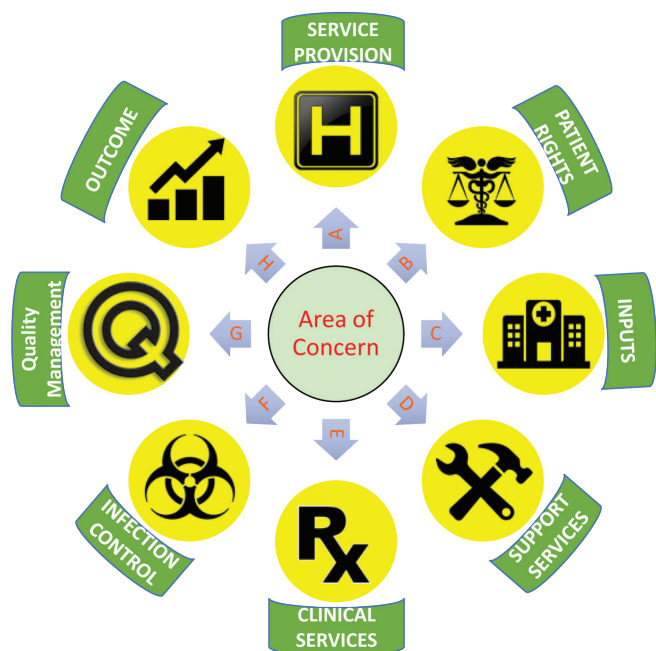
Functional relationship between quality standards, measurable elements, check-points and check-list is shown in Figure 1.

**Figure 1: Functional Relationship between Components of Quality Measurement System**



Following are the area of concern in a health facility:

- A. Service Provision
- B. Patient Rights
- C. Inputs
- D. Support Services
- E. Clinical Services
- F. Infection Control
- G. Quality Management
- H. Outcome



Currently National Quality Assurance Standards for following level of facilities are available:

1. District Hospital
2. Community Health Centre
3. Primary Health Centre (24x7)
4. Urban Primary Health Centre
5. Ayushman Arogya Mandirs (Sub-Health Centres)

Following is the summary of Standard, Measurable Element, Check Point & Departmental Checklist for various level of Facilities:

## MEASUREMENT SYSTEM FOR VARIOUS LEVELS OF FACILITIES

Component	DH	CHC	PHC	UPHC	AAM (SHC)
Area of Concern	8	8	8	8	8
Standards	75	65	50	35	50
Measurable Elements	380	297	250	200	129
Checklists	21	12	6	12	1

## FACILITY LEVELWISE ASSESSMENT TOOLS

### District Hospital

Volume I	
1	Accident & Emergency Department
2	Out Patient Department
3	Operation Theatre
4	Intensive Care Unit (ICU)
5	Indoor Patient Department
6	Blood Bank
7	Laboratory Services
Volume II	
8	Labour Room (LaQshya)
9	Maternity Operation Theatre (LaQshya)
10	Maternity Ward
11	Paediatric Out Patient Department (MusQan)
12	Paediatric Ward (MusQan)
13	Sick Newborn Care Unit (SNCU) (MusQan)
14	Nutritional Rehabilitation Center (NRC) (MusQan)
15	Post Partum
Volume III	
16	Radiology
17	Pharmacy
18	Auxiliary Services
19	Mortuary
20	Haemodialysis
21	General Administration



## Community Health Centre

1	Accident and Emergency Department
2	Out Patients Department (OPD)
3	Labour Room
4	In patient Department
5	New Born Stabilization Unit
6	Operation Theatre
7	Laboratory
8	Radiology
9	Pharmacy and Stores
10	Blood Storage Unit
11	Auxiliary Services
12	General Administration

## Primary Health Centre

1	Outdoor Department
2	Labour Room
3	Indoor Department
4	Laboratory Services
5	National Health Program
6	General Administration

## Urban Primary Health Centre (Thematic Checklists)

1	General Clinic
2	Maternal Health
3	Newborn and Child Health
4	Immunisation
5	Family Planning
6	Communicable Diseases
7	Non-Communicable Diseases
8	Dressing and Emergency
9	Pharmacy
10	Laboratory
11	Outreach
12	General Administration

## Ayushman Arogya Mandirs (Sub-Health Centres)

### AAM (SHC) Checklist\*

\*The Ayushman Arogya Mandirs (Sub-Health Centres) constitutes 12 health packages as per Comprehensive Primary Healthcare Guidelines. The list of 12 health packages is mentioned below:

1	Care in pregnancy and childbirth
2	Neonatal and infant health care services
3	Childhood and adolescent health care services
4	Family planning, Contraceptive services and other Reproductive Health care services
5	Management of Communicable diseases including National Health Programmes
6	Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments
7	Screening, Prevention, Control and Management of Non-Communicable diseases
8	Care for Common Ophthalmic and ENT problems
9	Basic Oral health care
10	Elderly and Palliative health care services
11	Emergency Medical Services
12	Screening and basic Management of Mental health ailments



# NATIONAL QUALITY ASSURANCE STANDARDS FOR DISTRICT HOSPITAL





## NATIONAL QUALITY ASSURANCE STANDARDS FOR DISTRICT HOSPITAL

Area of Concern - A: Service Provision	
Standard A1	The facility provides curative services
Standard A2	The facility provides RMNCHA services
Standard A3	The facility provides diagnostic services
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme.
Standard A5	The facility provides support services
Standard A6	Health services provided at the facility are appropriate to community needs.
Area of Concern - B: Patient Rights	
Standard B1	The facility provides information to care seekers, attendants & community about the available services and their modalities.
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.
Standard B3	The facility maintains the privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making.
Standard B5	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities.
Area of Concern - C: Inputs	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.
Standard C2	The facility ensures the physical safety of the infrastructure.
Standard C3	The facility has established Programme for fire safety and other disaster.
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.
Standard C5	The facility provides drugs and consumables required for assured list of services.
Standard C6	The facility has equipment & instruments required for assured list of services.
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff

Area of Concern - D: Support Services	
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas.
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.
Standard D4	The facility has established Programme for maintenance and upkeep of the facility.
Standard D5	The facility ensures 24 X 7 water and power backup as per requirement of service delivery, and support services norms.
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.
Standard D7	The facility ensures clean linen to the patients.
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.
Standard D9	Hospital has defined and established procedures for Financial Management.
Standard D10	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.
Area of Concern - E: Clinical Services	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.
Standard E2	The facility has defined and established procedure for clinical assessment, reassessment and preparation of the treatment plan
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral.
Standard E4	The facility has defined and established procedures for nursing care.
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.
Standard E6	Facility ensures rationale prescribing and use of medicines
Standard E7	The facility has defined procedures for safe drug administration.
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.
Standard E9	The facility has defined and established procedures for discharge of patient.
Standard E10	The facility has defined and established procedures for intensive care.
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management.
Standard E12	The facility has defined and established procedures of diagnostic services.
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.

Standard E14	The facility has established procedures for Anaesthetic Services.
Standard E15	The facility has defined and established procedures of Operation theatre services.
Standard E16	The facility has defined and established procedures for the management of death & bodies of deceased patients.
<b>Maternal &amp; Child Health Services</b>	
Standard E17	The facility has established procedures for Antenatal care as per guidelines.
Standard E18	The facility has established procedures for Intranatal care as per guidelines.
Standard E19	The facility has established procedures for postnatal care as per guidelines.
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines.
Standard E21	The facility has established procedures for abortion and family planning as per government guidelines and law.
Standard E22	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.
<b>National Health Programmes</b>	
Standard E23	The facility provides National health Programme as per operational/Clinical Guidelines.
Standard E24	The facility has defined and established procedure for Haemodialysis Services.
<b>Area of Concern - F: Infection Control</b>	
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis.
Standard F3	The facility ensures standard practices and materials for Personal protection.
Standard F4	The facility has standard procedures for processing of equipment and instruments.
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention.
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.
<b>Area of Concern - G: Quality Management</b>	
Standard G1	The facility has established organizational framework for quality improvement.
Standard G2	The facility has established system for patient and employee satisfaction.
Standard G3	The facility have established internal and external quality assurance programs wherever it is critical to quality.
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non-value adding activities and wastages.
Standard G6	The facility has defined mission, values, Quality policy & objectives & prepares a strategic plan to achieve them.
Standard G7	The facility seeks continually improvement by practicing Quality method and tools.
Standard G8	The facility has defined, approved and communicated Risk Management framework for existing and potential risks.

Standards G9	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan
Standard G10	The facility has established clinical Governance framework to improve the quality and safety of clinical care processes
<b>Area of Concern - H: Outcome Indicator</b>	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks.
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark.
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark.
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark.





## INTENT OF STANDARDS AND MEASURABLE ELEMENTS FOR DISTRICT HOSPITAL

### AREA OF CONCERN - A: SERVICE PROVISION

#### Overview

Apart from the curative services that district hospitals provides, Public hospitals are also mandated to provide preventive and promotive services. Reproductive and Child Health services are now grouped as RMNCHA, which are major chunk of the services. These services are also priority for the government, so as to have direct impact on the key indicators such as MMR and IMR.

This area of concern measures availability of services. “Availability” of functional services means service is available to end-users because mere availability of infrastructure or human resources does not always ensure availability of the services. For example, a facility may have functional OT, Blood Bank, and availability of Obstetrician and Anaesthetist, but it may not be providing CEmONC services on 24x7 basis. The facility may have functional Dental Clinic, but if there are hardly any procedures undertaken at the clinic, it may be assumed that the services are either not available or non-accessible to users. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of records and checking utilisation of the services.

Compliance to following standards ensures that the health facility is addressing this area of concern:

<b>STANDARD A1</b> THE FACILITY PROVIDES CURATIVE SERVICES	The standard would include availability of OPD consultation, Indoor services and Surgical procedures, Intensive care, Emergency Care and dialysis services under different specialities e. g. Medicine, Surgery, Orthopaedics, Paediatrics etc. Each measurable element under this standard measures one speciality across the departments. For Example, ME A1.2 measures availability of emergency surgical procedures in Accident & Emergency department, availability of General surgery clinic at OPD, Availability of surgical procedures in Operation theatre and availability of indoors services for surgery patients in wards.
<b>STANDARD A2</b> THE FACILITY PROVIDES RMNCHA SERVICES	This standard measures availability of Reproductive, Maternal, Newborn, Child and Adolescent services in different departments of the hospital. Each aspect of RMNCHA services is covered by one measurable element of this standard.
<b>STANDARD A3</b> THE FACILITY PROVIDES DIAGNOSTIC SERVICES	It covers availability of Laboratory, Radiology and other diagnostics services viz ultrasound in the respective departments.
<b>STANDARD A4</b> THE FACILITY PROVIDES SERVICES AS MANDATED IN NATIONAL HEALTH PROGRAMMES/STATE SCHEME	This standard measures availability of the services at health facility under different National Health Programmes such as NTEP, NVBDCP, PMNDP, Viral Hepatitis, National programme for palliative care. etc. One Measurable element has been assigned to each National Health Programme.
<b>STANDARD A5</b> THE FACILITY PROVIDES SUPPORT SERVICES	The standard measures availability of support services like dietary, laundry and housekeeping services at the facility.
<b>STANDARD A6</b> HEALTH SERVICES PROVIDED AT THE FACILITY ARE APPROPRIATE TO COMMUNITY NEEDS	The standard mandates availability of the services according to specific local health needs. Different geographical area may have certain health problems, which are prevalent locally.

## Measurable Elements

Area of Concern - A: Measurable Elements Service Provision	
<b>Standard A1</b>	<b>The facility provides Curative Services</b>
ME A1.1	The facility provides General Medicine services
ME A1.2	The facility provides General Surgery services
ME A1.3	The facility provides Obstetrics & Gynaecology Services
ME A1.4	The facility provides Paediatric Services
ME A1.5	The facility provides Ophthalmology Services
ME A1.6	The facility provides ENT Services
ME A1.7	The facility provides Orthopaedics Services
ME A1.8	The facility provides Skin & VD Services
ME A1.9	The facility provides Psychiatry Services
ME A1.10	The facility provides Dental Treatment Services
ME A1.11	The facility provides AYUSH Services
ME A1.12	The facility provides Physiotherapy Services
ME A1.13	The facility provides services for OPD procedures
ME A1.14	Services are available for the time period as mandated
ME A1.15	The facility provides services for Super specialties, as mandated
ME A1.16	The facility provides Accident & Emergency Services
ME A1.17	The facility provides Intensive care Services
ME A1.18	The facility provides Blood bank & transfusion services
ME A1.19	The facility provides the dialysis services
<b>Standard A2</b>	<b>The facility provides RMNCHA Services</b>
ME A2.1	The facility provides Reproductive health Services
ME A2.2	The facility provides Maternal health Services
ME A2.3	The facility provides Newborn health Services
ME A2.4	The facility provides Child health Services
ME A2.5	The facility provides Adolescent health Services
<b>Standard A3</b>	<b>The facility provides diagnostic Services</b>
ME A3.1	The facility provides Radiology Services
ME A3.2	The facility provides Laboratory Services
ME A3.3	The facility provides other diagnostic services, as mandated
<b>Standard A4</b>	<b>The facility provides services as mandated in National Health Programmes/State Scheme</b>
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under National TB elimination Programme as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines

ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines
ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NP-NCD) as per guidelines
ME A4.9	The facility provides services under Integrated Disease Surveillance Programme as per Guidelines
ME A4.10	The facility provides services under National health Programme for deafness
ME A4.11	The facility provides services as per State specific health programmes
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram
ME A4.13	The facility provides services as Pradhan Mantri National Dialysis Programme (PMNDP).
ME A4.14	The facility provides services as per National Viral Hepatitis programme
ME A4.15	The facility provides services under National programme for palliative care
<b>Standard A5</b>	<b>The facility provides support services</b>
ME A5.1	The facility provides dietary services
ME A5.2	The facility provides laundry services
ME A5.3	The facility provides security services
ME A5.4	The facility provides housekeeping services
ME A5.5	The facility ensures maintenance services
ME A5.6	The facility provides pharmacy services
ME A5.7	The facility has services of medical record department
ME A5.8	The facility provides mortuary services
<b>Standard A6</b>	<b>Health services provided at the facility are appropriate to community needs</b>
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.
ME A6.2	There is a process for consulting community/or their representatives when planning or revising scope of services of the facility.

## AREA OF CONCERN - B: PATIENT RIGHTS

### Overview

Mere availability of services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access includes Physical access as well as financial access. The Government has launched many schemes, such as JSSK, RBSK and PMJAY, for ensuring that the service packages are available cashless to different targeted groups. There are evidences to suggest that patients' experience and outcome improves, when they are involved in the care. So availability of information is critical for access as well as enhancing patients' satisfaction. Patients' rights also include that health services give due consideration to patients' cultural and religious preferences.

Brief description of the standards under this area of concern are given below:

<b>STANDARD B1</b> <b>THE FACILITY PROVIDES THE INFORMATION TO CARE SEEKERS, ATTENDANTS &amp; COMMUNITY ABOUT THE AVAILABLE SERVICES AND THEIR MODALITIES</b>	<p>Standard B1 measures availability of the information about services and their modalities to patients and visitors. Measurable elements under this standard check for availability of user-friendly signages, display of services available and user charges, citizen charter, enquiry desk and access to clinical records.</p>
<b>STANDARD B2</b> <b>SERVICES ARE DELIVERED IN A MANNER THAT IS SENSITIVE TO GENDER, RELIGIOUS AND CULTURAL NEEDS, AND THERE ARE NO BARRIERS ON ACCOUNT OF PHYSICAL ECONOMIC, CULTURAL OR SOCIAL REASONS.</b>	<p>Standard B2, This standard ensure that the services are sensitive to gender, cultural and religious needs. This standard also measures the physical access, and specially-abled friendliness of the services, such as availability of ramps and specially abled friendly toilets. The standard mandates provision for affirmative action for vulnerable and marginalized patients like orphans, destitute, terminally ill patients, victims of rape and domestic violence and ensure everyone can avail health care services with dignity and confidence at public health facilities.</p>
<b>STANDARD B3</b> <b>THE FACILITY MAINTAINS PRIVACY, CONFIDENTIALITY &amp; DIGNITY OF PATIENT, AND HAS A SYSTEM FOR GUARDING PATIENT RELATED INFORMATION</b>	<p>Standard B3, This standard measures the patient friendliness of the services in terms of privacy, confidentiality and dignity. Measurable elements under this standard check for provisions of screens and curtains, confidentiality of patients' clinical information, behaviour of service providers, and also ensuring specific precautions to be taken, while providing care to patients with HIV infection, abortion, teenage pregnancy, etc.</p>
<b>STANDARD B4</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INFORMING PATIENTS ABOUT THE MEDICAL CONDITION, AND INVOLVING THEM IN TREATMENT PLANNING, AND FACILITATES INFORMED DECISION MAKING</b>	<p>Standard B4, This standard mandates that health facility has procedures of informing patients about their rights, and actively involves them in the decision-making about their treatment. Measurable elements in this standard look for practices such as informed consent, dissemination of patient rights communication to patients about their clinical conditions and options available. Standard also focuses on grievance redressal and its compliance that can be checked through review of records for consent, interviewing staff about their awareness of patients' rights, interviewing patients whether they had been informed of the treatment plan available options &amp; prognosis..</p>
<b>STANDARD B5</b> <b>THE FACILITY ENSURES THAT THERE IS NO FINANCIAL BARRIER TO ACCESS, AND THAT THERE IS FINANCIAL PROTECTION GIVEN FROM THE COST OF HOSPITAL SERVICES</b>	<p>Standard B5, This standard majorly checks that there are no financial barriers to the services. Measurable elements under this standard check for availability of free drugs, diagnostics, consultation, procedure and transport under different schemes, and timely payment of the entitlements under JSY and Family planning incentives. This standard also ensures the implementation of health insurance scheme like PMJAY.</p>

**STANDARD B6**  
**FACILITY HAS DEFINED**  
**FRAMEWORK FOR ETHICAL**  
**MANAGEMENT INCLUDING**  
**DILEMMAS CONFRONTED**  
**DURING DELIVERY OF SERVICES**  
**AT PUBLIC HEALTH FACILITIES**

Public Health facilities have been instituted for providing health care services for the larger good and welfare of community. Apart from providing health care services, the public health facilities have a statutory obligation to conduct medico-legal examinations, post-mortems, facilitate justice dispensation as required by the law, issuing medical certificates and implement government health policies. It is of utmost importance that public health facilities portray highest standards for ethical practices in clinical care and governance.

This standard requires the facility to adhere to Ethical norms, and a pre-defined code of conduct is followed by its staff. The standard ensures the identification, reporting & resolution of ethical dilemmas faced by health professionals while delivering the service. The standard mandates compliance with code of conduct by health professionals. Preferably code of conducts should be communicated to the staff in form of written instructions. This may include do's and don't while performing their duties. These norms should broadly encompass provider's duty to sick, doing 'no-harm', keeping privacy, confidentiality and autonomy of patients, non-discrimination and equity. Ethical norms should be in consonance with Code of Medical Ethics and Code of Nursing ethics released by the Indian Medical Council and Indian Nursing Council respectively.

While providing the services, the providers may confront ethical dilemmas. These may arise from patient's refusal to receive treatment, withdrawal of life support, prescribing drugs that doctor found more effective but are not part of essential drug list, entertaining representatives of pharmaceutical companies at workplace, sharing data with research purposes where consent has not been taken from patients, etc. to address these ethical dilemmas effectively and within the legal parameters, the health facility should develop and implement a framework for ethical dilemmas.

The facility need mechanism in place to identify the situations, where ethical dilemma usually arise or have potential to arise. Further, the facility should appoint a person or group that will address such issues of ethical dilemma, and will endeavour to timely resolve it. The formal mechanism for referral of such issues to appointed person or group. All the decisions pertaining to dilemmas are effectively communicated to concerned staff. These standards are targeted for secondary and public hospital; those are usually not involved in research activities. However, if any health care facility is involved in clinical or public health research activity (like DNB courses, MPH and other students degree or professions), should have mechanism to take formal approval from ethics committee.

Area of Concern - B: Measurable Elements Patient Rights	
<b>Standard B1</b>	<b>The facility provides the information to care seekers, attendants &amp; community about the available services and their modalities.</b>
ME B1.1	The facility has uniform and user-friendly signage system.
ME B1.2	The facility displays the services and entitlements available in its departments.
ME B1.3	The facility has established citizen charter, which is followed at all levels.
ME B1.4	User charges are displayed and communicated to patients effectively.
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC/BCC approaches.
ME B1.6	Information is available in local language and easy to understand.
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel.
<b>Standard B2</b>	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.</b>
ME B2.1	Services are provided in manner that are sensitive to gender.
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services.
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability.
ME B2.4	There is no discrimination on basis of social & economic status of patients.
ME B2.5	There is affirmative action to ensure that vulnerable sections can access services.
<b>Standard B3</b>	<b>The facility maintains privacy, confidentiality &amp; dignity of patient, and has a system for guarding patient related information.</b>
ME B3.1	Adequate visual privacy is provided at every point of care.
ME B3.2	Confidentiality of patients records and clinical information is maintained.
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services.
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups.
<b>Standard B4</b>	<b>The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making.</b>
ME B4.1	There is established procedures for taking informed consent before treatment and procedures.
ME B4.2	Patient is informed about his/her rights and responsibilities.
ME B4.3	Staff are aware of Patients rights responsibilities.
ME B4.4	Information about the treatment is shared with patients or attendants, regularly.
ME B4.5	The facility has defined and established grievance redressal system in place.
<b>Standard B5</b>	<b>The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.</b>
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes.
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards.
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility.

ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles.
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients.
ME B5.6	The facility ensure implementation of health insurance schemes as per National/state scheme.
<b>Standard B6</b>	<b>The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities.</b>
ME B6.1	Ethical norms and code of conduct for medical and paramedical staff have been established.
ME B6.2	The facility staff is aware of code of conduct established.
ME B6.3	The facility has an established procedure for entertaining representatives of drug companies and suppliers.
ME B6.4	The facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions.
ME B6.5	There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization.
ME B6.6	There is an established procedure for 'end-of-life' care.
ME B6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment.
ME B6.8	There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research.
ME B6.9	There is an established procedure to issue of medical certificates and other certificates.
ME B6.10	There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services.
ME B6.11	An updated copy of code of ethics under National Medical Commission is available with the facility.
ME B6.12	Facility has established a framework for identifying, receiving, and resolving ethical dilemmas' in a time-bound manner through ethical committee



## AREA OF CONCERN - C: INPUT

### Overview

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take into cognizance of the IPHS requirement. However, focus of the standards is to ensure compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like 'adequate' and 'as per load' has been given in the requirements of standards & measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load. For example, a 100-bedded hospital having 40% bed occupancy may not have same requirements as the similar hospital having 100% occupancy. So structural requirement should be based more on the utilization, than fixing the criteria like beds available. Assessor should use his/her discretion to arrive at a decision, whether available structural component is adequate for committed service delivery or not.

Following are the standards under this area of concern:

<b>STANDARD C1</b> <b>THE FACILITY HAS INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES, AND AVAILABLE INFRASTRUCTURE MEETS THE PREVALENT NORMS</b>	<p>Standard C1 measures adequacy of infrastructure in terms of space, layouts, circulation area, communication facilities, service counters, patient amenities, communication facilities, etc. It also looks into the functional aspect of the structure, whether it commensurate with the process flow of the facility or not.</p> <p>Minimum requirement for space, layout and patient amenities are given in some of departments, but assessors should use his discretion to see whether space available is adequate for the given work load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with staff and hospital administration may be required to know the process flow between the departments, and also within a department.</p>
<b>STANDARD C2</b> <b>THE FACILITY ENSURES THE PHYSICAL SAFETY OF THE INFRASTRUCTURE.</b>	<p>Standard C2 deals with Physical safety of the infrastructure. It includes seismic safety, safety of lifts, electrical safety, and physical condition of hospital infrastructure.</p>
<b>STANDARD C3</b> <b>THE FACILITY HAS ESTABLISHED PROGRAMME FOR FIRE SAFETY AND OTHER DISASTER</b>	<p>Standard C3 is concerned with fire safety of the facility. Measurable elements in this standard look for implementation of fire prevention, availability of adequate number of fire fighting equipment and preparedness of the facility for fire and other disaster in terms of mock drill and staff awareness &amp; training.</p>
<b>STANDARD C4</b> <b>THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF, REQUIRED FOR PROVIDING THE ASSURED SERVICES TO THE CURRENT CASE LOAD</b>	<p>Standard C4 measures the numerical adequacy and skill sets of the staff. It includes availability of doctors, nurses, paramedics and support staff. There are two components while assessing the staff adequacy - first is the numeric adequacy, which can be checked by interaction with hospital administration and review of records. Second is the availability of human resources within the department. For instance, a hospital may have 20 security guards, but if none of them is posted at the labour room, then the intent of standard is not being complied with.</p>
<b>STANDARD C5</b> <b>THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES</b>	<p>Standard C5 measures availability of drugs and consumables in user departments. Assessor may check availability of drugs under the broad group such as antibiotics, analytic IV fluids, dressing material, and make an assessment that majority of normal patients and critically ill patients are getting treated at the health facility.</p>
<b>STANDARD C6</b> <b>THE FACILITY HAS EQUIPMENT &amp; INSTRUMENTS REQUIRED FOR ASSURED LIST OF SERVICES</b>	<p>Standard C6 is also concerned with availability of equipment &amp; instruments in various departments and service delivery points. Equipment and instruments have been categorized into sub groups as per their use, and measurable elements have been assigned to each sub group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non clinical support services. Some representative equipment could be used as tracers and checked in each category.</p>



**STANDARD C7**  
FACILITY HAS A DEFINED  
AND ESTABLISHED  
PROCEDURE FOR EFFECTIVE  
UTILIZATION, EVALUATION  
AND AUGMENTATION  
OF COMPETENCE AND  
PERFORMANCE OF STAFF

Human resources are the most critical asset of a healthcare organization. Public health facilities serve volumes of patients and sometime feel constrained by limited human resources. For being a facility providing quality and safe healthcare services, it is indispensable to ensure that the staff engaged in patient care and auxiliary activities have requisite knowledge and skills to accomplish their task in the expected manner. It is also important to ensure that workforce is working at optimal level and their performance is evaluated periodically.

This standard and related measurable elements require that public health facility should have defined staff's competency and have a system for assessing it periodically at pre-defined interval, and takes actions for maintaining it. These criteria should be based on job description as defined in Standard D-11. These defined criteria can be converted into simple checklist that can work as tools for the competency assessment e. g. Checklist for competency assessment of Labour room nurse, Lab technician, Security guard, Hospital manager, etc. The Ministry of Health & Family Welfare, Government of India also has prepared checklist for competence assessment (Eg: OSCE is available for the competence assessment for labour room, etc). In addition there are explicit requirement spelled by the professional bodies such as National Medical Commission, Nursing Council of India, Dental Council of India, etc. These requirements can be used to ensure that the staff have been trained as per their job description and responsibilities. These can also be used after local customization.

This standard also requires that performance evaluation criteria should also be defined for each cadre of staff. These criteria may have some indicators measuring productivity and efficiency of the staff as well. Based on these defined criteria, the competence and performance of staff should be evaluated at least once in a year though it may be more frequent ongoing activity. Competence assessment program and performance evaluation program should include contractual staff, staff working in hospital premises through outsourced agencies, empanelled doctors providing services for specific duration. Based on these assessment and evaluation, the training needs of each staff are identified and training plan is prepared. Staff should be trained according to the training plan. Facility should also ensure that skills gained through training are retained and utilized and feedback is given to individual staff on their competence and performance.

Area of Concern - C: Measurable Elements Inputs	
<b>Standard C1</b>	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.</b>
ME C1.1	Departments have adequate space as per patient or work load.
ME C1.2	Patient amenities are provided as per patient load.
ME C1.3	Departments have layout and demarcated areas as per functions.
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law.
ME C1.5	The facility has infrastructure for intramural and extramural communication.
ME C1.6	Service counters are available as per patient load.
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital).
<b>Standard C2</b>	<b>The facility ensures the physical safety of the infrastructure.</b>
ME C2.1	The facility ensures the seismic safety of the infrastructure.
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/board.
ME C2.3	The facility ensures safety of electrical establishment.
ME C2.4	Physical condition of buildings are safe for providing patient care.
<b>Standard C3</b>	<b>The facility has established Programme for fire safety and other disaster.</b>
ME C3.1	The facility has plan for prevention of fire.
ME C3.2	The facility has adequate fire fighting Equipment.
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation.
<b>Standard C4</b>	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.</b>
ME C4.1	The facility has adequate specialist doctors as per service provision.
ME C4.2	The facility has adequate general duty doctors as per service provision and work load.
ME C4.3	The facility has adequate nursing staff as per service provision and work load.
ME C4.4	The facility has adequate technicians/paramedics as per requirement.
ME C4.5	The facility has adequate support/general staff.
<b>Standard C5</b>	<b>The facility provides drugs and consumables required for assured services.</b>
ME C5.1	The departments have availability of adequate drugs at point of use.
ME C5.2	The departments have adequate consumables at point of use.
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed.
<b>Standard C6</b>	<b>The facility has equipment &amp; instruments required for assured list of services.</b>
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients.
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility.
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility.
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients.

ME C6.5	Availability of Equipment for Storage.
ME C6.6	Availability of functional equipment and instruments for support services.
ME C6.7	Departments have patient furniture and fixtures as per load and service provision.
<b>Standard C7</b>	<b>The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff</b>
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff.
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year.
ME C7.3	Criteria for performance evaluation clinical and para clinical staff are defined.
ME C7.4	Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year
ME C7.5	Criteria for performance evaluation of support and administrative staff are defined.
ME C7.6	Performance evaluation of support and administration staff is done on predefined criteria at least once in a year.
ME C7.7	Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff.
ME C7.8	Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan.
ME C7.9	The Staff is provided training as per defined core competencies and training plan.
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision.
ME C7.11	Feedback is provided to the staff on their competence assessment and performance evaluation.

## AREA OF CONCERN - D: SUPPORT SERVICES

### Overview

Support services are backbone of every health care facility. The expected clinical outcome cannot be envisaged in absence of sturdy support services. This area of concern includes equipment maintenance, calibration, drug storage and inventory management, security, facility management, water supply, power backup, dietary services and laundry. Administrative processes like RKS, Financial management, legal compliances, staff deputation and contract management have also been included in this area of concern.

Brief description of the standards under this area of concern are given below:

<b>STANDARD D1</b> THE FACILITY HAS ESTABLISHED PROGRAMME FOR INSPECTION, TESTING AND MAINTENANCE AND CALIBRATION OF EQUIPMENT	Standard D1 is concerned with equipment maintenance processes, such as AMC, daily and breakdown maintenance processes, calibration and availability of operating instructions. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive/corrective maintenance is done timely. Calibration records and label of measuring equipment should be reviewed to confirm that the calibration has been done. Operating instructions should be displayed or should readily available with the users.
<b>STANDARD D2</b> THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE, INVENTORY MANAGEMENT AND DISPENSING OF MEDICINES IN PHARMACY AND PATIENT CARE AREAS	Standard D2 is concerned with safe storage of medicines and scientific management of the inventory, so medicines and consumables are available in adequate quantity in patient care area. Measurable elements of this standard look into processes of indenting, procurement, storage, expired medicines management, inventory management, stock management at patient care areas, including storage at optimum temperature. While assessing drug management system, these practices should be looked into each clinical department, especially at the nursing stations and its complementary process at drug stores/Pharmacy.
<b>STANDARD D3</b> THE FACILITY PROVIDES SAFE, SECURE AND COMFORTABLE ENVIRONMENT TO STAFF, PATIENTS AND VISITORS	Standard D3 is concerned with providing safe, secure and comfortable environment to patients as well as service providers. The measurable elements under this standard have two aspects, - provision of comfortable work environment in terms of illumination & temperature control in patient care areas and work stations, and arrangement for security of patients & staff. Availability of environment control arrangements should be looked into. Security arrangements at patient area should be observed for restriction of visitors and crowd management.
<b>STANDARD D4</b> THE FACILITY HAS ESTABLISHED PROGRAMME FOR MAINTENANCE AND UPKEEP OF THE FACILITY	Standard D4 is concerned with adequacy of facility management processes. This includes appearance of facility, cleaning processes, infrastructure maintenance, removal of junk and condemned items and control of stray animals and pests at the facility.
<b>STANDARD D5</b> THE FACILITY ENSURES 24X7 WATER AND POWER BACKUP AS PER REQUIREMENT OF SERVICE DELIVERY, AND SUPPORT SERVICES NORMS	Standard D5 covers processes to ensure water supply (quantity & quality), power back-up and medical gas supply. All departments should be assessed for availability of water and power back-up. Some critical area like OT and ICU may require two-tire power backup in terms of UPS. Availability of central oxygen and vacuum supply should especially be assessed in critical area OT, ICU & IPD.
<b>STANDARD D6</b> DIETARY SERVICES ARE AVAILABLE AS PER SERVICE PROVISION AND NUTRITIONAL REQUIREMENT OF THE PATIENTS	Standard D6 is concerned with processes ensuring timely and hygienic diet to the patient as per their nutritional requirement. It includes nutritional assessment of patients, availability of different types of diets as per the disease condition. It also includes procedures for preparation and distribution of food, including hygiene & sanitation in the kitchen. Patients/staff may be interacted for knowing their perception about quality and quantity of the food.

<b>STANDARD D7</b> THE FACILITY ENSURES CLEAN LINEN TO THE PATIENTS	Standard D7 is concerned with the laundry processes. It includes availability of adequate quantity of clean & usable linen, process of providing and changing bed sheets in patient care area and process of collection, washing and distributing the linen. Besides direct observation, staff interaction may help in knowing availability of adequate linen and work practices. An assessment of segregation and disinfection of soiled laundry should be undertaken. Observation should be recorded if laundry is being washed at some public water body like pond or river.
<b>STANDARD D8</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR PROMOTING PUBLIC PARTICIPATION IN MANAGEMENT OF HOSPITAL TRANSPARENCY AND ACCOUNTABILITY	Standard D8 measures processes related to functioning of Rogi Kalyan Samiti (RKS; equivalent to Hospital Management Society) and community participation in Hospital Management. RKS records should be reviewed to assess frequency of the meetings, and issues discussed in RKS meeting.. Participation of non-official members like community/NGO representatives in such meetings should be checked.
<b>STANDARD D9</b> HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURES FOR FINANCIAL MANAGEMENT	Standard D9 is concerned with the financial management of the funds/grants, received from different sources including NHM. Assessment of financial management processes by no means should be equated with financial or accounts audit. Hospital administration and accounts department can be interacted to know process of utilization of funds, timely payment of salaries, entitlements and incentives to different stakeholders and process of receiving funds and submitting utilization certificates. An assessment of resource utilisation and prioritisation should be undertaken.
<b>STANDARD D10</b> THE FACILITY IS COMPLIANT WITH ALL STATUTORY AND REGULATORY REQUIREMENT IMPOSED BY LOCAL, STATE OR CENTRAL GOVERNMENT	Standard D10 is concerned with compliances to statutory and regulatory requirements. It includes availability of requisite licenses, updated copies of acts and rules, and adherence to the legal requirements as applicable to Public Health Facilities.
<b>STANDARD D11</b> ROLES & RESPONSIBILITIES OF ADMINISTRATIVE AND CLINICAL STAFF ARE DETERMINED AS PER GOVT. REGULATIONS AND STANDARDS OPERATING PROCEDURES	Standard D11 is concerned with processes regarding staff management and their deployment in the departments of a facility. This includes availability of Job descriptions for different cadre, processes regarding preparation of duty rosters and staff discipline. The staff can be interviewed to assess their awareness about own job description. It should be assessed by observation and review of the records. Adherence to dress-code should be observed during the assessment.
<b>STANDARD D12</b> THE FACILITY HAS ESTABLISHED PROCEDURE FOR MONITORING THE QUALITY OF OUTSOURCED SERVICES AND ADHERES TO CONTRACTUAL OBLIGATIONS	Standard D12 This standard measures the processes related to outsourcing and contract management. This includes monitoring of outsourced services, adequacy of contract documents and tendering system, timely payment for the availed services and provision for action in case of inadequate/poor quality of services. Assessor should review the contract records related to outsourced services, and interview hospital administration about the management of outsourced services.

Area of Concern - D: Measurable Elements Support Services	
<b>Standard D1</b>	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>
ME D1.1	The facility has established system for maintenance of critical Equipment.
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment.
ME D1.3	Operating and maintenance instructions are available with the users of equipment.
<b>Standard D2</b>	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.</b>
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables.
ME D2.2	The facility has established procedure for procurement of drugs.
ME D2.3	The facility ensures proper storage of drugs and consumables.
ME D2.4	The facility ensures management of expiry and near expiry drugs.
ME D2.5	The facility has established procedure for inventory management techniques.
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas.
ME D2.7	There is a process for storage of vaccines and other drugs, requiring controlled temperature.
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs.
<b>Standard D3</b>	<b>The facility provides safe, secure and comfortable environment to staff, patients and visitors.</b>
ME D3.1	The facility provides adequate illumination at patient care areas.
ME D3.2	The facility has provision of restriction of visitors in patient areas.
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers.
ME D3.4	The facility has security system in place in patient care areas.
ME D3.5	The facility has established measure for safety and security of female staff.
<b>Standard D4</b>	<b>The facility has established Programme for maintenance and upkeep of the facility.</b>
ME D4.1	Exterior and interior of the facility building is maintained appropriately
ME D4.2	Patient care areas are clean and hygienic.
ME D4.3	Hospital infrastructure is adequately maintained.
ME D4.4	Hospital maintains open areas and landscaping of them.
ME D4.5	The facility has policy of removal of condemned junk material.
ME D4.6	The facility has established procedures for pest, rodent and animal control.
<b>Standard D5</b>	<b>The facility ensures 24 × 7 water and power backup as per requirement of service delivery, and support services norms.</b>
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas.
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load.
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply.
ME D5.4	The facility has adequate arrangement for uninterrupted supply of RO water for dialysis unit
<b>Standard D6</b>	<b>Dietary services are available as per service provision and nutritional requirement of the patients.</b>
ME D6.1	The facility has provision of nutritional assessment of the patients.

