



Ayushman Bharat “Niramayam”

Government of Madhya Pradesh



GUIDELINES FOR THE EMPANELMENT OF NON NABH SINGLE/MULTISPECIALITY /SUPERSPECIALITY HOSPITALS

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GUIDELINES FOR THE EMPANELMENT OF NON NABH
SINGLE / MULTISPECIALITY / SUPERSPECIALITY HOSPITALS



Category 1: General Criteria

Category 2: Super Specialty Criteria

1.1. Basic Principles:

For providing the benefits envisaged under the Mission, the State Health Agency (SHA) through State Empanelment Committee (SEC) will empanel or cause to empanel **Non NABH** private health care service providers and facilities as per these guidelines.

1.2. Inclusions:

Single/Multi speciality/ Super Specialities

General Surgery, ENT, Ophthalmology, Obstetrics & Gynaecology, Orthopaedics, Cardio Thoracic Surgery, Paediatric surgery, Genitourinary Surgery (Urology), Neuro Surgery, Surgical Oncology, Medical Oncology, Radiation Oncology, Burns, Plastic & reconstructive Surgery, Polytrauma, Dental Surgery, Paediatric Cancer, Critical Care, General Medicine, Paediatrics, Neonatology, Cardiology, Nephrology, Neurology, Chest diseases and respiratory medicine (Pulmonology).

Super Specialities Centres:

Super Speciality centres are the centres which reflect requirement of DM/MCH/DNB or equivalent qualified personnel.

1.3. Process of Empanelment for Non NABH Single/Multi speciality/ Super Specialities private health care service providers:

- A. Hospitals can apply for the empanelment through the portal only, as a first step for getting empanelled in the programme <https://hospitals.pmjay.gov.in>.
- B. Hospital should have ROHINI provided by Insurance Information Bureau (IIB).
- C. Hospital need to fulfil the criteria for various types of specialties catered by the hospitals (Annexure 1).
- D. All the required information and documents will need to be uploaded and submitted by the hospital through the web portal.
- E. Hospitals need to attain quality milestones by having at least NABH pre-entry level accreditation to be attained within 1 year with 2 extensions of one year each.
- F. Criteria for empanelment has been divided into two broad categories as given below.

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All the hospitals empanelled under Ayushman Bharat "Niramayam" for have to meet the minimum criteria established under the scheme detailed in Annexure 1. No exceptions will be made for any hospital at any cost.

Hospitals would need to be empanelled separately for certain tertiary care packages authorized for one or more specialties (like Cardiology, Oncology, and Neurosurgery etc.). This would only be applicable for those hospitals who meet the general criteria for the scheme.

- G. State Empanelment Committee (SEC)** will have the flexibility to revise/relax the empanelment criteria based, barring minimum requirements of Quality as highlighted in Annexure 1, on their local context, availability of providers, and the need to balance quality and access.
- H. Hospitals** will undergo a renewal process for empanelment after 3 year to determine compliance to minimum standards.
- I.** After the empanelment request by a hospital is filed, the application should be scrutinized by the SHA and processed completely within **30 days** of receipt of application.

Physical verification team:-

The mode of verification of empanelment application, conducting the physical verification will be done by through a team with two members of State Health Agency (SHA) nominated by CEO, Ayushman Bharat "Niramayam"/ three member team from District including one member nominated by CMHO (Should be from CMHO office, Minimum qualification is MBBS), one member from DQAC&District Epidemiologist, under the broad mandate of the instructions provided in these guidelines. The State Government may also require the Insurance Company to mandatorily provide a medical representative to assist the SEC in its activities.

Alternatively, the SHA may continue with any existing institution under the respective state schemes that may be vested with the powers and responsibilities of SEC as per these guidelines.

The Physical verification team will be responsible for:

- Getting the field verification done along with the submission of the verification reports to the SEC.
- The Team will physically inspect the premises of the hospital and verify the physical presence of the details entered in the empanelment application, including but not limited to equipment, human resources, service standards and quality and submit a report in a said format through **real time monitoring** using an App by geotagging the photographs

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through the portal along with supporting pictures/videos/document scans which shall be examined by the officers at the State Health Agency.

- The **Physical verification team** will also be responsible for recommending, if applicable, any relaxation in empanelment criteria that may be required to ensure that sufficient number of empanelled facilities are available in the district.
- Final approval of relaxation will lie with SEC.
- The SEC will consider, among other things, the reports submitted by the **Physical verification team** and recommendation approve or deny or return to the hospital the empanelment request.

The SHAs through State Empanelment Committee (SEC) shall ensure:

- Empanelment within the stipulated timeline.
- The empanelled provider meets the minimum criteria as defined by the guidelines for non NABH multispecialty private health care service providers;
- Time-bound processing of all applications; and
- Time-bound escalation of appeals.
- In case of refusal, the SEC will record in writing the reasons for refusal and either direct the hospital to remedy the deficiencies, or in case of egregious emissions from the empanelment request, either based on documentary or physical verification, direct the hospital to submit a fresh request for empanelment on the online portal.
- In case the hospital chooses to withdraw from the scheme, it will only be permitted to enter/ get re-empanelled under the scheme after a period of **6 months**.

1.4. Awareness Generation and Facilitation:

The SHA shall ensure that maximum number of eligible hospitals participate in the scheme, and this need to be achieved through IEC campaigns, collaboration with and district, subdistrict and block level workshops.

The state and district administration should strive to encourage all eligible hospitals in their respective jurisdictions to apply for empanelment under Ayushman Bharat ‘Niramayam’. The SHA shall organize a district workshop to discuss the details of the Mission (including empanelment criteria, packages and processes) with the hospitals and address any query that they may have about the mission.