ME D6.2	The facility provides diets according to nutritional requirements of the patients.
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients.
<b>Standard D7</b>	<b>The facility ensures clean linen to the patients.</b>
ME D7.1	The facility has adequate availability of linen for meeting its need.
ME D7.2	The facility has established procedures for changing of linen in patient care areas
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen.
<b>Standard D8</b>	<b>The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.</b>
ME D8.1	The facility has established a procedure for management of activities of Rogi Kalyan Samiti.
ME D8.2	The facility has established procedures for community based monitoring of its services.
<b>Standard D9</b>	<b>Hospital has defined and established procedures for Financial Management.</b>
ME D9.1	The facility ensures proper utilization of the fund provided to it.
ME D9.2	The facility ensures proper planning and requisition of resources based on its need.
<b>Standard D10</b>	<b>The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.</b>
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities.
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility.
ME D10.3	The facility ensures relevant processes are in compliance with the statutory requirements.
<b>Standard D11</b>	<b>Roles &amp; Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>
ME D11.1	The facility has established job description as per govt guidelines.
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments.
ME D11.3	The facility ensures adherence to dress code as mandated by the administration/the health department.
<b>Standard D12</b>	<b>The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.</b>
ME D12.1	There is established system of contract management for the outsourced services.
ME D12.2	There is a system of periodic review of quality of outsourced services.

## AREA OF CONCERN - E: CLINICAL CARE

### Overview

The ultimate purpose of existence of a hospital is to provide clinical care. Therefore, clinical processes are the most critical and important in the hospitals. These are the processes that define directly the outcome of services and quality of care. The Standards under this area of concern could be grouped into three categories. First, nine standards (E1-E9) are concerned with those clinical processes that ensure adequate care to the patients. It includes processes such as registration, admission, consultation, clinical assessment, continuity of care, nursing care, identification of high risk and vulnerable patients, prescription practices, safe drug administration, maintenance of clinical records and discharge from the hospital.

Second set of next seven standards (E10-E16) are concerned with specific clinical and therapeutic processes including intensive care, emergency care, diagnostic services, transfusion services, anaesthesia, surgical services handling of death, conduct of post-mortem etc.

The third set of eight standards (E17- E24) are concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent & Family Planning services, National Health Programmes and specific schemes like PMNDP. These standards are based on the technical guidelines published by the Government of India on respective programmes and processes.

It may be difficult to assess clinical processes, as direct observation as clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon review of the clinical records and interaction with the staff to know their skill level and how they practice clinical care (Competence testing) would also be helpful. Assessment of these standard would require thorough domain knowledge.

Following is the brief description of standards under this area of concern:

<b>STANDARD E1</b> THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION, CONSULTATION AND ADMISSION OF PATIENTS	Standard E1, This standard is concerned with the registration and admission processes in hospitals. It also covers OPD consultation processes. The assessor should review the records to verify that details of patients have been recorded, and patients have been given unique identification number. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, provisional & confirmed diagnosis etc. have been recorded on the OPD ticket. Staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.
<b>STANDARD E2</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE FOR CLINICAL ASSESSMENT, REASSESSMENTS AND TREATMENT PLAN PREPARATION.	Standard E2, This standard pertains to clinical assessment of the patients. It includes initial assessment and reassessment of admitted patients at defined interval depending on the disease condition.  Care planning is done for individual case as per assessment and investigation findings (Wherever applicable). It also ensures that care or treatment is provided as per standard treatment guidelines/available clinical evidences
<b>STANDARD E3</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CONTINUITY OF CARE OF PATIENT AND REFERRAL	Standard E3 is concerned with continuity of care for the patient's ailment. It includes process of inter-departmental transfer, referral to another facility, and linkages with higher institutions. Staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and arrangement for the vehicles and follow-up care. Records should be reviewed for confirming that referral slips have been provided to the referred patients.
<b>STANDARD E4</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR NURSING CARE	Standard E4 measures adequacy and quality of nursing care for the patients. It includes processes for identification of patients, timely and accurate implementation of treatment plan, nurses' handover processes, maintenance of nursing records and monitoring of the patients. Staff should be interviewed and patients' records should be reviewed for assessing how drugs distribution/administration endorsement and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process and should be assessed adequately. Review BHT for patient monitoring & nursing notes should be done.



<b>STANDARD E5</b> THE FACILITY HAS A PROCEDURE TO IDENTIFY HIGH RISK AND VULNERABLE PATIENTS	Standard E5 is concerned with identification of vulnerable and High-risk patients. Review of records and staff interaction would be helpful in assessing how High-risk patients are given due attention and treatment.
<b>STANDARD E6</b> FACILITY ENSURES RATIONALE PRESCRIBING AND USE OF MEDICINES	Standard E6 is concerned with assessing that patients are prescribed drugs according to standard treatment guidelines and protocols. Patient records are assessed to ascertain that prescriptions are written in generic name only. Hospital drug formulary is available and followed. For all cases, medicine review and optimization are done.
<b>STANDARD E7</b> THE FACILITY HAS DEFINED PROCEDURES FOR SAFE DRUG ADMINISTRATION	Standard E7 concerns with the safety of drug administration. It includes administration of high alert medicines, legibility of medical orders, process for checking medicines before administration and processes related to self-drug administration. Patient's records should be reviewed for legibility of the writing and recording of date and time of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.
<b>STANDARD E8</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR MAINTAINING, UPDATING OF PATIENTS' CLINICAL RECORDS AND THEIR STORAGE	Standard E8 is concerned with the processes of maintaining clinical records systematically and adequately. Compliance to this standard can be assessed by comprehensive review of the patients' records. If the records are maintained in e-version, the security & safety of clinical standards need to be ensured.
<b>STANDARD E9</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DISCHARGE OF PATIENT.	Standard E9 measures adequacy of the discharge process. It includes pre-discharge assessment, adequacy of discharge summary, pre-discharge counselling and adherence to standard procedures, if a patient is found absconding. Patients' record should be reviewed for adequacy of the discharge summary.
<b>STANDARD E10</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INTENSIVE CARE.	Standard E10 is concerned with processes related to intensive care treatment of patients, availability and adherence to protocols related to pain management, sedation, intubation, newborn resuscitation, ETAT etc.
<b>STANDARD E11</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR EMERGENCY SERVICES AND DISASTER MANAGEMENT	Standard E11 is concerned with emergency clinical processes and procedures. It includes triage, adherence to emergency clinical protocols, disaster management, processes related to ambulance services, handling of medico-legal cases, etc. Availability of the buffer stock for medicines and other supplies for disaster and mass casualty needs to be found out. Interaction with staff and hospital administration should be done to assess overall disaster preparedness of the health facility.
<b>STANDARD E12</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF DIAGNOSTIC SERVICES	Standard E12 deals with the procedures related to diagnostic services. The standard is majorly applicable for laboratory and radiology services, services, ultrasound and other diagnostic services if provided by the facility. It includes pre-testing, testing and post-testing procedures. It needs to be observed that samples in the laboratory are properly labelled, and instructions for handling sample are available. The process for storage and transportation of samples needs to be ensured. Availability & use of critical values and biological references should also be checked.
<b>STANDARD E13</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR BLOOD BANK/STORAGE MANAGEMENT AND TRANSFUSION	Standard E13 is concerned with functioning of blood bank and transfusion services. The measurable elements under this standard are processes for donor selection, collection of blood, testing procedures, preparation of blood components, labelling and storage of blood bags, compatibility testing, issuing, transfusion and monitoring of transfusion reaction. The assessor should observe the functioning, and interact with the staff to know regarding adherence to standard procedures for blood collection and testing, including preparation of blood components, storage practices, as per National guidelines. Record of temperature maintained in different storage units should be checked. The staff should also be interacted to know how they manage if certain blood is not available at the blood bank. Records should be reviewed for assessing processes of monitoring transfusion reactions and ensures the availability of services.

<b>STANDARD E14</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANAESTHETIC SERVICES	Standard E14 is concerned with the processes related with safe anaesthesia practices. It includes pre-anaesthesia, monitoring and post-anaesthesia processes. Records should be reviewed to assess how Pre-anaesthesia check-up is done and records are maintained. Interact with Anaesthetists and OT technician/Nurse for adherence to protocols in respect of anaesthesia safety, monitoring, recording & reporting of adverse events, maintenance of anaesthesia notes, etc.
<b>STANDARD E15</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF OPERATION THEATRE SERVICES	Standard E15 is concerned with processes related with Operation Theatre. It includes processes for OT scheduling, pre-operative, Post-operative practices of surgical safety. Interaction with the surgeon(s) and OT staff should be done to assess processes - preoperative medication, part preparation and evaluation of patient before surgery, identification of surgical site, etc. Review of records for usage of surgical safety checklist & protocol for instrument count, suture material, etc may be undertaken.
<b>STANDARD E16</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR THE MANAGEMENT OF DEATH & BODIES OF DECEASED PATIENTS	Standard E16 concerned with management of death. Records should be reviewed for knowing adequacy of the notes. Interact with the facility staff to know how news of death is communicated to relatives, and kind of support available to family members. This standard also covers procedures for post-mortem, its recording and handing over body to relatives/kin. etc.
<b>STANDARD E17</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANTENATAL CARE AS PER GUIDELINES	Standard E17 is concerned with processes ensuring that adequate and quality antenatal care is provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of severe anaemia and counselling services. Staff at ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. Review the line listing of anaemia cases and how they are followed. Client and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, as per National guidelines etc.
<b>STANDARD E18</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR INTRANATAL CARE AS PER GUIDELINES	Standard E18 measures the quality of intra-natal care. It includes clinical process for normal delivery as well as management of complications and C-Section surgeries. Staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Staff may be interacted for demonstration of resuscitation and essential newborn care. Competency of the staff for managing obstetric emergencies, interpretation of partograph, should also be assessed The standard is applicable to Labour Room and Maternity Operation Theatre in LaQshya.
<b>STANDARD E19</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR POSTNATAL CARE AS PER GUIDELINES	Standard E19 is concerned with adherence to post-natal care of mother and newborn within the hospital. Observe that postnatal protocols of prevention of hypothermia and breastfeeding are adhered to. Mother may be interviewed to know that proper counselling has been provided to manage the post-natal complications of mother & newborn.
<b>STANDARD E20</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR CARE OF NEW BORN, INFANT AND CHILD AS PER GUIDELINES	Standards E20 is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, emergency triage, management of newborn and childhood illnesses like neonatal asphyxia, low birth weight, neo-natal jaundice, sepsis, malnutrition and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test. Adherence to clinical protocols for management of different illnesses in newborn and child should be done through interaction with the doctors and nursing staff.
<b>STANDARD E21</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ABORTION AND FAMILY PLANNING AS PER GOVERNMENT GUIDELINES AND LAW	Standard 21 is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family palling counselling, spacing methods, family planning surgeries and counselling and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. Staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, use of injectable, family planning surgery, etc.

<b>STANDARD E22</b> THE FACILITY PROVIDES ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH SERVICES AS PER GUIDELINE	Standard E22 is concerned with services related to Adolescent Friendly Health Clinics service (AFHCS) guidelines. It includes promotive, preventive, curative and referral services under the AFHCS. Staff should be interviewed, and records should be reviewed.
<b>STANDARD E23</b> THE FACILITY PROVIDES NATIONAL HEALTH PROGRAMME AS PER OPERATIONAL/CLINICAL GUIDELINES	Standard E23 pertains to adherence for clinical guidelines under the National Health Programmes. For each national health programme, quality of curative & followup services as per respective National guidelines should be assessed
<b>STANDARD E24</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE FOR HAEMODIALYSIS SERVICES	Standard E24 is concerned with procedures related to Haemodialysis services. It includes processes for pre-haemodialysis assessment like complete patient assessment performed before dialysis, predialysis testing, etc. It also includes processes during and after haemodialysis, post-dialysis samples is being taken and observations are recorded. It includes the management of the Quality of services provided in Haemodialysis unit.

Area of Concern - E: Measurable Elements Clinical Services	
<b>Standard E1</b>	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>
ME E1.1	The facility has established procedure for registration of patients.
ME E1.2	The facility has a established procedure for OPD consultation.
ME E1.3	There is established procedure for admission of patients.
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility.
<b>Standard E2</b>	<b>The facility has defined and established procedure for clinical assessment, reassessments and treatment plan preparation.</b>
ME E2.1	There is established procedure for initial assessment of patients.
ME E2.2	There is established procedure for follow-up/reassessment of Patients.
ME E2.3	There is an established procedure to plan and deliver appropriate treatment or care to individuals as per the needs to achieve best possible results.
<b>Standard E3</b>	<b>The facility has defined and established procedures for continuity of care of patient and referral.</b>
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer.
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure the continuity of care.
ME E3.3	A person is identified for care during all steps of care.
ME E3.4	The facility is connected to medical colleges through telemedicine services.
<b>Standard E4</b>	<b>The facility has defined and established procedures for nursing care.</b>
ME E4.1	Procedure for identification of patients is established at the facility.
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility.
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens.
ME E4.4	Nursing records are maintained.
ME E4.5	There is procedure for periodic monitoring of patients.
<b>Standard E5</b>	<b>The facility has a procedure to identify high risk and vulnerable patients.</b>
ME E5.1	The facility identifies vulnerable patients and ensure their safe care.
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need.
<b>Standard E6</b>	<b>Facility ensures rationale prescribing and use of medicines</b>
ME E6.1	The facility ensured that drugs are prescribed in generic name only.
ME E6.2	There is procedure of rational use of drugs.
ME E6.3	There are procedures defined for medication review and optimization
<b>Standard E7</b>	<b>The facility has defined procedures for safe drug administration.</b>
ME E7.1	There is process for identifying and cautious administration of high alert drugs.
ME E7.2	Medication orders are written legibly and adequately.
ME E7.3	There is a procedure to check drug before administration/dispensing.

ME E7.4	There is a system to ensure right medicine is given to right patient.
ME E7.5	Patient is counselled for self drug administration.
<b>Standard E8</b>	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.</b>
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated.
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.
ME E8.3	Care provided to each patient is recorded in the patient records.
ME E8.4	Procedures performed are written on patients records.
ME E8.5	Adequate form and formats are available at point of use.
ME E8.6	Register/records are maintained as per guidelines.
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records.
<b>Standard E9</b>	<b>The facility has defined and established procedures for discharge of patient.</b>
ME E9.1	Discharge is done after assessing patient readiness.
ME E9.2	Case summary and follow-up instructions are provided at the discharge.
ME E9.3	Counselling services are provided as during discharges wherever required.
<b>Standard E10</b>	<b>The facility has defined and established procedures for intensive care.</b>
ME E10.1	The facility has established procedure for shifting the patient to step-down/ward based on explicit assessment criteria.
ME E10.2	The facility has defined and established procedure for intensive care.
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal.
<b>Standard E11</b>	<b>The facility has defined and established procedures for Emergency Services and Disaster Management.</b>
ME E11.1	There is procedure for Receiving and triage of patients.
ME E11.2	Emergency protocols are defined and implemented.
ME E11.3	The facility has disaster management plan in place.
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement.
ME E11.5	There is procedure for handling medico legal cases.
<b>Standard E12</b>	<b>The facility has defined and established procedures of diagnostic services.</b>
ME E12.1	There are established procedures for Pre-testing Activities.
ME E12.2	There are established procedures for testing Activities.
ME E12.3	There are established procedures for Post-testing Activities.
<b>Standard E13</b>	<b>The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.</b>
ME E13.1	Blood bank has defined and implemented donor selection criteria.
ME E13.2	There is established procedure for the collection of blood.
ME E13.3	There is established procedure for the testing of blood.
ME E13.4	There is established procedure for preparation of blood component.

ME E13.5	There is establish procedure for labelling and identification of blood and its product.
ME E13.6	There is established procedure for storage of blood.
ME E13.7	There is established the compatibility testing.
ME E13.8	There is established procedure for issuing blood.
ME E13.9	There is established procedure for transfusion of blood.
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication.
<b>Standard E14</b>	<b>The facility has established procedures for Anaesthetic Services.</b>
ME E14.1	The facility has established procedures for Pre-anaesthetic Check up and medical records.
ME E14.2	The facility has established procedures for monitoring during anaesthesia and maintenance of records.
ME E14.3	The facility has established procedures for Post-anaesthesia care.
<b>Standard E15</b>	<b>The facility has defined and established procedures of Operation theatre services.</b>
ME E15.1	The facility has established procedures OT Scheduling.
ME E15.2	The facility has established procedures for Preoperative care.
ME E15.3	The facility has established procedures for Surgical Safety.
ME E15.4	The facility has established procedures for Post operative care.
<b>Standard E16</b>	<b>The facility has defined and established procedures for the management of death &amp; bodies of deceased patients.</b>
ME E16.1	Death of admitted patient is adequately recorded and communicated.
ME E16.2	The facility has standard procedures for handling the death in the hospital.
ME E16.3	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law.
<b>Maternal &amp; Child Health Services</b>	
<b>Standard E17</b>	<b>The facility has established procedures for Antenatal care as per guidelines.</b>
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.
ME E17.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal visit.
ME E17.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women.
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia.
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age.
<b>Standard E18</b>	<b>The facility has established procedures for Intranatal care as per guidelines.</b>
ME E18.1	The facility staff adheres to standard procedures for management of second stage of labor.
ME E18.2	The facility staff adheres to standard procedure for active management of third stage of labor
ME E18.3	The facility staff adheres to standard procedures for routine care of newborn immediately after birth.
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.

ME E18.5	The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Eclampsia
ME E18.6	The facility staff adheres to standard protocols for identification and management of PPH.
ME E18.7	The facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn
ME E18.8	The facility staff adheres to standard protocol for identification and management of preterm delivery.
ME E18.9	Staff identifies and manages infection in pregnant woman
ME E18.10	There is Established protocol for newborn resuscitation is followed at the facility.
ME E18.11	The facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice
<b>Standard E19</b>	<b>The facility has established procedures for postnatal care as per guidelines</b>
ME E19.1	The facility staff adheres to protocol for assessments of condition of mother and baby and providing adequate postpartum care
ME E19.2	The facility staff adheres to protocol for counseling on danger signs, post-partum family planning and exclusive breast feeding
ME E19.3	The facility staff adheres to protocol for ensuring care of newborns with small size at birth
ME E19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications
ME E19.5	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocols
ME E19.6	There is established procedure for discharge and follow up of mother and newborn
<b>Standard E20</b>	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>
ME E20.1	The facility provides immunization services as per guidelines
ME E20.2	Triage, Assessment & Management of newborns, infant & children having emergency signs are done as per guidelines
ME E20.3	Management of Low birth weight newborns is done as per guidelines
ME E20.4	Management of neonatal asphyxia is done as per guidelines
ME E20.5	Management of neonatal sepsis is done as per guidelines
ME E20.6	Management of children with Jaundice is done as per guidelines.
ME E20.7	Management of children presenting with fever, cough/breathlessness is done as per guidelines
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines
ME E20.9	Management of children presenting diarrhoea is done per guidelines
ME E20.10	The facility ensures optimal breast feeding practices for new born & infants as per guidelines
ME E20.11	The facility provide services under Rashtriya Bal Swasthya Karyakram (RBSK)
<b>Standard E21</b>	<b>The facility has established procedures for abortion and family planning as per government guidelines and law.</b>
ME E21.1	Family planning counselling services provided as per guidelines.
ME E21.2	The facility provides spacing method of family planning as per guideline.
ME E21.3	The facility provides limiting method of family planning as per guideline.

ME E21.4	The facility provide counselling services for abortion as per guideline.
ME E21.5	The facility provide abortion services for 1st trimester as per guideline.
ME E21.6	The facility provide abortion services for 2nd trimester as per guideline.
<b>Standard E22</b>	<b>The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.</b>
ME E22.1	The facility provides Promotive ARSH Services.
ME E22.2	The facility provides Preventive ARSH Services.
ME E22.3	The facility provides Curative ARSH Services.
ME E22.4	The facility provides Referral Services for ARSH.
<b>National Health Programmes</b>	
<b>Standard E23</b>	<b>The facility provides National health Programme as per operational/Clinical Guidelines.</b>
ME E23.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines.
ME E23.2	The facility provides services under National TB elimination Programme as per guidelines.
ME E23.3	The facility provides services under National Leprosy Eradication Programme as per guidelines.
ME E23.4	The facility provides services under National AIDS Control Programme as per guidelines.
ME E23.5	The facility provides services under National Programme for control of Blindness as per guidelines.
ME E23.6	The facility provides services under Mental Health Programme as per guidelines.
ME E23.7	The facility provides services under National Programme for the health care of the elderly as per guidelines.
ME E23.8	The facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NP-NCD) as per guidelines.
ME E23.9	The facility provide service for Integrated disease surveillance Programme.
ME E23.10	The facility provide services under National Programme for prevention and control of deafness.
ME E23.11	The facility provide services National viral Hepatitis Control Programme
ME E23.12	The facility provide services under National programme for palliative care
<b>Standard E24</b>	<b>The facility has defined and established procedure for Haemodialysis services.</b>
ME E24.1	The facility has defined and established procedure for Pre Haemodialysis assessment
ME E24.2	The facility has defined and established procedure for care during Haemodialysis
ME E24.3	The facility has defined and established procedure for care after completion of Haemodialysis



## AREA OF CONCERN - F: INFECTION CONTROL

### Overview

The first principle of health care is “to do no harm”. As Public Hospitals usually have high occupancy, the Infection control practices become more critical to avoid cross-infection and its spread. This area of concern covers Infection control practices, hand-hygiene, antisepsis, Personal Protection, processing of equipment, environment control, and Biomedical Waste Management.

Following is the brief description of the Standards within this area of concern:

<b>STANDARD F1</b> THE FACILITY HAS INFECTION CONTROL PROGRAMME AND PROCEDURES IN PLACE FOR PREVENTION AND MEASUREMENT OF HOSPITAL ASSOCIATED INFECTION	Standard F1 is concerned with the implementation of Infection control programme at the facility. It includes existence of functional infection control committee, microbiological surveillance, measurement of hospital acquired infection rates, periodic medical check-up and immunization of staff and monitoring of Infection control Practices. Hospital administration should be interacted to assess the functioning of infection control committee. Records should be reviewed for confirming the culture surveillance practices, monitoring of Hospital acquired infection, status of staff immunization, etc. Implementation of antibiotic policy can be assessed through staff interview, perusal of patient record and usage pattern of antibiotic.
<b>STANDARD F2</b> THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURES FOR ENSURING HAND HYGIENE PRACTICES AND ANTISEPSIS	Standard F2 is concerned with practices of hand-washing and antisepsis. Availability of Hand washing facilities with soap and running water should be observed at the point of use. Technique of hand-washing for assessing the practices, and effectiveness of training may be observed.
<b>STANDARD F3</b> THE FACILITY ENSURES STANDARD PRACTICES AND MATERIALS FOR PERSONAL PROTECTION	Standard F3 is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal the adequacy of supply of PPE.
<b>STANDARD F4</b> THE FACILITY HAS STANDARD PROCEDURES FOR PROCESSING OF EQUIPMENT AND INSTRUMENTS	Standard F4 is concerned with standard procedures, related to processing of equipment and instruments. It includes adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed and staff should be interviewed for compliance to certain standard procedures.
<b>STANDARD F5</b> PHYSICAL LAYOUT AND ENVIRONMENTAL CONTROL OF THE PATIENT CARE AREAS ENSURES INFECTION PREVENTION	Standard F5 pertains to environment cleaning. It assesses whether lay out and arrangement of processes are conducive for the infection control or not. Environment cleaning processes like mopping, especially in critical areas like OT and ICU should be observed for the adequacy and technique.
<b>STANDARD F6</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO MEDICAL AND HAZARDOUS WASTE	Standard F6 is concerned with Biomedical waste management including its segregation, transportation, disposal and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed and records are verified.

Area of Concern - F: Measurable Elements Infection Control	
<b>Standard F1</b>	<b>The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.</b>
ME F1.1	The facility has functional infection control committee.
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas.
ME F1.3	The facility measures hospital associated infection rates.
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff.
ME F1.5	The facility has established procedures for regular monitoring of infection control practices.
ME F1.6	The facility has defined and established antibiotic policy.
<b>Standard F2</b>	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis.</b>
ME F2.1	Hand washing facilities are provided at point of use.
ME F2.2	Staff is trained and adhere to standard handwashing practices
ME F2.3	The facility ensures standard practices and materials for antisepsis.
<b>Standard F3</b>	<b>The facility ensures standard practices and materials for Personal protection.</b>
ME F3.1	The facility ensures adequate personal protection equipments as per requirements.
ME F3.2	The facility staff adheres to standard personal protection practices.
<b>Standard F4</b>	<b>The facility has standard procedures for processing of equipment and instruments.</b>
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure areas.
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment.
<b>Standard F5</b>	<b>Physical layout and environmental control of the patient care areas ensures infection prevention.</b>
ME F5.1	Layout of the department is conducive for the infection control practices.
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas.
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas.
ME F5.4	The facility ensures segregation of infectious patients.
ME F5.5	The facility ensures air quality of high risk area.
<b>Standard F6</b>	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>
ME F6.1	The facility ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines.
ME F6.2	The facility ensures management of sharps as per guidelines.
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines.

## AREA OF CONCERN - G: QUALITY MANAGEMENT

### Overview

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, checking and acting upon the compliances. The standards in this area of concern are the opportunities for improvement to enhance quality of services and patient satisfaction by using various Quality tools & methods. These standards are in synchronization with facility based quality improvement activities given in 'Operational Guidelines'.

Following are the Standards under this area of Concern:

<b>STANDARD G1</b> <b>THE FACILITY HAS ESTABLISHED ORGANIZATIONAL FRAMEWORK FOR QUALITY IMPROVEMENT</b>	<p>Standard G1 is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed at periodic intervals. At department level eg: labour room and maternity operation theatre small quality circle may be constituted to coordinate &amp; continuously improve the system. As quality circles are the informal teams. The quality circle at each department is supposed to interlink their activity with the overall hospital's quality objectives &amp; quality team..</p>
<b>STANDARD G2</b> <b>THE FACILITY HAS ESTABLISHED SYSTEM FOR PATIENT AND EMPLOYEE SATISFACTION</b>	<p>Standard G2 is concerned with having a system of measurement of patient and employee satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that Patient feedback is taken at prescribed intervals and adequate sample size is adequate.</p>
<b>STANDARD G3</b> <b>FACILITY HAVE ESTABLISHED INTERNAL AND EXTERNAL QUALITY ASSURANCE PROGRAMS WHEREVER IT IS CRITICAL TO QUALITY.</b>	<p>Standard G3 is concerned with implementation of internal and external assessments, quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental checklists etc. Interview with hospital staff, Matron, Hospital Managers etc may give information about how they conduct internal assessments, daily round of departments, usage of checklists etc at a defined periodicity. Review of Internal assessment records may reveal their adequacy and periodicity.</p>
<b>STANDARD G4</b> <b>THE FACILITY HAS ESTABLISHED, DOCUMENTED IMPLEMENTED AND MAINTAINED STANDARD OPERATING PROCEDURES FOR ALL KEY PROCESSES AND SUPPORT SERVICES.</b>	<p>Standard G4 is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.</p>
<b>STANDARD G5</b> <b>THE FACILITY MAPS ITS KEY PROCESSES AND SEEKS TO MAKE THEM MORE EFFICIENT BY REDUCING NON VALUE ADDING ACTIVITIES AND WASTAGES</b>	<p>Standard G5 concerns the efforts' made for the mapping and improving processes. Records should be checked to ensure that the critical processes have been mapped, wastes have been identified and efforts are made to remove them to make processes more efficient.</p>
<b>STANDARD G6</b> <b>THE FACILITY HAS DEFINED MISSION, VALUES, QUALITY POLICY &amp; OBJECTIVES &amp; PREPARES A STRATEGIC PLAN TO ACHIEVE THEM</b>	<p>Every organization has a purpose for its existence and what it wants to be achieve in future. Public health facilities have been created not only to provide curative services, but also support health promotion in their target community and disease prevention. Therefore public hospitals not only cater needs of sick and those in need of medical care, but also provide holistic care, which includes preventive &amp; promotive care.</p> <p>With this positioning it is very important that health facilities should clearly articulate their mission statement in consultation with internal and external stakeholders and disseminate it effectively amongst staff, visitors&amp; community.</p>

	<p>The Mission statement may incorporate ‘what is the purpose of existence’, ‘who are our users’ and ‘what do we intend to do by operating this facility’. Mission statement should be pragmatic and simple so it can be easily understood by target audiences and they can relate it with their work. As the public health facility is part of larger public health system governed by State Health Department, it is recommended that the facility’s mission statement should be in congruence with mission of the State’s Health department. Mission statement should be approved and endorsed by administration of facility and effectively communicated in local language through display. Caution should also be taken to keep the language simple and easily understandable.</p> <p>This standard also requires health facilities to define core value that should be part of all policies &amp; procedures, and are always considered while realizing the services to the patients and community. Being public hospital, facility should have core values of Honesty, transparency, Non-discrimination, ethical practices, Competence, empathy and goodwill towards community. It is also of utmost importance that how hospital administration plan and promote that these values amongst its staff so it becomes part of their attitude and work culture.</p> <p>Quality policy is overall intension and direction of an organization related to quality as formally expressed by hospital administration. Hospital should define what they intend to achieve in terms of quality, safety and patient satisfaction. Quality Policy is should be aligned with the mission statement to achieve overall aim of the facility. To achieve the mission and quality policy, the facility should define commensurate objectives. Objectives are more tangible and short-term goals, with each objective targeting one specific issue or aspiration of organization. Objectives should be Specific, Measurable, Attainable, Relevant/realistic and Time-bound (SMART). Though Mission and Quality Policy are framed at the organizational level, objectives can be at departmental or activity level. Quality Policy and objectives should also be disseminated effectively to staff and other relevant stakeholders. It is equally important that hospital administration prepares a time bound plan to achieve these objectives and provide adequate resources to achieve them.</p> <p>Assessment of this standard and related measurable elements can be done by reviewing the records pertaining to mission, quality policy and objectives. Assessors may also interview some of the staff about their awareness of Mission, Values, Quality Policy and objectives.</p>
<p><b>STANDARD G7</b> THE FACILITY SEEKS CONTINUALLY IMPROVEMENT BY PRACTICING QUALITY METHOD AND TOOLS.</p>	<p>Standard G7 is concerned with the practice of using Quality tools and methods like control charts, 5-‘S’, etc. The Assessor should look for any specific methods and tools practiced for quality improvement.</p>
<p><b>STANDARD G8</b> THE FACILITY HAS DEFINED, APPROVED AND COMMUNICATED RISK MANAGEMENT FRAMEWORK FOR EXISTING AND POTENTIAL RISKS.</p>	<p>Healthcare facilities of all level are exposed to risks from Internal and External sources, which may put attainment of Quality objective at a risk. In Public hospitals these risks may be patients’ safety issues, shortage of supplies, fall in allocation of resources, man-made or natural disaster, failure to comply with statutory &amp; legal requirements, Violence towards service providers or even risk of getting outdated or becoming obsolete. Hospitals are complex organizations and just reacting on occurred threats may not be helpful alone.</p> <p>This standard requires healthcare facilities to develop, implement and continuously improve a risk management framework considering both internal and external threats. Risk Management framework should not be isolated exercise. It should be integrated with facility’s objectives and intended Quality Management System (QMS).</p>

	<p>In this direction, the initial step is to define scope of risk management and objectives of the framework keeping in mind the context and environment. The hospital administration should prepare a comprehensive list of current and perceived risks. It is also important to define the responsibility and process of reporting and managing risks. Facility should also have provision for training of staff on risk management framework.</p> <p>Assessors may verify documents that defines facilities risk management system. Assessors should verify that potential risks has been identified in framework keeping in accordance to context of. Assessors can also interview hospital administration and staff for their knowledge and practice of risk management framework.</p>
<b>STANDARDS G9</b> <b>THE FACILITY HAS ESTABLISHED PROCEDURES FOR ASSESSING, REPORTING, EVALUATING AND MANAGING RISK AS PER RISK MANAGEMENT PLAN</b>	<p>To implement risk management framework facility should prepare a risk management plan. The Plan will delineate responsibilities and timelines for risk management activities such as assessment and risk treatment. All staff and external stakeholders should be made aware of the plan in general and their roles &amp; responsibilities in particular. Facility should define the criteria for identifying the risk and finalise its assessment tools. These tools may be a simple checklist, reporting format or work instruction for identifying risks. It may be checklist for fire safety preparedness, infection control audit, electrical safety audit or even an open ended questionnaire for staff on what potential threats they feel on their security at workplace. Once risks are identified, they should be analysed and evaluated for their impact. Based on their impact the risk should be graded - severe, moderate and low. Accordingly actions are taken to mitigate prevent or eliminate the risks. Actions may need to be prioritized in term of potential impact a risk may have. Facility should also establish a risk register. This register will record the identified or reported risk, their severity and actions to be taken.</p> <p>Assessors should review relevant records for verify availability of a valid plan for risk management and whether risk management activities have been conducted as per plan. Assessors should also review risk register to see how facility has graded their risks and prioritized them for action.</p>
<b>STANDARD G10</b> <b>THE FACILITY HAS ESTABLISHED CLINICAL GOVERNANCE FRAMEWORK TO IMPROVE THE QUALITY AND SAFETY OF CLINICAL CARE PROCESSES</b>	<p>Clinical Governance has broad 7 elements viz. Education &amp; training, clinical audits, clinical effectiveness, research and development, openness, information management and risk management. Under NQAS structure, most of the elements are covered in their respective area of concerns.</p> <p>This Standard requires healthcare facilities to develop, implement and improve clinical Governance framework. Framework should cover policy formulation, constitution of Apex Committee for clinical governance, defined roles and responsibilities of its members and ensuring regular discussions &amp; monitoring on clinical cases.</p> <p>In this direction, the first step should be reviewing the functioning of existing clinical committee viz. Drug and therapeutic committee, Medical, death and prescription audit committee etc by the Apex committee.</p> <p>Committee should ensure the use of evidence-based practices and Standard treatment guideline for all the clinical treatment provided to the patient.</p> <p>Assessor will verify the clinical governance policy, ensuring apex committee is meeting at regular intervals, data or information is analysed pertaining to clinical &amp; administrative process and presented during the meeting. The steps are taken to improve the processes further using PDCA approach. Assessor may verify the transparency in the processes while respecting the confidentiality of patient and service providers.</p>

Area of Concern - G: Measurable Elements Quality Management	
<b>Standard G1</b>	<b>The facility has established organizational framework for quality improvement.</b>
ME G1.1	The facility has a quality team in place.
ME G1.2	The facility reviews quality of its services at periodic intervals.
<b>Standard G2</b>	<b>The facility has established system for patient and employee satisfaction.</b>
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals.
ME G2.2	The facility analyses the patient feedback, and do root-cause analysis.
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients.
<b>Standard G3</b>	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>
ME G3.1	The facility has established internal quality assurance programme at relevant departments.
ME G3.2	The facility has established external assurance programmes at relevant departments.
ME G3.3	The facility has established system for use of check lists in different departments and services.
ME G3.4	Actions are planned to address gaps observed during quality assurance process
ME G3.5	Planned actions are implemented through Quality improvement cycles (PDCA)
<b>Standard G4</b>	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.</b>
ME G4.1	Departmental standard operating procedures are available.
ME G4.2	Standard Operating Procedures adequately describes process and procedures.
ME G4.3	Staff is trained and aware of the procedures written in SOPs.
ME G4.4	The facility ensures documented policies and procedures are appropriately approved and controlled.
<b>Standard G 5</b>	<b>The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages.</b>
ME G5.1	The facility maps its critical processes.
ME G5.2	The facility identifies non value adding activities/waste/redundant activities.
ME G5.3	The facility takes corrective action to improve the processes.
<b>Standard G6</b>	<b>The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them.</b>
ME G6.1	The facility has defined mission statement.
ME G6.2	The facility has defined core values of the organization.
ME G6.3	The facility has defined Quality policy, which is in congruency with the mission of facility.
ME G6.4	The facility has defined quality objectives to achieve mission and quality policy.
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services.
ME G6.6	The facility prepares strategic plan to achieve mission, quality policy and objectives.
ME G6.7	The facility periodically reviews the progress of strategic plan towards mission, policy and objectives.
<b>Standard G7</b>	<b>The facility seeks continually improvement by practicing Quality method and tools.</b>
ME G7.1	The facility uses method for quality improvement in services.
ME G7.2	The facility uses tools for quality improvement in services.