Annexure 1: Detailed Empanelment Criteria

Minimum Criteria:

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A Hospital would be empanelled as a network private hospital with the approval of the respective State Health Authority¹ if it adheres with the following minimum criteria:

1. In order to facilitate the effective implementation of PMRSSM, State Governments shall set up the State Health Authority (SHA) or designate this function under any existing agency/ trust designated for this purpose, such as the state nodal agency or a trust set up for the state insurance program.
2. Qualified doctor is a MBBS approved as per the Clinical Establishment Act/ State government rules & regulations as applicable from time to time.
3. Qualified nurse per unit per shift shall be available as per requirement laid down by the Nursing Council/ Clinical Establishment Act/ State government rules & regulations as applicable from time to time.
4. Should have at least 50 inpatient beds at district level and 30 inpatient beds at subdivision level with adequate infrastructure, spacing and supporting staff as per norms.
 - Exemption may be given for the hospitals in Aspirational districts/ Tribal districts, for non-profitable trust hospitals and single-specialty hospitals except where Medical College Hospitals are situated.

Aspirational districts	Tribal districts
Damoh	Alirajpur
Barwani	Anuppur
Vidisha	Barwani
Singrauli	Betul
Khandwa	Dhar
Chhatarpur	Dindori
Guna	Jhabua
Rajgarh	Khargone
	Mandla
	Umaria

5. It should have adequate and qualified medical and nursing staff (doctors² & nurses³), physically in charge round the clock; (necessary certificates to be produced during empanelment).



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6. Fully equipped and engaged in providing Medical and Surgical services, commensurate to the scope of service/ available specialities and number of beds.
 - Round-the-clock availability (or on-call) of a Surgeon and Anaesthetist where surgical services/ day care treatments are offered.
 - Round-the-clock availability of specialists (or on-call) in the concerned specialties having sufficient experience where such services are offered.
7. Hospital should have adequate arrangements for round-the-clock support systems required for the above services like Pharmacy, Blood Bank, Laboratory, Dialysis unit, Endoscopy investigation support, Post op ICU care with ventilator support (mandatory for providing surgical packages), X-ray facility etc., either 'In-House' or with 'Outsourcing arrangements' with appropriate agreements and in nearby vicinity.
8. Round-the-clock Ambulance facilities (own or tie-up).
9. 24 hours emergency services managed by technically qualified staff wherever emergency services are offered.
10. Casualty should be equipped with Monitors, Defibrillator, Nebulizer with accessories, Crash Cart, Resuscitation equipment, Oxygen cylinders with flow meter/ tubing/catheter/face mask/nasal prongs, Suction apparatus etc. and with attached toilet facility.
11. Mandatory for hospitals wherever surgical procedures are offered:
 - Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
 - Post-op ward with ventilator and other required facilities.
12. Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (For medical/surgical ICU/HDU) with requisite staff
 - The unit is to be situated in close proximity of operation theatre, acute care medical and surgical ward units.
 - Suction, oxygen supply and compressed air should be provided for each bed.
 - Further High Dependency Unit (HDU) - where such packages are mandated should have the following equipment:
 - 1) Piped gases
 - 2) Multi-sign Monitoring equipment
 - 3) Infusion of ionotropic support
 - 4) Equipment for maintenance of body temperature

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- 5) Weighing scale
- 6) Manpower for 24x7 monitoring

- ICU should also be equipped with all the equipment and manpower as per HDU norms, plus paediatric ventilator(s).

13. Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.

- Wherever automated systems are used it should comply with NHA EHR guidelines (as and when they are enforced and updated)
- All Ayushman Bharat cases must have complete records maintained.

14. Legal requirements as applicable by the local/state health authority.

15. Adherence to Standard treatment guidelines/ Clinical Pathways for procedures as mandated by NHA from time to time.

16. Registration with the Income Tax Department.

17. NEFT enabled bank account

18. Telephone/Fax

19. Safe drinking water facilities.

20. Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.

21. Waste management support services (General and Bio Medical) – in compliance with the biomedical waste management act.

22. Appropriate fire-safety measures.

23. Provide space for a separate kiosk for Ayushman Bharat beneficiary management at the hospital reception.

24. Ensure a dedicated medical officer to work as a medical co-ordinator towards Ayushman Bharat beneficiary management (including records for follow-up care as prescribed)

[Signature]
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- 25.** Ensure appropriate promotion of Ayushman Bharat in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA team.
- 26.** IT Hardware requirements (desktop/laptop with internet, printer, webcam, scanner/ fax, biometric device etc.) as mandated by the NHA.

27. Summary of mandatory documents(own or tie-up)

Name of approval	Issuing Authority
PAN card	Separate PAN number
Building plan approval	Municipal Commissioner/ Executive Officer Panchayat
Occupancy certificate	Municipal Commissioner/ Executive Officer Panchayat
D & O trade licence	Municipal Commissioner/ Executive Officer Panchayat
Fire department clearance certificate	Fire Services Authority
Nursing Home Registration	CM & HO
PCPNDT act Registration	CM & HO
Blood bank license	Director Drug Control administration (DCA)(own or tie-up)
Pharmacy license	Director Drug Control administration (DCA)
Transplantation of human organs registration certification	Director of Medical Education Committee
Pollution control board certificate	Pollution Control Board
Registration certificate of Ambulance	Regional Transport Authority(own or tie-up)
Licence for surgical spirit	Excise Authority
Licence for morphine	Excise Authority
Licence for opium	Excise Authority
Bio medical waste management as per rules	Authorization of Pollution Control Board
Registration for operation of medical diagnostic x-ray equipment	Atomic energy regulatory board (AERB) certification

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Annexure 1-

Criteria for Non-NABH Super Specialty Hospital Assessment Sheet

S.No.	Category	Number of Standards	Number of Means of Verification
1	Key Inputs	10	40
2	Clinical Services	11	41
3	Support Services	10	40
4	Patient Care	11	41
5	Health Outcome	11	20
	Total	53	182

- Each checkpoint is accompanied by means of verification in next column.
- The process of assessment will take place in three steps-
 1. Under all the categories, there are mandatory requirements which are to be fulfilled compulsorily
 2. Means of verifications which require to be assessed on basis of the scoring system as mentioned below as minimum quality standards.

Scoring for Quality Standards –

Following general principles may be given following numerical score.

Full Compliance-If the information gathered gives the impression that all the requirements of Checkpoints and means of verification are being met, full compliance i.e. Marks-2 should be provided for that check point.

Partial Compliance- For providing partial compliance at least 50% or more requirements should be met. For partial compliance a score of 1 mark should be given

Non-Compliance- Non-compliance is assigned to when facility fails to meet at least 50% of the requirement given in a checkpoints and corresponding means of verification. In this case score 0 is given

Total Score	Score Achieved	Percentage
172		

3. Based on the super specialty service for which the facility has to be empanelled, the minimum criteria for respective super speciality have to be fulfilled by the facility.

A Facility should fulfill all the mandatory criteria and the criteria for super specialty for which they have applied and should at least score more than 70% under quality standard criteria to be eligible for empanelment under Ayushman Bharat "Niramayam"

Criteria 1- Key Inputs

This section of key inputs broadly covers the structural part of the hospital.

The certification criteria given in this category take into consideration the –

- facility infrastructure
- human resources requirements and training
- appropriate space in hospital for patient movement
- proper lighting facility in the hospital
- medical instruments and equipment requirements and maintenance
- fire-fighting equipment
- Basic amenities like drinking water, waiting area, canteen, suitable toilets for men and women etc.

Mandatory Criteria -

Code	Criteria	Interpretation	Means of Verification	Y/N
KI 1	<p>Physical facility of the building and hospital environment shall be developed and maintained for the safety of Patients, visitors, and staff</p> <p><i>To ensure this, the hospital premises must have basic essentialities of infrastructure and shall have annual maintenance plan for infrastructure development. This includes appearance of the facility, cleaning processes, infrastructure maintenance and control of stray animals at the facility.</i></p>	<i>This standard guides the provision of safe and secure environment for patients, visitors and staff.</i>	There should be no cattle or stray animals within the premises	
			The facility should have a guard available 24*7	
			The hospital boundary should be intact and not broken	
			Hospital (Building(s)) should be well maintained i.e. walls are well plastered (no cracks or seepage) and painted	
			Windows and doors are intact and have grill/ wire meshwork	
			The facility should have an annual maintenance plan for its infrastructure	
			Non-structural components such as cupboards, cabinets and other heavy equipment or hanging objects should be properly fastened and secured	
			Hospital building should not have wire hanging loosely	
			There should be no stains, grease, cobwebs and bird nest on walls and roofs of the hospital	
			There should be a closed drainage system with no direct contact with the environment	

Code	Criteria	Interpretation	Means of Verification	Y/N
KI 2	<p>Hospital should have adequate space for ambulance and patient movement</p> <p><i>This standard requires that facility should ensure adequate space for ambulance movement and parking. The access to the emergency/ receiving area should be smooth and spacious for the ease of patient movement and safe handling.</i></p>	<i>This standard requires that facility should ensure adequate space for ambulance movement and parking. The access to the emergency/ receiving area should be smooth and spacious for the ease of patient movement and safe handling.</i>	Ambulance should have direct access to the emergency/ receiving/ triage area and access road to emergency should be wide enough to streamline the movement of the patient till the emergency/ receiving area	
			No vehicle should be parked on the way or in front of the emergency entrance	
			Dedicated parking area for the ambulance	

Code	Criteria	Interpretation	Means of Verification	Y/N
KI 3	Access to the hospital should be provided without any physical barrier and friendly to people with disabilities	<i>Provisions should be available for physically challenged/ vulnerable person to make the entrance accessible with ramps and grab bars. The facility should have facility of wheelchair, stretcher and trolleys with safety belts for immediate support of the patient.</i>	Availability of wheelchair, stretcher for emergency with straps to protect the patient from falling	
			The wheelchair, stretcher and trolleys should be clean, operational and their wheels should be properly aligned	
			Availability of ramps with railings at the entrance of the facility	

Code	Criteria	Interpretation	Means of Verification	Y/N
KI 4	Basic amenities should be provided for all patients, hospital staff and visitors	<i>The hospital must have an appropriate waiting area with seating arrangement, drinking water, clean toilets sensitive to gender and physically challenged visitors and staff personnel should be present within the premises.</i>	Availability of seating arrangement in the waiting area(s) within the hospital premises for attendants	
			Availability of potable drinking water on each floor (functional RO/filters)	
			There should be a provision of canteen facility for visitors & staff inside the premises	
			Every floor should have at least one toilet for hospital staff and visitors	
			Availability of clean and functional toilets with no foul smell in and around the toilet along with functional water taps	
			The toilets floor should be dry and no drain should be overflowing	
			Availability of disabled friendly toilet with bars or railings and is accessible through a ramp	
			Availability of 24*7 working telephone help line in hospital for effective communication	