<b>Standard G8</b>	<b>The facility has defined, approved and communicated Risk Management framework for existing and potential risks.</b>
ME G8.1	Risk Management framework has been defined including context, scope, objectives and criteria.
ME G8.2	Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions.
ME G8.3	Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders
ME G8.4	A compressive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared.
ME G8.5	Modality for staff training on risk management is defined
ME G8.6	Risk Management Framework is reviewed periodically
<b>Standard G9</b>	<b>The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan</b>
ME G9.1	Risk management plan has been prepared and approved by the designated authority and there is a system of its updation at least once in a year.
ME G9.2	Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders.
ME G9.3	Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders
ME G9.4	Periodic assessment for Physical and Electrical risks is done as per defined criteria
ME G9.5	Periodic assessment for potential disasters including fire is done as per defined criteria
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria
ME G9.8	Risks identified are analyzed, evaluated and rated for severity.
ME G9.9	Identified risks are treated based on severity and resources available.
ME G9.10	A risk register is maintained and updated regularly to risk records identified risks, there severity and action to be taken.
<b>Standard G10</b>	<b>The facility has established clinical Governance framework to improve the quality and safety of clinical care processes</b>
ME G10.1	The facility has defined clinical governance framework.
ME G10.2	Clinical Governance framework has been effectively communicated to all staff
ME G10.3	Clinical care effectiveness criteria have been defined and communicated
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process
ME G10.6	Governing body of healthcare facilities ensures accountability for clinical care provided
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care



## AREA OF CONCERN - H: OUTCOME

### Overview

Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has four standard measures for quality - Productivity, Efficiency, Clinical Care & safety and Service quality in terms of measurable indicators. Every standard under this area has two aspects – Firstly, there is a system of measurement of indicators at the health facility; and secondly, how the hospital meets the benchmark. It is realised that at the beginning many indicators given in these standards may not be getting measured across all facilities, and therefore it would be difficult to set benchmark beforehand. However, the state can set their benchmarks, and evaluate performance of health facilities against benchmarks. In LaQshya (LR & MOT) and MusQan (SNCU/NBSU, Paed. OPD, Paed. ward & NRC, the benchmarks/targets for achievement is given in Annexure 'C' & Annexure 'A' respectively.

Following is the brief description of the Standards in this area of concern:

<b>STANDARD H1</b> THE FACILITY MEASURES PRODUCTIVITY INDICATORS AND ENSURES COMPLIANCE WITH STATE/NATIONAL BENCHMARKS	Standard H1 is concerned with the measurement of Productivity indicators and meeting the benchmarks. This includes utilization indicators like bed occupancy rate and C-Section rate. Assessor should review these records to ensure that these indicators are getting measured at the health facility.
<b>STANDARD H2</b> THE FACILITY MEASURES EFFICIENCY INDICATORS AND ENSURE TO REACH STATE/ NATIONAL BENCHMARK	Standard H2 pertains to measurement of efficiency indicators and meeting benchmark. This standard contains indicators that measure efficiency of processes, such as turnaround time, and efficiency of human resource like surgery per surgeon, lab test done per technician. Review of records should be done to assess that these indicators have been measured correctly.
<b>STANDARD H3</b> THE FACILITY MEASURES CLINICAL CARE & SAFETY INDICATORS AND TRIES TO REACH STATE/NATIONAL BENCHMARK	Standard H3 is concerned with the indicators of clinical quality & safety, such as average length of stay, death rates, HAI rates etc. Record review should be done to see the measurement of these indicators.
<b>STANDARD H4</b> THE FACILITY MEASURES SERVICE QUALITY INDICATORS AND ENDEAVOURS TO REACH STATE/ NATIONAL BENCHMARK	Standard H4 is concerned with indicators measuring service quality, Patient satisfaction scores and waiting time and LAMA rates.



Area of Concern - H: Measurable Elements Outcomes	
<b>Standard H1</b>	<b>The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks.</b>
ME H1.1	The facility measures productivity Indicators on monthly basis
ME H1.2	The facility endeavours to improve its productivity indicators to meet benchmarks
<b>Standard H2</b>	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark.</b>
ME H2.1	The facility measures efficiency Indicators on monthly basis
ME H2.2	The facility endeavours to improve its efficiency indicators to meet benchmarks
<b>Standard H3</b>	<b>The facility measures Clinical Care &amp; Safety Indicators and tries to reach State/National benchmark</b>
ME H3.1	The facility measures Clinical Care & Safety Indicators on monthly basis
ME H3.2	The facility endeavours to improve its clinical & safety indicators to meet benchmarks
<b>Standard H4</b>	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>
ME H4.1	The facility measures Service Quality Indicators on monthly basis
ME H4.2	The facility endeavours to improve its service Quality indicators to meet benchmarks







# NATIONAL QUALITY ASSURANCE STANDARDS FOR COMMUNITY HEALTH CENTRE (FIRST REFERRAL UNIT)

Area of Concern - A: Service Provision	
Standard A1	The facility provides Curative Services
Standard A2	The facility provides RMNCHA Services
Standard A3	The facility provides diagnostic Services
Standard A4	The facility provides services as mandated in national Health Programmes/State Scheme.
Standard A5	The facility provides support and administrative services
Standard A6	Health services provided at the facility are appropriate to community needs.
Area of Concern - B: Patient Rights	
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities.
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making.
Standard B5	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.
Area of Concern - C: Inputs	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.
Standard C2	The facility ensures the physical safety including Fire safety of the infrastructure.
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.
Standard C4	The facility provides drugs and consumables required for assured services.
Standard C5	The facility has equipment & instruments required for assured list of services
Area of Concern - D: Support Services	
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.

Standard D3	The facility has established program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.
Standard D4	The facility ensures 24x7 water and power back up as per requirement of Service delivery and Support Services norms
Standard D5	The facility ensures availability of Diet as per Nutritional requirement of the patients and clean linen to all admitted patients
Standard D6	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.
Standard D7	Hospital has defined and established procedures for Financial Management
Standard D8	The facility is complaint with all statutory and regulatory requirement imposed by local. state or Central Government
Standard D9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.
Standard D10	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.
<b>Area of Concern - E: Clinical Services</b>	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral.
Standard E4	The facility has defined and established procedures for nursing care.
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.
Standard E7	The facility has defined procedures for safe drug administration.
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.
Standard E9	The facility has defined and established procedures for discharge of patient.
Standard E10	The facility has defined and established procedures for Emergency Services and Disaster Management.
Standard E11	The facility has defined and established procedures for Diagnostic services.
Standard E12	The facility has defined and established procedures of Blood Bank/Storage Management and Transfusion.
Standard E13	The facility has defined and established procedures for Anaesthetic Services.
Standard E14	The facility has established procedures for Operation theatre and Surgical services.
Standard E15	The facility has defined and established procedures for and of life care and death.
<b>Maternal &amp; Child Health Services</b>	
Standard E16	The facility has defined and established procedures for Antenatal Care as per guidelines.
Standard E17	The facility has established procedures for Intranatal care as per guidelines.

Standard E18	The facility has established procedures for postnatal care as per guidelines.
Standard E19	The facility has established procedures for Care of New born, Infant and Children.
Standard E20	The facility has established procedures for Medical Termination of Pregnancy and Family planning as per government guidelines and law.
Standard E21	The facility provides Adolescent Reproductive and Sexual Health services as per guideline
<b>National Health Programmes</b>	
Standard E22	The facility provides National health Programme as per operational/Clinical Guidelines.
<b>Area of Concern - F: Infection Control</b>	
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis.
Standard F3	The facility ensures standard practices and materials for Personal protection.
Standard F4	The facility has standard procedures for processing of equipment and instruments.
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention.
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.
<b>Area of Concern - G: Quality Management</b>	
Standard G1	The facility has established organizational framework for quality improvement.
Standard G2	The facility has established system for patient and employee satisfaction.
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality.
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.
Standard G5	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit.
Standard G6	The facility has defined Quality policy and Objectives.
Standard G7	The facility seeks continual improvement by practicing Quality Tool and Method.
<b>Area of Concern - H: Outcome Indicator</b>	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks.
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark.
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark.
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark.



## INTENT OF STANDARDS AND MEASURABLE ELEMENTS FOR COMMUNITY HEALTH CENTRE (FIRST REFERRAL UNIT)

### AREA OF CONCERN – A: SERVICES PROVISION

#### Overview

Community Health Centres constitute the First referral Units (FRUs) and are designed to provide referral health care for cases from the Primary Health Centres level and for cases in need of specialist care approaching the centre directly. Indian Public Health Standards (IPHS) defines minimum assured services, which should be available at a Community Health Centre. Recently launched RMNCH+A initiative has also defined service availability norms for Reproductive, Maternal, Neonatal, and Child and Adolescent health services at a CHC.

Community Health Centre is an important link between PHC and District Hospital. CHC is a 30-bedded Hospital providing specialist care in Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Dental and AYUSH.

This area of concern measures availability of services. “Availability” of functional services means service is available to end-users because mere presence of infrastructure and human resources does not always ensure availability of the services. For example an Operation Theatre, Surgeon and Anaesthetist may be available, but no LSCS are being conducted due to varied reasons. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of records for utilization of services and interviewing the users to know, whether the services were provided to them or not.

There are six standards in this area of concern. Compliance to following standards ensures that the health facility is addressing this area of concern:

<b>STANDARD A1</b> THE FACILITY PROVIDES CURATIVE SERVICES	This standard includes availability of OPD consultation, Indoor services and Surgical procedures and Emergency Care under different specialities e.g. Medicine, Surgery, Paediatrics, etc. Each measurable element under this standard measures one speciality across the departments. For Example, ME A1.2 measures availability of emergency surgical procedures in Accident and Emergency department, availability of General surgery clinic at OPD, and Availability of surgical procedures in Operation theatre.
<b>STANDARD A2</b> THE FACILITY PROVIDES RMNCH+A SERVICES	This standard measures availability of Reproductive, Maternal, Newborn, Child and Adolescent services in different departments of the hospital. Each aspect of RMNCH+A services is covered by one measurable element of this standard.
<b>STANDARD A3</b> THE FACILITY PROVIDES DIAGNOSTICS SERVICES	It covers availability of Laboratory, Radiology and other diagnostics services in the respective departments.
<b>STANDARDS A4</b> THE FACILITY PROVIDES SERVICES AS MANDATED IN NATIONAL HEALTH PROGRAMMES/STATE SCHEME	This standard measures availability of the services under different National Health Programmes such as RNTCP, NVBDCP, etc. One Measurable element has been assigned to each National Health Programme.
<b>STANDARD A5</b> THE FACILITY PROVIDES SUPPORT SERVICES AND ADMINISTRATIVE SERVICES	The standard measures availability of support services like dietary, laundry and housekeeping services at the facility.
<b>STANDARD A6</b> HEALTH SERVICES PROVIDED AT THE FACILITY ARE APPROPRIATE TO COMMUNITY NEEDS	The standard mandates availability of the services according to specific local health needs. Different geographical area may have certain health problems, which are prevalent locally, e. g. Kala-azar, Dengue, Arsenic Poisoning, AES, etc.

Area of Concern - A: Service Provision	
<b>Standard A1</b>	<b>The facility provides Curative Services</b>
ME A1.1	The facility provides General Medicine services
ME A1.2	The facility provides General Surgery services
ME A1.3	The facility provides Obstetrics & Gynaecology Services
ME A1.4	The facility provides Paediatric Services
ME A1.5	The facility provides Ophthalmology Services
ME A1.6	The facility provides Dental Treatment Services
ME A1.7	The facility provides AYUSH Services
ME A1.8	The facility provides services for OPD procedures
ME A1.9	Services are available for the time period as mandated
ME A1.10	The facility provides Accident & Emergency Services
ME A1.11	The facility provides Blood Storage & transfusion services
<b>Standard A2</b>	<b>The facility provides RMNCHA Services</b>
ME A2.1	The facility provides Reproductive health Services
ME A2.2	The facility provides Maternal health Services
ME A2.3	The facility provides Newborn health Services
ME A2.4	The facility provides Child health Services
ME A2.5	The facility provides Adolescent health Services
<b>Standard A3</b>	<b>The facility provides diagnostic Services</b>
ME A3.1	The facility provides Radiology Services
ME A3.2	The facility provides Laboratory Services
ME A3.3	The facility provides other diagnostic services, as mandated
<b>Standard A4</b>	<b>The facility provides services as mandated in National Health Programmes/State Scheme</b>
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines
ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NP-NCD) as per guidelines



ME A4.9	The facility provides services under Integrated Disease Surveillance Programme as per Guidelines
ME A4.10	The facility provide services under National health Programme for deafness
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines
ME A4.12	The facility provides services under National Tobacco Control Programme as per guidelines
ME A4.13	The facility provides services under National Iodine Deficiency Disorder Control Programme as per guidelines
ME A4.14	The facility provides services as per State specific health programmes
<b>Standard A5</b>	<b>The facility provides support services and Administrative services</b>
ME A5. 1	The facility provides dietary services
ME A5.2	The facility provides laundry services
ME A5.3	The facility provides security services
ME A5.4	The facility provides Housekeeping services
ME A5.5	The facility ensures maintenance services
ME A5.6	The facility provides pharmacy and store services
ME A5.7	The facility has services for Medical Records
ME A5.8	The facility provides administrative services for the Block
<b>Standard A6</b>	<b>Health services provided at the facility are appropriate to community needs</b>
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally
ME A6.2	There is process for consulting community/or their representatives when planning or revising scope of services of the facility

## AREA OF CONCERN - B: PATIENTS' RIGHTS

### Overview

Mere availability of services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access includes Physical access as well as financial access. The Government has launched many schemes, such as JSSK, RBSK and RSBY, for ensuring that the service packages are available cashless to different targeted groups. There are evidences to suggest that patients' experience and outcome improves, when they are involved in the care. So availability of information is critical for access as well as enhancing patients' satisfaction. Patients' rights also include that health services give due consideration to patients' cultural and religious preferences.

Brief description of the standards under this area of concern are given below:

<b>STANDARD B1</b> THE FACILITY PROVIDES THE INFORMATION TO CARE SEEKERS, ATTENDANTS & COMMUNITY ABOUT THE AVAILABLE SERVICES AND THEIR MODALITIES	This standard measures availability of the information about the services and their modalities of availing them. Measurable elements under this standard check for availability of user-friendly signages, display of available services and user charges, citizen charter, enquiry desk and access to his/her clinical records.
<b>STANDARD B2</b> SERVICES ARE DELIVERED IN A MANNER THAT IS SENSITIVE TO GENDER, RELIGIOUS, GENDER AND CULTURAL NEEDS, AND THERE ARE NO BARRIER ON ACCOUNT OF PHYSICAL ACCESS, SOCIAL, ECONOMIC, CULTURAL OR SOCIAL STATUS	This standard ensures that the services are sensitive to gender, cultural and religious needs. This standard also measures the physical access and disable-friendliness of the services, such as availability of ramps and disable friendly toilets. Last measurable element of this standard mandates for provision for affirmative action for vulnerable and marginalized patients like orphans, destitute, terminally ill patients, victims of rape and domestic violence so they can avail health care service with dignity and confidence at public hospitals.
<b>STANDARD B3</b> THE FACILITY MAINTAINS PRIVACY, CONFIDENTIALITY AND DIGNITY OF PATIENT, AND HAS A SYSTEM FOR GUARDING PATIENT RELATED INFORMATION	This standard measures the patient friendliness of the services in terms of ensuring privacy, confidentiality and dignity. Measurable elements under this standard check for provisions of screens and curtains, confidentiality of patients' clinical information, behaviour of service providers, and also ensuring specific precautions to be taken, while providing care to patients with HIV infection, abortion, teenage pregnancy, etc.
<b>STANDARD B4</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INFORMING PATIENTS ABOUT THE MEDICAL CONDITION, AND INVOLVING THEM IN TREATMENT PLANNING, AND FACILITATES INFORMED DECISION MAKING	This standard mandates that health facility has procedures for informing patients about their rights, and actively involves them in the decision-making about their treatment. Measurable elements in this standard look for practices such informed consent, dissemination of patient rights and how patients are communicated about their clinical conditions and options available. This standard also measures for procedure for grievance redressal. Compliance to these standards can be checked through review of records for consent, interviewing staff about their awareness of patients' rights, interviewing patients whether they had been informed of the treatment plan and available options.
<b>STANDARD B5</b> THE FACILITY ENSURES THAT THERE ARE NO FINANCIAL BARRIERS TO ACCESS, AND THAT THERE IS FINANCIAL PROTECTION GIVEN FROM THE COST OF HOSPITAL SERVICES	This standard majorly checks that there are no financial barriers for the community, more so those belong to BPL category, vulnerable in available the services. Measurable elements under this standard check for availability of drugs, diagnostics and transport free of cost under different schemes, and timely payment of the entitlements under JSY and Family planning incentives.

Area of Concern - B: Patient Rights	
<b>Standard B1</b>	<b>The facility provides the information to care seekers, attendants &amp; community about the available services and their modalities</b>
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available in its departments
ME B1.3	The facility has established citizen charter, which is followed at all levels
ME B1.4	User charges are displayed and communicated to patients effectively
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC/BCC approaches
ME B1.6	Information is available in local language and easy to understand
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel
<b>Standard B2</b>	<b>Services are delivered in a manner that is sensitive to gender, religious, gender and cultural needs, and there are no barrier on account of physical access, social, economic, cultural or social status</b>
ME B2.1	Services are provided in manner that are sensitive to gender
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability.
ME B2.4	There is no discrimination on basis of social and economic status of the patients
ME B2.5	There is affirmative action to ensure that vulnerable sections can access services
<b>Standard B3</b>	<b>The facility maintains privacy, confidentiality &amp; dignity of patient, and has a system for guarding patient related information</b>
ME B3.1	Adequate visual privacy is provided at every point of care
ME B3.2	Confidentiality of patients records and clinical information is maintained
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups
<b>Standard B4</b>	<b>The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making</b>
ME B4.1	There is established procedures for taking informed consent before treatment and procedures
ME B4.2	Patient is informed about his/her rights and responsibilities
ME B4.3	Staff are aware of Patients rights responsibilities
ME B4.4	Information about the treatment is shared with patients or attendants, regularly
ME B4.5	The facility has defined and established grievance redressal system in place
<b>Standard B5</b>	<b>The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services</b>
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients
ME B5.6	The facility ensure implementation of health insurance schemes as per National/state scheme

## AREA OF CONCERN - C: INPUTS

### Overview

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take into cognizance of the IPHS requirement. However, focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like 'adequate' and 'as per load' has been given in the requirements for many standards and measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load. For example, a 30-bedded CHC having 40% bed occupancy may not have same requirements as another CHC having 100% occupancy. So structural requirement should be based more on the utilization, than fixing the criteria like beds available. Assessor should use his/her discretion in arriving at a just decision for compliance.

<b>STANDARD C1</b> <b>THE FACILITY HAS INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES, AND AVAILABLE INFRASTRUCTURE MEETS THE PREVALENT NORMS</b>	<p>The standard measures adequacy of infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities, service counters, etc. It also looks into the functional aspect of the structure, whether it commensurate with the process flow of the facility or not.</p> <p>Minimum requirement for space, layout and patient amenities are given for some of the departments, but assessors would be expected to use his discretion to conclude whether available space is adequate for the given work load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with staff and hospital administration may be required to know the process flow between the departments, and also within a department.</p>
<b>STANDARD C2</b> <b>THE FACILITY ENSURES THE PHYSICAL SAFETY INCLUDING FIRE SAFETY OF THE INFRASTRUCTURE</b>	<p>The standard deals with Physical safety of the infrastructure. It includes seismic safety, electrical safety, and general condition of hospital infrastructure. It also covers fire safety of the facility. Measurable elements in this standard look for implementation of fire prevention, availability of adequate number of firefighting equipment and preparedness of the facility for fire disaster in terms of mock drill and staff training.</p>
<b>STANDARD C3</b> <b>THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF, REQUIRED FOR PROVIDING THE ASSURED SERVICES TO THE CURRENT CASELOAD</b>	<p>The standard measures the numerical adequacy and skill sets of the staff. It includes availability of doctors, nurses, paramedics and support staff. It also ensures that the staffs have been trained as per their job description and responsibilities. There are two components while assessing the staff adequacy - first is the numeric adequacy, which can be checked by interaction with in charge of the CHC and review of records. Second is to access human resources in term of their availability within the department. For instance, a CHC may have four SBA trained nurses, but if none of them is available in the night to conduct deliveries, then the intent of standard is not being complied with.</p>
<b>STANDARD C4</b> <b>THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES</b>	<p>This standard measures availability of drugs and consumables in the user departments. Assessor may check availability of drugs under the broad group such as antibiotics, IV fluids, dressing material, and make an assessment that drugs for treatment majority of normal patients and critically ill patients are getting treated at the health facility.</p>
<b>STANDARD C5</b> <b>THE FACILITY HAS EQUIPMENT AND INSTRUMENTS REQUIRED FOR ASSURED LIST OF SERVICES</b>	<p>This standard is concerned with availability of instruments in various departments and service delivery points. Equipment and instruments have been categorized into sub-groups as per their use, and measurable elements have been assigned to each sub-group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non-clinical support services. Some representative equipment could be used as tracers and checked in each category.</p>

Area of Concern - C: Inputs	
<b>Standard C1</b>	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>
ME C1.1	Departments have adequate space as per patient or work load
ME C1.2	Patient amenities are provide as per patient load
ME C1.3	Departments have layout and demarcated areas as per functions
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law
ME C1.5	The facility has infrastructure for intramural and extramural communication
ME C1.6	Service counters are available as per patient load
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)
<b>Standard C2</b>	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>
ME C2.1	The facility ensures the seismic safety of the infrastructure
ME C2.2	The facility ensures safety of electrical establishment
ME C2.3	Physical condition of buildings are safe for providing patient care
ME C2.4	The facility has plan for prevention of fire
ME C2.5	The facility has adequate fire fighting Equipment
ME C2.6	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation
<b>Standard C3</b>	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>
ME C3.1	The facility has adequate specialist doctors as per service provision.
ME C3.2	The facility has adequate general duty doctors as per service provision and work load
ME C3.3	The facility has adequate nursing staff as per service provision and work load
ME C3.4	The facility has adequate technicians/paramedics as per requirement
ME C3.5	The facility has adequate support/general staff
ME C3.6	The staff has been provided required training/skill sets
ME C3.7	The Staff is skilled as per job description
<b>Standard C4</b>	<b>The facility provides drugs and consumables required for assured services</b>
ME C4.1	The departments have availability of adequate drugs at point of use
ME C4.2	The departments have adequate consumables at point of use
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed
<b>Standard C5</b>	<b>The facility has equipment &amp; instruments required for assured list of services</b>
ME C5.1	Availability of equipment & instruments for examination & monitoring of patients
ME C5.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility
ME C5.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients
ME C5.5	Availability of Equipment for Storage
ME C5.6	Availability of functional equipment and instruments for support services
ME C5.7	Departments have patient furniture and fixtures as per load and service provision

## AREA OF CONCERN - D: SUPPORT SERVICES

### Overview

Support services are backbone of health care facilities. The expected clinical outcome cannot be envisaged in absence of sturdy support services. This area of concern includes equipment maintenance, calibration, drug storage and inventory management, security, facility management, water supply, power backup, dietary services and laundry. Administrative processes like RKS, Financial management, legal compliances, staff deputation and contract management have also been included in this area of concern.

<b>STANDARD D1</b> <b>THE FACILITY HAS ESTABLISHED PROGRAMME FOR INSPECTION, TESTING AND MAINTENANCE AND CALIBRATION OF EQUIPMENT</b>	<p>The standard is concerned with equipment maintenance processes, such as AMC, daily and breakdown maintenance processes, calibration and availability of operating instructions. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive/corrective maintenance is being done timely. Calibration records and label on the measuring equipment should be reviewed to confirm that the calibration has been done. Operating instructions should be displayed or should readily available with the user.</p>
<b>STANDARD D2</b> <b>THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE, INVENTORY MANAGEMENT AND DISPENSING OF DRUGS IN PHARMACY AND PATIENT CARE AREAS</b>	<p>This standard is concerned with safe storage of drugs and scientific management of the inventory, so drugs and consumables are available in adequate quantity in patient care area. Measurable elements of this standard look into at patient care areas, including storage at optimum temperature. While assessing drug management system, these practices should be looked into each clinical department, especially at the nursing stations and its complementary process at drug stores/Pharmacy.</p>
<b>STANDARD D3</b> <b>THE FACILITY HAS ESTABLISHED PROGRAMME FOR MAINTENANCE AND UPKEEP OF THE FACILITY TO PROVIDE SAFE, SECURE AND COMFORTABLE ENVIRONMENT TO STAFF, PATIENTS AND VISITORS</b>	<p>This standard is concerned with adequacy of facility management processes. This includes appearance of facility, cleaning processes, infrastructure maintenance, removal of junk and condemned items and control of stray animals and pest control at the facility. This standard is also concerned with providing safe, secure and comfortable environment to patients as well to service providers. The measurable elements under this standard have two aspects, - firstly, provision of comfortable work environment in terms of adequate illumination and temperature control in patient care areas and work stations. It would be preferable that assessment of adequacy of illumination is undertaken by Lux-meter (not a very expensive devise) and compared against BIS Standards of illumination in Hospital. Second part pertains to arrangement for security of patients and staff. Availability of environment control arrangements should be looked into. Security arrangements at patient area should be observed for restriction of visitors and crowd management.</p>
<b>STANDARD D4</b> <b>THE FACILITY ENSURES 24X7 WATER AND POWER BACKUP AS PER REQUIREMENT OF SERVICE DELIVERY, AND SUPPORT SERVICES NORMS</b>	<p>The standard covers processes to ensure water supply (quantity and quality), power back up and medical gas supply. All departments should be assessed for availability of water and power back up. Some critical area like OT and LR may require two-tire power backup in terms of UPS and Invertors. Availability of oxygen and vacuum supply should especially be assessed in critical area like OT and LR.</p>
<b>STANDARD D5</b> <b>THE FACILITY ENSURES AVAILABILITY OF DIET AS PER NUTRITIONAL REQUIREMENT OF THE PATIENTS AND CLEAN LINEN TO ALL ADMITTED PATIENTS</b>	<p>The standard is concerned with processes ensuring availability of nutritious food, as per requirement of different category of patients. The food is served in an appealing and hygienic manner. This includes nutritional assessment of patients, availability of different types of diets and standard procedures for preparation and distribution of food, including hygiene and sanitation in the kitchen. Patients/staff may be interacted for knowing their perception about quality and quantity of the food.</p> <p>This standard also covers laundry processes. It includes availability of adequate quantity of clean and usable linen, process of providing and changing bed sheets in-patient care area and process of collection, washing and distributing the linen.</p> <p>Besides direct observation, staff interaction may help in knowing availability of adequate sets of linen and work practices. An assessment of segregation and disinfection of soiled laundry should be undertaken. Observation should be recorded if laundry is being washed at some public water body like pond or river.</p>

<b>STANDARD D6</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR PROMOTING PUBLIC PARTICIPATION IN MANAGEMENT OF HOSPITAL TRANSPARENCY AND ACCOUNTABILITY	The standards measures processes related to functioning of Rogi Kalyan Samiti (RKS), equivalent to Hospital Development Society (HDS) and community participation in facility management. RKS records should be reviewed to assess frequency of the meetings, and issues discussed there. Participation of non-official members like community/NGO representatives in such meetings should be checked.
<b>STANDARD D7</b> HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURES FOR FINANCIAL MANAGEMENT	The standard is concerned with the financial management of the funds/grants, received from different sources including NHM. Assessment of financial management processes by no means should be equated with financial or accounts audit. Hospital administration and accounts department can be interacted to know process of utilization of funds, timely payment of salaries, entitlements and incentives to different stakeholders and process of receiving funds and submitting utilization certificates. An assessment of resource utilisation and prioritisation should be undertaken.
<b>STANDARD D8</b> THE FACILITY IS COMPLIANT WITH ALL STATUTORY AND REGULATORY REQUIREMENT IMPOSED BY LOCAL, STATE OR CENTRAL GOVERNMENT	This standard is concerned with compliances to statutory and regulatory requirements. It includes availability of requisite licenses, updated copies of acts and rules, and adherence to the legal requirements as applicable to Public Health Facilities.
<b>STANDARD D9</b> ROLES AND RESPONSIBILITIES OF ADMINISTRATIVE AND CLINICAL STAFFS ARE DETERMINED AS PER GOVT. REGULATIONS AND STANDARDS OPERATING PROCEDURES	This standard is concerned with processes regarding staff management and their deployment in the departments of a facility. This includes availability of Job descriptions for different cadre, processes regarding preparation of duty rosters and staff discipline. The facility staff can be interviewed to assess about their awareness of job description. It should be assessed by observation and review of the records. Adherence to dress code should be observed during the assessment.
<b>STANDARD D10</b> THE FACILITY HAS ESTABLISHED PROCEDURE FOR MONITORING THE QUALITY OF OUTSOURCED SERVICES AND ADHERES TO CONTRACTUAL OBLIGATIONS	This standard measures the processes related to outsourcing and contract management. This includes monitoring of outsourced services, adequacy of contract documents and tendering system, timely payment for the availed services and provision for action in case for inadequate/poor quality of services. Assessor should review the contract records related to outsourced services, and interview hospital administration about the management of outsourced services.



Area of Concern - D: Support Services	
<b>Standard D1</b>	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment</b>
ME D1.1	The facility has established system for maintenance of critical Equipment
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment
ME D1.3	Operating and maintenance instructions are available with the users of equipment
<b>Standard D2</b>	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables
ME D2.2	The facility has establish procedure for procurement of drugs
ME D2.3	The facility ensures proper storage of drugs and consumables
ME D2.4	The facility ensures management of expiry and near expiry drugs
ME D2.5	The facility has established procedure for inventory management techniques
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs
<b>Standard D3</b>	<b>The facility has established Program for maintenance and upkeep to of the facility to provide safe, secure and comfortable environment to staff, patients and visitors</b>
ME D3.1	Exterior of the facility building is maintained with landscaping in open area.
ME D3.2	Hospital infrastructure is adequately maintained.
ME D3.3	Patient care areas are clean and hygienic.
ME D3.4	The facility has policy of removal of condemned junk material
ME D3.5	The facility has established procedures for pest, rodent and animal control
ME D3.6	The facility provides adequate illumination level at patient care areas
ME D3.7	The facility has provision of restriction of visitors in patient areas
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers
ME D3.9	The facility has security system in place at patient care areas
ME D3.10	The facility has established measure for safety and security of female staff
<b>Standard D4</b>	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>
ME D4.1	The facility has adequate arrangement storage and supply for portable water in all functional areas
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply
<b>Standard D5</b>	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients</b>
ME D5.1	The facility has provision of nutritional assessment of the patients
ME D5.2	The facility provides diets according to nutritional requirements of the patients
ME D5.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients
ME D5.4	The facility has adequate sets of linen
ME D5.5	The facility has established procedures for changing of linen in patient care areas



ME D5.6	The facility has standard procedures for handling, collection, transportation and washing of linen
<b>Standard D6</b>	<b>The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability</b>
ME D6.1	The facility has established process for management of activities of Rogi Kalyan Samitis
ME D6.2	The facility has established procedures for community based monitoring of its services
<b>Standard D7</b>	<b>Hospital has defined and established procedures for Financial Management</b>
ME D7.1	The facility ensures the proper utilization of fund provided to it
ME D7.2	The facility ensures proper planning and requisition of resources based on its need
<b>Standard D8</b>	<b>The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>
ME D8.1	The facility has requisite licences and certificates for operation of hospital and different activities
ME D8.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D8.3	The facility ensure relevant processes are in compliance with statutory requirement
<b>Standard D9</b>	<b>Roles &amp; Responsibilities of administrative and clinical staff are determined as per government regulations and standards operating procedures</b>
ME D9.1	The facility has established job description as per govt guidelines
ME D9.2	The facility has a established procedure for duty roster and deputation to different departments
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration/the health department
<b>Standard D10</b>	<b>The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations</b>
ME D10.1	There is established system for contract management for out sourced services
ME D10.2	There is a system of periodic review of quality of out sourced services

## AREA OF CONCERN - E: CLINICAL CARE

### Overview

The ultimate purpose of existence of a hospital is to provide clinical care. Therefore, clinical processes are the most critical and important in the hospitals. These are the processes that define directly the outcome of services and quality of care. The Standards under this area of concern could be grouped into three categories. First, nine standards are concerned with those clinical processes that ensure adequate care to the patients. It includes processes such as registration, admission, consultation, clinical assessment, continuity of care, nursing care, identification of high risk and vulnerable patients, prescription practices, safe drug administration, maintenance of clinical records and discharge from the hospital.

Second set of next six standards are concerned with specific clinical and therapeutic processes including emergency care, diagnostic services, Blood storage and transfusion services, anaesthesia, surgical services and end of life care.

Last set of seven standards under this area of concern is concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent and Family Planning services and National Health Programmes. These standards are based on the technical guidelines published by the Government of India.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon review of the clinical records as well.

Interaction with the staff to know their skill level and how they practice clinical care (Competence testing) would also be helpful. Assessment of these standard would require thorough domain knowledge.

Following is the brief description of standards under this area of concern:

<b>STANDARD E1</b> <b>THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION, CONSULTATION AND ADMISSION OF PATIENTS</b>	<p>This standard is concerned with the registration and admission processes in hospitals. It also covers OPD consultation processes. The Assessor should review the records to verify that details of patients have been recorded, and patients have been given unique identification number. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, etc. have been recorded on the OPD ticket. The facility staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.</p>
<b>STANDARD E2</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CLINICAL ASSESSMENT AND REASSESSMENT OF THE PATIENTS.</b>	<p>This standard pertains to clinical assessment of the patients. It includes initial assessment as well as reassessment of admitted patients.</p>
<b>STANDARD E3</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CONTINUITY OF CARE OF PATIENT AND REFERRAL</b>	<p>The standard is concerned with continuity of care for the patient's ailment. It includes process of inter-departmental transfer, referral to another facility, deputation of staff for the care, and linkages with higher institutions. The staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and arrangement for the vehicles and follow-up care. Records should be reviewed for confirming that referral slips have been provided to the patients.</p>
<b>STANDARD E4</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR NURSING CARE</b>	<p>This standard measures adequacy and quality of nursing care for the patients. It includes processes for identification of patients, timely and accurate implementation of treatment plan, nurses' handover processes, maintenance of nursing records and monitoring of the patients. The staff should be interviewed and patients' records should be reviewed for assessing how drugs distribution/administration endorsement and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process and should be assessed adequately. Review BHT for patient monitoring and nursing notes should be done.</p>

<b>STANDARD E5</b> THE FACILITY HAS A PROCEDURE TO IDENTIFY HIGH RISK AND VULNERABLE PATIENTS	This standard is concerned with identification of vulnerable and High-risk patients. Review of records and staff interaction would be helpful in assessing how High-risk patients are given due attention and treatment.
<b>STANDARD E6</b> THE FACILITY FOLLOWS STANDARD TREATMENT GUIDELINES DEFINED BY STATE/CENTRAL GOVERNMENT FOR PRESCRIBING THE GENERIC DRUGS AND THEIR RATIONAL USE	The standard is concerned with assessing that patients are prescribed drugs according standard treatment guidelines and protocols. Patient records are assessed to ascertain that prescriptions are written in generic name only.
<b>STANDARD E7</b> THE FACILITY HAS DEFINED PROCEDURES FOR SAFE DRUG ADMINISTRATION	The standard is concerned with the safety of drug administration. It includes administration of high alert drugs, legibility of medical orders, process for checking drugs before administration and processes related to self-drug administration. Patient's records should be reviewed for legibility of the writing and recording of date and time of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.
<b>STANDARD E8</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR MAINTAINING, UPDATING OF PATIENTS' CLINICAL RECORDS AND THEIR STORAGE	This standard is concerned with the processes of maintaining clinical records systematically and adequately. Compliance to this standard can be assessed by comprehensive review of the patients' record. standard can be assessed by comprehensive review of the patients' record.
<b>STANDARD E9</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DISCHARGE OF PATIENT	This standard measures adequacy of the discharge process. It includes pre-discharge assessment, adequacy of discharge summary, pre-discharge counselling and adherence to standard procedures, if a patient is leaving against medical advice (LAMA) or is found absconding. Patients' records should also be reviewed for adequacy of the discharge summary.
<b>STANDARD E10</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR EMERGENCY SERVICES AND DISASTER MANAGEMENT	This standard is concerned with emergency clinical processes and procedures. It includes triage, adherence to emergency clinical protocols, disaster management, processes related to ambulance services, handling of medico-legal cases, etc. Availability of the buffer stock for medicines and other supplies for disaster and mass casualty needs to be found out. Interaction with the staff and hospital administration should be done to assess overall disaster preparedness of the health facility.
<b>STANDARD E11</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF DIAGNOSTIC SERVICES	This standard deals with the procedures related to diagnostic services. The standard is majorly applicable for laboratory and radiology services. It includes pre-testing, testing and post-testing procedures. It needs to be observed that samples in the laboratory are properly labelled, and instructions for handling samples are available. The process for storage and transportation of samples needs to be ensured. Availability of critical values and biological references should also be checked.
<b>STANDARD E12</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR BLOOD STORAGE MANAGEMENT AND TRANSFUSION	This standard is concerned with functioning of blood storage and transfusion services. The measurable elements under this standard are processes for transport of blood from parent blood bank, storage procedures, cross matching, issuing, transfusion and monitoring of transfusion reaction. The assessor should observe the functioning, and interact with the staff to know adherence to standard procedures for blood transport storage and issue of blood as per standard protocols. Records of temperature maintained in different storage units should be checked. Records should be reviewed for assessing processes of monitoring transfusion reactions.
<b>STANDARD E13</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANAESTHETIC SERVICES	This standard is concerned with the processes related to safe anaesthesia practices. It includes pre-anaesthesia, monitoring and post-anaesthesia processes. Records should be reviewed to assess, how Pre-anaesthetic check-up is done and records are maintained. Interact with Anaesthetist and OT technician/Nurse for adherence to protocols in respect of anaesthesia safety, monitoring, recording and reporting of adverse events, maintenance of anaesthesia notes, etc.