Code	Criteria	Interpretation	Means of Verification	Y/N
KI 5	The hospital should ensure that all medical staff is adequately credentialed as per the statutory norms	<i>The organization shall ensure that the medical professionals who have required qualification, training, experience and consonance with the law are permitted to provide the services and such information should be appropriately verified. Also, the facility should maintain an adequate number and mix of staff to meet the</i>	Doctor/ Nurse/ Paramedic Staff/ Admin & Support Staff along with the current designation, educational qualification, registration council of name and the associated registration number along with the date of joining and area/working department	
			Organization should plan human resource with adequate number and with mix and credentials of staff as per the statutory norms	

		<i>care, treatment and services needs of patients.</i>	Hospital has dedicated staff (3 members) for AYUSHMAN BHARAT "NIRAMAYAM"	
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Code	Criteria	Interpretation	Means of Verification	Y/N
KI 6	Hospital should have fire detection and fire-fighting equipment installed as per fire safety norms along with staff training	<i>The facility should have plan and provisions for early detection, abatement and containment of fire emergencies such as documented safe fire exit plan and trained staff. The periodic training shall include information, demonstration to use fire extinguisher and mock drills</i>	Check if fire extinguisher, fire/smoke detectors are installed in patient care areas with firepanel	
			Check for date of expiry on fire extinguisher which should be the beyond current date	
			The organization has a documented safe exit plan in case of fire and non-fire emergencies	
			Periodic training with mock drill is provided for using fire extinguishers	

Quality Standards Criteria –

Code	Criteria	Interpretation	Means of Verification	Score
KI 7	The indoor and outdoor areas of the facility should be well-lit	<i>In order to provide safe, secure and comfortable environment to patients and staff the hospital should have provision of comfortable environment in terms of illumination either through electric bulbs and tubes at all the places, accompanied by natural source of light. Also, the front, entry and exit areas should also be well lit.</i>	There should be proper lighting in the indoor areas through natural light and by using sufficient electric bulbs	
			The facility's front, entry gate and access road are well illuminated	

Code	Criteria	Interpretation	Means of Verification	Score
KI 8	The facility has functional equipment and instruments as per scope of services	<i>The hospital must have all the equipment and instruments according to the scope of services they are offering. Basic functional diagnostic equipment should also be ready available.</i>	Availability for examination and monitoring of patients - BP apparatus, Multiparameter Torch, hammer, an instrument to measure height, weight and Blood Pressure (BP) to conduct a general examination	

Code	Criteria	Interpretation	Means of Verification	Score
KI 9	Staff involved in direct patient care shall be trained in	<i>The organization shall provide regular training to the staff providing direct patient care. If the facility has a CPR team (e.g. code</i>	Training Records for Basic Life Support (BLS)	

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	Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) along with a display of the same in all critical care areas	<i>blue team) it shall ensure that it is trained in advanced cardiopulmonary resuscitation (adult, pediatric and neonatal) and is present in all shifts. All doctors and nurses working in ICU/ HDU should undergo appropriate training and display the CPR algorithm at all the critical areas</i>	There should be a code blue protocol in the organization	
			Check the display of CPR algorithm in or near ICU, Clinical area and Emergency areas.	
			Check the records for CPR events & CPR Mock drill along with the corrective & Preventive measures taken	

Code	Criteria	Interpretation	Means of Verification	Score
KI 10	Annual Training Plan should be prepared for all staff covering all training needs	<i>The hospital should document plan and prepare a training calendar to ensure staff is able to identify the patient's rights and responsibilities, potential hazards, maintain required quality and take appropriate actions during any disaster</i>	Facility prepares training calendar as per training need assessment, training feedback records - Training on Disaster Management, Patient safety and rights, facility level Quality Assurance	
			AYUSHMAN BHARAT "NIRAMAYAM" specific training (e.g. BIS, TMS, HEM & Support Portal, etc) to all concerned staff.	

Criteria 2 – Clinical Services

These are the processes that determine the outcome of services and quality of care.

These standards include processes such as -

- Consultation
- clinical assessment
- continuity of care
- nursing care
- identification of high risk and vulnerable patients
- prescription practices
- safe drug administration
- blood bank requirement
- antibiotic policy
- Maintenance of clinical records etc.

Assessment of these standards would largely depend upon a review of the clinical records and documents.

Mandatory Criteria -

Code	Criteria	Interpretation	Means of Verification	Y/N
CS 1	Patients privacy should be maintained in Out Patient Department (OPD) and InPatient Department (IPD)	<i>During all the stages of patient care, be it examination or carrying out a procedure, hospital staff shall ensure that the patient's privacy and dignity is maintained. There should be a provision of screens and curtains to ensure precautions are taken while providing care to patients.</i>	Check availability for privacy screens or curtains in OPD and wards for maintaining visual privacy for the patients	

Code	Criteria	Interpretation	Means of Verification	Y/N
CS 2	The lab diagnostic services, whether in house or outsourced, should be as per the scope of services	<i>The facility should have MoU/ Agreement for the out-sourced laboratory services, which incorporates quality assurance and requirements of this standard. Also, a list of services provided by the hospital or outsourced should be available. If the services are outsourced, then the hospital should ensure safe and timely transportation of specimens.</i>	List the number of in-house lab services List the number of outsourced lab services with their scope of work. In the case of outsourced services, is there a sample collection room and a procedure to monitor the quality and adequacy of these services There should be a system in place for the daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge of monitoring diagnostic services	