<b>STANDARD E14</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF OPERATION THEATRE AND SURGICAL SERVICES	This standard is concerned with processes related with Operation Theatre. It includes processes for OT scheduling, pre-operative, Post-operative practices of surgical safety. Interaction with the surgeon(s) and OT staff should be done to assess processes - preoperative medication, part preparation and evaluation of patient before surgery, identification of surgical site, etc. Review of records for usage of surgical safety checklist and protocol for instrument count, suture material, etc. may be undertaken.
<b>STANDARD E 15</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR END OF LIFE CARE AND DEATH	This is concerned with end of life care and management of death. Records should be reviewed for knowing adequacy of the notes. Interact with the facility staff to know how news of death is communicated to relatives, and kind of support available to family members.
<b>STANDARD E16</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANTENATAL CARE AS PER GUIDELINES	The standard includes processes that ensure adequacy and quality of antenatal care provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of severe anaemia and counselling services. Staff at ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. Review the line listing of anaemia cases and how they are followed. Client and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.
<b>STANDARD E17</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR INTRANATAL CARE AS PER GUIDELINES	This standard measures the quality of intra-natal care. It includes clinical process for normal delivery as well management of complications and C-Section surgeries. The concerned staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Demonstration of resuscitation and essential newborn care may be asked. Competency of the staff for managing obstetric emergencies, interpretation of partograph, APGAR score should also be assessed.
<b>STANDARD E18</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR POSTNATAL CARE AS PER GUIDELINES	The standard is concerned with adherence to post-natal care of mother and newborn within the hospital. Observe if postnatal protocols for prevention of Hypothermia and breast feeding are adhered to. Mother may be interviewed to know that proper counselling has been provided.
<b>STANDARDS E19</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR CARE OF NEW BORN, INFANT AND CHILD AS PER GUIDELINES	This standard is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, management of new-born and childhood illnesses like neonatal asphyxia, low birth weight, neo-natal jaundice, malnutrition and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test. Adherence to clinical protocols for management of different illnesses in newborn and child should be done through interaction with the doctors and nursing staff.
<b>STANDARD E 20</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ABORTION AND FAMILY PLANNING AS PER GOVERNMENT GUIDELINES AND LAW	The standard is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family planning, counselling, spacing methods, family planning surgeries and counselling and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. Staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution and contra-indication for oral pills, family planning surgery, etc.
<b>STANDARD E21</b> THE FACILITY PROVIDES ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH SERVICES AS PER GUIDELINES.	This standard is concerned with services related to Adolescent, Reproductive and Sexual Health (ARSH) guidelines. It includes promotive, preventive, curative and referral services under the ARSH. Staff should be interviewed, and records should be reviewed.
<b>STANDARD E22</b> THE FACILITY PROVIDES SERVICES AS PER NATIONAL HEALTH PROGRAMMES' OPERATIONAL/ CLINICAL GUIDELINES	The standard is concerned with adherence to clinical guidelines under the National Health Programmes. For each national health programme, availability of clinical services as per respective guidelines should be assessed.

Area of Concern - E: Clinical Services	
<b>Standard E1</b>	<b>The facility has defined procedures for registration, consultation and admission of patients</b>
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has a established procedure for OPD consultation
ME E1.3	There is established procedure for admission of patients
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility
<b>Standard E2</b>	<b>The facility has defined and established procedures for clinical assessment and reassessment of the patients</b>
ME E2.1	There is established procedure for initial assessment of patients
ME E2.2	There is established procedure for follow up/reassessment of Patients
<b>Standard E3</b>	<b>The facility has defined and established procedures for continuity of care of patient and referral</b>
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.
ME E3.3	A person is identified for care during all steps of care
<b>Standard E4</b>	<b>The facility has defined and established procedures for nursing care</b>
ME E4.1	Procedure for identification of patients is established at the facility
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens
ME E4.4	Nursing records are maintained
ME E4.5	There is procedure for periodic monitoring of patients
<b>Standard E5</b>	<b>The facility has a procedure to identify high risk and vulnerable patients</b>
ME E5.1	The facility identifies vulnerable patients and ensure their safe care
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need
<b>Standard E6</b>	<b>The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs &amp; their rational use</b>
ME E6.1	The facility ensured that drugs are prescribed in generic name only
ME E6.2	There is procedure of rational use of drugs
<b>Standard E7</b>	<b>The facility has defined procedures for safe drug administration</b>
ME E7.1	There is process for identifying and cautious administration of high alert drugs
ME E7.2	Medication orders are written legibly and adequately
ME E7.3	There is a procedure to check drug before administration/dispensing
ME E7.4	There is a system to ensure right medicine is given to right patient
ME E7.5	Patient is counselled for self drug administration
<b>Standard E8</b>	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.
ME E8.3	Care provided to each patient is recorded in the patient records

ME E8.4	Procedures performed are written on patients records
ME E8.5	Adequate form and formats are available at point of use
ME E8.6	Register/records are maintained as per guidelines
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records
<b>Standard E9</b>	<b>The facility has defined and established procedures for discharge of patient</b>
ME E9.1	Discharge is done after assessing patient readiness
ME E9.2	Case summary and follow-up instructions are provided at the discharge
ME E9.3	Counselling services are provided as during discharges wherever required
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc
<b>Standard E10</b>	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>
ME E10.1	There is procedure for Receiving and triage of patients
ME E10.2	Emergency protocols are defined and implemented
ME E10.3	The facility has disaster management plan in place
ME E10.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement
ME E10.5	There is procedure for handling medico legal cases
<b>Standard E11</b>	<b>The facility has defined and established procedures of diagnostic services</b>
ME E11.1	There are established procedures for Pre-testing Activities
ME E11.2	There are established procedures for testing Activities
ME E11.3	There are established procedures for Post-testing Activities
<b>Standard E12</b>	<b>The facility has defined and established procedures for Blood Storage Management and Transfusion</b>
ME E12.1	There is established procedure for Transport of blood from parent blood bank.
ME E12.2	There is established procedure for storage of blood
ME E12.3	There is established procedure for Cross matching of blood
ME E12.4	There is established procedure for issuing blood
ME E12.5	There is established procedure for transfusion of blood
ME E12.6	There is a established procedure for monitoring and reporting Transfusion complication
<b>Standard E13</b>	<b>The facility has established procedures for Anaesthetic Services</b>
ME E13.1	The facility has established procedures for Pre-anaesthetic Check up and maintenance of records
ME E13.2	The facility has established procedures for monitoring during Anaesthesia and maintenance of records
ME E13.3	The facility has established procedures for Post-anaesthesia care
<b>Standard E14</b>	<b>The facility has defined and established procedures of Operation theatre and surgical services</b>
ME E14.1	The facility has established procedures for OT Scheduling
ME E14.2	The facility has established procedures for Pre-operative care
ME E14.3	The facility has established procedures for Surgical Safety
ME E14.4	The facility has established procedures for Post operative care

<b>Standard E15</b>	<b>The facility has defined and established procedures for end of life care and death</b>
ME E15.1	Death of admitted patient is adequately recorded and communicated
ME E15.2	The facility has standard procedures for handling the death in the hospital
ME E15.3	The facility has standard operating procedure for end of life support
ME E15.4	The facility has standard procedures for conducting/referring for post-mortem, its recording and meeting its obligation under the law
<b>Maternal &amp; Child Health Services</b>	
<b>Standard E16</b>	<b>The facility has established procedures for Antenatal care as per guidelines</b>
ME E16.1	There is an established procedure for Registration and follow up of pregnant women.
ME E16.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E16.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women
ME E16.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.
ME E16.5	There is an established procedure for identification and management of moderate and severe anaemia
ME E16.6	Counselling of pregnant women is done as per standard protocol and gestational age
<b>Standard E17</b>	<b>The facility has established procedures for Intranatal care as per guidelines</b>
ME E17.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of Third Stage of Labour) are followed at the facility
ME E17.2	There is an established procedure for assisted and C-section deliveries per scope of services.
ME E17.3	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.
ME E17.4	There is an established procedure for new born resuscitation and newborn care.
<b>Standard E18</b>	<b>The facility has established procedures for postnatal care as per guidelines</b>
ME E18.1	Post Partum Care is provided to the mothers
ME E18.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocols.
ME E18.3	There is an established procedure for Post Partum counselling of mother
ME E18.4	The facility has established procedures for stabilization/treatment/referral of post natal complications
ME E18.5	There is established procedure for discharge and follow up of mother and newborn.
<b>Standard E19</b>	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>
ME E19.1	The facility provides immunization services as per guidelines
ME E19.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines
ME E19.3	Management/referral of Low birth weight newborns is done as per guidelines
ME E19.4	Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines
ME E19.5	Management of children presenting with fever, cough/breathlessness is done as per guidelines
ME E19.6	Management/referral of children with severe Acute Malnutrition is done as per guidelines
ME E19.7	Management of children presenting diarrhoea is done per guidelines



<b>Standard E20</b>	<b>The facility has established procedures for abortion and family planning as per government guidelines and law</b>
ME E20.1	Family planning counselling services provided as per guidelines
ME E20.2	The facility provides spacing method of family planning as per guideline
ME E20.3	The facility provides limiting method of family planning as per guideline
ME E20.4	The facility provide counselling services for abortion as per guideline
ME E20.5	The facility provide abortion services for 1st trimester as per guideline
ME E20.6	The facility provide abortion services for 2nd trimester as per guideline
<b>Standard E21</b>	<b>The facility provides Adolescent Reproductive and Sexual Health services as per guidelines</b>
ME E21.1	The facility provides Promotive ARSH services.
ME E21.2	The facility provides Preventive ARSH services.
ME E21.3	The facility provides curative ARSH services
ME E21.4	The facility provides Referral services for ARSH.
<b>National Health Programmes</b>	
<b>Standard E22</b>	<b>The facility provides National health Programme as per operational/Clinical Guidelines</b>
ME E22.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME E22.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME E22.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME E22.4	The facility provides services under National AIDS Control Programme as per guidelines
ME E22.5	The facility provides services under National Programme for Control of Blindness as per guidelines
ME E22.6	The facility provides services under Mental Health Programme as per guidelines
ME E22.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME E22.8	The facility provides service under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NP-NCD) as per guidelines
ME E22.9	The facility provide service for Integrated disease surveillance Programme
ME E22.10	The facility provide services under National Programme for prevention and control of Deafness



## AREA OF CONCERN - F: INFECTION CONTROL

### Overview

The first principle of health care is “to do no harm”. As Public Hospitals usually have high occupancy, the Infection control practices become more critical to avoid cross-infection and its spread. This area of concern covers Infection control practices, hand-hygiene, antisepsis, Personal Protection, processing of equipment, environment control, and Biomedical Waste Management.

Following is the brief description of the Standards within this area of concern:

<b>STANDARD F1</b> <b>THE FACILITY HAS INFECTION CONTROL PROGRAMME, AND THERE ARE PROCEDURES IN PLACE FOR PREVENTION AND MEASUREMENT OF HOSPITAL ASSOCIATED INFECTIONS</b>	<p>This standard is concerned with the implementation of Infection control programme at the facility. It includes existence of functional infection control committee, microbiological surveillance, measurement of hospital acquired infection rates, periodic medical check-up and immunization of staff and monitoring of Infection control Practices. Hospital administration should be interacted to assess the functioning of infection control committee. Records should be reviewed for confirming the culture surveillance practices, monitoring of Hospital acquired infection, status of staff immunization, etc. Implementation of antibiotic policy can be assessed through staff interviews, perusal of patient record and usage pattern of antibiotic.</p>
<b>STANDARD F2</b> <b>THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURES FOR ENSURING HAND HYGIENE PRACTICES AND ANTISEPSIS</b>	<p>This standard is concerned with practices of hand washing and antisepsis. Availability of Hand washing facilities with soap and running water should be observed at the point of use. Technique of hand washing for assessing the practices, and effectiveness of training may be observed.</p>
<b>STANDARD F3</b> <b>THE FACILITY ENSURES AVAILABILITY OF MATERIAL FOR PERSONAL PROTECTION, AND FACILITY STAFF FOLLOWS STANDARD PRECAUTION FOR PERSONAL PROTECTION</b>	<p>This standard is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal the adequacy of supply of PPE.</p>
<b>STANDARD F4</b> <b>THE FACILITY HAS STANDARD PROCEDURES FOR PROCESSING OF EQUIPMENT AND INSTRUMENTS</b>	<p>This standard is concerned with standard procedures, related to processing of equipment and instruments. It includes adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed and staff should be interviewed for compliance to certain standard procedures.</p>
<b>STANDARD F5</b> <b>PHYSICAL LAYOUT AND ENVIRONMENTAL CONTROL OF THE PATIENT CARE AREAS ENSURES INFECTION PREVENTION</b>	<p>The standard pertains to environment cleaning. It assesses whether the layout and arrangements of processes are conducive for the infection control or not. Environment cleaning processes like mopping, especially in critical areas like OT and LR should be observed for the adequacy and technique.</p>
<b>STANDARD F6</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO-MEDICAL AND HAZARDOUS WASTE</b>	<p>This standard is concerned with Management of Biomedical waste management including its segregation, transportation, disposal and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed and records are verified.</p> <p>Sharp pits and deep burial pits must be inspected if available.</p>

Area of Concern - F: Infection Control	
<b>Standard F1</b>	<b>The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection</b>
ME F1.1	The facility has functional infection control committee
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas
ME F1.3	The facility measures hospital associated infection rates
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff
ME F1.5	The facility has established procedures for regular monitoring of infection control practices
ME F1.6	The facility has defined and established antibiotic policy
<b>Standard F2</b>	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>
ME F2.1	Hand washing facilities are provided at point of use
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices
ME F2.3	The facility ensures standard practices and materials for antisepsis
<b>Standard F3</b>	<b>The facility ensures standard practices and materials for Personal protection</b>
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements
ME F3.2	The facility staff adheres to standard personal protection practices
<b>Standard F4</b>	<b>The facility has standard procedures for processing of equipment and instruments</b>
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
<b>Standard F5</b>	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>
ME F5.1	Layout of the department is conducive for the infection control practices
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas
ME F5.4	The facility ensures segregation infectious patients
ME F5.5	The facility ensures air quality of high risk area
<b>Standard F6</b>	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste</b>
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines
ME F6.2	The facility ensures management of sharps as per guidelines
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines

## AREA OF CONCERN - G: QUALITY MANAGEMENT

### Overview

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, checking and acting upon the compliances. The standards in this area concern are the opportunities for improvement to enhance quality of services and patient satisfaction. These standards are in synchronization with facility based quality assurance programme given in 'Operational Guidelines'.

Following are the Standards under this area of Concern:

<b>STANDARD G1</b> THE FACILITY HAS ESTABLISHED ORGANIZATIONAL FRAMEWORK FOR QUALITY IMPROVEMENT	This standard is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality Team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed.
<b>STANDARD G2</b> THE FACILITY HAS ESTABLISHED SYSTEM FOR PATIENT AND EMPLOYEE SATISFACTION	The standard is concerned with having a system of measurement of patient and employees' satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that feedback of the patients, from a scientifically drawn sample, is taken at prescribed intervals.
<b>STANDARD G3</b> THE FACILITY HAVE ESTABLISHED INTERNAL AND EXTERNAL QUALITY ASSURANCE PROGRAMMES WHEREVER IT IS CRITICAL TO QUALITY	The standard is concerned with implementation of internal quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental checklists, External Quality Assurance Service (EQAS) records at laboratory, etc. Interview with Matron, Hospital Managers, Nurse in-charges, OT technician, etc. may give information about how they conduct daily round of departments and usage of checklists.
<b>STANDARD G4</b> THE FACILITY HAS ESTABLISHED DOCUMENTED IMPLEMENTED AND MAINTAINED STANDARD OPERATING PROCEDURES FOR ALL KEY PROCESSES	This standard is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.
<b>STANDARD G5</b> THE FACILITY HAS ESTABLISHED SYSTEM OF PERIODIC REVIEW AS INTERNAL ASSESSMENT, MEDICAL AND DEATH AUDIT AND PRESCRIPTION AUDIT	This standard pertains to the processes of internal assessment, medical and death audit at a defined periodicity. Review of Internal assessment and clinical audit records may reveal their adequacy and periodicity.
<b>STANDARD G6</b> THE FACILITY HAS DEFINED AND ESTABLISHED QUALITY POLICY AND QUALITY OBJECTIVES	This standard is concerned with establishment and dissemination of quality policy and objectives in the hospital. The staff may be interviewed regarding their awareness of Quality policy and Objectives. Review of records should be done for assessing that Quality objectives meet SMART criteria, and have been reviewed periodically.
<b>STANDARD G7</b> THE FACILITY SEEKS CONTINUAL IMPROVEMENT BY PRACTICING QUALITY TOOL AND METHOD	This standard is regarding using Quality tools and methods like Process mapping, control charts, 5-'S', etc. The Assessor should look for any specific methods and tools practiced for quality improvement.

Area of Concern - G: Quality Management	
<b>Standard G1</b>	<b>The facility has established organizational framework for quality improvement</b>
ME G1.1	The facility has a quality team in place
ME G1.2	The facility reviews quality of its services at periodic intervals
<b>Standard G2</b>	<b>The facility has established system for patient and employee satisfaction</b>
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals
ME G2.2	The facility analyses the patient feed back, and root-cause analysis
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients
<b>Standard G3</b>	<b>The facility have established internal and external quality assurance Programmes wherever it is critical to quality</b>
ME G3.1	The facility has established internal quality assurance programme in key departments
ME G3.2	The facility has established external assurance programmes at relevant departments
ME G3.3	The facility has established system for use of check lists in different departments and services
<b>Standard G4</b>	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes</b>
ME G4.1	Departmental Standard Operating Procedures are available
ME G4.2	Standard Operating Procedures adequately describes process and procedures
ME G4.3	Staff is trained and aware of the procedures written in SOPs
ME G4.4	Work instructions are displayed at Point of use
<b>Standard G5</b>	<b>The facility has established system of periodic review as internal assessment, medical &amp; death audit and prescription audit</b>
ME G5.1	The facility conducts periodic internal assessment
ME G5.2	The facility conducts the periodic prescription/medical/death audits
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately
ME G5.4	Action plan is made on the gaps found in the assessment/audit process
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit
<b>Standard G6</b>	<b>The facility has defined and established Quality Policy &amp; Quality Objectives</b>
ME G6.1	The facility defines its quality policy
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that
ME G6.4	Progress towards quality objectives is monitored periodically
<b>Standard G7</b>	<b>The facility seeks continual improvement by practicing Quality tool and method</b>
ME G7.1	The facility uses methods for quality improvement in services
ME G7.2	The facility uses tool for quality improvement.

## AREA OF CONCERN - H: OUTCOME

### Overview

Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has four standard measures for quality - Productivity, Efficiency, and Clinical Care and Service quality in terms of measurable indicators. Every standard under this area has two aspects – Firstly, there is a system of measurement of indicators at the health facility; and secondly, how the hospital meets the benchmark. It is realised that at the beginning many indicators given in these standards may not be getting measured across all facilities, and therefore it would be difficult to set benchmark beforehand. However, with the passage of time, the state can set their benchmarks, and evaluate performance of health facilities against the set benchmarks.

Following is the brief description of the Standards in this area of concern:

<b>STANDARD H1</b> THE FACILITY MEASURES PRODUCTIVITY INDICATORS AND ENSURES COMPLIANCE WITH STATE/NATIONAL BENCHMARKS	This standard is concerned with the measurement of Productivity indicators and meeting the benchmarks. This includes utilization indicators like bed occupancy rate and C-Section rate. Assessor should review these records to ensure that these indicators are getting measured at the health facility.
<b>STANDARD H2</b> THE FACILITY MEASURES EFFICIENCY INDICATORS AND ENSURES COMPLIANCE WITH STATE/NATIONAL BENCHMARKS	This standard pertains to measurement of efficiency indicators and meeting benchmark. This standard contains indicators that measure efficiency of processes, such as turnaround time, and efficiency of human resource like surgery per surgeon. Review of records should be done to assess that these indicators have been measured correctly.
<b>STANDARD H3</b> THE FACILITY MEASURES CLINICAL CARE AND SAFETY INDICATORS AND TRIES TO REACH STATE/ NATIONAL BENCHMARKS	This standard is concerned with the indicators of clinical quality, such as average length of stay and death rates. Record review should be done to see the measurement of these indicators.
<b>STANDARD H4</b> THE FACILITY MEASURES SERVICE QUALITY INDICATORS AND ENDEAVOURS TO REACH STATE/ NATIONAL BENCHMARKS	This standard is concerned with indicators measuring service quality and patient satisfaction like Patient satisfaction score and waiting time and LAMA rate.

Area of Concern - H: Outcomes	
<b>Standard H1</b>	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>
ME H1.1	The facility measures productivity Indicators on monthly basis
ME H1.2	The facility measures equity indicators periodically
ME H1.3	The facility ensures compliance of key productivity indicators with National/State benchmarks
<b>Standard H2</b>	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>
ME H2.1	The facility measures efficiency Indicators on monthly basis
ME H2.2	The facility ensures compliance of key efficiency indicators with National/State benchmarks
<b>Standard H3</b>	<b>The facility measures Clinical Care &amp; Safety Indicators and tries to reach State/National benchmark</b>
ME H3.1	The facility measures Clinical Care & Safety Indicators on monthly basis
ME H3.2	The facility ensures compliance of key Clinical Care & Safety with National/State benchmarks
<b>Standard H4</b>	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>
ME H4.1	The facility measures Service Quality Indicators on monthly basis
ME H4.2	The facility ensures compliance of key Service Quality with National/State benchmarks



# NATIONAL QUALITY ASSURANCE STANDARDS FOR PRIMARY HEALTH CENTRE (24x7)



# NATIONAL QUALITY ASSURANCE STANDARDS FOR PRIMARY HEALTH CENTRE (24X7)

Area of Concern - A: Service Provision	
Standard A1	The facility provides primary level curative services
Standard A2	The facility provides RMNCHA Services
Standard A3	The facility provides Diagnostic Services, Para-clinical and support services
Standard A4	The facility provides services as mandated in the National Health Programmes/State scheme(s)
Area of Concern - B: Patients' Rights	
Standard B1	The facility provides information to care-seekers, attendants and community about the available services and their modalities
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status
Standard B3	The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information
Standard B4	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services
Area of Concern - C: Inputs	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms
Standard C2	The facility ensures the physical safety including fire safety of the infrastructure
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
Standard C4	The facility provides drugs and consumables required for assured services
Standard C5	The facility has equipment and instruments required for assured list of services
Area of Concern - D: Support Services	
Standard D1	The facility has a established Facility Management Programme for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas
Standard D3	The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery and support services norms
Standard D4	The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability



Standard D5	Hospital has defined and established procedures for Financial Management and monitoring of quality of outsourced services
Standard D6	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government
Standard D7	Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures
Standard D8	Hospital has defined and established procedure for monitoring and reporting of National Health Program as per state specifications
<b>Area of Concern - E: Clinical Services</b>	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients
Standard E2	The facility has procedures for continuity of care of patient
Standard E3	The facility has defined and established procedures for nursing care
Standard E4	The facility has defined and follow correct procedure for drug administration and follows standard treatment guidelines defined by state/Central government
Standard E5	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage
Standard E6	The facility has defined and established procedures for discharge of patient
Standard E7	The facility has defined and established procedures for Emergency Services and Disaster Management
Standard E8	The facility has defined and established procedures for diagnostic services
<b>Maternal and Child Health Services</b>	
Standard E9	The facility has established procedures for Antenatal care as per guidelines
Standard E10	The facility has established procedures for Intranatal care as per guidelines
Standard E11	The facility has established procedures for postnatal care as per guidelines
Standard E12	The facility has established procedures for care of new born, infant and child as per guidelines
Standard E13	The facility has established procedures for abortion and family planning as per government guidelines and low
Standard E14	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines
<b>National Health Programmes</b>	
Standard E15	The facility provides National health Programme as per operational/Clinical Guidelines of the Government
<b>Area of Concern - F: Infection Control</b>	
Standard F1	The facility has infection control Programme and procedures in place for prevention, control, and measurement of hospital associated infection
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis
Standard F3	The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection
Standard F4	The facility has standard procedures for processing for Disinfection and sterilization of equipment and instruments

Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste
<b>Area of Concern - G: Quality Management</b>	
Standard G1	The facility has defined and established organizational framework and Quality policy for Quality Assurance
Standard G2	The facility has established system for patient and employee satisfaction
Standard G3	The facility have established system for assuring and improving quality of Clinical and support services by internal and external program
Standard G4	The facility has established, documented implemented and maintained Standard G4 Standard Operating Procedures for all key processes and support services
<b>Area of Concern - H: Outcomes</b>	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark
Standard H3	The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark



## INTENT OF STANDARDS AND MEASURABLE ELEMENTS FOR PRIMARY HEALTH CENTRE (24X7)

### AREA OF CONCERN - A: SERVICES PROVISION

#### Overview

Primary health centres have pivotal role in providing Preventive & Promotive health care to community apart from limited level of primary curative care. Indian Public Health Standards guidelines (IPHS) have defined minimum assured service to be provided at Primary Health Centres, which are also hub of the services provided under the National Health Programmes.

This area of concern measures availability of services, which implies that the services are available to end-users because mere availability of infrastructure or human resources does not always ensure into availability of the services. For example, an ANC clinic may be available at the PHC but all the services like mandatory diagnostic test & service provider may not have provided including nutritional counselling. In this case it is assumed that ANC services are not completely available at the facility. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of records for utilization of services and interviewing whether services were given or not to them.

There are following four standards in this area of concern:

<b>STANDARD A1</b> THE FACILITY PROVIDES PRIMARY LEVEL CURATIVE SERVICES	Though PHCs are primarily meant for preventive & promotive health care services, Treatment of common ailments & initial management of the emergencies before referral shall be available at the facility. The standard would include availability of OPD consultation services as well as indoor treatment services for common illness like fever, cough, diarrhoea etc. as well as minor procedures like dressing, sutures, Incision & Drainage etc. This standard also measures availability of AYUSH services as well services required as per local needs. This standard also defines time period for which services should be available. E.g. At least 6 hours of OPD and 24X7 labour room services.
<b>STANDARD A2</b> THE FACILITY PROVIDES RMNCH+A SERVICES	Delivery of quality RMNCH+A services is major focus area for public health facilities. RMNCH+A approach covers continuum of care across the life-cycle. There are five measurable elements in this standard & each represents services pertaining one stage of life cycle i.e. Reproductive, Maternal, Newborn, Childhood & Adolescent. This standard measures availability services like ANC check-up, family planning services, intra & postnatal care, treatment of childhood illnesses & adolescent friendly clinic.
<b>STANDARD A3</b> THE FACILITY PROVIDES DIAGNOSTIC SERVICES, PARA-CLINICAL & SUPPORT SERVICES	This standard measures availability of diagnostics, pharmacy, Mobile medical unit & support services like dietary & laundry. There is also a dedicated measurable element for administrative services like monitoring and supervision of sub centres and community health worker.
<b>STANDARD A4</b> THE FACILITY PROVIDES SERVICES AS MANDATED IN THE NATIONAL HEALTH PROGRAMS/STATE SCHEME(S)	This standard measures the availability of the curative as well as preventive & promotive services as per National Health Programmes. There are 15 Measurable elements in these standards; each measures availability of the services under one national health programme.

Area of Concern - A: Service Provision	
<b>Standard A1</b>	<b>The facility provides primary level curative services</b>
ME A1.1	The facility provides treatment of common ailments
ME A1.2	The facility provides Accident and Emergency Services
ME A1.3	The facility provides AYUSH Services
ME A1.4	The Services are available for the time period, as mandated
ME A1.5	The facility provides curative and preventive services for the locally prevalent health problems and diseases
<b>Standard A2</b>	<b>The facility provides RMNCHA Services</b>
ME A2.1	The facility provides Reproductive Health Services
ME A2.2	The facility provides Maternal Health Services
ME A2.3	The facility provides Newborn Health Services
ME A2.4	The facility provides Child Health Services
ME A2.5	The facility provides Adolescent Health Services
<b>Standard A3</b>	<b>The facility provides Diagnostic Services, Para-clinical and support services</b>
ME A3.1	The facility provides Laboratory Services
ME A3.2	The facility provides other diagnostic services
ME A3.3	The facility provides pharmacy services
ME A3.4	The facility provides medico legal services
ME A3.5	The facility provides Mobile Medical Unit (MMU) services
ME A3.6	The facility provides administrative services
ME A3.7	The facility provides support services
<b>Standard A4</b>	<b>The facility provides services as mandated in the National Health Programmes/State scheme(s)</b>
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines
ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NP-NCD) as per guidelines
ME A4.9	The facility provides services under Integrated Disease Surveillance Programme as per guidelines
ME A4.10	The facility provide services under National health Programme for prevention and control of deafness as per guidelines
ME A4.11	The facility provides services under School Health Programme as per guidelines
ME A4.12	The facility provides services under Universal Immunization Programme (UIP) as per guidelines
ME A4.13	The facility provides services under National Iodine deficiency Programme as per guidelines
ME A4.14	The facility provides services under National Tobacco Control Programme as per guidelines
ME A4.15	The facility provides services as per local needs/State specific health programmes as per guidelines

## AREA OF CONCERN - B: PATIENTS' RIGHTS

### Overview

Mere availability of services at a health facility does not necessarily meet the need of community, unless the available services are accessible to the users, and are provided with dignity and confidentiality. Access includes physical access as well as financial access. There are evidences to suggest that patients' experience and outcome improves, when they themselves are involved in the care. So availability of information is critical for access as well as enhancing patients' satisfaction. Patients' rights also include that health services give due consideration to patients' cultural and religious preferences:

<b>STANDARD B1</b> <b>THE FACILITY PROVIDES THE INFORMATION TO CARE SEEKERS, ATTENDANTS &amp; COMMUNITY ABOUT THE AVAILABLE SERVICES AND THEIR MODALITIES</b>	<p>The Standard measures information accessibility at the facility. Informational accessibility includes prominent display of signages, services availability, citizen's charter &amp; IEC Material. This standard also mandates for practices like informed consent and grievance redressal.</p>
<b>STANDARD B2</b> <b>SERVICES ARE DELIVERED IN A MANNER THAT IS SENSITIVE TO GENDER, RELIGIOUS AND CULTURAL NEEDS, AND THERE IS NO BARRIER ON ACCOUNT OF PHYSICAL, ECONOMIC, CULTURAL OR SOCIAL STATUS</b>	<p>This standard ensures that the services are sensitive to gender, cultural and religious needs of the population. This includes measures taken specially to ensure comfort and dignity of female patients. This standard also measures the physical access of PHC such as availability of all-weather road, ramps, wheelchairs, trolleys etc. and arrangements of people with disability such as disable friendly toilets.</p>
<b>STANDARD B3</b> <b>THE FACILITY MAINTAINS PRIVACY, CONFIDENTIALITY &amp; DIGNITY OF PATIENT, AND HAS A SYSTEM FOR GUARDING PATIENT RELATED INFORMATION</b>	<p>This standard measures patient friendliness of the services in terms of ensuring privacy, confidentiality and dignity. Measurable elements under this standard look for compliances such as provisions of screens and curtains, confidentiality of patients' clinical information, behaviour of service providers, and also ensuring specific precautions to be taken, while providing care to patients with HIV infection, abortion, teenage pregnancy, etc.</p>
<b>STANDARD B4</b> <b>THE FACILITY ENSURES THAT THERE ARE NO FINANCIAL BARRIERS TO ACCESS, AND THAT THERE IS FINANCIAL PROTECTION GIVEN FROM THE COST OF HOSPITAL SERVICES</b>	<p>The standard majorly checks that there are no financial barriers to the services. Measurable elements under this standard check for availability of drugs, diagnostics and transport free of cost under different schemes, and timely payment of the entitlements under JSY and Family planning incentives.</p>

Area of Concern - B: Patients' Rights	
<b>Standard B1</b>	<b>The facility provides information to care-seekers, attendants and community about the available services and their modalities</b>
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available in its departments/sections
ME B1.3	The facility has established citizen's charter, which is followed by all
ME B1.4	Patients and visitors are sensitised and educated through appropriate IEC/BCC approaches
ME B1.5	Information is available in local language, and it is easy to understand
ME B1.6	There is established procedures for taking informed consent before conducting procedures and starting treatment
ME B1.7	Information about the treatment is shared with patients and their attendants regularly
ME B1.8	The facility has defined and established grievance redressal system
<b>Standard B2</b>	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status</b>
ME B2.1	Services at PHC are provided in manner that are sensitive to gender
ME B2.2	Religious and cultural preferences of patients and their attendants are taken into consideration, while delivering services
ME B2.3	Access to facility is provided without any physical barrier
ME B2.4	There is no discrimination on basis of social and economic status of the patients
<b>Standard B3</b>	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information</b>
ME B3.1	Adequate visual privacy is provided at every point of care
ME B3.2	Confidentiality of patients' records and clinical information is maintained
ME B3.3	The facility ensures behaviours of its staff is dignified and respectful, while delivering the services
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also it safeguards vulnerable groups
<b>Standard B4</b>	<b>The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services</b>
ME B4.1	The facility provides cashless services to pregnant women, mothers and neonates and for other patients on payments as per government schemes in vogue
ME B4.2	The facility ensures that prescribed drugs are available at the Pharmacy and wards
ME B4.3	It is ensured that facilities for the prescribed investigations are available at the PHC
ME B4.4	The facility provide free of cost treatment to Below poverty line (BPL) patients seamlessly
ME B4.5	The facility ensures timely payment of entitlements and reimbursement to the patients

## AREA OF CONCERN - C: INPUT

### Overview

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take cognizance of the IPHS requirement. However, focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like ‘adequate’ and ‘as per load’ has been given in the requirements for many standards & measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load.

<b>STANDARD C1</b> <b>THE FACILITY HAS INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES, AND AVAILABLE INFRASTRUCTURE MEETS THE PREVALENT NORMS</b>	<p>This standard measures adequacy of infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities, etc. It also looks into the functional aspect of the structure, whether it commensurate with the process flow of the facility or not.</p> <p>Minimum requirement for space, layout and patient amenities are given for some of departments, but assessors would be expected to use his discretion to see whether the available space is adequate for the given work-load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with facility staff may be required to know the process flow between the departments, and also within a department.</p>
<b>STANDARD C2</b> <b>THE FACILITY ENSURES PHYSICAL SAFETY INCLUDING FIRE-SAFETY OF THE INFRASTRUCTURE</b>	<p>This deals with Physical safety of the infrastructure. It includes seismic safety, electrical safety, and general condition of infrastructure. This standard also mandates for adequate fire-safety measures being implemented at the facility.</p>
<b>STANDARD C3</b> <b>THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF, REQUIRED FOR PROVIDING THE ASSURED SERVICES TO THE CURRENT CASELOAD</b>	<p>This standard measures the numerical adequacy and skill-sets of the staff. It includes availability of doctors, nurses, paramedical and support staff. It also ensures that the staff has been trained as per their job description and responsibilities. There are two components while assessing the staff adequacy - first is the numeric adequacy, which can be checked by interaction with the facility in charge and review of records. Second is to access human resources in term of their availability to ensure the service delivery. For instance, a PHC may have 3 SBA trained ANM/Nursing staff, but if none of them is available in the night shift, then intent of the standard is not being complied with.</p> <p>Skill set may be assessed by reviewing training records and staff interview and demonstration to check whether staff have requisite skills to perform the procedures.</p>
<b>STANDARD C4</b> <b>THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES</b>	<p>This Standard measures availability of drugs and consumables in different service areas of PHC. This includes vaccines, lab regents and contraceptives. In addition, the standard also looks at the availability of drugs in pharmacy. The Standard also expect available of committed drugs at PHC under National Health Programmes.</p>
<b>STANDARD C5</b> <b>THE FACILITY HAS EQUIPMENT &amp; INSTRUMENTS REQUIRED FOR ASSURED LIST OF SERVICES</b>	<p>This standard is concerned with availability of instruments in various departments and service delivery points. Equipment and instruments have been categorized into sub groups as per their use, and measurable elements have been assigned to each sub group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non-clinical support services. Some representative equipment could be used as tracers and checked in each category.</p>

Area of Concern - C: Inputs	
<b>Standard C1</b>	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>
ME C1.1	Departments have adequate space as per patient or work load
ME C1.2	Amenities for Patients and Staff are available as per load
ME C1.3	The Departments have layout and demarcated areas as per their functions
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law
ME C1.5	The facility has infrastructure for intramural and extramural communication
<b>Standard C2</b>	<b>The facility ensures the physical safety including fire safety of the infrastructure</b>
ME C2.1	The facility ensures seismic safety of the infrastructure, as per guidelines
ME C2.2	The facility ensures safety of electrical establishment
ME C2.3	Physical condition of buildings is safe for providing patient care
ME C2.4	The facility ensures Fire Safety Measures, including availability fire fighting equipment
<b>Standard C3</b>	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>
ME C3.1	The facility has adequate medical officers as per service provision and work load
ME C3.2	The facility has adequate nursing staff/Paramedic as per service provision and work load
ME C3.3	The facility has adequate Health workers as per requirement
ME C3.4	The facility has adequate support staff
ME C3.5	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles and responsibilities
ME C3.6	The Staff is skilled/competent as per job description
<b>Standard C4</b>	<b>The facility provides drugs and consumables required for assured services</b>
ME C4.1	The departments have availability of adequate drugs at point of use
ME C4.2	The departments have adequate consumables at point of use
ME C4.3	Emergency drug trays are maintained at every point of care, where it may be needed
<b>Standard C5</b>	<b>The facility has equipment and instruments required for assured list of services</b>
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients
ME C5.2	Availability of equipment and instruments for undertaking treatment procedures in the facility
ME C5.3	Availability of equipment and instruments for undertaking diagnostic procedures in the facility
ME C5.4	Availability of equipment and instruments for resuscitation of patients
ME C5.5	Availability of equipment for storage
ME C5.6	Availability of functional equipment and instruments for support and outreach services
ME C5.7	Departments have patient furniture and fixtures as per case-load and service provision



## AREA OF CONCERN - D: SUPPORT SERVICES

### Overview

Support services are the backbone of health care facilities. The expected clinical outcome cannot be envisaged in absence of sturdy support services. This area of concern includes equipment maintenance, calibration, drug storage and inventory management, security, facility management, water supply, power backup, dietary services and laundry. Administrative processes like RKS, Financial management, legal compliances, staff deputation and contract management have also been included in this area of concern. It also includes various monitoring & reporting activities done by PHC, especially with regards to National Health Programme.

<p><b>STANDARD D1</b> THE FACILITY HAS AN ESTABLISHED FACILITY MANAGEMENT PROGRAM FOR MAINTENANCE &amp; UPKEEP OF EQUIPMENT &amp; INFRASTRUCTURE TO PROVIDE SAFE AND SECURE ENVIRONMENT TO STAFF &amp; USERS</p>	<p>The first standard of this area of concern is related facility management of Primary Health Centre. This includes equipment maintenance processes, maintenance of infrastructure as well as safety &amp; security of the staff and patients. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive/corrective maintenance is undertaken timely. Calibration records and label on the measuring equipment should also be reviewed to confirm the calibration. Operating Instructions should be displayed or readily available with the user.</p> <p>This standard is also concerned with providing safe, secure and comfortable environment to patients as well service providers. Two aspects should be observed in this regard - firstly, provision of comfortable work environment in terms of illumination and temperature control in patient care areas and work stations, and secondly, arrangement for security of patients and staff. Security arrangements at patient area should be observed for restriction of visitors and crowd management</p> <p>Lastly, the standard is also concerned with adequacy of facility management processes. This includes appearance of facility, cleaning processes, infrastructure maintenance, removal of junk and condemned items and control of stray animals and pest control inside the facility.</p>
<p><b>STANDARD D2</b> THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE; INVENTORY MANAGEMENT AND DISPENSING OF DRUGS IN PHARMACY AND PATIENT CARE AREAS</p>	<p>This standard is concerned with safe storage of drugs and scientific management of the inventory, so that drugs and consumables are available in adequate quantity in patient care area. Measurable elements of this standard look into processes of indenting, procurement, storage, expired drugs management, inventory management, stock management in patient care areas, including storage at optimum temperature. While assessing drug management system, these practices should be looked into each clinical department, especially at the nursing stations and its complementary process at drug stores/Pharmacy.</p>
<p><b>STANDARD D3</b> THE FACILITY ENSURES AVAILABILITY OF DIET, LINEN, WATER AND POWER BACKUP AS PER REQUIREMENT OF SERVICE DELIVERY &amp; SUPPORT SERVICES NORMS</p>	<p>Measurable elements in this standard are concerned with timely availability of appropriate diet to indoor patients; clean linen and power backup in-patient care areas. The standard also ensures availability of adequate quantity of potable water.</p>
<p><b>STANDARD D4</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR PROMOTING PUBLIC PARTICIPATION IN MANAGEMENT OF HOSPITAL WITH TRANSPARENCY AND ACCOUNTABILITY</p>	<p>This standard measures processes related to functioning of Rogi Kalyan Samiti (RKS) and community participation in the management of PHC. RKS records should be reviewed to assess frequency of the meetings, and issues discussed there. Participation of the non-official members of RKS in the meetings should be checked. This standard also measures the supportive &amp; monitoring processes related with community health workers, viz. ASHA.</p>

<b>STANDARD D5</b> HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURES FOR FINANCIAL MANAGEMENT AND MONITORING OF QUALITY OF OUTSOURCED SERVICES	This standard is concerned with the financial management of the funds/grants, received from different sources including funds received under the NHM. Assessment of the financial management processes should not be equated with financial or accounts audit. Facility incharge and clerk department can be interacted to know process of utilization of funds, timely payment of salaries, entitlements and incentives to different stakeholders and process of receiving funds and submitting utilization certificates. An assessment of resource utilisation and prioritisation should be undertaken.
<b>STANDARD D6</b> THE FACILITY IS COMPLIANT WITH ALL STATUTORY AND REGULATORY REQUIREMENT IMPOSED BY LOCAL, STATE OR CENTRAL GOVERNMENT	This is concerned with compliances to statutory and regulatory requirements. It also looks into availability of requisite licenses, updated copies of acts and rules, and adherence to the legal requirements as applicable to Public Health Facilities.
<b>STANDARD D7</b> ROLES & RESPONSIBILITIES OF ADMINISTRATIVE AND CLINICAL STAFF ARE DETERMINED AS PER GOVERNMENT REGULATIONS AND STANDARDS OPERATING PROCEDURES	This standard is concerned with the processes staff management and their deployment in the departments of a facility. This includes availability of the job descriptions for different cadre of staff, processes regarding preparation of duty rosters and staff discipline. Staff can be interviewed to assess about awareness of their job description. It should be assessed by observation and review of the records. Adherence to dress code should be observed during the assessment.
<b>STANDARD D8</b> HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURE FOR MONITORING & REPORTING OF NATIONAL HEALTH PROGRAM AS PER STATE SPECIFICATIONS	This standard is concerned with timely and adequate reporting under different national health programmes. The Assessor should review the records of such reporting in term of record's quality and adequacy.

Area of Concern - D: Support Services	
<b>Standard D1</b>	<b>The facility has a established Facility Management Programme for Maintenance and Upkeep of Equipment and Infrastructure to provide safe and Secure environment to staff and Users</b>
ME D1.1	The facility has system for maintenance of critical Equipment
ME D1.2	The facility has procedure for calibration of measuring Equipment
ME D1.3	Operating and maintenance instructions are available with the users of equipment
ME D1.4	The facility provides adequate illumination level in patient care areas and as well as within its premises
ME D1.5	The facility ensures comfortable environment for patients and service providers
ME D1.6	Exterior of the facility building is maintained appropriately
ME D1.7	The facility maintains clean and hygienic environment, especially patient care areas
ME D1.8	The facility infrastructure is adequately maintained
ME D1.9	The facility open areas are landscaped and well maintained
ME D1.10	The facility has a policy of removal of condemned junk material, and the policy has been implemented
ME D1.11	The facility has established procedures for pest and rodent control, and there is no access by animals
ME D1.12	The facility has security system in place in patient care areas
ME D1.13	The facility has established measures for safety and security of female staff
<b>Standard D2</b>	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>
ME D2.1	There is established procedure for Estimation, indenting and Procurement of drugs and consumables
ME D2.2	The facility ensures proper storage of drugs and consumables
ME D2.3	The facility ensures management of expiry and near expiry drugs
ME D2.4	The facility has established procedure for inventory management techniques
ME D2.5	There is a procedure for storage of vaccines and other drugs, requiring controlled temperature and it is being followed
<b>Standard D3</b>	<b>The facility ensures availability of diet, linen, water and power backup as per requirement of service delivery and support services norms</b>
ME D3.1	The facility has adequate arrangement storage and supply for potable water in all functional areas
ME D3.2	The facility ensures adequate power backup in all patient care areas as per requirement
ME D3.3	The facility provides diets according to nutritional requirements of the patients
ME D3.4	The facility provides Clean and adequate linen as per requirement
<b>Standard D4</b>	<b>The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability</b>
ME D4.1	The facility has established procedures for management of activities of Rogi Kalyan Samiti
ME D4.2	The facility has established procedures for community based monitoring of its services
ME D4.3	The facility has established procedure for supporting and monitoring activities of community health work - ASHA
<b>Standard D5</b>	<b>Hospital has defined and established procedures for Financial Management and monitoring of quality of outsourced services</b>
ME D5.1	The facility ensures the proper utilization of fund provided to it
ME D5.2	The facility ensures proper planning and requisition of resources based on its need

ME D5.3	There is established system for contract management for out-sourced services
ME D5.4	There is a system of periodic review of quality of out-sourced services
<b>Standard D6</b>	<b>The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>
ME D6.1	The facility has requisite licences and certificates, as required for operation of a health facility
ME D6.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D6.3	The facility ensures its processes are in compliance with statutory and legal requirement
<b>Standard D7</b>	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures</b>
ME D7.1	Job-description of all category of staff is defined in the facility
ME D7.2	The facility has a established procedure for duty roster and deputation to different departments
ME D7.3	The facility ensures the adherence to dress-code as mandated by the department
<b>Standard D8</b>	<b>Hospital has defined and established procedure for monitoring and reporting of National Health Program as per state specifications</b>
ME D8.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines
ME D8.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme, as per guidelines
ME D8.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines
ME D8.4	The facility provides services under National AIDS Control Programme, as per guidelines
ME D8.5	The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines
ME D8.6	The facility provides monitoring and reporting services under Mental Health Programme, as per guidelines
ME D8.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines
ME D8.8	The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines
ME D8.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines
ME D8.10	The facility provide services under National Programme for prevention and control of deafness, as per guidelines
ME D8.11	The facility provides monitoring and reporting services under School Health Programme, as per guidelines
ME D8.12	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines
ME D8.13	The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines
ME D8.14	The facility provides monitoring and reporting services under National tobacco Control Programme, as per guidelines
ME D8.15	The facility Reports data for Mother and Child Tracking System as per Guidelines
ME D8.16	The facility Reports data for HMIS System as per Guidelines

## AREA CONCERN - E: CLINICAL CARE

### Overview

The ultimate purpose of existence of a health care facility is to provide clinical care. Therefore, clinical processes are the most critical and important. These are the processes that define directly the outcome of services and quality of care. The Standards under this area of concern could be grouped into three categories. First, six standards are concerned with those clinical processes that ensure adequacy of care to the patients. It includes processes such as registration, admission, consultation, clinical assessment, continuity of care, nursing care, prescription practices, safe drug administration, maintenance of clinical records and discharge from the facility.

Subsequent two standards measure the quality of emergency & diagnostic services, as relevant within scope of services of a primary health centre.

The last set of seven standards is concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent & Family Planning services and National Health Programmes. These standards are based on the technical guidelines published by the Government of India on respective programmes and processes.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon many inputs, such as review of the clinical records, interaction with the staff to know their skill level and how they practice clinical care (Competence testing). Assessment of these standards would require thorough domain knowledge.

<b>STANDARD E1</b> THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION, CONSULTATION AND ADMISSION OF PATIENTS	This standard is concerned with the registration and admission processes in a facility. It also covers OPD consultation processes. The Assessor should review the records to verify that details of patients have been recorded, and patients have been given unique identification number. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, etc. have been recorded on the OPD ticket. The Staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.
<b>STANDARD E2</b> THE FACILITY HAS PROCEDURES FOR CONTINUITY OF CARE OF PATIENT	Primary Health Centres are usually first point of contact where patient can get qualified medical attention. Hence, role of PHCs in ensuring continuity of care is of utmost importance. This standard includes process of assessment, reassessment, referral to another facility, deputation of staff for the care, and linkages with higher institutions and follow-up of patients discharged from higher centres. The facility staff should be interviewed to know the referral linkages, how they communicate with the referral hospital about the patients and arrangement for the vehicles and follow-up care.
<b>STANDARD E3</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR NURSING CARE	Standard E3 measures adequacy and quality of nursing care for the patients. It includes processes for identification of patients, timely and accurate implementation of treatment plan, nurses' handover processes, maintenance of nursing records and monitoring of the patients. The staff should be interviewed and patients' records should be reviewed for assessing how drug distribution takes place, how its administration is ensured and its record, and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process, and should be assessed adequately. Review BHT for patient monitoring & nursing notes should be done.
<b>STANDARD E4</b> THE FACILITY HAS DEFINED & FOLLOWS PROCEDURE FOR DRUG ADMINISTRATION, AND STANDARD TREATMENT GUIDELINES, AS DEFINED BY THE GOVERNMENT	This standard is concerned with assessing that patients are prescribed drugs according standard treatment guidelines and protocols. Patient records are assessed to ascertain that prescriptions are written in generic name only. This standard is also concerned with the safety of drug administration. It includes legibility of medical orders, process for checking drugs before administration and processes related to self-drug administration. Patient's records should be reviewed for legibility of the writing and recording of date and time of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.

<b>STANDARD E5</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR MAINTAINING, UPDATING OF PATIENTS' CLINICAL RECORDS AND THEIR STORAGE	This standard is concerned with the processes of maintaining clinical records systematically and adequately. Compliance to this standard can be assessed by comprehensive review of the patients' record.
<b>STANDARD E6</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DISCHARGE OF PATIENT	This standard measures adequacy of the discharge process. It includes pre-discharge assessment, adequacy of discharge summary, pre-discharge counselling and adherence to standard procedures, if a patient is leaving against medical advice (LAMA) or is found absconding. Patients' record should also be reviewed for adequacy of the discharge summary.
<b>STANDARD E7</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR EMERGENCY SERVICES AND DISASTER MANAGEMENT	This standard is concerned with emergency clinical processes and procedures. It includes triage, adherence to emergency clinical protocols, disaster management, processes related to ambulance services, handling of medico-legal cases, etc. Availability of the buffer stock for medicines and other supplies for disaster and mass casualty needs to be found out.
<b>STANDARD E8</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DIAGNOSTIC SERVICES	This standard deals with technical procedures related to the diagnostic services. It includes pre-testing, testing and post-testing procedures. It needs to be observed that samples in the laboratory are properly labelled, and instructions for handling samples are available. The process for storage and transportation of samples needs to be ensured. Availability of critical values and biological references should also be checked.
<b>STANDARD E9</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANTENATAL CARE AS PER GUIDELINES	This Standard is concerned with the processes, which ensure that adequate and quality antenatal care is provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of anaemia and counselling services. Staff at ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. The assessment of follow-up of Anaemia cases should be reviewed. Beneficiaries and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.
<b>STANDARD E10</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR INTRANATAL CARE AS PER GUIDELINES	This Standard measures the quality of intra-natal care. It includes clinical process for normal delivery as well primary management of complications before referral to First Referral Unit. The facility staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Staff may be interacted for demonstration of resuscitation and essential newborn care. Competency of the staff for managing obstetric emergencies, interpretation of partograph, APGAR score should also be assessed.
<b>STANDARD E11</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR POSTNATAL CARE AS PER GUIDELINES	This standard is concerned with adherence to post-natal care of mother and newborn within the facility. Observe to ensure that postnatal protocols of prevention of Hypothermia and breastfeeding are adhered to at the health facility. Mothers may be interviewed to know that proper counselling have been provided
<b>STANDARD E12</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR CARE OF NEWBORN, INFANT AND CHILD AS PER GUIDELINES	This is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, emergency triage, management of newborn and childhood illnesses like malnutrition Pneumonia and diarrhoea at Primary Health Centres. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test. Adherence to clinical protocols for management of different illnesses in newborn and child should be done by interaction with the doctors and nursing staff.

<b>STANDARD E13</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ABORTION AND FAMILY PLANNING AS PER GOVERNMENT GUIDELINES AND LAW	This Standard is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family planning counselling, spacing methods, and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. The staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, etc.
<b>STANDARD E14</b> THE FACILITY PROVIDES ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH SERVICES AS PER GUIDELINES	This Standard is concerned with services related to adolescent Reproductive and Sexual health (ARSH) guidelines. It includes promotive, preventive, curative and referral services under the ARSH. The facility staff should be interviewed, and records should be reviewed.
<b>STANDARD E15</b> THE FACILITY PROVIDES NATIONAL HEALTH PROGRAMMES AS PER OPERATIONAL/CLINICAL GUIDELINES OF THE GOVERNMENT	This Standard pertains to adherence for clinical guidelines under the National Health Programmes. For each national health programme, availability of clinical services as per respective guidelines should be assessed. For every national health programme, there is dedicated measurable element having relevant checkpoints as per technical guidelines of respective program.



Area of Concern - E: Clinical Services	
<b>Standard E1</b>	<b>The facility has defined procedures for registration, consultation and admission of patients</b>
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has a established procedure for OPD consultation
ME E1.3	There is established procedure for admission of patients
<b>Standard E2</b>	<b>The facility has procedures for continuity of care of patient</b>
ME E2.1	There is established procedure for initial assessment, and reassessment of patients
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.
ME E2.3	The facility ensures follow up of patients, discharged from the higher facilities
<b>Standard E3</b>	<b>The facility has defined and established procedures for nursing care</b>
ME E3.1	Procedure for identification of patients is established at the facility
ME E3.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility
ME E3.3	There is established procedure of patient hand over, whenever staff duty change happens
ME E3.4	Nursing records are maintained properly
<b>Standard E4</b>	<b>The facility has defined and follow correct procedure for drug administration and follows standard treatment guidelines defined by state/Central government</b>
ME E4.1	Medication orders are written legibly and adequately
ME E4.2	There is a procedure to check drug before administration/dispensing
ME E4.3	There is a system to ensure right medicine is given to right patient and documented
ME E4.4	The Patients are counselled for self drug administration
ME E4.5	The facility ensures that drugs are prescribed in generic name only
ME E4.6	There is procedure of rational use of drugs
ME E4.7	Drugs are prescribed according to Standard Treatment Guidelines
<b>Standard E5</b>	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>
ME E5.1	All the assessments, re-assessment and investigations are recorded and periodically updated
ME E5.2	Treatment plans are recorded in the patient's records
ME E5.3	Procedures performed are written on patients records
ME E5.4	Adequate form and formats are available at point of use
ME E5.5	Register/records are maintained as per guidelines
ME E5.6	The facility ensures safe and adequate storage and retrieval of medical records
<b>Standard E6</b>	<b>The facility has defined and established procedures for discharge of patient</b>
ME E6.1	Discharge is done after assessing patient readiness for the discharge
ME E6.2	Case summary and follow-up instructions are provided at the discharge
ME E6.3	Counselling services are provided, whenever required
ME E6.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc.



<b>Standard E7</b>	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>
ME E7.1	There is procedure for receiving of casualties and their triage
ME E7.2	Emergency protocols are defined and implemented
ME E7.3	The facility has disaster management plan in place
ME E7.4	The facility ensures adequate and timely availability of ambulance services
ME E7.5	There is a procedure for handling medico legal cases
<b>Standard E8</b>	<b>The facility has defined and established procedures for diagnostic services</b>
ME E8.1	There are established procedures for Pre-testing Activities
ME E8.2	There are established procedures for testing Activities
ME E8.3	There are established procedures for Post-testing Activities
ME E8.4	There are established procedures for Laboratory Diagnosis of Tuberculosis as per prevalent Guidelines
ME E8.5	There are established procedures for Laboratory Diagnosis of Malaria as per prevalent Guidelines
<b>Maternal and Child Health Services</b>	
<b>Standard E9</b>	<b>The facility has established procedures for Antenatal care as per guidelines</b>
ME E9.1	There is an established procedure for Registration and follow up of pregnant women
ME E9.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E9.3	The facility ensures of drugs and diagnostics are prescribed as per protocol
ME E9.4	There is an established procedure for identification of High risk pregnancies, and their timely referral.
ME E9.5	There is an established procedure for identification and management of anaemia
ME E9.6	Counselling of pregnant women is done as per standard protocol and gestational age
<b>Standard E10</b>	<b>The facility has established procedures for Intranatal care as per guidelines</b>
ME E10.1	Established procedures and standard protocols for management of different stages of labour, and AMTSL (Active Management of third Stage of labour) are followed at the facility
ME E10.2	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.
ME E10.3	There is an established procedure for new born resuscitation and newborn care.
<b>Standard E11</b>	<b>The facility has established procedures for postnatal care as per guidelines</b>
ME E11.1	Post partum Care is provided during postnatal period
ME E11.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocol
ME E11.3	There is an established procedure for Post partum counselling during postnatal period
<b>Standard E12</b>	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>
ME E12.1	The facility provides immunization services as per guidelines
ME E12.2	Triage, Assessment and Management of newborns having emergency signs are done as per guidelines
ME E12.3	Management of Newborn Illness is done as per relevant protocols
ME E12.4	Management of children presenting with fever, cough/breathlessness is done as per guidelines
ME E12.5	Management of children with severe Acute Malnutrition is done as per guidelines
ME E12.6	Management of children presenting with diarrhoea is done per guidelines

<b>Standard E13</b>	<b>The facility has established procedures for abortion and family planning as per government guidelines and low</b>
ME E13.1	Family planning counselling services provided as per guidelines
ME E13.2	The facility provides spacing method of family planning as per guidelines
ME E13.3	The facility provides IUD service for family planning as per guidelines
ME E13.4	The facility provide counselling services for Medical Termination of Pregnancy as per guidelines
ME E13.5	The facility provide abortion services for 1st trimester as per guidelines
<b>Standard E14</b>	<b>The facility provides Adolescent Reproductive and Sexual Health services as per guidelines</b>
ME E14.1	The facility provides Promotive ARSH Services
ME E14.2	The facility provides Preventive ARSH Services
ME E14.3	The facility provides Curative ARSH Services
ME E14.4	The facility provides Referral Services for ARSH
<b>National Health Programmes</b>	
<b>Standard E15</b>	<b>The facility provides National health Programme as per operational/Clinical Guidelines of the Government</b>
ME E15.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME E15.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME E15.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME E15.4	The facility provides services under National AIDS Control Programme as per guidelines
ME E15.5	The facility provides services under National Programme for control of Blindness as per guidelines
ME E15.6	The facility provides services under Mental Health Programme as per guidelines
ME E15.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME E15.8	The facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases and stroke (NP-NCD) as per guidelines
ME E15.9	The facility provide service for Integrated disease surveillance Programme as per guidelines
ME E15.10	The facility provide services under National Programme for prevention and control of deafness as per guidelines
ME E15.11	The facility provides services under School Health Programme as per guidelines
ME E15.12	The facility provides services under Universal Immunization Programme as per guidelines
ME E15.13	The facility provides services under National Iodine deficiency Programme as per guidelines
ME E15.14	The facility provides services under National Tobacco Control Programme as per guidelines

## AREA OF CONCERN - F: INFECTION CONTROL

### Overview

The first principle of health care is “to do no harm”. As Public health facility usually have high occupancy, the Infection control practices become more critical to avoid cross-infection and its spread. This area of concern covers Infection control practices, hand-hygiene, antisepsis, personal protection, processing of equipment, environment control, and Biomedical Waste Management.

<b>STANDARD F1</b> THE FACILITY HAS INFECTION CONTROL PROGRAMME, AND THERE ARE PROCEDURES IN PLACE FOR PREVENTION, CONTROL AND MEASUREMENT OF HOSPITAL ASSOCIATED INFECTIONS	This standard is concerned with the implementation of Infection control programme at the facility. It includes periodic medical check-up and immunization of staff and monitoring of Infection control Practices.
<b>STANDARD F2</b> THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURES FOR ENSURING HAND HYGIENE PRACTICES AND ANTISEPSIS	This standard is concerned with practices of hand washing and antisepsis. Availability of Hand washing facilities with soap and running water should be observed at the point of use. Technique of the hand washing for assessing the practices, and effectiveness of training may be observed.
<b>STANDARD F3</b> THE FACILITY ENSURES AVAILABILITY OF MATERIAL FOR PERSONAL PROTECTION, AND FACILITY STAFF FOLLOWS STANDARD PRECAUTION FOR PERSONAL PROTECTION	This standard is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal the adequacy of supply of PPE. Assessor should also observe whether staff uses correct method of wearing personal protection equipment.
<b>STANDARD F4</b> THE FACILITY HAS STANDARD PROCEDURES FOR PROCESSING FOR DISINFECTION AND STERILIZATION OF EQUIPMENT AND INSTRUMENTS	This Standard is concerned with standard procedures, related to processing of equipment and instruments. There should be processes to include adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed and staff should be interviewed for compliance to certain standard procedures.
<b>STANDARD F5</b> PHYSICAL LAYOUT AND ENVIRONMENTAL CONTROL OF THE PATIENT CARE AREAS ENSURE INFECTION PREVENTION	The standard pertains to environment cleaning. It assesses whether layout and arrangement of processes is conducive for the infection control or not. Environment cleaning processes like mopping, decontamination of surfaces and spill management are covered here.
<b>STANDARD F6</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO-MEDICAL AND HAZARDOUS WASTE	This standard is concerned with Management of Biomedical waste management including its segregation, transportation, disposal and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed and records are verified.

Area of Concern - F: Infection Control	
<b>Standard F1</b>	<b>The facility has infection control Programme and procedures in place for prevention, control, and measurement of hospital associated infection</b>
ME F1.1	There is Provision of Periodic Medical Check-up and immunization of the staff
ME F1.2	The facility has established procedures for regular monitoring of infection control practices, and infection rates are calculated
<b>Standard F2</b>	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>
ME F2.1	Hand hygiene facilities are provided at point of use
ME F2.2	The facility staff is trained in hand washing and hand rub practices and they adhere to standard hand washing and hand rub practices
ME F2.3	The facility ensures availability of material for ensuring antisepsis
<b>Standard F3</b>	<b>The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection</b>
ME F3.1	The facility ensures availability personal protection Equipment as per requirements
ME F3.2	The facility staff adheres to standard personal protection practices
<b>Standard F4</b>	<b>The facility has standard procedures for processing for Disinfection and sterilization of equipment and instruments</b>
ME F4.1	The facility ensures availability of materials for decontamination and cleaning of instruments, and standard practices are followed in procedure areas
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
<b>Standard F5</b>	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>
ME F5.1	Layout of the department is conducive for the infection control practices
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas
ME F5.3	The facility ensures standard practices are followed for cleaning and disinfection of patient care areas
<b>Standard F6</b>	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste</b>
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines
ME F6.2	The facility ensures management of sharps as per guidelines
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines

## AREA OF CONCERN - G: QUALITY MANAGEMENT

### Overview

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, checking and acting upon the compliances. The standards in this area concern are the opportunities for improvement to enhance quality of services and patient satisfaction. These standards are in synchronization with facility based quality assurance programme given in 'Operational Guidelines for Quality Assurance in Public Health facilities.

<b>STANDARD G1</b> THE FACILITY HAS DEFINED AND ESTABLISHED ORGANIZATIONAL FRAMEWORK & QUALITY POLICY FOR QUALITY ASSURANCE	Standard G1 is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality Team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed. This standard is also concerned with establishment and dissemination of quality policy and objectives in the PHC. The staff may be interviewed to know their awareness of Quality policy and Objectives. Review of records should be done for assessing that Quality objectives meet SMART criteria, and have been reviewed periodically.
<b>STANDARD G2</b> THE FACILITY HAS ESTABLISHED SYSTEM FOR PATIENT AND EMPLOYEE SATISFACTION	This standard is concerned with having a system of measurement of patient and employee satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that Patient feedback is taken at prescribed intervals and adequate sample size is adequate.
<b>STANDARD G3</b> THE FACILITY HAS ESTABLISHED SYSTEM FOR ASSURING AND IMPROVING QUALITY OF CLINICAL & SUPPORT SERVICES BY INTERNAL & EXTERNAL PROGRAMME	This Standard pertains to the processes of internal assessment, medical and death audit at a defined periodicity. Review of Internal assessment and clinical audit records may reveal their adequacy and periodicity. This standard is also concerned with implementation of quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental check-lists, EQUAS records at laboratory, etc.
<b>STANDARD G4</b> THE FACILITY HAS ESTABLISHED, DOCUMENTED IMPLEMENTED AND MAINTAINED STANDARD OPERATING PROCEDURES FOR ALL KEY PROCESSES AND SUPPORT SERVICES	This standard is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.

Area of Concern - G: Quality Management	
<b>Standard G1</b>	<b>The facility has defined and established organizational framework and Quality policy for Quality Assurance</b>
ME G1.1	The facility has a quality team in place
ME G1.2	The facility has defined quality policy and it has been disseminated
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored periodically
ME G1.4	The facility reviews quality of its services at periodic intervals
<b>Standard G2</b>	<b>The facility has established system for patient and employee satisfaction</b>
ME G2.1	Patient satisfaction surveys are conducted periodically
ME G2.2	The facility analyses patient feed-back, and root-cause analysis is undertaken periodically
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients
<b>Standard G3</b>	<b>The facility have established system for assuring and improving quality of Clinical and support services by internal and external program</b>
ME G3.1	The facility has established internal quality assurance programme
ME G3.2	The facility has established external assurance programmes
ME G3.3	The facility conducts the periodic prescription/medical/death audits
ME G3.4	The facility ensures non compliances are enumerated and recorded adequately
ME G3.5	Action plan is made on the gaps found in the assessment/audit process
ME G3.6	Corrective and preventive actions are taken to address issues, observed in the assessment and audit
ME G3.7	The facility uses method for quality improvement in services
ME G3.8	The facility uses tools for quality improvement in services
<b>Standard G4</b>	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services</b>
ME G4.1	Departmental standard operating procedures are available with the users
ME G4.2	Standard Operating Procedures adequately describes process and procedures
ME G4.3	The Staff is trained on SOPs, and they are aware of the procedures
ME G4.4	The Work instructions are displayed at point of their use

## AREA OF CONCERN - H: OUTCOME

### Overview

Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has four standard measures for quality - Productivity, Efficiency, Clinical Care and Service quality in terms of measurable indicators. Every standard under this area has two aspects – Firstly, there is a system of measurement of indicators at the health facility; and secondly, how the facility meets the benchmark. It is realised that in the beginning, many indicators given in these standards may not be getting measured across all facilities, and therefore it would be difficult to set benchmark beforehand. However, with the passage of time, the state can set their benchmarks, and evaluate performance of health facilities against the set benchmarks.

<b>STANDARD H1</b> THE FACILITY MEASURES PRODUCTIVITY INDICATORS AND ENSURES COMPLIANCE WITH STATE/NATIONAL BENCHMARKS	This standard is concerned with the measurement of Productivity indicators and meeting the benchmarks. This includes utilization indicators like daily OPD & Deliveries conducted in the night. Assessor should review these records to ensure that these indicators are getting measured at the health facility.
<b>STANDARD H2</b> THE FACILITY MEASURES EFFICIENCY INDICATORS AND ENSURE TO REACH STATE/ NATIONAL BENCHMARKS	This standard pertains to measurement of efficiency indicators and meeting benchmark. This standard contains indicators that measure efficiency of processes, such as turnaround time, and efficiency of human resource like OPD per doctor. Review of records should be done to assess that these indicators have been measured correctly.
<b>STANDARD H3</b> THE FACILITY MEASURES CLINICAL CARE & SAFETY INDICATORS AND TRIES TO REACH STATE/NATIONAL BENCHMARKS	This Standard is concerned with the indicators of clinical quality, such as average length of stay and complication rates. Record review should be done to see the measurement of these indicators.
<b>STANDARD H4</b> THE FACILITY MEASURES SERVICE QUALITY INDICATORS AND ENDEAVOURS TO REACH STATE/NATIONAL BENCHMARKS	This standard is concerned with indicators measuring service quality and patient satisfaction like Patient satisfaction score and waiting time and LAMA rate.

Area of Concern - H: Outcomes	
<b>Standard H1</b>	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>
ME H1.1	The facility measures productivity Indicators on monthly basis
ME H1.2	The facility measures equity indicators periodically
ME H1.3	The facility ensures compliance of key productivity indicators with national/state benchmarks
<b>Standard H2</b>	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>
ME H2.1	The facility measures efficiency Indicators on monthly basis
ME H2.2	The facility ensures compliance of key efficiency indicators with national/state benchmarks
<b>Standard H3</b>	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>
ME H3.1	The facility measures Clinical Care and Safety Indicators on monthly basis
ME H3.2	The facility ensures compliance of key Clinical Care and Safety with national/state benchmarks
<b>Standard H4</b>	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>
ME H4.1	The facility measures Service Quality Indicators on monthly basis
ME H4.2	The facility ensures compliance of key Service Quality with national/state benchmarks





# NATIONAL QUALITY ASSURANCE STANDARDS FOR URBAN PRIMARY HEALTH CENTRE



# NATIONAL QUALITY ASSURANCE STANDARDS FOR URBAN PRIMARY HEALTH CENTRE

Area of Concern - A: Service Provision	
Standard A1	The facility provides Promotive, preventive and curative services
Standard A2	The facility provides RMNCHA Services
Standard A3	The facility provides Diagnostic Services, Para-clinical & support services.
Standard A4	The facility provides services as mandated in National Health Programmes.
Standard A5	The facility provides services as per local needs/State specific health Programmes as per guidelines
Area of Concern - B: Patients' Rights	
Standard B1	The service provided at facility are accessible
Standard B2	The service provided at facility are acceptable
Standard B3	The service provided at facility are affordable
Area of Concern - C: Inputs	
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms
Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
Standard C3	The facility provides drugs and consumables required for assured services.
Standard C4	The facility has equipment & instruments required for assured list of services.
Area of Concern - D: Support Services	
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users
Standard D2	The facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy
Standard D3	The facility has defined & established procedure for Community Participation for providing assured services
Standard D4	The facility has defined procedure for Governance & work Management
Standard D5	The facility has procedure for collecting & Reporting of the health facility related information
Area of Concern - E: Clinical Services	
Standard E1	The facility has defined procedures for registration and consultation of patients.
Standard E2	The facility has defined procedure for primary management and continuity of care with appropriate maintenance of records
Standard E 3	The facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Govt.
Standard E4	The facility has defined & establish procedure for Diagnostic Services
Standard E5	The facility has establish procedure for Maternal health care as per guideline
Standard E6	The facility has established procedure for care of New born & Child as per guideline

Standard E7	The facility has establish procedure for Family Planning as per Govt guideline
Standard E8	The facility provides Adolescent reproductive & sexual health services as per guideline
Standard E9	The facility provides National Health Programmes as per operational/clinical guidelines of the Government
<b>Area of Concern - F: Infection Control</b>	
Standard F1	The facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis
Standard F2	The facility ensures availability of Personal Protective equipment & follows standard precautions.
Standard F3	The facility has standard procedure for disinfection & sterilization of equipment & instrument
Standard F4	The facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste
<b>Area of Concern - G: Quality Management</b>	
Standard G1	The facility has established quality Assurance Programme as per state/National guidelines
Standard G2	The facility has established system for Patients and employees satisfaction
Standard G3	The facility has established, documented & implemented standard operating procedure system for its all key processes.
<b>Area of Concern - H: Outcomes</b>	
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators
Standard H2	The facility endeavours to improve its performance to meet bench marks



## INTENT OF STANDARDS AND MEASURABLE ELEMENTS FOR URBAN PRIMARY HEALTH CENTRE

### AREA OF CONCERN - A: SERVICE PROVISION

#### Overview

This area of concern related to 'Service Provision' measures availability of committed services being available at the UPHC. It implies that all services, which are supposed to be available at an UPHC are available or alternative arrangements for their meaningful availability have been made. It needs to be appreciated that mere availability of human resources (who are capable of delivering the committed services), infrastructure, human resources, equipment, etc. does not necessarily ensure availability of the services.

<b>STANDARD A1</b> FACILITY PROVIDES PROMOTIVE, PREVENTIVE AND CURATIVE SERVICES	Compliance to this standard essentially include availability of OPD consultation for commonly treatable illnesses like Respiratory Tract Infections, GI Infections, Conjunctivitis, etc. as well as availability of minor procedures such as stitching, Incision & drainage under local anaesthesia, Nebulisation, suture removal, etc. The facility is also expected to provide detection of NCD such as Diabetes Mellitus, Hypertension, etc. as well as follow-up treatment of such conditions.
<b>STANDARD A2</b> FACILITY PROVIDES RMNCHA SERVICES	RMNCH+A services to the extent of its delivery as applicable to an OPD facility like UPHC need to be available at the facility. RMNCH+A approach covers continuum of care across the life-cycle. There are five measurable elements in this standard & each represents the services pertaining to one stage of life cycle i.e. Reproductive, Maternal, Newborn, Childhood & Adolescent. Under this standard, an UPHC is expected to provide services like ANC check-up, Stabilisation of Complicated delivery & referral, Family Planning services, Post-natal care, treatment of Newborn, Infants and Childhood illnesses & Adolescent Health.
<b>STANDARD A3</b> FACILITY PROVIDES DIAGNOSTIC SERVICES, PARA-CLINICAL & SUPPORT SERVICES	<p>This standard mandates the UPHC to provide commensurate pharmacy, diagnostics, medico-legal and support services at the facility, so that all mandated functions are undertaken, as per need. If the diagnostic services are not available within the UPHC, there should be a robust functional linkage with other facilities (Govt/Private), so that only approved expenditure (as per norm of the UPHC) is incurred in availing such facilities and required reports are available for making decisions for treatment &amp; referral. The UPHC is expected to be the first port of call for treatment. Therefore, other than rendering primary treatment and referral, the UPHC would have facility for medico-legal examination within the facility, or there is a linkage with another institution, where such cases.</p> <p>would be referred. The Standard also mandates that the facility would not deny the available treatment to needy patients merely on the ground that medico-legal facilities are not available at the same UPHC.</p>
<b>STANDARD A4</b> THE FACILITY PROVIDES SERVICES AS MANDATED IN THE NATIONAL HEALTH PROGRAMMES	Most of the National Health Programmes have a set of interventions, which are required to be undertaken by UPHC at two locations – (a) Within the Geographical boundary of UPHC, and (b) Out-reach Activities, which are directly or indirectly mentored or supervised by the UPHC. Compliance to this standard ensures availability of the both set of services under the various National Health Programmes. The measurable elements in these standards measure availability of the services under the National Health Programme, as applicable at UPHC.
<b>STANDARD A5</b> THE FACILITY PROVIDES SERVICES AS PER LOCAL NEEDS/STATE SPECIFIC HEALTH PROGRAMMES AS PER GUIDELINES	The UPHC is expected to address to the need of specific local health issues/conditions, prevalent in a defined geographical area. Under this Standard, compliance to such requirement is measured. It is acknowledged that checkpoints for this Standard and supporting measurable elements would need additional inclusion during the customisation stage, so as to capture the compliance of the Health Facility to this standard.