Code	Criteria	Interpretation	Means of Verification	Y/N
CS 3	Blood bank services if available shall be as per the	<i>The blood bank should be functioning and adhere to standards procedures for blood collection and testing. In case</i>	Blood bank services are available in house or outsourced. If outsourced then adequate supply/storage shall be ensured from a nearby authorized	

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	statutory/regulatory norms.	<i>the hospital doesn't have the blood bank, it shall have a MoU with the blood bank or the organization having a blood bank which has a valid license. IEC material for blood donation should also be displayed at all strategic locations.</i>	blood bank	
			Blood bank has a valid license under Rule 122(G) Drug and cosmetic act	
			Blood bank has a facility of blood collection and storage along with emergency stock of blood	
			IEC material is displayed in blood bank and nearby area to provide information and promote blood donation	
			Check for availability of adequate functional equipment for blood products - Blood bags refrigerator with thermograph and alarm device, Insulated carrier boxes with ice packs, Blood bag weighing machine and deep freezer	

Code	Criteria	Interpretation	Means of Verification	Y/N
CS 4	The hospital should adhere to the radiation safety precautions as per the regulatory requirements	<i>Shielding of body parts of staff and patients, attendants should be adhered to by using protective devices and equipment, along with precautions as per law for radiation safety. The facility should also ensure standard practices, usage and supply of Personal Protective Equipment (PPE).</i>	Clean gloves, aprons and masks are available at the point of use TLD badges should be provided to each staff member in the radiation room Lead aprons, thyroid shields and other radiation protection devices should be provided for the staff in the radiation field. These should be tested once in 2 years as per AERB norm Availability of ECG services	

Code	Criteria	Interpretation	Means of Verification	Y/N
CS 5	OT complex should be available as per the regulatory requirements	<i>The organization shall ensure that the operation theater has facilities for demarcated areas, separate changing rooms for males and females along with proper illumination and temperature</i>	Proper demarcation of the following areas: protective zone, clean zone, sterile zone and disposal zone Availability of signage stating that the entry to OT is restricted Pre-operative and post-operative area should be well-lit Change rooms are available for male and female staff; entry in OT should be allowed only after change in attire Temperature and humidity are maintained and record of same is kept	

Quality Standards Criteria -

Code	Criteria	Interpretation	Means of Verification	Score
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7 | State Health Agency, Ayushman Bharat "Niramayam"

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CS 6	<p>Intensive Care unit (ICU) services should be available as per the scope of services along with the required infrastructure and manpower</p> <p><i>The ICU should be equipped with necessary monitoring equipment along with the suitably manned by trained staff. The hospital should provide proper and safe environment to the infected patients and necessary procedures should be followed for the same.</i></p>	Flooring of the ICU should be non-slippery and smooth	
		Windows/ air vents if any should be intact and sealed	
		Comfortable temperature & humidity should be maintained	
		Availability of general duty doctor, nursing staff, paramedic and security staff as per requirements	
		Critical care equipment is available and maintained- Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley, Ventilator, Infusion pump, C-PAP, tray, monitors, Electrical panel with a bed, bedhead panel with an outlet for Oxygen and vacuum, X-ray view box, defibrillator	
		Availability of isolated area for infectious patient	
		Isolation and barrier nursing procedures are followed for septic cases	

Code	Criteria	Interpretation	Means of Verification	Score
CS 7	<p>Look-alike and sound-alike medicines need to be identified and stored separately to avoid any dispensing and administration errors.</p>	<p><i>The drug store should arrange the stock in alphabetic/ uniform/ standardized order and storage requirement of the drugs should be adhered to. The overall cleanliness and temperature of the storage area should be maintained. One look alike should be stored apart from its other look alike</i></p>	Product of similar name and different strength (look alike and sound alike drugs) should be stored separately.	
			Medicine storage shall be in a clean, well lit, and in a safe environment in accordance with the applicable laws and regulations	
			Stock is arranged neatly in alphabetic order with the name facing the front and labels must have drug name, strength and frequency	
			Drug store has inventory management software	

Code	Criteria	Interpretation	Means of Verification	Score
CS 8	<p>Policies and procedures for identification, safe dispensing and administration of all high-risk medicines should be documented and implemented</p>	<p><i>Clear policies to be laid down for dispensing of high-risk medicines and the list of such medicines should be available at the drug store. The narcotics drugs should be stored in secure manner</i></p>	Documented procedure incorporating storage, prescription and dispensing of medications	
			Narcotic medicines are kept in double lock	
			Pharmacy has a list of high-risk drugs available with it	
Code	Criteria	Interpretation	Means of Verification	Score

CS 9	The facility has defined and established antibiotic policy	<i>The Hospital must have an established antibiotic policy ensuring rational use of antibiotic/drug.</i>	Facility should ensure the rational usage of antibiotics/ drugs and policy for the same is in place and implemented.	
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Code	Criteria	Interpretation	Means of Verification	Score
CS 10	Pre-operative, Intra-operative and postoperative assessment should be done and documented by appropriately qualified staff in standardized format	<i>All the patients undergoing surgery should be assessed pre-operative, intra-operative and post-operative by the trained staff, which should be documented in a standardized format. Also, a documented procedure should be available for preventing adverse like wrong site, wrong patient and wrong surgery</i>	There is a procedure for pre-operative and intra-operative assessment - Physical examination, result of lab investigation, diagnosis and proposed surgery (3 samples)	
			Patient reports with post-operative notes that should contain vital signs, pain control, urine and gastrointestinal fluid output, other medications and Laboratory investigations (3 samples)	
			Documented procedure to address the prevention of adverse events like wrong site, wrong patient and wrong surgery.	

Code	Criteria	Interpretation	Means of Verification	Score
CS 11	Pre-Anesthesia assessments, type of Anesthesia and Post Anesthesia status should be Documented	<i>The pre-anesthesia, post anesthesia and type of anesthesia should be monitored and documented in a standardized format. Also the patient records must contain regular and periodic monitoring records of patients who are under observation Post Operative/Anesthesia for the purpose of taking corrective and preventive actions.</i>	Department has documented procedure for pre-operative anesthesia checkup	
			Anesthesia plan is documented before entering into OT	
			Post anesthesia status is monitored and recorded	
			Post-Operative/Anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency	

Criteria 3- Support Services

Support services are fundamental foundation of every healthcare facility and help other departments things run smoothly.

It includes parameters to evaluate –

- Cleanliness
- Sterilization
- infection control practices
- security and facility management
- water and power supply

- Dietary services and laundry.

These standards also cover some of the administrative processes like legal and statutory compliances, contract management, Bio-Medical waste disposal etc.

Mandatory Criteria -

Code	Criteria	Interpretation	Means of Verification	Y/N
SS 1	The hospital should have arrangement of water storage and should be tested periodically as per requirement	<i>The hospital shall ensure that there is sufficient water supply to meet the requirements at all point of use round the clock. Alternate source of water should be available as backup for any failure or shortage and same should be tested on regular basis. The results of the tests should be documented</i>	At least 200 liters of water per bed per day is available on a daily 24x7 basis. Adequate backup for continuous water supply should be available (check alternate sources also)	
			Water is available at all points of use for hand washing, OT, Labor room, wards, Patients toilet & bathroom.	
			All water tanks are kept tightly closed to ensure safety	
			Check the records for periodic tests of the quality of water from the source (municipal supply, borewell, etc.) for bacterial and chemical content as per the guidelines	

Code	Criteria	Interpretation	Means of Verification	Y/N
SS 2	The hospital should have 24 hours supply of electricity, either through direct supply or from other sources	<i>Hospital should have availability of power back up in the form of emergency lights, DG sets, solar energy, UPS, noiseless generators or any other suitable source. The staff involved in maintenance of electricity must have rubber mats, gloves and boots for safe working and prevention from any mis-happening.</i>	Check the availability of power back up, availability of UPS, emergency lights or noiseless generators	
			Rubber mats are available in the electrical room below the panels and rubber gloves, boots and safety gears are provided to the electrical staff	

Code	Criteria	Interpretation	Means of Verification	Y/N
SS 3	Medical gases and vacuum shall be made available all the time and stored safely. Compressed air should be made available as per the scope of services	<i>Manifold room should be accessible and have adequate back up of oxygen cylinders. Availability of central oxygen and vacuum supply should especially be assessed in critical area like OT and ICU with standardized colour coding of cylinders and pipelines. A prompt replacement procedure and alarm system should be available to indicate any abnormal pressure change in the room. The instructions for operating different equipment's in manifold room should be displayed clearly.</i>	The manifold room should be located on the ground floor and entry to the room is prohibited for the unauthorized people.	
			The manifold room should have at least 3 days of oxygen and other medical gases stock, that is chained appropriately	
			Color of the gas pipeline (if applicable) and the gas cylinder has to be as per the standards	
			The alarm system should be operational to indicate any abnormal pressure change	
			Adequate back-up of B-type cylinders in critical areas like ICU, OT and for patient transfer purpose	
			The procedure being followed for prompt replacement of empty	

			cylinders with filled cylinders Instruction for operating different equipment in the manifold room should be clearly displayed	
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Code	Criteria	Interpretation	Means of Verification	Y/N
SS 4	The facility should adhere to the practices specified under statutory compliances as per the scope of services - Licenses with Certificate number, date of issue and date of expiry	<i>Hospital should adhere to the statutory norms/ compliances laid down by government as per the scope of services and must provide certificates/ licenses for the same</i>	Fire Department Clearance Certificate NOC from Pollution Control Board for air and water pollution Lift License (if applicable) Hospital Registration Certificate Bio-Medical Waste Management PCPNDT Act Registration AERB Pharmacy License & Narcotics Drugs License (if applicable) Ambulance Registration Certificate, insurance Policy, pollution control and Driver License (if in house or outsourced)	

Code	Criteria	Interpretation	Means of Verification	Y/N
SS 5	Hospital should ensure Bio-Medical Waste management practices as per the statutory norms (BMW (Amendment) Rules, 2018)	<i>The organization shall be authorized by the appropriate authority for management of biomedical waste. The waste should be segregated and collected in different color coded bags and containers as per statutory norms and same should be available at all the point of waste generation. Management of biomedical waste including its segregation, transportation, management and disposal of waste should be done by an authorized agency with a designated place for waste collection and segregation near the premises.</i>	Availability of color-coded bins at the point of waste generation along with the display of work instructions for segregation and handling of Biomedical waste The waste should be handed over to an authorized agency and not discharged in any drain. If outsourced, check the contract document of outsourced services. Register with the weight of waste collected from different colored bags should be maintained Facility has secured designated place for segregation and storage of Bio-Medical waste before disposal at the waste collection site Transportation of bio-medical waste should be done in a closed container/trolley	

Quality Standards Criteria -

Code	Criteria	Interpretation	Means of Verification	Score
SS 6	Hospital should be clean and have well managed flooring	<i>The flooring of the hospital should be well managed and have adequate cleaning processes like mopping, scrubbing etc. conducive for the infection control.</i>	The floor should be non-slippery and dry The floor surface should be smooth enough for effective cleaning and walking The facility should be cleaned at least twice in the day with a wet mop and are also rigorously cleaned with scrubbing at least once in a month. Check cleaning records for regular and	

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			frequency of cleaning	
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Code	Criteria	Interpretation	Means of Verification	Score
SS 7	Temperature control and ventilation should be maintained in patient care and nursing area	<i>Arrangement for comfortable work environment in terms of temperature control should be available in patient care areas and work stations.</i>	Availability of fans/ air conditioning/ heating/ exhaust/ air vents as per the requirement and weather condition.	