Area of Concern - A: Service Provision	
<b>Standard A1</b>	<b>The facility provides Promotive, preventive and curative services</b>
ME A1.1	The facility provides treatment of common ailments
ME A1.2	The facility provides Accident & Emergency Services
ME A1.3	The facility provides AYUSH Services
ME A1.4	Services are available for the time period as mandated
<b>Standard A2</b>	<b>The facility provides RMNCHA Services</b>
ME A2.1	The facility provides Reproductive health Services
ME A2.2	The facility provides Maternal health Services
ME A2.3	The facility provides Newborn health Services
ME A2.4	The facility provides Child health Services
ME A2.5	The facility provides Adolescent health Services
<b>Standard A3</b>	<b>The facility provides Diagnostic Services, Para-clinical &amp; support services</b>
ME A3.1	The facility provides Pharmacy services
ME A3.2	The facility provides diagnostic services
ME A3.3	The facility provides medico legal and administrative services
ME A3.4	The facility provides support services
<b>Standard A4</b>	<b>The facility provides services as mandated in National Health Programmes</b>
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines
ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NP-NCD) as per guidelines
ME A4.9	The facility provides services under Integrated Disease Surveillance Programme as per Guidelines
ME A4.10	The facility provides services under National health Programme for deafness
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines
ME A4.12	The facility provides services under National Iodine deficiency Programme as per guidelines
ME A4.13	The facility provides services under National Tobacco Control Programme as per guidelines
ME A4.14	The facility provides services under National Oral Health Care Programme
<b>Standard A5</b>	<b>The facility provides services as per local needs/State specific health Programmes as per guidelines</b>
ME A5.1	The facility maps its vulnerable population enabling micro-planning for outreach services
ME A5.2	The facility provides services as per local needs/state specific health Programmes as per guidelines

## AREA OF CONCERN - B: PATIENTS' RIGHTS

### Overview

The 'Area of Concern: B' relates to patients' rights in a Health Facility. This includes many dimension of patients' interface with the Health System – the services are accessible, acceptable and affordable. Accessibility of the Services has many dimensions – User-friendly signage system, display of information pertaining to entitlements, citizen's charter & system of complaint management & grievance redressal. Under this area of concern, the facility needs to ensure service delivery with dignity without any differentiation on account of caste, economic status, religion, and gender. Confidentiality of patient related information and records are preserved. The information is assessed by the authorised personnel on 'Need to know' basis. Standards under this area of concern also assesses, whether the services provided at UPHC are affordable to beneficiaries, without having any financial exclusion. Physical Access is equally important dimension of Patients' Rights. Therefore, a ramp at entrance, disable friendly toilets & railings, appropriate siting of medicine counter, etc. would all be required at UPHC to comply with Quality Standards under this Area of Concern.

<b>STANDARD B1</b> <b>THE SERVICES PROVIDED AT THE FACILITY ARE ACCESSIBLE</b>	<p>This Standard defines obligation of the UPHC with regards to signage, so that a visitor can reach the facility, and desired department within the facility. Therefore, one of the key points is 'user-friendliness'. All the signage's are expected to be bilingual. However, Local Government order may take precedence in exceptional circumstances. The structure of the facility is required to be disable-friendly, and as well as patient-friendly. The facility should have 'citizen's charter' and information, which a patient may need during the course of visit to health facility, should be readily displayed. It should also include information pertaining to Grievance redressal system, put in place at the health facility. The service providers are also expected to obtain consent from the beneficiaries before commencement of treatment or procedure. Type of consent could vary, largely depending upon the condition &amp; circumstances, such implied consent, expressed, informed consents. The standard also expected that patients and visitors would be educated in the facility through appropriate IEC/BCC intervention.</p>
<b>STANDARD B2</b> <b>THE SERVICES PROVIDED AT THE FACILITY ARE ACCEPTABLE</b>	<p>This standard pertains to ensure that UPHC has a sensitive system for gender related issue in place. This also ensures providing adequate visual and verbal privacy of all patients. Information and records pertaining to patients are protected and disclosed only to those who 'need to know'. Religious and cultural preferences of patients are always considered, at every point of interface between patients &amp; relatives and service providers. One of the important requirements under this standard is that service providers' behaviour with service seekers is always dignified, respectful and emphatic. This dimension of the standard attains further importance at Public Health Facilities in India, where often, one comes across issues pertaining to un-courteous behaviour of service providers.</p>
<b>STANDARD B3</b> <b>THE SERVICE PROVIDED AT THE FACILITY IS AFFORDABLE</b>	<p>Under this Standard, the Public Health Facilities at all levels are required to meet obligations under the National Health Programmes. Under the RMNCH+A approach, the care is meant to be free of cost. Additionally, the states have social &amp; health protection scheme, so that Out of Pocket expenditure (OPE) is minimized first and eliminated altogether, primarily for BPL population. The standard also demands that facility would be meeting its obligation of providing free diagnostic and drugs as per Essential Drug List (EDL).</p>

Area of Concern - B: Patients' Rights	
<b>Standard B1</b>	<b>The service provided at facility are accessible</b>
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available
ME B1.3	The facility has established citizen charter
ME B1.4	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches
ME B1.5	Information is available in bi-lingual signage and easy to understand
ME B1.6	The facility has defined and established grievance redressed system in place
ME B1.7	Information about the treatment is shared with patients or attendants and consent is taken wherever required
ME B1.8	Access to facility is provided without any physical barrier
<b>Standard B2</b>	<b>The service provided at facility are acceptable</b>
ME B2.1	Services are provided in manner that are sensitive to gender
ME B2.2	Adequate visual privacy is provided at every point of care
ME B2.3	Confidentiality of patients' records and clinical information is maintained
ME B2.4	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services
ME B2.5	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
<b>Standard B3</b>	<b>The service provided at facility are affordable</b>
ME B3.1	The facility provides cashless services to all patients including pregnant women, mothers and sick children as per prevalent government schemes
ME B3.2	The facility provide free of cost treatment to Below poverty line patients without administrative hassles
ME B3.3	The facility ensures that the drugs prescribed are available in the pharmacy
ME B3.4	The facility ensure investigation prescribed are available at the Laboratory

## AREA OF CONCERN - C: INPUTS

### Overview

A viable Quality Assurance System requires three components – Structure, Process and Outcome. The area of concern ‘C’ predominantly covers structural requirement of the facility. Separate quality standards under this group look at compliance of UPHC to availability of ‘Input’ component. Thus, there should be availability of minimum infrastructure which is safe, staffs is available in adequate number and the staff has knowledge and skill to deliver the UPHC mandated services, adequate quantity of drugs & consumable are available, and required equipment & instruments are there. Quality standards given in this area of concern take cognizance of the requirement of facility, which are ‘essential’ for the delivery of mandated health care. However, the focus is on ensuring presence of minimum level of inputs, which is needed for given case-load. The words like ‘adequate’ and ‘as per load’ has been given in the requirements for many standards & measurable elements, as it would be hard to have uniform norm for every level of the facility.

<p><b>STANDARD C1</b> THE FACILITY HAS ADEQUATE &amp; SAFE INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES, AND IT MEETS THE PREVALENT NORMS</p>	<p>This standard measures adequacy of the facility’s infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities etc. Minimum requirement for space, layout and patient amenities are given for some of departments, but assessors are expected to use their judgement to assess whether the available space is adequate for the given work-load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with facility staff may be required to know the process flow between the departments, and also within a department.</p> <p>This also deals with Physical safety of the infrastructure and includes seismic safety, electrical safety, and general condition of infrastructure. This standard also mandates for adequate fire-safety measures being implemented at the facility</p>
<p><b>STANDARD C2</b> THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF, REQUIRED FOR PROVIDING THE ASSURED SERVICES TO THE CURRENT CASELOAD</p>	<p>This standard measures the numerical adequacy and skill-sets of the staff. It includes availability of doctors, nurses, paramedical and support staff. It also assesses whether the staff has been trained as per their job description &amp; responsibilities, and have the appropriate skill sets to carry out their duties. Skill sets may be assessed by reviewing training records, taking staff interviews and through demonstration to check whether the staff has requisite skills to perform procedures/their duties.</p>
<p><b>STANDARD C3</b> THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES</p>	<p>This Standard measures availability of drugs and consumables at different service areas of UPHC. This includes drugs (including drugs required for Emergency treatment), IV Fluids, splints, Oxygen, vaccines, lab reagents and contraceptives. In addition, the standard also looks at the availability of drugs at every point of use, including adequate quantity of EDL at the pharmacy. It is expected under this standard that drugs under National Health Programmes would also be available at UPHC as per programme guidelines.</p> <p>Similarly, other consumables would also be available at every point of use.</p>
<p><b>STANDARD C4</b> THE FACILITY HAS EQUIPMENT &amp; INSTRUMENTS REQUIRED FOR ASSURED LIST OF SERVICES</p>	<p>This standard is concerned with the availability of necessary equipment and instruments in the facility. The instruments and equipment have been categorized into sub groups as per their use, and measurable elements have been assigned to each sub group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non-clinical and support services.</p> <p>The standard also looks at the availability of required furniture &amp; fixture in usable condition within the facility. Since one of the major activities, undertaken by UPHC, pertains to out-reach sessions in community. Therefore, the standard warrants that the facility would have equipment, instrument and furniture &amp; fixtures, which are required for out-reach activities.</p>



Area of Concern - C: Inputs	
<b>Standard C1</b>	<b>The facility has adequate &amp; Safe infrastructure for delivery of assured services and meets the prevalent norms</b>
ME C1.1	Departments have adequate space as per patient load
ME C1.2	Amenities for Patients & Staff are available as per load
ME C1.3	Departments have layout and demarcated areas as per functions
ME C1.4	The facility has infrastructure for intramural and extramural communication
ME C1.5	The facility ensures safety of electrical installations
ME C1.6	Physical condition of buildings are safe for providing patient care
ME C1.7	The facility ensures fire safety measures including firefighting equipment
<b>Standard C2</b>	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>
ME C2.1	The facility has adequate medical officers as per service provision and work load
ME C2.2	The facility has adequate nursing staff/Paramedics as per service provision and work load
ME C2.3	The facility has adequate support staff/Health Workers as per service provision and workload
ME C2.4	The Staff has been imparted necessary trainings/skill set to enable them to meet their roles & responsibilities
ME C2.5	The Staff is skilled and competent as per job description
<b>Standard C3</b>	<b>The facility provides drugs and consumables required for assured services.</b>
ME C3.1	The facility has availability of adequate drugs at point of use
ME C3.2	The facility has availability of adequate consumables at point of use
<b>Standard C4</b>	<b>The facility has equipment &amp; instruments required for assured list of services.</b>
ME C4.1	Availability of equipment & instruments for examination & monitoring of patients
ME C4.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility
ME C4.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility
ME C4.4	Availability of equipment for storage
ME C4.5	Availability of patient furniture and fixtures as per load and service provision
ME C4.6	Availability of functional equipment and instruments for support & outreach services

## AREA OF CONCERN - D: SUPPORT SERVICES

### Overview

The expected clinical outcome cannot be envisaged in absence of sturdy support services. Support Services have an important role in ensuring that PUHC delivers all mandated services qualitatively. This area of concern includes maintenance of critical equipment and the facility having comfortable, conducive and safe environment for patients and facility staff. The available space is clutter-free. Safe & potable drinking water is available. There is a system for calibration of measurable equipment, drug storage and inventory management, security services, facility management and power back up. The Standards for Administrative processes under this area of concern look at the functioning of RKS, Financial management and legal compliances. The staff deputation and contract management have also been included here, which also includes various monitoring & reporting activities of UPHC, especially with regards to the National Health Programmes.

<b>STANDARD D1</b> <b>THE FACILITY HAS AN ESTABLISHED FACILITY MANAGEMENT PROGRAMME FOR MAINTENANCE AND UPKEEP OF EQUIPMENT AND INFRASTRUCTURE TO PROVIDE SAFE AND SECURE ENVIRONMENT TO STAFF AND THE USERS</b>	<p>The standard has many dimensions, starting with maintenance programme of critical equipment, creating comfortable environment for patients &amp; relatives, etc. and it culminates into the requirement of having power back up. It has been commonly observed that valuable space inside a health facility is occupied by Junk Material and unserviceable. The Standard also expects that the facility would have a system in place to address this issue. Illumination level in different areas of the health facility is required to be maintained as per norm. Maintenance of infrastructure as well as safety &amp; security of the staff and patients also needs to be ensured to attain compliance under the standard. Equipment at the facility is required to have a maintenance programme either AMC/CMC, more so for the critical equipment, so that care of patients is not adversely affected due to unserviceability of equipment. Calibration records and labels on the measuring equipment are also required to be maintained to confirm the calibration. Operating instructions should be displayed or should be readily available with the users of the equipment.</p> <p>The Standard also expects that the facility would provide clean and conducive environment for patients and as well for the service providers. Thus proper ventilation, maintenance of 'comfort zone' temperature, safety &amp; security, mosquito-free environment, etc. are required to be ensured under this standard. The standard is also concerned with adequacy of facility management system such as facility's cleaning processes, infrastructure maintenance, and control of stray animals, pest control inside the facility, etc. including power back-up.</p>
<b>STANDARD D2</b> <b>THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE; INVENTORY MANAGEMENT AND DISPENSING OF DRUGS AT PHARMACY</b>	<p>A health facility is expected to have a scientific system for demand forecasting and indenting of drugs and consumables. This standard is also concerned with safe storage of drugs and scientific management of the inventory, so that drugs and consumables are available in adequate quantity in patient care areas, without over-stocking of drugs or medicines getting expired. The standard has many dimensions such as processes of indenting, procurement, storage, expired drugs management, inventory/stock management in patient care areas. While assessing the drug management system, these practices should be looked for in the patient areas, dispensary and store.</p>
<b>STANDARD D3</b> <b>THE FACILITY HAS DEFINED &amp; ESTABLISHED PROCEDURE FOR COMMUNITY PARTICIPATION FOR PROVIDING ASSURED SERVICES</b>	<p>A large number of activities do take place in out-reach setting for the targeted beneficiaries. This standard measures processes related to functioning of Mahila Arogya Samit (MAS), Rogi Kalyan Samiti (RKS) and community participation in the management of UPHC. Under the Communitisation, Rogi Kalyan Samitis are expected to have a greater role in management of UPHC, so that community has a voice in the facility and its expectations are met. Participation of the non-official members in RKS meetings should especially be ensured. AHSA plays an important role as mobiliser, facilitator and link-worker between community</p>

	and UPHC. Thus, it is expected under this standard that functioning of ASHA would be supported, mentored and monitored by the UPHC. Quality of support in functioning of Mahila Arogya Samitis (MAS) within the targeted population would also be important as a part of compliance to this standard.
<b>STANDARD D4</b> PHC HAS DEFINED PROCEDURE FOR GOVERNANCE & WORK MANAGEMENT	<p>This standard looks at the compliance of UPHC to those managerial functions, which may not have direct bearing in delivery of healthcare per se, but attributes of this standard have far-reaching implications, in term of utilisation of funds, management of outsourced services, compliance of Govt. guidelines and statutory requirements, etc. Beneficiaries at UPHC may also need a medical certificate for the sickness, which often needed by their employers.</p> <p>This standard is also concerned with the processes of staff management and their deployment. This includes availability of the job descriptions for different cadre of staff, processes regarding preparation of duty rosters and staff discipline. Staff can be interviewed to assess their awareness of the job functions. It should be assessed by observation and review of the records. Adherence to dress code should be observed during the assessment.</p>
<b>STANDARD D5</b> HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURE FOR COLLECTING & REPORTING OF HEALTH FACILITY RELATED INFORMATION	Statistical information plays a critical role in planning and monitoring of health services in a given geographical area. This standard is concerned with timely and adequate reporting of Quality data, as required under the applicable National Health Programmes, and State's/UTs initiatives, programmes and departmental instructions. The Assessor should review the records of such reporting in term of record's quality, timeliness, adequacy and meeting the need of the health systems.

Area of Concern - D: Support Services	
<b>Standard D1</b>	<b>The facility has established facility management programme for maintenance &amp; upkeep of equipment &amp; infrastructure to provide safe &amp; secure environment to staff &amp; users</b>
ME D1.1	The facility has system for maintenance of critical Equipment
ME D1.2	The facility ensures comfortable environment for patients and service providers
ME D1.3	Patient care areas are clean and hygienic
ME D1.4	The facility infrastructure is adequately maintained
ME D1.5	The facility has policy of removal of condemned junk material
ME D1.6	The facility maintains both the internal and open area of the facility.
ME D1.7	The facility provides adequate illumination level at patient care areas
ME D1.8	The facility provides Clean and adequate linen as per requirement
ME D1.9	The facility has adequate arrangement for storage and supply of potable water in all functional areas
ME D1.10	The facility ensures adequate power backup
<b>Standard D2</b>	<b>The facility has defined procedure for storage, Inventory Management &amp; dispensing of drugs in pharmacy</b>
ME D2.1	The facility has established procedures for estimation, indenting and procurement of drugs and consumables
ME D2.2	The facility ensures proper storage of drugs and consumables
ME D2.3	The facility ensures management of expiry and near expiry drugs
ME D2.4	The facility has established procedure for inventory management techniques
ME D2.5	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment
ME D2.6	The facility has established procedure for dispensing of drugs
<b>Standard D3</b>	<b>The facility has defined &amp; established procedure for Community Participation for providing assured services</b>
ME D3.1	The facility has established procedures for management of activities of Rogi Kalyan Samiti
ME D3.2	The facility has established procedures for community based monitoring of its services
ME D3.3	The facility has established procedure for supporting and monitoring activities of community health work - ASHA
ME D3.4	The facility has established procedure for supporting and monitoring activities of Mahila Arogya Samiti
<b>Standard D4</b>	<b>The facility has defined procedure for Governance &amp; work Management</b>
ME D4.1	The facility ensures the proper utilization of fund provided to it
ME D4.2	There is established system for contract management for out-sourced services
ME D4.3	The facility has established job description as per Govt. guidelines
ME D4.4	The facility has an established procedure for duty roster and deputation of staff
ME D4.5	The facility ensures the adherence to dress code as mandated by the department
ME D4.6	The facility has requisite licenses and certificates, as required for operation of a health facility
ME D4.7	The facility ensures its processes are in compliance with statutory and legal requirement
ME D4.8	The facility has a defined protocol for the issue of medical certificates

<b>Standard D5</b>	<b>The facility has procedure for collecting &amp; Reporting of the health facility related information</b>
ME D5.1	The facility provides monitoring and reporting services under National Vector Borne Disease Control Programme as per guidelines
ME D5.2	The facility provides services monitoring and reporting services under Revised National TB Control Programme, as per guidelines
ME D5.3	The facility provides monitoring and reporting services under National Leprosy Eradication Programme as per guidelines
ME D5.4	The facility provides services under National AIDS Control Programme, as per guidelines
ME D5.5	The facility provides monitoring and reporting services under National Programme for control of Blindness as per guidelines
ME D5.6	The facility provides monitoring and reporting services under Mental Health Programme, as per guideline
ME D5.7	The facility provides monitoring and reporting services under National Programme for the health care of the elderly as per guidelines
ME D5.8	The facility provide monitoring and reporting service for prevention and control of Cancer, diabetes, cardiovascular disease and stroke as per guidelines
ME D5.9	The facility provide monitoring and reporting service for Integrated Disease Surveillance Programme, as per guidelines
ME D5.10	The facility provide services under National Programme for prevention and control of deafness, as per guidelines
ME D5.11	The facility provides monitoring and reporting services under Universal Immunization Programme, as per guidelines
ME D5.12	The facility provides monitoring and reporting services under National Iodine deficiency Programme, as per guidelines
ME D5.13	The facility provides monitoring and reporting services under National tobacco Control Programme, as per guidelines
ME D5.14	The facility Reports data for Mother and Child Tracking System as per Guidelines
ME D5.15	The facility Reports data for HMIS System as per Guidelines

## AREA OF CONCERN - E: CLINICAL SERVICES

### Overview

This Area of Concern 'E': Clinical Services pertains to organisation core functions, which are essentially undertaken to ensure for delivery of patient related services at the UPHC. Thus, the standards under this area of concern are directly 'Patient – centric', thereby endeavouring to put a system in place which is in consonance with patient flow in a health facility. The Standards under this area of concern have been grouped into three categories. First four standards are concerned with those clinical processes that ensure adequacy of care for the patients and include procedures for registration, consultation, clinical assessment, continuity of care, referral services, prescription practices, safe drug administration, maintenance of clinical records and diagnostic services by the facility.

The next sets of four standards are concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent & Family Planning services, which are obvious priority programme interventions in our country. The last standard pertains to the National Health Programmes. These standards are based on the technical guidelines published by the Government of India on respective programmes and processes. However, it needs to be acknowledged here that gradually a shift from 'programme based approach' to health system's approach is taking place.

It may be difficult to assess clinical processes, as direct observation of clinical procedures may not always be possible and conducive at the time of assessment of health facility. Therefore, assessment of these standards would largely also depend upon collating information from many sources such as review of the clinical records and interaction with the staff and beneficiaries, elucidation of which require utmost care and sensitivity.

<b>STANDARD E1</b> <b>THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION AND CONSULTATION OF PATIENTS</b>	<p>This standard is concerned with the registration process and OPD consultation process in facility. Usually registration counter is the first interface between the beneficiaries and the health facility. Hence, other than reviewing records, direct observation of prevalent system including time taken in reaching the counter (in queue) and thereafter time taken for completing the registration, crowd management, behaviour of registration clerk, and subsequently his/her facilitation in reaching the OPD area, waiting &amp; consultation come within the purview of this standard. The Assessor should review the records to verify that necessary details of patients have been recorded, and that the patients have been given unique identification numbers. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, provisional diagnosis etc. have been recorded on the OPD ticket.</p>
<b>STANDARD E2</b> <b>THE FACILITY HAS PROCEDURES FOR PRIMARY MANAGEMENT AND CONTINUITY OF CARE OF PATIENTS WITH APPROPRIATE MAINTENANCE OF RECORDS</b>	<p>Primary Health Centres are usually the first point of contact where patient can get qualified medical attention. This standard includes process of initial assessment, reassessment and referral to another facility (if required), triage if more than one patient is received, linkages with higher institutions and follow-up of patients discharged from higher centres. The facility staff should be interviewed about the referral linkages, how they communicate with the referral hospital. Timely arrangement of correct type of ambulance/vehicle as required for the clinical condition of patient would also be required under this standard. Safe storage and easy retrieval of Medical records is also part of this standards.</p>
<b>STANDARD E3</b> <b>THE FACILITY HAS DEFINED &amp; IMPLEMENTED PROCEDURES FOR DRUG ADMINISTRATION, AND STANDARD TREATMENT GUIDELINES, AS MANDATED BY THE GOVERNMENT</b>	<p>This standard is concerned with assessing whether the patients are prescribed drugs according to the standard treatment guidelines and protocols. Patient prescriptions are assessed to ascertain that prescriptions are written in generic names only. This standard is also concerned with the process for checking drugs before administration and those related to self-medication. Patient's records should be reviewed for legibility of the writing, and recording of date and time of prescription orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.</p>

<b>STANDARD E4</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DIAGNOSTIC SERVICES</b>	<p>This standard deals with technical procedures related to organisation of work within laboratories and other diagnostic services. It includes pre-testing, testing and post-testing procedures. Generally pre-testing activities entail labelling of samples, system of tracing, handling of samples, processing, are few of key activities under this standard. The process for storage and transportation of samples needs are also covered under this standard, including personnel authorised to release the reports. Availability of critical values and biological references should also be ensured to maintain Internal &amp; External Quality Assurance Procedure. Since Malaria &amp; Tuberculosis are important Health Problems in the country. The programme guidelines have detailed procedures for availability of services and a system of validation. Diagnostic Services requirement of Malaria and Tuberculosis programmes have been included in this Standard.</p>
<b>STANDARD E5</b> <b>THE FACILITY HAS ESTABLISHED PROCEDURES FOR MATERNAL HEALTH CARE AS PER GUIDELINES</b>	<p>This Standard is concerned with the processes, which ensure that adequate and quality antenatal and post-natal care are provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of anaemia and counselling services. Staff at the ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. The assessment of follow-up of Anaemia cases should be reviewed. Beneficiaries and staff can be interacted for counselling on the nutrition, birth preparedness, family planning etc. Processes for Post-natal care are also part of this standard.</p>
<b>STANDARD E6</b> <b>THE FACILITY HAS ESTABLISHED PROCEDURES FOR CARE OF NEWBORN AND CHILD AS PER GUIDELINES</b>	<p>This is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, management of newborn and childhood illnesses like malnutrition, Pneumonia and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interviews and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test.</p> <p>Adherence to clinical protocols for management of different illnesses in newborns and children should be done by interaction with the doctors and nursing staff. Particular attention is paid to early detection of Malnutrition cases. UPHC has significant role in delivery of Rashtriya Bal Swasthya Karyakram. Its compliance is checked under this standard.</p>
<b>STANDARD E7</b> <b>THE FACILITY HAS ESTABLISHED PROCEDURES FOR FAMILY PLANNING AS PER GOVERNMENT GUIDELINES</b>	<p>This Standard is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family planning counselling, spacing methods, and procedures for abortion (including emergency contraceptive and mifeprestone/mifeprostol pills). Quality and adequacy of counselling services can be assessed by exit interview with the beneficiaries. The staff at family planning clinic may be interacted to assess adherence to the protocols for IUCD insertion, precaution &amp; contraindication for oral pills etc.</p>
<b>STANDARD E8</b> <b>THE FACILITY PROVIDES ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH SERVICES AS PER GUIDELINES</b>	<p>This Standard is concerned with services related to adolescent Reproductive and Sexual health (ARSH) guidelines. It includes promotive, preventive, curative and referral services under the ARSH. The records of such services should be checked, facility staff be interviewed, and records are reviewed.</p>
<b>STANDARD E9</b> <b>THE FACILITY PROVIDES SERVICES UNDER NATIONAL HEALTH PROGRAMMES AS PER OPERATIONAL/CLINICAL GUIDELINES OF THE GOVERNMENT</b>	<p>This Standard looks at adherence for programme guidelines and clinical care (as expected in a PUHC) under the National Health Programmes. For each of the National Health Programmes, availability of clinical services as per respective guidelines should be assessed. Compliance to measurable elements having relevant checkpoints could be 'tracer' at facility based care and also outreach services.</p>



Area of Concern - E: Clinical Services	
<b>Standard E1</b>	<b>The facility has defined procedures for registration and consultation of patients</b>
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has an established procedure for OPD consultation
<b>Standard E2</b>	<b>The facility has defined procedure for primary management and continuity of care with appropriate maintenance of records</b>
ME E2.1	There is established procedure for initial assessment & Reassessment of patients
ME E2.2	The facility provides appropriate referral linkages for transfer to other/higher facilities to assure the continuity of care.
ME E2.3	The facility ensures follow up of patients
ME E2.4	The facility has establish procedure for Triage & disaster Management
ME E2.5	Emergency protocols are defined and implemented
ME E2.6	The facility ensures adequate and timely availability of ambulances services
ME E2.7	Clinical records are updated for care provided
ME E2.8	The facility ensures that standardized forms and formats are used for all purposes including registers
ME E2.9	The facility ensures safe and adequate storage and retrieval of medical records
<b>Standard E 3</b>	<b>The facility has defined &amp; implemented procedures for Drug administration and standard treatment guideline as mandated by Government</b>
ME E3.1	Medication orders are written legibly and adequately
ME E3.2	There is a procedure to check drug before administration & dispensing
ME E3.3	Patient is counselled for self-drug medication
ME E3.4	The facility ensures that drugs are prescribed in generic name only
ME E3.5	There is procedure of rational use of drugs
ME E3.6	Drugs are prescribed according to Standard Treatment Guidelines
<b>Standard E4</b>	<b>The facility has defined &amp; establish procedure for Diagnostic Services</b>
ME E4.1	There are established procedures for Pre-testing Activities
ME E4.2	There are established procedures for testing Activities
ME E4.3	There are established procedures for Post-testing Activities
ME E4.4	There are established procedures for laboratory diagnosis of Tuberculosis as per prevalent guidelines
ME E4.5	There are established procedures for laboratory diagnosis of Malaria as per prevalent guidelines
<b>Standard E5</b>	<b>The facility has establish procedure for Maternal health care as per guideline</b>
ME E5.1	There is an established procedure for Registration and follow up of pregnant women.
ME E5.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E5.3	The facility ensures of drugs & diagnostics are prescribed as per protocol
ME E5.4	There is an established procedure for identification of High risk pregnancy and appropriate & Timely referral.
ME E5.5	There is an established procedure for identification and management of anaemia
ME E5.6	Counselling of pregnant women is done as per standard protocol and gestational age



ME E5.7	There is an established procedures for Postnatal visits & counselling of Mother and Child
<b>Standard E6</b>	<b>The facility has established procedure for care of New born &amp; Child as per guideline</b>
ME E 6.1	Post-natal visit & counselling for New born care is provided as per guideline
ME E 6.2	Triage, Assessment & Management of Newborn having emergency signs are done as per guidelines
ME E 6.3	Management of children presenting with fever, cough/breathlessness is done as per guidelines
ME E 6.4	Management of children with severe Acute Malnutrition is done as per guidelines
ME E 6.5	Management of children presenting diarrhoea is done per guidelines
ME E 6.6	Screening & Referral of children as per guidelines of Rashtriya Bal Swasth Karyakram
<b>Standard E7</b>	<b>The facility has establish procedure for Family Planning as per Govt guideline</b>
ME E7.1	Family planning counselling services provided as per guidelines
ME E7.2	The acility provides spacing method of family planning as per guideline
ME E7.3	The facility provides IUCD service for family planning as per guidelines
ME E7.4	The facility provide counselling services for Medial Termination of Pregnancy as per guideline
ME E7.5	The facility provide abortion services for 1st trimester as per guideline
<b>Standard E8</b>	<b>The facility provides Adolescent reproductive &amp; sexual health services as per guideline</b>
ME E8.1	The facility provides Promotive ARSH Services
ME E8.2	The facility provides Preventive ARSH Services
ME E8.3	The facility provides Curative ARSH Services
ME E8.4	The facility provides Referral Services for ARSH
<b>Standard E9</b>	<b>The facility provides National Health Programmes as per operational/clinical guidelines of the Government</b>
ME E9.1	The facility provides service under National Vector Borne Disease Control Programme as per guidelines
ME E9.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME E9.3	The facility provides service under National Leprosy Eradication Programme as per guidelines
ME E9.4	The facility provides service under National AIDS Control Programme as per guidelines
ME E9.5	The facility provides services under National Programme for control of Blindness as per guidelines
ME E9.6	The facility provides service under Mental Health Programme as per guidelines
ME E9.7	The facility provides service under National programme for the health care of the elderly as per guidelines
ME E9.8	The facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NP-NCD) as per guidelines
ME E9.9	The facility provide service for Integrated disease surveillance Programme
ME E9.10	The facility provide services under National Programme for prevention and control of deafness
ME E9.11	The facility provides services under Universal Immunization Programme as per guidelines
ME E9.12	The facility provides services under National Iodine deficiency Programme as per guidelines
ME E9.13	The facility provides services under National Tobacco Control Programme as per guidelines
ME E9.14	The facility provides services under National Oral Health Programme as per guideline

## AREA OF CONCERN - F: INFECTION CONTROL

### Overview

Prevalence of Hospital Acquired Infections remains unacceptably high in the country. The first principle of health care is “to do no harm”. Generally, Public health facilities have high caseload and infrastructure norms are not always met. Therefore, probability of acquiring infection remains high, unless a robust system for Infection control has been put in place. This area of concern cuts across many departments and hospital practices and looks at the Infection control practices, hand-hygiene, asepsis, personal protection, processing of equipment, environment control, and management of Biomedical Waste & Hazardous waste.

<b>STANDARD F1</b> <b>THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURES FOR ENSURING HAND HYGIENE PRACTICES AND ASEPSIS</b>	<p>This standard is concerned with availability of material in the hand-washing area, so that health providers have ready access to material. It also looks at the practice of hand washing. Availability of soap &amp; running water are critical inputs for ensuring ‘Hand – Hygiene’. This needs to be supported by correct knowledge and attitude among facility staff for the hand-hygiene. Technique of hand washing may be observed directly. Periodical Medical Examination of Facility workers are another important intervention to promote infection prevention and safety of workers at the UPHC. This standard looks at this aspect as well.</p>
<b>STANDARD F2</b> <b>THE FACILITY ENSURES AVAILABILITY OF PERSONAL PROTECTION, AND FOLLOWS STANDARD PRECAUTIONS</b>	<p>This standard is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal adequacy of the supplies, required for the PPE. Assessor should also observe whether the staffs are using correct method of wearing personal protection equipment.</p>
<b>STANDARD F3</b> <b>THE FACILITY HAS STANDARD PROCEDURES FOR PROCESSING FOR DISINFECTION AND STERILIZATION OF EQUIPMENT AND INSTRUMENTS</b>	<p>This Standard is concerned with standard procedures, related to processing of equipment and instruments. There should be processes to include adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. Source of information for assessing compliance to this standard may come from many sources – directly observing the procedures, and staff interview, etc.</p>
<b>STANDARD F4</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO-MEDICAL AND HAZARDOUS WASTE</b>	<p>This standard is concerned with Management of Biomedical waste management including its segregation, ‘on-site’ disinfection as per protocol, transportation, disposal, and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste are observed. Waste generation, its collection by CWTF operator, record of injuries, referral of such cases and regulatory compliances are verified through review of record.</p>

Area of Concern - F: Infection Control	
<b>Standard F1</b>	<b>The facility has defined &amp; implemented procedure for ensuring Hand hygiene practices &amp; asepsis</b>
ME F1.1	Hand washing facilities are provided at point of use
ME F1.2	Staff is trained and adhere to standard hand washing practices
ME F1.3	The facility ensures standard practices for maintaining asepsis
<b>Standard F2</b>	<b>The facility ensures availability of Personal Protective equipment &amp; follows standard precautions</b>
ME F2.1	The facility ensures adequate personal protection equipment as per requirements
ME F2.2	Staff adheres to standard personal protection practices
<b>Standard F3</b>	<b>The facility has standard procedure for disinfection &amp; sterilization of equipment &amp; instrument</b>
ME F3.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
<b>Standard F4</b>	<b>The facility has defined &amp; establish procedure for segregation, collection, treatment &amp; disposal of Bio medical &amp; hazardous waste</b>
ME F4.1	The facility ensures segregation of Bio Medical Waste as per guidelines
ME F4.2	The facility ensures management of sharps as per guidelines
ME F4.3	The facility ensures transportation and disposal of waste as per guidelines

## AREA OF CONCERN - G: QUALITY MANAGEMENT

### Overview

Quality management requires a set of interrelated activities, which are required to be undertaken at the Health Facility, so that implemented Quality System is internalised and sustained. The Quality system also contributes towards building a system of 'Continual' improvement. Therefore, Quality Standards under this area of concerns looks at the formation of a Quality team, development of Quality Policy & Objectives, activities for internal Quality assurance, medical & prescription audits, etc. A Quality system needs to be 'patient-centric'. Therefore, the facility needs to institutionalise patient satisfaction survey (PSS). Satisfaction of employee is also of paramount importance. Hence, the facility is expected to have institutional arrangement of conducting 'Employee Satisfaction Survey (ESS). One of the standards under this area of concern looks at the working with SOPs and protocols, which are needed for delivery of services at the facility.

<b>STANDARD G1</b> <b>THE FACILITY HAS ESTABLISHED QUALITY ASSURANCE PROGRAMME AS PER STATE/NATIONAL GUIDELINES</b>	<p>Standard G1 is concerned with constituting a Quality Team at the facility and making it functional. Assessor may review the document and interact with the Quality Team members to know how frequently they meet and whether responsibilities have been delegated to them. Quality team meeting records may be reviewed. This standard is also concerned with establishment and dissemination of quality policy and objectives in the UPHC. The staff may be interviewed to know their awareness of Quality policy and its objectives. Review of records should be done to ascertain that the set Quality objectives at the facility are meeting SMART criteria. The standard also looks at the system of periodical review of Quality objectives.</p>
<b>STANDARD G2</b> <b>THE FACILITY HAS ESTABLISHED SYSTEMS FOR PATIENT AND EMPLOYEE SATISFACTION</b>	<p>This standard is concerned with having a system of measurement of patient and employee satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that Patient feedback is taken at prescribed intervals and the sample size is adequate.</p>
<b>STANDARD G3</b> <b>THE FACILITY HAS ESTABLISHED, DOCUMENTED AND IMPLEMENTED STANDARD OPERATING PROCEDURE SYSTEM FOR ITS ALL KEY PROCESSES</b>	<p>Standard G3 is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.</p>

Area of Concern - G: Quality Management	
<b>Standard G1</b>	<b>The facility has established quality Assurance Programme as per state/National guidelines</b>
ME G1.1	The facility has a quality team in place
ME G1.2	The facility has defined quality policy and it has been disseminated
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored
ME G1.4	The facility reviews quality of its services at periodic intervals
ME G1.5	The facility has established internal quality assurance programme
ME G1.6	The facility has established external assurance Programmes
ME G1.7	The facility conducts the periodic prescription/medical audits
ME G1.8	The facility ensures that non compliances are enumerated and recorded adequately
ME G1.9	Action plan is made on gaps found in the assessment/audit process
ME G1.10	Corrective and Preventive actions are taken to address the issues observed in the assessment and audit
<b>Standard G2</b>	<b>The facility has established system for Patients and employees satisfaction</b>
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals
ME G2.2	Employee satisfaction Surveys are conducted at periodic intervals
ME G2.3	The facility prepares the action plans for the areas of low satisfaction
<b>Standard G3</b>	<b>The facility has established, documented &amp; implemented standard operating procedure system for its all key processes</b>
ME G3.1	Standard Operating procedures are prepared, distributed and implemented for all key processes
ME G3.2	Respective staff is trained in Standard Operating Procedures (SOPs)
ME G3.3	Work instructions are displayed at the point of work
ME G3.4	The facility uses methods and tools for Quality Improvement

## AREA OF CONCERN - H: OUTCOME

### Overview

Conventionally, a Quality System has three important pillars – Structure, Process & Outcome. Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has two standards. First Standard measures performance of health facility in term of Productivity, Efficiency, Clinical Care and Service Quality and the second Standard pertains to performance improvement to meet the bench-marks (set by the facility or allotted externally by the State/District/ULB). It is realised that the facility may not be measuring all indicators pertaining to performance of UPHC. Hence, setting a process of recording of critical data elements, which are required for KPI/Quality indicators, would be a good beginning. Subsequently, the facilities are expected to work resolutely in improving the achieved target.