Code	Criteria	Interpretation	Means of Verification	Score
SS 8	The hospital should ensure that appropriate infection control practices are being followed along with hand hygiene practices	<i>The hospital infection control and prevention process should be documented which aims at preventing and reducing risk of healthcare associated infection. The organization shall also adhere to hand hygiene, cleaning, disinfection and sterilization guidelines.</i>	Availability of wash basin near the point of use along with antiseptic soap with soap dish/ liquid antiseptic with dispenser Availability of alcohol-based hand rub Availability of disinfectant/cleaning agent as per requirement Check if infection control manual showing periodic update and surveillance activities available/ monitoring takes place The facility should follow standard practices and materials for disinfection and sterilization of instruments/ equipment Staff should be trained for all infection control practices, hand hygiene guideline, occupational risk and its prevention.	

Code	Criteria	Interpretation	Means of Verification	Score
SS 9	Hospital should ensure that services i.e. (Laundry, Housekeeping, Dietary, security, Ambulance, Mortuary, Central Sterile Supply Department (CSSD) etc. are available (in-house or outsourced).	<i>The services like laundry, housekeeping, dietary, security, mortuary, ambulance CSSD etc. should be available in-house or out-sourced. The hospital shall ensure that they establish adequate controls by having a policy to monitor/ audit these services. If these services are outsourced, then they should have MoU/ agreement for the same.</i>	Checklist for Desktop Assessment - Availability Yes/No & If outsourced, MoU should be available for the same. Internal audits of the services to be conducted on regular intervals	

Code	Criteria	Interpretation	Means of Verification	Score
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12 | State Health Agency, Ayushman Bharat "Niramayam"

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(Ayush) General

SS 10	Sexual harassment and grievance handling procedure should be available	<i>There should be disciplinary and grievance handling procedures in place with a dedicated committee/team established to handle cases against sexual harassment and various other grievances.</i>	Committee against sexual harassment is constituted at the facility	
			Documented disciplinary and grievance handling procedure	

Criteria 4- Patient Care

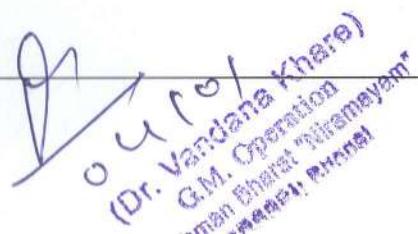
Giving quality patient care have a positive effect on patient outcomes and recovery experience. Patients' rights are also an integral part of patient care. The important patient rights include informed consent, confidentiality of medical records, legible prescription etc.

Standards to be assessed are-

- uniform user-friendly signage
- IEC for educating patients
- patient-friendly admission and referral process
- consent policies
- retaining of medical record
- Education of patients

Mandatory Criteria –

Code	Criteria	Interpretation	Means of Verification	Y/N
13	State Health Agency, Ayushman Bharat "Niramayam"			


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PC 1	User charges are displayed and communicated to patients effectively at the time of registration, admission to the ward and in case of a change in medical and surgical plan.	<i>The list of user charges must be displayed at strategic places (Reception, waiting areas, lobby) in the hospital premises for better communication to patients and to maintain transparency. The list must be updated in case of any change in medical and surgical plan.</i>	Facility prepares a comprehensive list of user charges and display at strategic points in the hospital	
		<i>AYUSHMAN BHARAT "NIRAMAYAM" beneficiaries are provided cashless services</i>		

Code	Criteria	Interpretation	Means of Verification	Y/N
PC 2	Medical records should be retained as per the policies of Hospital based on national and local law	<i>Hospital must abide by the national and local laws for retaining medical records for each category of records: Out-patient, in-patient and MLC. The retention and destruction process should be included in the process to maintain confidentiality and security of both manual and electronic records system. Also, there should be a documented process for medical records of AB PMJAY scheme beneficiaries.</i>	Hospital has a policy of retention period with respect to different kinds of records and their disposal	
			Confidentiality of patient records should be maintained by keeping them properly in the record room or digitally saved on a secure network	
			Hospital has process documentation for AYUSHMAN BHARAT "NIRAMAYAM" scheme	

Quality Standard Criteria-

Code	Criteria	Interpretation	Means of Verification	Score
PC 3	Hospital should have uniform and user-friendly signage system in English and in the local language understood by Patient / family and community	<i>Adequate signage should be displayed at all strategic locations which are permanent in nature. The services, departmental and directional signage, and list of departments should be prominently displayed at all strategic locations in a uniform color scheme. Also the essential information like list of emergency contact numbers, list of doctors, patient rights and responsibilities etc. should be displayed within the hospital premises. It is preferable that the signage is displayed in bilingual language for the ease and understanding of patients.</i>	Name of the hospital and entry-exit should be clearly displayed outside the hospital. Entry to the emergency department should also be defined and displayed strategically	
			Hospital has directional signage with a uniform color scheme.	
			List of departments (as per scope of services) should be displayed in bilingual language (INCLUDING LOCAL LANGUAGE)	
			The scope of services should be displayed in the waiting area/ OPD/ Emergency/ Reception in bilingual language (INCLUDING LOCAL LANGUAGE)	
			All the services registered under AYUSHMAN BHARAT "NIRAMAYAM" are clearly defined & displayed in prominent places in understandable language.	
			Display of floor layout at each floor	