<b>STANDARD H1</b> THE FACILITY MEASURES ITS PRODUCTIVITY, EFFICIENCY, CLINICAL CARE AND SERVICE QUALITY INDICATORS	Productivity is defined as total output while efficiency is a level of performance that uses the lowest amount of inputs to create the highest amount of outputs. Broadly, this standard expects that the health facility would put a system in place to start recording data elements, which are required for the Quality KPI for UPHC. Few data elements may already be part of existing data reporting system. Generation of additional data elements would be dependent upon the putting a system in place for recording of such data elements. For instance, a UPHC would be required to put a system for recording Patients Satisfaction and analysing them, which would generate a composite patient satisfaction score.
<b>STANDARD H2</b> THE FACILITY ENDEAVOURS TO IMPROVE ITS PERFORMANCE AND MEETING BENCHMARKS	One of the key essences of quality system is 'continual improvement' in all spheres of facility's Operations. In order to channelize the efforts for the 'improvement', benchmarks are set for objectivity, transparency and maintaining the 'system approach'. Compliance to this standard reflects commitment of the management toward 'improvement' process.

Area of Concern - H: Outcomes	
<b>Standard H1</b>	<b>The facility measures its productivity, efficiency, clinical care &amp; service Quality indicators</b>
ME H1.1	The facility measures Productivity Indicators on monthly basis
ME H1.2	The facility measures efficiency Indicators on monthly basis
ME H1.3	The facility measures Clinical Care & Safety Indicators on monthly basis
ME H1.4	The facility measures Service Quality Indicators on monthly basis
<b>Standard H2</b>	<b>The facility endeavours to improve its performance to meet bench marks</b>
ME H2.1	The facility meets benchmarks set by the state/District for Key Indicators
ME H2.2	The facility strives to improve indicators from its current performance







# NATIONAL QUALITY ASSURANCE STANDARDS FOR AYUSHMAN AROGYA MANDIRS (SUB-HEALTH CENTRES)



# NATIONAL QUALITY ASSURANCE STANDARDS FOR AYUSHMAN AROGYA MANDIRS (SUB-HEALTH CENTRES)

Area of Concern - A: Service Provision	
Standard A1	The facility provides Comprehensive Primary Healthcare Services
Standard A2	The facility provides drugs and diagnostic services as mandated
Area of Concern - B: Patient Rights	
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons
Standard B4	The facility maintains privacy, confidentiality & dignity of patient
Standard B5	The facility ensures all services are provided free of cost to its users
Area of Concern - C: Inputs	
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
Standard C4	The facility provides drugs and consumables required for assured services
Standard C5	Facility has adequate functional equipment and instruments for assured list of services
Area of Concern - D: Support Services	
Standard D1	The facility has established Programme for maintenance and upkeep of the facility
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology
Standard D4	The facility has defined and established procedures for hospital transparency and accountability.
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization
Standard D6	The facility is compliant with statutory and regulatory requirement
Area of Concern - E: Clinical Care	
Standard E1	The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients
Standard E2	The facility has defined and established procedures for continuity of care through two way referral

Standard E3	The facility has defined and established procedures of diagnostic services.
Standard E4	The facility has defined procedures for safe drug administration.
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs
Standard E6	The facility has defined and established procedures for nursing care.
Standard E7	The facility has defined and established procedures for Emergency care
Standard E8	The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/clinical guidelines
Standard E9	The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/clinical guidelines
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/clinical guidelines
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/clinical guidelines
Standard E12	Elderly & palliative health care services are provided as per guidelines
Standard E13	The facility has established procedures for care of new born, infant and child as per guidelines
Standard E14	The facility has established procedures for family planning as per government guidelines and law.
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.
Standard E16	The facility has established procedures for Antenatal care as per guidelines
Standard E17	The facility has established procedure for intranatal care as per guidelines
Standard E18	The facility has established procedure for post natal Care
<b>Area of Concern - F: Infection Control</b>	
Standard F1	The facility has established program for infection prevention and control
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices
Standard F3	The facility ensures standard practices and equipment for Personal protection
Standard F4	The facility has standard procedures for disinfection and sterilization of equipment and instruments.
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.
<b>Area of Concern - G: Quality Management Systems</b>	
Standard G1	The facility has established organizational framework for quality improvement.
Standard G2	The facility has established system for patient and employee satisfaction
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them.
<b>Area of Concern - H: Outcome</b>	
Standard H1	The facility measures Productivity Indicators
Standard H2	The facility measures efficiency Indicators.
Standard H3	The facility measures Clinical Care Indicators.
Standard H4	The facility measures Service Quality Indicators



## INTENT OF STANDARDS AND MEASURABLE ELEMENTS FOR AYUSHMAN AROGYA MANDIRS (SUB-HEALTH CENTRES)

### AREA OF CONCERN - A: SERVICE PROVISION

#### Overview

Ayushman Arogya Mandirs (Sub-Health Centres) plays a pivotal role in ensuring provision of comprehensive primary care to the population in its catchment area. It requires to span preventive, promotive, curative, rehabilitative and palliative aspects of care as per scope of services offered by AAM (SHC). The scope of service provision has increased from previous

06 packages of care to 12 packages of care. Along with this, emphasis has been given on inclusion of services which shall lead the community more towards wellness e.g. conduction of Yoga Sessions. Another important aspect of service provision is, Health promotion and disease prevention by undertaking multisectoral convergence activities like campaigns, meetings of VHSNC, Self-help groups, Patient support groups etc.

The Area of Concern - Services Provision measures availability of functional services in AAM (SHC). “Availability” of functional services means, services are functional and are being utilised by the end-users because mere availability of infrastructure or human resources does not always ensure availability of the functional services. For example, as per staff, the facility may have functional NCD services, but if there are hardly any diagnostic test undertaken or medicines provided or regular assessments being done for ensuring continuity of care at the AAM (SHC), it may be assumed that the services are either not available or non-accessible to users. Compliance to these standards and measurable elements should be checked, preferably by observing delivery mechanism of the services, reviewing the relevant records and checking outcomes after delivery of the service.

#### **STANDARD A1** THE FACILITY PROVIDES COMPREHENSIVE PRIMARY HEALTHCARE SERVICES

Ayushman Arogya Mandirs (Sub-Health Centres) primarily intent to provide preventive, promotive, rehabilitative and palliative care services as per extended range of services. So, Standard aim to measure holistically the availability of selected services package. Although checklist contains measurable elements and checkpoints of whole range of extended services, but facility will be evaluated only for applicable/applied services. E.g. if X AAM (SHC) has chosen 6 basic services and NCD (as opted by state), they will be assessed for total 7 chosen services out of 12 expanded services. Apart from the assessment of the functional packages the standard also measures availability of services for health promotion activities & wellness viz conduction of Yoga sessions, provision of AYUSH services, promotion activities through campaigns etc.

#### **STANDARD A2** THE FACILITY PROVIDES DRUGS & DIAGNOSTIC SERVICES AS MANDATED

Standard measures the availability of basic diagnostic and drugs in AAM (SHC). It measures availability of point of care diagnostics through rapid diagnostic kit and referral at the Central Diagnostic Unit-HUB/appropriate higher facility. Standard also measures drug dispensing services including re-fills as service provision. It also measures timely availability of drugs and diagnostic reports.

Area of Concern - A: Service Provision	
<b>Standard A1</b>	<b>The facility provides Comprehensive Primary Healthcare Services</b>
ME A1.1	The facility provides care in Pregnancy & childbirth services
ME A1.2	The facility provides Neonatal & Infant Health services
ME A1.3	The facility provides Child & Adolescent health services
ME A1.4	The facility provides Family Planning services
ME A1.5	The facility provides services for promotion, prevention and treatment of communicable diseases as mandated under National Health Program/state scheme
ME A1.6	The facility provides services for acute simple illness & minor ailments
ME A1.7	The facility provides services for promotion, prevention and treatment of non-communicable diseases as mandated under National Health Program/state scheme
ME A1.8	The facility provides services for common eye ailments
ME A1.9	The facility provides services for common ENT ailments
ME A1.10	The facility provides service for oral health ailments
ME A1.11	The facility provides Elderly & Palliative care services
ME A1.12	The facility provides emergency medical care, including for trauma and burn
ME A1.13	The facility provides services for Screening & Management of Mental Health illness
ME A1.14	The facility provides services for health promotion activities & wellness
<b>Standard A2</b>	<b>The facility provides drugs and diagnostic services as mandated</b>
ME A2.1	The facility provides laboratory services as mandated
ME A2.2	The facility provides services for drug dispensing including medicine refills

## AREA OF CONCERN - B: PATIENTS' RIGHTS

Mere availability of services at a health facility does not necessarily meet the need of community, unless the available services are accessible to the users, and are provided with dignity and confidentiality. Access includes physical access as well as financial access. There are evidences to suggest that patients' experience and outcome improves, when they themselves are involved in the care. So, availability of information is critical for access as well as enhancing patients' satisfaction. Area of concern Patients' rights include parameters such as health services give due consideration to patients' cultural and religious preferences.

Patient Rights has five (5) standards. These standards measure different aspects of patients' rights i.e. availability, access, privacy & confidentiality and also ensures availability of mandated free services and provisioning of financial protection.

<b>STANDARD B1</b> <b>THE FACILITY PROVIDES INFORMATION TO THE CARE-SEEKER, ATTENDANTS AND COMMUNITY ABOUT AVAILABLE SERVICES &amp; THEIR MODALITIES</b>	<p>The standard measures information accessibility at the facility. Informational accessibility includes prominent display of; signages; services which are available; citizen charter; insurance benefits under Ayushman Bharat &amp; IEC Material etc. This standard also mandates for practices like informed consent and grievance redressal.</p>
<b>STANDARD B2</b> <b>FACILITY ENSURES THAT THE SERVICES ARE ACCESSIBLE TO THE CARE-SEEKERS AND VISITORS INCLUDING THOSE REQUIRING SOME AFFIRMATIVE ACTION</b>	<p>The standard measures physical access to AAM (SHC). It includes availability of all-weather road, without congestion &amp; encroachment etc. It also includes availability of ramps, wheelchairs, disabled friendly services etc with in the facilities. The standard also measures affirmative actions taken by the facility to ensure provision of safe and dignified access for vulnerable &amp; marginalized patients like, terminally ill patient, domestic violence cases, orphan, destitute etc.</p>
<b>STANDARD B3</b> <b>SERVICES ARE DELIVERED IN A MANNER THAT ARE SENSITIVE TO GENDER, RELIGIOUS &amp; CULTURAL NEEDS AND THERE IS NO DISCRIMINATION ON ACCOUNT OF ECONOMIC OR SOCIAL REASONS</b>	<p>The Standard ensure services provided are sensitive to gender, religious &amp; cultural needs. It includes specific precautions to be taken, while providing care to vulnerable patients viz. HIV, leprosy infection, abortion, teenage pregnancy, etc. The standard measures the awareness among patients and the community about patients' rights and responsibilities. The standard also ensures establishment of defined protocol and procedures for grievance redressal.</p>
<b>STANDARD B4:</b> <b>THE FACILITY MAINTAINS PRIVACY, CONFIDENTIALITY AND DIGNITY OF PATIENT</b>	<p>The standard measures services in term of ensuring privacy, confidentiality and dignity. The standard look for compliances such as provisions of screens and curtains (visual privacy), confidentiality of patients' clinical information is maintained (information if any is shared with patients kin only). It also focuses empathetic behaviour of service providers and ensure comfort &amp; dignity of female patients is maintained while providing services.</p>
<b>STANDARD B5:</b> <b>THE FACILITY ENSURES ALL SERVICES ARE PROVIDED FREE OF COST TO ITS USERS</b>	<p>The standard majorly ensures that there is no financial barrier to the services. It checks for availability of free drugs &amp; diagnostics services as mandated. It also ensures community get specific entitlements, incentives under various schemes and check robustness of mechanisms and linkages for availing health insurance (PM JAY or any state specific health insurance scheme) benefits.</p>

Area of Concern - B: Patients' Rights	
<b>Standard B1</b>	<b>The facility provides information to care seeker, attendants &amp; community about available services &amp; their modalities</b>
ME B1.1	The facility displays its services and entitlements
ME B1.2	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches
ME B1.3	Information about the treatment is shared with patients or attendants
<b>Standard B2</b>	<b>Facility ensures services are accessible to care seekers and visitors including those required some affirmative action</b>
ME B2.1	The facility is accessible from community and referral centre
ME B2.2	Access to facility is provided without any physical barrier & friendly to people with disability
ME B2.3	There is affirmative action to ensure that vulnerable and marginalized sections can access services
<b>Standard B3</b>	<b>Services are delivered in a manner that are sensitive to gender, religious &amp; cultural needs and there is no discrimination on account of economic or social reasons</b>
ME B3.1	Services are provided in manner that are sensitive to gender religious & cultural need
ME B3.2	Staff is aware of Patient's rights and responsibilities
ME B3.3	The facility has defined and established procedure grievance redressal system in place
<b>Standard B4</b>	<b>The facility maintains privacy, confidentiality &amp; dignity of patient</b>
ME B4.1	Adequate visual privacy is provided at every point of care
ME B4.2	Confidentiality of patients' records and clinical information is maintained
ME B4.3	The facility ensures behaviours of its staff is dignified and respectful, while delivering the services
<b>Standard B5</b>	<b>The facility ensures all services are provided free of cost to its users</b>
ME B5.1	The facility provides cashless services as per prevalent government schemes/norms

## AREA OF CONCERN - C: INPUTS

In an effort to provide required services, it becomes pertinent to ensure availability of requisite infrastructure, drugs & consumables, equipment, human resource etc. So, area of concern: Inputs, covers the structural part of the facility predominantly. Standards have been framed in concurrence with Operational Guidelines for Ayushman Arogya Mandirs (Sub-Health Centres) and Indian Public Health Standards (IPHS) norms. While assessing the infrastructure component one may encounter the term-viz. 'adequate' and 'as per load' has been given in the requirements for many standards & measurable elements, as it would be hard to set structural norms for facility as that should commensurate with the patient load.

<b>STANDARD C1</b> <b>THE FACILITY HAS ADEQUATE AND SAFE INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES AS PER PREVALENT NORMS AND IT PROVIDES OPTIMAL CARE AND COMFORT TO THE USERS</b>	<p>The standard measures adequacy of infrastructure in terms of adequate space for wellness, patient amenities, circulation area etc. Although minimum requirement for space, layout and patient amenities are given, but assessors are expected to use their judgement to assess whether the available space is adequate for the given workload. Compliance to standard can be mostly assessed by direct observation.</p> <p>Standard also deals with Physical safety of the infrastructure and includes general condition of infrastructure, electrical safety, fire safety and seismic safety etc. It includes providing safe, secure and comfortable environment to patients as well service providers in terms of illumination, temperature control and crowd management.</p> <p>As mandated for Ayushman Arogya Mandirs (Sub-Health Centres), various activities like population enumeration and empanelment, provision of telemedicine services etc requires an ICT setup within the facility eg tablet/laptops, internet connectivity, portals etc. in this standard measurable element and commensurate checkpoints have been placed to check their provision as well.</p>
<b>STANDARD C2</b> <b>THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF REQUIRED FOR PROVIDING THE ASSURED SERVICES AS PER CURRENT CASE LOAD</b>	<p>The Standard measures the adequacy and availability of CHO, MPW (Male &amp; female), ANM, ASHA &amp; support staff as per requirement and state mandate. Numerical adequacy can be checked by review of records for sanctioned versus vacant post. The standard also requires that staff is effectively utilized which can be done by on-job supportive supervision. Similarly, it becomes pertinent to check availability compliance to roster and uniform dress code is followed by all staff.</p>
<b>STANDARD C3</b> <b>THE FACILITY HAS A DEFINED AND ESTABLISHED PROCEDURE FOR EFFECTIVE UTILIZATION, EVALUATION AND AUGMENTATION OF COMPETENCE AND PERFORMANCE OF STAFF</b>	<p>The standard is concerned with evaluation of staff's competency that too periodically at pre-defined interval and takes necessary actions for maintaining it. These criteria should be defined based on job description for each cadre of staff. The defined criteria may be converted into simple checklist that can work as tools for competency assessment. Competency assessment of AAM (SHC) may be done by PHC-MO/equivalent. These criteria may be linked with predefined indicators used for measuring productivity and efficiency of the staff. Based on these competence assessment and performance evaluation training needs are identified and training plans are prepared.</p>
<b>STANDARD C4</b> <b>THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES</b>	<p>The standard measures availability of drugs &amp; consumables for services provided at Ayushman Arogya Mandirs (Sub-Health Centres). This includes availability of drugs, vaccines, lab reagents, contraceptives etc. The Standard also expect availability of emergency medical drugs and drugs for follow up patients, National Health Programmes i.e. communicable and non-communicable diseases including ENT, Oral, Mental health and palliative care etc. As an assessor one must ensure that drugs and consumables are available at the AAM (SHC) as per the state's Essential Drug List (EDL).</p>
<b>STANDARD C5</b> <b>THE FACILITY HAS ADEQUATE FUNCTIONAL EQUIPMENT AND INSTRUMENTS FOR ASSURED LIST OF SERVICES</b>	<p>The standard is concerned with availability of equipment and instruments as per requirement. Equipment's &amp; instruments have been categorized into subgroups as per their use such as examination and monitoring, clinical procedures (for ENT, oral etc.). Also, the standard will support assessment of adequate availability of furniture and fixtures as per the requirement of AAM (SHC).</p>



Area of Concern - C: Inputs	
<b>Standard C1</b>	<b>The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users</b>
ME C1.1	Facility has adequate infrastructure, space and amenities as per patient or workload
ME C1.2	The facility ensures physical safety including electrical and fire safety of infrastructure
ME C1.3	The facility ensures availability of information & communication technologies
<b>Standard C2</b>	<b>The facility has adequate qualified and trained staff required for providing the assured services as per current case load</b>
ME C2.1	The facility ensures availability of Community Health officer
ME C2.2	The facility has adequate frontline health workers and support staff as requirement
ME C2.3	The facility has established procedure for duty roster for facility and community staff
<b>Standard C3</b>	<b>Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff</b>
ME C3.1	Competence assessment and performance evaluation of all staff is done on predefined criteria
ME C3.2	The staff is provided training as per defined core competencies and training plan
<b>Standard C4</b>	<b>The facility provides drugs and consumables required for assured services</b>
ME C4.1	The facility have availability of adequate drugs
ME C4.2	The facility have adequate consumables as per requirement
<b>Standard C5</b>	<b>Facility has adequate functional equipment and instruments for assured list of services</b>
ME C5.1	The facility ensures availability of equipment and instruments for examination and monitoring of patients
ME C5.2	The facility has adequate furniture and fixture as per service provision

## AREA OF CONCERN - D: SUPPORT SERVICES

The support services are backbone of healthcare facilities and desired clinical outcome cannot be envisaged in absence of support services. Area of Concern-Support Services includes maintenance and upkeep of infrastructure & equipment; storage & dispensing of drugs, secured record keeping and data management using digital technology.

It also gives emphasis on, creating the transparent and accountable system, conduction of regular meetings for Jan Arogya Samitis', Village Health Sanitation and Nutrition Committee (VHSNCs), Patient support groups and Self-Help Groups (SHGs) etc.

<b>STANDARD D1</b> <b>THE FACILITY HAS ESTABLISHED PROGRAMME FOR MAINTENANCE AND UPKEEP OF THE FACILITY</b>	<p>The standard is related to facility management and equipment/instrument maintenance in AAM (SHC). Standard include overall appearance, cleanliness status, infrastructure maintenance, removal of junk and condemned material etc. It also includes processes for line-listing, maintenance and inhouse calibration of equipment &amp; instruments.</p>
<b>STANDARD D2</b> <b>THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE, INVENTORY MANAGEMENT AND DISPENSING OF DRUGS</b>	<p>The standard includes safe storage of drugs and management of the inventory, so that adequate quantity of drugs and consumables are available in AAM (SHC). Standard also look into processes of indenting, procurement, storage, management of expired drugs, stock management, proper storage including optimum temperature maintenance in AAM (SHC) and dispensing.</p>
<b>STANDARD D3</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE FOR CLINICAL RECORDS AND DATA MANAGEMENT WITH PROGRESSIVE USE OF DIGITAL TECHNOLOGY</b>	<p>The standard is concerned about creating and regular updating of data pertaining to ambulatory care &amp; management, public health and managerial functions eg. Information regarding illnesses and minor ailments; RMNCHA; NCD and CD, referred in and out cases, Apart from this checkpoints to assess the quality of population coverage and its entry in the portal, reporting of the outcomes and performance of the facility. The standard also covers an important aspect of data's safe storage, maintenance and retrieval. Assessor should review the records of reporting in term of information's quality, timeliness, adequacy and appropriateness.</p> <p>The standard covers one of the major aspect of AAM (SHC) which is provision of telemedicine services. Here the process pertaining to its functioning shall be evaluated on the defined checkpoints.</p>
<b>STANDARD D4</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE FOR THE TRANSPARENCY AND ACCOUNTABILITY</b>	<p>The standard measures processes related to functioning of the Jan Arogya Samitis, whether the same has been constituted or not, members' awareness about their roles and responsibilities, regular conduction of the meetings, their role in conduction of the promotional activities. Another important mechanism of conduction of social audits and Jan Sunwayis (public hearing) as per the mandate shall also be evaluated. Not only this for quality services it becomes pertinent to check what actions/measures were taken post hearings and meetings.</p> <p>Similarly in order to ensure quality of services it becomes important for CHO to support the task done by the community health workers by providing on job mentoring &amp; supervision for household meetings, VHSNDs or campaign. Similarly, mentoring cum monitoring visit by MO-PHC is also important for the smooth functioning of the AAM (SHC).</p> <p>The Assessor should review such aspects like monthly meeting minutes of JAS, social audits etc, untied fund expenditure (submission of utilisation certificates), monthly calendars of activities of health workers to check compliance of supportive &amp; monitoring processes.</p>

<b>STANDARD D5</b> <b>THE FACILITY ENSURES HEALTH PROMOTION AND DISEASE PREVENTION ACTIVITIES THROUGH COMMUNITY MOBILIZATION</b>	<p>One of the mandate of Primary care services is to place health in the hands' of community. In this aspect the role of AAM (SHC) becomes important to create awareness leading the demand generation for health. For this it becomes important for AAM (SHC) team to undertake various activities for the community mobilization. These activities shall be undertaken through existing VHSNC, so it becomes important to assess their functionality. Similarly other community level interventions like celebration of VHNDs; convergence of activities of ASHA, AWW and ANM; proper planning and conduction of Monthly campaign and undertaking feedbacks during such activities for further quality improvement becomes important.</p> <p>Another important aspect which shall be reviewed through exclusive checkpoints is the efforts taken by the AAM (SHC) for undertaking multisectoral convergence activities like collaboration with the Education, WCD, ICDS, rural development/ municipal bodies, FSSAI &amp; ICDS etc. Identification and conduction of training sessions with the support of Ayushman ambassadors in schools. For AAM (SHC) it becomes important to create a pool of local yoga instructors and conduct regular classes for community yoga trainings</p>
<b>STANDARD D6</b> <b>THE FACILITY IS COMPLIANT WITH STATUTORY AND REGULATORY REQUIREMENT</b>	<p>The standard is concerned with statutory &amp; regulatory requirement. It investigates availability of requisite NOCs, updated copies of acts and rules, and adherence to the legal requirements as applicable to AAM (SHC).</p>

Area of Concern - D: Support Services	
<b>Standard D1</b>	<b>The facility has established Programme for maintenance and upkeep of the facility</b>
ME D1.1	The facility has established system for infrastructure maintenance
ME D1.2	The facility has established system for maintaining sanitation and hygiene
<b>Standard D2</b>	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs</b>
ME D2.1	There is established procedure for estimation and indenting of drugs and consumables as per requirement
ME D2.2	The facility ensures proper storage of drugs and consumables
ME D2.3	The facility ensures management of expiry and near expired drugs
<b>Standard D3</b>	<b>The facility has defined and established procedure for clinical records and data management with progressive use of digital technology</b>
ME D3.1	Information regarding ambulatory care & management, public health and managerial functions are recorded and updated through IT platforms
ME D3.2	The facility ensures safe storage, maintenance and retrieval of information & records of services
ME D3.3	The facility has established procedure for providing consultation using telemedicine
<b>Standard D4</b>	<b>The facility has defined and established procedures for hospital transparency and accountability</b>
ME D4.1	The facility has established procedure for management of activities of Jan Aarogya Samiti
ME D4.2	The facility has established procedures for community based monitoring of its services
ME D4.3	The facility has established procedure for supporting and monitoring activities of Community health workers
<b>Standard D5</b>	<b>The facility ensures health promotion and disease prevention activities through community mobilization</b>
ME D5.1	The AAM (SHC) facilitate planning & implementation of health promotion and disease prevention activities through community level interventions
ME D5.2	The facility has Patient Support Groups (PSG) as per the issues/diseases in its catering population
ME D5.3	The facility ensure multisectoral convergence for health promotion and primary prevention
<b>Standards D6</b>	<b>The facility is compliant with statutory and regulatory requirement</b>
ME D6.1	The facility ensures its processes are in compliance with statutory and legal requirement

## AREA OF CONCERN - E: CLINICAL SERVICES

Clinical services form one of the major Area of Concern as the ultimate purpose of existence of a health care facility is to provide clinical care. The area of concern is focused on assessment of quality of services provided by AAM (SHC) which include early identification primary Clinical management, Care coordination for ensuring Continuity of care, Provision of Basic diagnostic and dispensing of medicines. It also includes adherence to Clinical protocols while delivering the services, ensuring continuity of care, safe drug administration practices, no over-prescription, rational use of drugs, regular monitoring and follow up of critical, NCD & defaulter cases etc.

There are total eighteen (18) standards that measure quality of clinical services. Standard E1 to E7 are covering the general clinical process ranging from registration, consultation, assessment/re-assessment, continuity of care (referral), medication safety, usage of standard treatment guidelines (STGs), nursing care, diagnostic services and emergency services including disaster management. E8 to E12 cover extended packages viz. ophthalmic, oral, ENT, mental health, disease control programme, elderly and palliative care etc while E13 to E18 cover clinical processes related to antenatal care, intranatal care, post-natal care, newborn care, child health, adolescent health, and family planning i.e. RMNCHA.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon many inputs, such as review of the clinical records, interaction with the staff to know their skill level and how they practice clinical protocols etc. Assessment of these standards would require thorough domain knowledge.

<b>STANDARD E1</b> THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION, CONSULTATION, CLINICAL ASSESSMENT AND REASSESSMENT OF THE PATIENTS	The Standard is concerned with empanelment & registration of individual and families, and consultation, clinical assessment & re-assessment of patient at AAM (SHC). The Assessor should review the records to verify the details of patients and ensure patients have been given unique identification number, the demographic details have been recorded, the OPD consultations have been provided and if required proper referral procedure has been followed, reassessments are done at follow ups. OPD consultation may be directly observed, followed by review of OPD tickets, patient digital/paper records to ensure that patient history, examination details, follow up etc. have been taken, recorded & updated.
<b>STANDARD E2</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CONTINUITY OF CARE THROUGH TWO-WAY REFERRAL	The standard is related with continuity of care for patient's ailments. It includes process of referral to and from higher centre, deputation of staff for the care, transfer of patient to functionally linked hospitals. The staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and ensure follow-up care. Records should be reviewed for confirming that referral in & out records of patients.
<b>STANDARD E3</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE OF DIAGNOSTIC SERVICES	The standard deal with procedures related to diagnostic service available in AAM (SHC). It includes labelling of samples, instructions for handling samples during inhouse testing or transfer samples to higher centres and sharing of investigation report with service users. It also includes implementation of internal quality control for test as per manufacturer's instructions. Assessor must check availability of critical values and biological references.
<b>STANDARD E4</b> THE FACILITY HAS DEFINED PROCEDURE FOR SAFE DRUG ADMINISTRATION	The standard is concerned with safety of drug administration including high alert drugs administration, legibility of medical orders, process for checking drugs and processes related to self-drug administration etc. Patient's records should be reviewed for legibility, appropriateness and recording of date of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.
<b>STANDARD E5</b> THE FACILITY FOLLOWS STANDARD TREATMENT GUIDELINES AND ENSURES RATIONAL USE OF DRUGS	The standard is concerned about assessing that, drugs are prescribed according to standard treatment guidelines and protocols. Patient records are assessed to ascertain that medicines have been dispensed as per treatment plan provided by CHO/PHC-MO/equivalent.

<b>STANDARD E6</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE FOR NURSING CARE	The standard measure adequacy & quality of patient care provided in AAM (SHC). It includes processes for identification of patients, timely and accurate implementation of the prescribed treatment plan, maintenance of records and monitoring of the patients as directed by referral centre. The staff should be interviewed, and patients' records should be reviewed for assessing how drug distribution takes place, how its administration is ensured and its record, and other procedures like sample collection and dressing have been done on time as per treatment plan.
<b>STANDARD E7</b> THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURE FOR EMERGENCY CARE	The standard pertains to primary management of emergency cases like injuries, fractures, bites, poisoning, burns, respiratory arrest, cardiac arrest and acute gastrointestinal conditions etc. It also includes early identification, pre referral stabilization and referral of cases for surgical correction. It includes prompt referral, involvement of AAM (SHC) staff in triage while managing the disaster and emergency conditions in their catering area.
<b>STANDARD E8</b> THE FACILITY HAS DEFINED & ESTABLISHED PROCEDURE FOR MANAGEMENT OF OPHTHALMIC, ENT, ORAL AILMENTS AS PER OPERATIONAL/CLINICAL GUIDELINES	The standard pertains to adherence of clinical guidelines for management of ophthalmic, ENT, Oral & Mental health ailments. The staff should be interviewed to know the availability of services in terms of screening, prevention, health promotion and management, referral linkages, follow up of referred cases and follow-up care from AAM (SHC) through outreach activities. Records should be reviewed for confirming treatment is given as per plan.
<b>STANDARD E9</b> THE FACILITY HAS DEFINED & ESTABLISHED PROCEDURES FOR SCREENING & BASIC MANAGEMENT OF MENTAL HEALTH AILMENTS AS PER OPERATIONAL/CLINICAL GUIDELINES	The standard pertains to adherence of clinical guidelines for screening and basic management of Mental health ailments. The staff should be interviewed to know the availability of services in terms of screening, prevention, health promotion and management, referral linkages, follow up of referred cases and follow-up care from AAM (SHC) through outreach activities. Records should be reviewed for confirming treatment is given as per plan.
<b>STANDARD E10</b> THE FACILITY HAS DEFINED & ESTABLISHED PROCEDURES FOR MANAGEMENT OF COMMUNICABLE DISEASES AS PER OPERATIONAL/CLINICAL GUIDELINES	The standard pertains to adherence of clinical guidelines for management of communicable diseases. Each National Health Programme should be assessed for quality of clinical services as per scope of respective programs. As per technical guidelines of these health program dedicated & relevant checkpoints have been made to assess the service holistically.
<b>STANDARD E11</b> THE FACILITY HAS DEFINED & ESTABLISHED PROCEDURES FOR MANAGEMENT OF NON-COMMUNICABLE DISEASES AS PER OPERATIONAL/CLINICAL GUIDELINES	The standard pertains to adherence of clinical guidelines for management of non-communicable diseases. Each programme should be assessed for quality of clinical services as per respective technical protocols. The standard also checks availability & usage of Yoga and Ayush services for wellness & Health promotion. The functionality of services should be confirmed through staff interview & record review.
<b>STANDARD E12</b> ELDERLY & PALLIATIVE HEALTH CARE SERVICES ARE PROVIDED AS PER GUIDELINES	The standard measures adequacy & quality of elderly & palliative care provided by AAM (SHC). Standard include assessment of process to ensure screening of palliative cases, arrangement of home care visits as per patient's need, management of pain, bed sores and availability of established system for provision of care to terminal cases etc. Staff and patient party should be interviewed & record should be reviewed for holistic assessment.
<b>STANDARD E13</b> THE FACILITY HAS ESTABLISHED PROCEDURE FOR CARE OF NEW-BORN, INFANT AND CHILD AS PER GUIDELINES	The standard is concerned with adherence to clinical guidelines for new-born & child health. It covers immunization, emergency triage, management of high-risk babies, new-born and childhood illnesses like ARI and diarrhoea etc. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of required vaccines, adherence to protocols for reconstitution of vaccine, their storage, monitoring of VVM labels etc. Standard also include identification of low birth, sick new-born & malnourished children & ensure their timely referral and treatment.

<b>STANDARD E14</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR FAMILY PLANNING AS PER GOVERNMENT GUIDELINES AND LAW	The standard is related to ensure safe & quality family planning services. This includes standard practices and procedures for Family planning counselling, spacing methods. Quality and adequacy of counselling services can be assessed by exit interview with the clients. The staff at family planning clinic need to be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, etc.
<b>STANDARD E15</b> THE FACILITY PROVIDES ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH SERVICES AS PER GUIDELINES	The standard is related to services of ARSH. It includes promotive, preventive, curative and referral services under program. The facility staff should be interviewed, and records should be reviewed.
<b>STANDARD E16</b> THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANTENATAL CARE AS PER GUIDELINES	The standard is concerned with adequacy & quality of antenatal care is provided at the facility. It includes checkpoints for ANC registration, identification of High-Risk pregnancy, management of anaemia and counselling services. Staff at ANC clinic should be interviewed, and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. The assessment and follow up of Anaemia cases should be reviewed. Beneficiaries and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.
<b>STANDARD E17</b> THE FACILITY HAS ESTABLISHED PROCEDURE FOR INTRANATAL CARE AS PER GUIDELINES	This standard shall be applicable only to Type B sub-centre where there will be availability of intranatal services. AAM (SHC) shall be assessed for availability and compliance to established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third stage of labour), routine care of new-born immediately after birth & newborn resuscitation and procedure for management/referral of Obstetrics Emergencies as per scope of services.
<b>STANDARD E18</b> THE FACILITY HAS ESTABLISHED PROCEDURE FOR POST-NATAL CARE	The standard pertains to provision of Post-partum Care to the mothers after delivery. AAM (SHC) (SC) - Type B, shall be assessed for compliance to established procedures and standard protocols for management of mother and baby during post-partum period.



Area of Concern - E: Clinical Services	
<b>Standard E1</b>	<b>The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients</b>
ME E1.1	The facility has established procedure for empanelment & registration of individual and families
ME E1.2	The facility has established procedure for registration & consultation in AAM (SHC)
ME E1.3	The facility has established procedure for follow up/re-assessment of patients
<b>Standard E2</b>	<b>The facility has defined and established procedures for continuity of care through two-way referral</b>
ME E2.1	The facility has established procedure for continuity of care
ME E2.2	The facility has established procedure for undertaking referred in & referred out of the cases
<b>Standard E3</b>	<b>The facility has defined and established procedures of diagnostic services</b>
ME E3.1	The facility has established procedure for laboratory diagnosis as per guidelines
<b>Standard E4</b>	<b>The facility has defined procedures for safe drug administration</b>
ME E4.1	Facility follows protocols for safe drug administration
ME E4.2	There is process for identifying and cautious administration of high alert drugs
<b>Standard E5</b>	<b>The facility follows standard treatment guidelines and ensures rational use of drugs</b>
ME E5.1	There is procedure of rational use of drugs
ME E5.2	Facility has system in place to periodically monitor the treatment provided by CHO
<b>Standard E6</b>	<b>The facility has defined and established procedures for nursing care</b>
ME E6.1	There is established procedure for identification & periodic monitoring of the patients
ME E6.2	Prescribed treatment plan and procedure performed are recorded in patient's record
ME E6.3	Adequate forms, formats and records are available as per services mandate
<b>Standard E7</b>	<b>The facility has defined and established procedures for Emergency care</b>
ME E 7.1	Emergency protocols are defined and implemented
ME E 7.2	The facility has disaster management plan at place
<b>Standard E8</b>	<b>The facility has defined &amp; established procedures for management of ophthalmic , ENT , and ailments as per operational / clinical guidelines</b>
ME E8.1	The facility has defined & established procedures for management of ophthalmic, ENT, and ailments as per operational/clinical guidelines
ME E8.2	The facility provides services for ENT ailments as per guidelines
ME E8.3	The facility provides service for oral health ailments
<b>Standard E9</b>	<b>The facility has defined &amp; established procedures for screening &amp; basic management of Mental health ailments as per operational/clinical guidelines</b>
ME E9.1	The facility provides services under mental health Program as per guidelines
<b>Standard E10</b>	<b>The facility has defined &amp; established procedures for management of communicable diseases as per operational/clinical guidelines</b>
ME E10.1	The facility provides services under National vector Borne disease control programme as per guidelines
ME E10.2	The facility provides services under National Tuberculosis Elimination Program
ME E10.3	The facility provides services under National Leprosy Eradication Program as per guidelines
ME E10.4	The facility provides services under National AIDS Control Program as per guidelines
ME E10.5	The facility provides services under Integrate Disease Surveillance Programme as per guidelines
ME E10.6	The facilities provide services for National Viral Hepatitis Control Programme



<b>Standard E11</b>	<b>The facility has defined &amp; established procedures for management of non-communicable diseases as per operational/clinical guidelines</b>
ME E11.1	The facility provides services for hypertension as per guidelines
ME E11.2	The facility provides services for Diabetes as per guidelines
ME E11.3	The facility provides services for cancer screening and referral as per guidelines
ME E11.4	The facility provides services for de addiction, and locally prevalent health diseases as per guidelines
ME E11.5	The facility promotes services for health & wellness
<b>Standard E12</b>	<b>Elderly &amp; palliative health care services are provided as per guidelines</b>
ME E12.1	The facility provides services for elderly care as per guidelines
ME E12.2	The facility provides services for Palliative care as per guidelines
<b>Standard E13</b>	<b>The facility has established procedures for care of newborn, infant and child as per guidelines</b>
ME E13.1	Post-natal visit & counselling for newborn & infant care is provided as per guideline
ME E13.2	The facility provides immunization services as per guideline
ME E13.3	Management of children for ARI, diarrhoea, malnutrition and other illness
<b>Standard E14</b>	<b>The facility has established procedures for family planning as per government guidelines and law</b>
ME E14.1	Family planning counselling services are provided as per guidelines
ME E14.2	The facility provides spacing methods for family planning as per guidelines
ME E14.3	The facility provides limiting methods for family planning as per guidelines
<b>Standard E15</b>	<b>The facility provides Adolescent Reproductive and Sexual Health services as per guidelines</b>
ME E15.1	The facility provides promotive, preventive & curative service for adolescent
<b>Standard E16</b>	<b>The facility has established procedures for Antenatal care as per guidelines</b>
ME E16.1	There is an established procedure for Registration and follow up of pregnant women
ME E16.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility
ME E16.3	The facility ensure drugs & diagnostics are prescribed as per protocol
ME E16.4	There is an established procedure for identification of High-risk pregnancy and appropriate & timely referral
ME E16.5	Counselling of pregnant women is done as per standard protocol and gestational age
<b>Standard E17</b>	<b>The facility has established procedure for intranatal care as per guidelines</b>
ME E17.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility
ME E17.2	Facility staff adheres to standard procedures for routine care of new-born immediately after birth and new-born resuscitation
ME E17.3	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services
<b>Standard E18</b>	<b>The facility has established procedure for post-natal care</b>
ME E18.1	Postpartum Care is provided to the mothers
ME E18.2	There is a established procedures for Postnatal visits & counselling of Mother and Child

## AREA OF CONCERN - F: INFECTION CONTROL

The first principle of health care is “to do no harm”, so it becomes pertinent to ensure laying down the infection prevention practices and its conformance. The Area of Concern - Infection Control, pertains to the monitoring of basic infection control practices, ensuring compliance to hand hygiene practices and usage of Personal Protective Equipment (PPE) etc. It also covers standard practices for maintenance of hygiene, sterilisation and disinfectant practices as well as management of Bio-Medical Waste.

<b>STANDARD F1</b> <b>THE FACILITY HAS ESTABLISHED PROGRAM FOR INFECTION PREVENTION AND CONTROL</b>	<p>The standard is concerned with implementation of infection control program at facility. It includes functional infection control team and monitoring of Infection control practices.</p> <p>It also covers periodic medical check-up and immunization of staff. Records should be reviewed for confirming status of staff immunization, training of staff for infection management of environment protection.</p>
<b>STANDARD F2</b> <b>THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURE FOR ENSURING HAND HYGIENE PRACTICES</b>	<p>The standard is concerned with practices of hand washing. It also ensures availability of hand washing facilities viz. soap and running water etc at the point of use. Assessor may observe the technique of hand washing for assessing the practices, and effectiveness of training.</p>
<b>STANDARD F3</b> <b>THE FACILITY ENSURES STANDARD PRACTICES AND EQUIPMENT FOR PERSONAL PROTECTION</b>	<p>The standard is concerned with availability &amp; use of PPE like gloves, masks, apron etc. Assessor may check the adequacy of supplies through records &amp; observe the adherence and practice of using PPE.</p>
<b>STANDARD F4</b> <b>THE FACILITY HAS STANDARD PROCEDURE FOR DISINFECTION AND STERILIZATION EQUIPMENT AND INSTRUMENTS</b>	<p>The standard is concerned with decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed, and staff should be interviewed for compliance to standard procedures and records should be checked.</p>
<b>STANDARD F5</b> <b>THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO-MEDICAL AND HAZARDOUS WASTE</b>	<p>The standard is concerned with Bio-Medical Waste &amp; its management at AAM (SHC) and during outreach activities. It includes segregation, transportation, storage and disposal of Bio-Medical Waste. Availability of equipment and practices of segregation can be directly observed.</p> <p>Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed, and records are verified. Standard give special emphasis to ensure management of bio-medical &amp; general waste produced in community during outreach activities. Assessor should observe how final disposal of waste take place from AAM (SHC).</p>

Area of Concern - F: Infection Control	
<b>Standard F1</b>	<b>The facility has established program for infection prevention and control</b>
ME F1.1	Facility ensures that staff is working as team and monitor the infection control practices
<b>Standard F2</b>	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices</b>
ME F2.1	Hand Hygiene facilities are provided at point of use & ensures adherence to standard practices
<b>Standard F3</b>	<b>The facility ensures standard practices and equipment for Personal protection</b>
ME F3.1	The facility ensures availability of personal protection equipment and ensures adherence to standard practices
<b>Standard F4</b>	<b>The facility has standard procedures for disinfection and sterilization of equipment and instruments</b>
ME F4.1	The facility ensures availability of material and adherence to Standard Practices for decontamination and cleaning of instruments and followed by procedure/patient care areas
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
<b>Standard F5</b>	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-Medical and Hazardous Waste</b>
ME F5.1	The facility ensures segregation and storage of Bio-Medical Waste as per guidelines
ME F5.2	The facility ensures management of sharps as per guidelines
ME F5.3	The facility ensures management of hazardous & general waste
ME F5.4	The facility ensures transportation & disposal of waste as per guidelines

## AREA OF CONCERN - G: QUALITY MANAGEMENT

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, monitoring, assessment, identification of non-compliances and acting upon them. The standards in this area of concern are the opportunities for improvement to enhance quality of services and patient satisfaction.

Area of Concern-Quality Management cover aspects like establishment of organizational framework for quality improvement, measurement, assessment and usage of patient satisfaction; compliance to display and usage of work instructions; regular audit using NQAS, Kayakalp and other checklists for the improvement and sustenance of Quality.

<b>STANDARD G1</b> THE FACILITY HAS ESTABLISHED ORGANIZATIONAL FRAMEWORK FOR QUALITY IMPROVEMENT	The standard is concerned with formulation and assessing functionality of Primary health care quality team at facility. Assessor may review the document and interact with team members to know about their roles and responsibilities and how frequently they meet and review their functioning records.
<b>STANDARD G2</b> THE FACILITY HAS ESTABLISHED SYSTEM FOR PATIENT AND EMPLOYEE SATISFACTION	The standard is concerned with having measurement of patient and employee satisfaction. This includes periodic patients' (including the health seekers from community, relatives of patients') satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient and employee satisfaction survey to ascertain that feedback of the patients and employees are taken at prescribed intervals.
<b>STANDARD G3</b> THE FACILITY HAS ESTABLISHED, DOCUMENTED, IMPLEMENTED AND UPDATED STANDARD OPERATING PROCEDURES (SOPS) FOR ALL KEY PROCESSES AND SUPPORT SERVICES	The standard is concerned with availability and adequacy of work instructions (WI) with the respective process owners viz. CHO, MPW, ANM etc. Display of critical work instructions and clinical protocols should be observed in AAM (SHC).
<b>STANDARD G4</b> THE FACILITY HAS ESTABLISHED SYSTEM OF PERIODIC REVIEW OF CLINICAL, SUPPORT AND QUALITY MANAGEMENT PROCESSES	The standard pertains to establish system for internal assessments in defined intervals for clinical and non-clinical processes including audits viz prescription monitoring, referral audits etc. Assessor should review the records to ensure adequacy and periodicity of audits/assessment. The gaps are identified, root cause analysis is done for the critical issues and AAM (SHC) uses PDCA approach for the improvement.
<b>STANDARD G5</b> FACILITY HAS DEFINED MISSION, VALUES, QUALITY POLICY AND OBJECTIVES, AND APPROVED PLAN TO ACHIEVE THEM	<p>The standard ensure purpose of the organization is articulated in form of mission statement and it is communicated to its internal &amp; external stakeholders. It also ensures core values of organization is defined and are part of all policies, procedures &amp; always consider while realizing the services to its users.</p> <p>The standard make sure organization determine its Quality policy and ensure it provide framework for Quality objectives. Assessment of the standard can be done by reviewing the records pertaining to mission, core values, Quality policy &amp; objectives. Assessor may interview staff about their awareness of mission, values, policies &amp; objectives etc.</p>

Area of Concern - G: Quality Management	
<b>Standard G1</b>	<b>The facility has established organizational framework for quality improvement</b>
ME G1.1	The facility has a quality improvement team and it review its quality activities at periodic intervals
<b>Standard G2</b>	<b>The facility has established system for patient and employee satisfaction</b>
ME G2.1	The facility ensures mechanism for conducting patient and employee satisfaction survey
<b>Standard G3</b>	<b>The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services</b>
ME G3.1	Updated work instructions for all key clinical processes are available
<b>Standard G4</b>	<b>The facility has established system of periodic review of clinical, support and quality management processes</b>
ME G4.1	Handholding support and supervision is provided to AAM (SHC) by PHC, block/district/state teams
ME G4.2	The facility conducts periodic internal assessment
ME G4.3	The facility ensures non compliances are recorded adequately and action plan is made on the gaps found in the assessment/review process using quality improvement methods
<b>Standard G5</b>	<b>Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them</b>
ME G5.1	The facility has defined Quality policy and quality objectives

## AREA OF CONCERN - H: OUTCOME

Measurement of the quality is critical for improvement of processes and outcomes. For the desirous functioning of facility, it becomes imperative to measure its indicators which can help in knowing the productivity, efficiency and utilization of the facility as a unit. These indicators not only show the “outcomes” of the service delivery but also support the team to carry out improvement by implementing change ideas as per the requirement. Area of concern-outcome measures overall productivity, efficiency, clinical and services quality indicators for AAM (SHC). These indicators may be reported through portal/dedicated IT platform. Other than just measuring indicators it is important to analyse the data for overall improvement of healthcare facilities.

There are following four standards in this area of concern:

<b>STANDARD H1</b> THE FACILITY MEASURES PRODUCTIVITY INDICATORS	This standard is concerned with measurement of productivity indicators like daily OPD of new and old cases, target population covered as per enumeration, no. of cases started the treatment etc. Assessor should review these records to ensure that these indicators are getting measured at AAM (SHC) regularly.
<b>STANDARD H2</b> THE FACILITY MEASURES EFFICIENCY INDICATORS	This standard contains indicators that measure efficiency of processes and human resources working in AAM (SHC) such as OPD per MLHP, Home visits conducted by ASHA/MPW/ANM, time taken from identification of the cases to initiation of treatment etc. Review of records should be done to assess that these indicators have been measured correctly.
<b>STANDARD H3</b> THE FACILITY MEASURES CLINICAL CARE INDICATORS	The standard is concerned with clinical Quality such as early identification, correct diagnosis, initiation of treatment, Chronic illness patient with treatment compliance, follow up of the cases under treatment, timely referral at appropriate facility etc. Record review should be done to see the measurement of these indicators.
<b>STANDARD H4</b> THE FACILITY MEASURES SERVICE QUALITY INDICATORS	This standard is concerned with indicators measuring service quality provided by AAM (SHC) like Patient/relatives perception about services provided, Waiting time, availability of drugs & diagnostics, availability of information etc.

Area of Concern - H: Outcomes	
<b>Standard H1</b>	<b>The facility measures Productivity Indicators</b>
ME H1.1	The facility measures productivity indicators for essential services on monthly basis
ME H1.2	The facility ensures compliance of key productivity indicators with National/State benchmarks
<b>Standard H2</b>	<b>The facility measures efficiency Indicators</b>
ME H2.1	The facility measures efficiency indicators on monthly basis
ME H2.2	The facility ensures compliance of key efficiency indicators with National/State benchmarks
<b>Standard H3</b>	<b>The facility measures Clinical Care Indicators</b>
ME H3.1	The facility measures clinical care indicators on monthly basis
ME H3.2	The facility ensures compliance of key clinical care indicators with National/State benchmarks
<b>Standard H4</b>	<b>The facility measures service Quality Indicators</b>
ME H4.1	The facility measures service quality indicators on monthly basis
ME H4.2	The facility ensures compliance of key service quality indicators with National/State benchmarks







# NATIONAL QUALITY ASSURANCE STANDARD FOR AEFI SURVEILLANCE PROGRAM



## AEFI QUALITY ASSURANCE STANDARDS

Area of Concern - A: Notification and Reporting	
<b>Standard A1</b>	The primary responsibility for notifying AEFI cases is defined and communicated at each level
<b>Standard A2</b>	There is an established procedure for routine reporting of AEFI cases
<b>Standard A3</b>	There is an established procedure for immediate reporting of serious/severe AEFI cases
<b>Standard A4</b>	Preliminary and Final case investigation formats are reported as per defined protocol
<b>Standard A5</b>	There is an established procedure to ensure recording and reporting of AEFI cases from the private sector
Area of Concern - B: Investigation	
<b>Standard B1</b>	Criteria for AEFI cases to be investigated is defined and communicated
<b>Standard B2</b>	Preliminary Investigation of cases is done as per guidelines
<b>Standard B3</b>	Final case investigation report is prepared as per guidelines
<b>Standard B4</b>	A standard procedure is followed for special investigation
<b>Standard B5</b>	There is an established procedure for collection of samples for lab investigation
Area of Concern - C: Causality Assessment	
<b>Standard C1</b>	Case selection for AEFI causality assessment is done as per established criteria
<b>Standard C2</b>	Causality question is defined as per protocol
<b>Standard C3</b>	Causality assessment is done using predefined tools and algorithms
<b>Standard C4</b>	There is an established procedure for organizing causality assessment as per defined timelines.
<b>Standard C5</b>	There is an established procedure for taking appropriate action on outcome of causality assessment
Area of Concern - D: Operational Management	
<b>Standard D1</b>	AEFI committees at district, state and national level are constituted and functional
<b>Standard D2</b>	There is an established procedure for functioning of National AEFI Secretariat
<b>Standard D3</b>	Roles and responsibilities of stakeholders at different administrative levels are defined and effectively communicated
<b>Standard D4</b>	There are established procedures for training and capacity building of personnel involved in AEFI Surveillance
<b>Standard D5</b>	Immunization sites are prepared for preventing and treating any adverse event following immunization
Area of Concern - E: Communication	
<b>Standard E1</b>	There are established procedures for regular communication to build and maintain confidence in the Universal Immunization Programme in community
<b>Standard E2</b>	There are established procedures for communication in case of serious AEFI event

<b>Standard E3</b>	There is a defined strategy for media management at district, state and national level
<b>Standard E4</b>	There are defined procedures for management of information on social media
<b>Standard E5</b>	There is an established procedure for capacity building of key personnel responsible for communication at each level of administration
<b>Area of Concern - F: Convergence</b>	
<b>Standard F1</b>	There are established procedures for coordination with partner agencies
<b>Standard F2</b>	There are established procedures for coordination with drug regulatory authorities
<b>Standard F3</b>	There are established procedures for coordination with Pharmacologically Programme
<b>Standard F4</b>	There are established procedures for coordination with professional associations, academic institutions and collaborating centres
<b>Standard F5</b>	There are established procedures for coordination with civil administration and law enforcement agencies
<b>Area of Concern - G: Monitoring and Feedback</b>	
<b>Standard G1</b>	Key performance indicators for AEFI programme are defined, monitored and analyzed
<b>Standard G2</b>	There are established procedures for scanning of different sources for identifying signals for AEFI cases
<b>Standard G3</b>	There is an established procedure for providing timely feedback on reports submitted
<b>Standard G4</b>	There is an established procedure for providing feedback to the states regarding outcome of findings of causality assessments and trend analysis.
<b>Standard G5</b>	There is an established procedure to follow up with non-reporting states and districts
<b>Area of Concern - H: Quality Management System</b>	
<b>Standard H1</b>	Quality policy and objectives are defined and disseminated
<b>Standard H2</b>	Standard Operating Procedures are defined, documented and established at each level
<b>Standard H3</b>	There are established procedures for internal assessment and periodic reviews
<b>Standard H4</b>	Continuous Quality Improvement is practiced at each level of AEFI surveillance programme
<b>Standard H5</b>	There is an established procedure to identify and mitigate risks in relation to AEFI programme







## COMPREHENSIVE LACTATION MANAGEMENT CENTRES AND LACTATION MANAGEMENT UNIT

Area of Concern - A: Service Provision	
<b>Standard A1</b>	Services for promotion and adherence to early and exclusive breastfeeding are provided as per prevalent guidelines
<b>Standard A2</b>	Services for collection, processing, storage and dispensing of Donor Human Milk are available
Area of Concern - B: Patient Rights	
<b>Standard B1</b>	There are no Physical, Informational or Financial barriers in availing the services.
<b>Standard B2</b>	Services are provided in dignified manner ensuring privacy & confidentiality as well as respecting societal and cultural preferences
Area of Concern - C: Inputs	
<b>Standard C1</b>	Comprehensive Lactation Management centre has adequate infrastructure and optimal layout for providing the mandated services.
<b>Standard C2</b>	Physical and fire safety measures have been implemented
<b>Standard C3</b>	Adequate qualified and trained staff for rendering the mandated services are available
<b>Standard C4</b>	Equipment and consumables for collection, processing and storage of Human milk are available as per defined norm and case load
Area of Concern - D: Support Services	
<b>Standard D1</b>	Maintenance and Upkeep processes are effectively implemented.
<b>Standard D2</b>	Procedures established for estimating the demand of donor human milk and maintaining the buffer stock to avoid stock out
<b>Standard D3</b>	Safe and comfortable environment is provided to donors and as well as to the staff of lactation management centre
<b>Standard D4</b>	Compliance to applicable statutory and legal requirements are ensured.
Area of Concern - E: Clinical Services	
<b>Standard E1</b>	Procedures established as per guidelines for recruitment of Donors
<b>Standard E2</b>	Procedures established as per guidelines for screening of Donors
<b>Standard E3</b>	Implementation of optimal and scientific milk collection processes are ensured as per guidelines
<b>Standard E4</b>	Labelling and pre-pasteurization storage of collected milk is done as per established protocols
<b>Standard E5</b>	Pooling and Aliquoting of milk is done as per established protocols
<b>Standard E6</b>	Pasteurization of Donor Human Milk is done as per protocol.
<b>Standard E7</b>	Post Pasteurization testing of milk is done as per established protocol
<b>Standard E8</b>	Storage of pasteurized donor human milk is done as per established protocols.
<b>Standard E9</b>	Established procedures for Intramural issue of Donor Human Milk
<b>Standard E10</b>	Optimal feeding practices are ensured in attached NICU/SNCU
Area of Concern - F: Infection Control	
<b>Standard F1</b>	Hand Hygiene and personal protection ensured during handling of Human Milk.
<b>Standard F2</b>	Sterility of processing and storage equipment are ensured
<b>Standard F3</b>	Microbiological testing data are analysed for improving the infection control practices

Area of Concern - G: Quality Management System	
<b>Standard G1</b>	Quality Policy and objectives have been defined and communicated to staff and users
<b>Standard G2</b>	Hazard Analysis and Critical Control Point (HACCP) practices have been implemented as per guidelines
<b>Standard G3</b>	Lactation management centre has documented and implemented Standard Operating Procedures
<b>Standard G4</b>	Periodic review and Quality Improvement Processes are implemented
Area of Concern - H: Outcomes	
<b>Standard H1</b>	Key performance indicators (KPI) are measured



## AMENDMENTS MADE UNDER NATIONAL QUALITY ASSURANCE STANDARDS

### List of Amendments done (2016)

#### Added

Reference No	Standards (2016)	Measurable Elements (2016)
1	B6	ME B6.1 – ME B6.11
2	C7	ME C7.1 – ME C7.11
3	G9	ME G9.1 – ME G9.6
4	G10	ME G10.1 – ME G10.10

#### Deleted

1	C4	ME C4.6 & ME C4.7
2	E9	ME E9.4
3	E16	ME E16.3

#### Rephrased

1	G7	ME G7.1 – ME G7.4 to ME G7.1 – ME G7.7
---	----	--

### List of Amendments done (2018)

#### Added

Reference No	Standards (2018)	Measurable Elements (2018)
1	A4	ME A4.12
2	E18	ME E18.1, 18.2, 18.3, 18.5, 18.6, 18.7, 18.8, 18.9, 18.11
3	E19	ME E19.3
4	E20	ME E20.5, ME E20.6, ME E20.10

#### Deleted

1	E18	ME E18.1, ME E18.3
2	H1	ME H1.3

#### Rephrased

1	G6	ME G6.5
2	E18	ME E18.10
3	E19	ME E19.1, ME E19.3
4	E20	ME E20.4



### List of amendments done (2020)

Added		
Reference No	Standards	Measurable Elements
1	B6	ME B6.12
2	E2	ME E2.3
3	E6	ME E6.3
4	G3	ME G3.4 & ME 3.5
5	G10	ME G10.1, 10.2, 10.3, 10.4, 10.5, 10.6 & 10.7
Rephrased		
1	G4	ME G4.4
2	E23	ME E23.2
3	E2	Standard Statement
4	E6	Standard Statement
5	G3	Standard Statement
Deleted		
1	G6	ME G6.1, 6.2, 6.3, 6.4, 6.4 & 6.5



## BIBLIOGRAPHY

1. Standardization of Labour Room at Delivery Point by Maternal Health division Ministry of Health & Family Welfare, Government of India-2016
2. National Guidelines for Obstetric ICU/HDU
3. A Guide for advocating for respectful Maternity care by white ribbon alliance
4. Maa, Mother's Absolute affection, programme for promotion of Breastfeeding Ministry of Health & Family Welfare
5. National Guidelines on Lactation Management Center in Public Health Facilities
6. Guidelines for good Clinical Laboratory practices (GCLP) by Indian council of medical research
7. Infection control guidelines by Indian council of medical research
8. Pradhan Mantri Surakshit Matritva Abhiyan
9. An Introduction to Quality Assurance in Health Care, Avedis Donabedian
10. Juran's Quality Handbook, Joseph. M. Juran, Fifth Edition, McGraw-Hill
11. District Health facility Guidelines for Development and Operations, WHO Regional Publication, Western Pacific Series 22, World Health Organization Regional Office for Western Pacific, 1998
12. Evaluation and Quality Improvement Program (EQulP) standards, 4th Edition, Australian Council on Healthcare Standards
13. Facility based New born Care operational Guide, Guideline for Planning and Implementation, Ministry of Health & Family Welfare, Govt. of India
14. Guideline for enhancing optima Infant and Young Child feeding practices, Ministry of Health & Family Welfare, Govt. of India
15. Guideline for implementing Sevottam, Dept. of Administration reform and Public Grievance, Ministry of Personal and Public Grievance and Pension, Govt of India
16. Guideline for Janani - Shishu Suraksha Karyakaram (JSSK), Maternal Health Division, Ministry of Health & Family Welfare, Govt. of India
17. Implementation Guide on RCH-II, Adolescent and reproductive Sexual health Strategy, for State and District Program Manager, Ministry of Health & Family Welfare, Govt. of India
18. Indian Public Health Standards (IPHS), Guidelines for District Hospitals (101 to 500 Bedded), Revised 2011, Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India.
19. International Covenant on Social, Economic and Cultural Rights (ICESCR), 1976
20. IS 10905, Part-2, Recommendations for basic requirements of general hospital buildings: Part 2 Medical services department buildings, 1984
21. IS 10905, Part-3, Recommendations for Basic Requirements of General Hospital Buildings - Part-3: Engineering Services Department Buildings, 1984

22. IS 10905, Part-1, Recommendations for basic requirements of general hospital buildings: Part 1 Administrative and hospital services department buildings, 1984
23. IS 12433, Part-1, Basic requirements for hospital planning: Part 1 up to 30 bedded hospitals, 1988
24. IS 12433, Part-2, Basic Requirements for Hospital Planning - Part 2: UP to 100 Bedded Hospital, 2001
25. IS 13808: Part 1, Quality management for hospital services (Up to 30-bedded hospitals) Guidelines: Part 1 Outpatient department (OPD) and Emergency Services, 1993
26. IS 13808: Part 2, Quality Management Procedures for Diagnostic and Blood Transfusion Services - Guidelines - Part 2: Up to 30-Bedded Hospitals, 1993
27. IS 13808: Part 3, Quality management for hospital services (up to 30 bedded hospitals) - Guidelines: Part 3 Wards, nursing services and operation theatre, 1993
28. IS 15195, Performance Guidelines for Quality Assurance in Hospital Services up to 30-Bedded Hospitals, 2002
29. IS 15461, Performance Guidelines for Quality Assurance in Hospital Services up to 100-Bedded Hospitals, 2004
22. IS 4347, Code of practice for Hospital lighting, 1967
30. ISO 15189, Medical Laboratories - Particular requirements for quality and competence, Second edition.
31. ISO 9001, Quality Management System requirement, Fourth Edition
32. Janani Suraksha Yojana, Govt of India, Ministry of Health and Family Welfare, Maternal Health Division
33. Joint Commission International Accreditation Standard for Hospital, 4th Edition
34. National Accreditation Board for Hospital and Healthcare Provider, 3rd Edition
35. National Guideline for Improvement of Quality and Safety of Healthcare Institutions (For Line Ministry and Provincial Hospital, First Edition.
36. ICU Planning and Designing in India – Guidelines 2010, Indian Society for Critical Care Medicine
37. Quality Indicators for ICU, 2009, Indian Society of Critical Care Medicine
38. National List of Essential List, 2011, Ministry of Health & Family Welfare, Government of India
39. Guidelines and Space Standards for Building Barrier Free Built Environment for disabled and elderly persons, 1998 CPWD, Ministry of Urban Affairs and Employment
40. Fundamental elements of Quality of Care, A simple framework, Judith Bruce, Studies in family planning 1990
41. Quality Management in Public Health Facilities – An Implementation Handbook, National Health Systems Resource Centre, New Delhi
42. Quality Management in Public Health Facilities - Traversing Gaps, National Health Systems Resource Centre
43. Essential Standards of Quality and Safety, Guidance about compliance, March 2010, Care Quality Commission, United Kingdom
44. Principles of Best Practices in Clinical Audit, National Institute of Clinical Excellence, United Kingdom
45. Operational Guidelines for Integrated Counselling and testing Center, 2007, National AIDS Control organization
46. Operational Guidelines for ART Centers, National AIDS control organization, MoHFW, Government of India
47. Operational Guidelines for Facility Based Management of Children with Severe Acute Malnutrition, 2011, MoHFW, Government of India

48. Handbook for Vaccine and Cold Chain Handlers, 2010, MoHFW, Government of India
49. Twelfth Five Year Plan, Social Sectors, 2012-2017, Planning Commission, Government of India
50. Quality Management in Hospitals, S. K. Joshi, Jaypee Publishers, New Delhi
51. Health Care Case Laws in India, Centre for Enquiry into Health and Allied Themes (CEHAT)
52. Infection Management and Environment Plan, Guidelines for Healthcare workers for waste management and infection control in community health centres
53. Practical Guidelines for Infection Control in Health Care Facilities, World Health Organization
54. IWA1, Quality Management Systems – Guidelines for Processes improvements in health services organizations, 2005, International Organization for Standardization
55. ISO 19011: 2011, Guidelines for auditing management systems, International Organization for Standardization
56. Navjaat Shishu Suraksha Karyakram, Training Manual, MoHFW, Government of India
57. Technical and Operational Guidelines for TB Control, Central TB Division, MoHFW, Government of India
58. Guidelines for Diagnosis and treatment of malaria in India, 2011, National Vector Borne disease control program, GoI, MoHFW
59. Guidelines for Eye ward & Operation theatre, National Program for control of Blindness, MoHFW, GoI
60. Operational Guidelines on National Programme For Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NP-NCD), MoHFW, Government of India
61. Training Manual for Medical Officers for Hospital Based disease Surveillance, Integrated Disease Surveillance Project, National Centre for Disease Control
62. Disability prevention and medical rehabilitation, Guidelines for Primary, Secondary and Tertiary level care, National Leprosy Eradication Program, MoHFW, Government
63. A strategic approach for reproductive, maternal, new born, child and adolescent health (RMNCH+A) in India, MoHFW, Government of India
64. Rashtriya Bal Swasthya Karyakram (RBSK), Operational Guidelines, MoHFW, 2013, Government of India
65. Operational Guidelines for Rogi Kalyan Samitis, Health & Family Welfare Department, Government of West Bengal
66. Maternal & Newborn Health Kit, Maternal Health Division, Ministry of Health & Family welfare, Government of India
67. Infection Prevention Practices in Emergency Obstetric Care, EngenderHealth
68. Laboratory Safety Manual, Third Edition, 2004, World Health Organization
69. Crossing The Quality Chasm: A New Health System for the 21st Century, Institute on Medicine, USA
70. Accreditation of Public Health Facilities, Evaluating the impact of the initiatives taken on improving service delivery, documenting the challenges and successful practices, 2012, Deloitte India
71. Quality & Accreditation of Health Services – A Global Review, ISQUA & WHO
72. Gender Analysis in Health –A review of selected tools, World Health Organization
73. Governing Public Hospitals, Reform strategies and the movement towards institutional autonomy, 2011, World Health Organization

74. Environmentally sound management of mercury waste in Health Care Facilities, Central Pollution Control Board
75. ICD 10 -International Statistical Classification of Diseases and Related Health problems, 2010 Edition, World Health organization
76. Infection Prevention, Guidelines for Healthcare facilities with limited resources, JHPIEGO
77. Manual for Medical officers, dealing with child victims of trafficking and commercial sexual exploitation, UNICEF
78. Medical records Manual, A Guide for Developing Country, World Health Organization
79. Evaluating the quality of care for severe pregnancy complications, The WHO near miss approach for maternal health, World Health Organization
80. Guidelines for Hospital Emergency Preparedness Planning, National Disaster Management Division, Ministry of Home affairs, Government of India
81. Diagnostic Audit Guide 2002, Guide to Indicators, Operation Theatres, Audit Commission, National Health Services, UK
82. Determinants of patient satisfaction in public hospitals and their remediabilities, Nikhil Prakash, Parminder Gautam, JN Srivastava, BMC Proceedings 2012
83. Measuring efficiency of emergency processes using value stream maps at Sick Newborn Care unit, Nikhil Prakash, Deepika Sharma, JN Srivastava, EMS 2013
84. Safe blood & Blood Products, Indicators and Quality of Care, World Health Organization
85. Site assessment and strengthening for maternal health and new born health programs, JHPIEGO
86. Women - Friendly health services experience in maternal care, World Health organization
87. The Quality Improvement Tool book, National Health Systems Resource Center
88. Toyota Production system, Beyond Large Scale Production, 1988 Taiichi Ohno
89. Value Stream Mapping for Healthcare Made Easy, Cindy jimerson, CRC press, New York
90. Mistake proofing: the design of Health care – AHRQ, USA
91. The Quality Tool Box, Nancy R Tague, ASQ Quality Press
92. To Err is Human: Building a safer health system, Institute of Medicine
93. Safety code for medical diagnostic x-ray equipment and installations, 2001, Atomic Energy Regulation Board
94. Guidelines for Good Clinical Laboratory Practices (GCLP), 2008, Indian Council of Medical Research
95. Hutchinson Clinical Methods, 23rd Edition, Saunders Ltd.2012
96. Surgical care at District Hospital, World Health Organization
97. District Quality Assurance Programme for Reproductive Health Services, An Operational Manual, 2006 Department of Health and Family Welfare Government of Gujarat
98. Healthcare Quality Standards, Process Guide, National Institute of Clinical Excellence, United Kingdom
99. Bio Medical Waste (Management & Handling) 1998
100. Medical Termination of Pregnancy Act 1971
101. Pre Conception & Pre Natal Diagnostic Test Act 1996
102. Person with Disability act 1995

# QUALITY IMPROVEMENT PUBLICATIONS

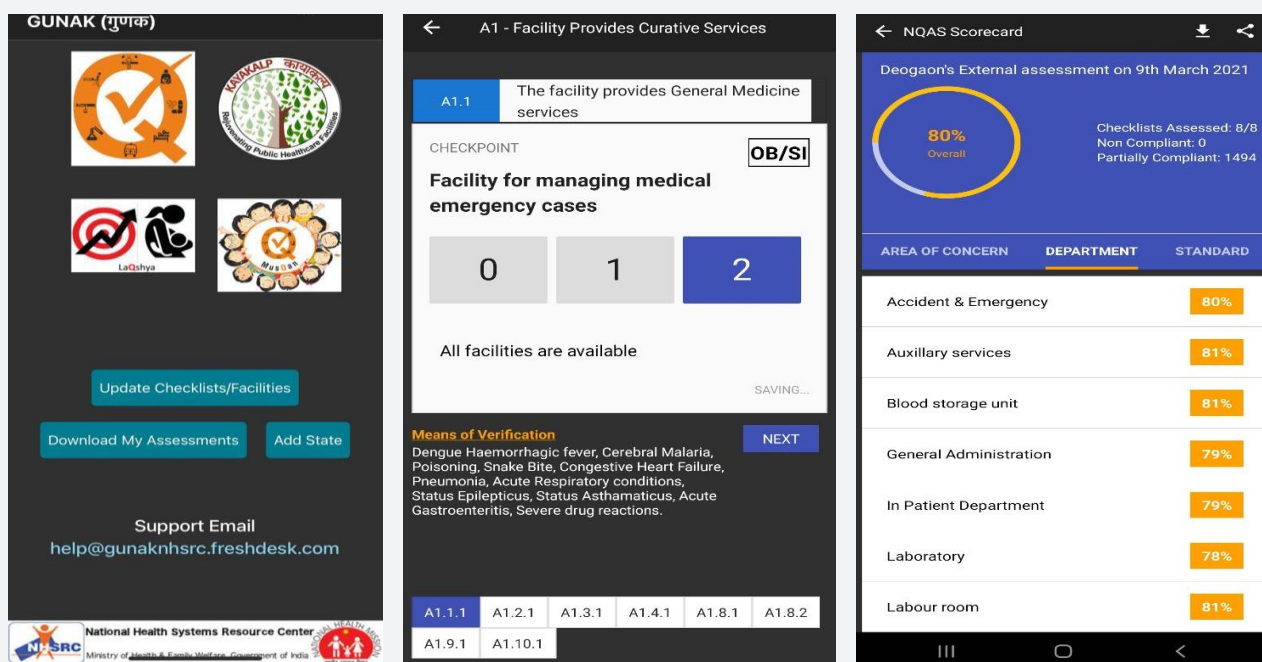
1. Operational Guidelines for Improving Quality in Public Healthcare Facilities
2. Assessor's Guidebook for Quality Assurance in District Hospitals Volume I, II & III
3. Assessor's Guidebook for Quality Assurance in Community Health Centres
4. Assessor's Guidebook for Quality Assurance in Primary Health Centres
5. Quality Standards for Urban Primary Health Centre
6. Assessor's Guidebook for Ayushman Arogya Mandirs (Sub-Health Centres)
7. National Quality Assurance Standards for AEFI Surveillance Program
8. LaQshya Labour Room Quality Improvement Initiative
9. MusQan Ensuring Child Friendly Services in Public Health Facilities
10. Kayakalp – Award to Public Health Facilities

**Link for QPS website:** <https://qps.nhsrcindia.org>

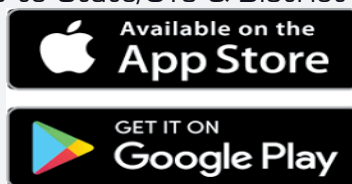
# APP FOR QUALITY & KAYAKALP ASSESSMENT



## Gunak – Guide for NQAS and Kayakalp



- Digital version of NQAS (National Quality Assurance Standards), Kayakalp, LaQshya and MusQan assessments.
- Availability of State/UTs wise customized checklists.
- User-friendly assessment interface with single-hand navigation.
- Automated scorecard generation that can be shared as an excel sheet or image file.
- Real-time reporting of scores to State/UTs & District Quality Assurance teams.



Powered By-



Go to- or search on Play store/Apple store – NHSRC or NQAS or Kayakalp or Gunak  
[https:// play.google.com/store/apps/details? id=co. Facilities assessment](https://play.google.com/store/apps/details?id=co.Facilities assessment)

<https://apps.apple.com/in/app/gunak/id1354891968>