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			Display of patients' rights and responsibility & other related IEC material (outdated and torn posters/wallpapers etc. should not be put on display)	
			Hospital has IEC specific to AYUSHMAN BHARAT "NIRAMAYAM".	
			List of doctors (as per scope of services) with their departments and availability	
			No smoking signage to be present within the hospital premises	
			Display of hand washing instruction at the point of use (5 moments and 7 steps of hand hygiene)	
			Display of emergency numbers including ambulance, blood bank, police and referral centers	
Code	Criteria	Interpretation	Means of Verification	Score
PC 4	All Signage's those are required by law should be displayed at all strategic location	<i>All such signage which are compulsory by law for hospitals to display such as PC&PNDT Act, AERB and radian hazard, Bio hazard signage and Fire exit signage should be displayed in the hospitals at all strategic locations</i>	Fire exit signage to be displayed at exit route plan along with the do's and don'ts in case of fire PC&PNDT Act Signage board to be displayed at the waiting room and reception area AERB and Radiation hazard signage Bio-hazard signage to be present	

Code	Criteria	Interpretation	Means of Verification	Score
PC 5	Contact information of key medical staff and specialist should be readily available in the emergency department	<i>The hospital must have accessible and readily available contact details of doctors and staff members. Also, a nurse call facility and at least one medical officer should be available at all times in the hospital in case of emergencies.</i>	Check if the contact details (telephone or residence address) of doctors/staff are readily available Nurse call facility should be available to address any patient emergency. At least one medical officer and a nurse should be available all the time for the emergency cases.	

Code	Criteria	Interpretation	Means of Verification	Score
PC 6	Service counters for the enquiry are available as per the patient load and are duly managed by hospital staff for the registration of	<i>There should be a dedicated area for enquiry as per the number of patients that visits the hospital and dedicated kiosk for AB PMJAY manned round the clock. Hospital must make sure that every patient is given a unique identification number at the time of registration of the first</i>	Check availability of a dedicated enquiry area or reception Unique identification number is given to each patient during the process of registration while also recording patient details such as name, age, sex, address and chief complaint etc.	

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	patients	<i>interaction if the patient with the organisation. To ensure continuity of care these numbers shall be linked to the unique number.</i>	Hospital has AYUSHMAN BHARAT "NIRAMAYAM" Kiosk manned 24*7	
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Code	Criteria	Interpretation	Means of Verification	Score
PC 7	Hospital should have established procedure for admission of patients	<i>There should be documented procedures for registering and admitting the patient. All patients assessed in hospital shall be registered and all admissions must be authorized by a doctor. The policy should be defined with respect to documentation and intimation to police in case of Medico Legal Cases (MLC) as per statutory requirement</i>	Admission is done by written order of a qualified doctor	
			There is an established criterion for admission through the emergency department	
			There is established procedure for admission of Medico-Legal Cases (MLC) as per prevalent laws and procedure to inform the police. Records for such patients are also maintained.	
Code	Criteria	Interpretation	Means of Verification	Score
PC 8	The patient should be referred to another facility along with the documented clinical information, in case of non-availability of services and/or beds.	<i>The documented procedure addressing the managing patients in case of nonavailability of beds. Patients needing transfer including those who have come to the emergency but needs to be transferred after basic first-aid, the hospital shall have documented procedure for managing patients. The transferring/referring patients to another facility should be done through issuing referral slips.</i>	There is an established procedure for managing patients in case beds are not available at the facility	
			Patient should be referred while issuing a referral slip and should be bi-directional referral system. The record of the same should be maintained	
			Adequate emergency facilities should be available to provide basic first aid before transfer/referral	
			AYUSHMAN BHARAT "NIRAMAYAM" Benefices referred to AYUSHMAN BHARAT "NIRAMAYAM" empanelled Hospitals	

Code	Criteria	Interpretation	Means of Verification	Score
PC 9	General Consent and Informed Consent should be taken during the admission and before any procedures /surgery and anesthesia/sedation	<i>Patients and family rights include that hospital shall take informed consent; preferably in bi-lingual and language they can understand, signed by patient/relatives/caretaker at the time of admission and before undergoing any surgery or procedure which discuss about all the risks and benefits. The informed consents should be taken at all specific steps pf patient care involved with responsibility.</i>	Consent forms available in bilingual language (LOCAL LANGUAGE THAT IS UNDERSTOOD BY THE PATIENT) should be signed by the patients or any caretaker during admission and before surgery (separate forms)	
			All risks, benefits and alternatives about anesthesia should be discussed and mentioned as part of the consent form signed by the patients or their caretaker.	

Code	Criteria	Interpretation	Means of Verification	Score
PC 10	Patient should be properly educated on additional care as deemed required and all the vital information should be recorded for continuity of care	<i>Patient should be educated for additional care in respect to usage and effect of medication, diet and nutrition which can be done with the help of discharge summary and growth summary respectively. All the vital information must be recorded for reassessment of patients undergoing observation in the language the patient/ family members can understand.</i>	Patients should be educated for usage and effect of medication, diet and nutrition, immunizations and to prevent infections (as deemed appropriate)	
			Discharge summary should contain a diagnosis, history, physical examination, investigation details, treatment provided and instructions thereof in easy to understand manner (Check 3 samples)	
			There should be a fixed schedule for reassessment of patient under observation based on clinical need	

Code	Criteria	Interpretation	Means of Verification	Score
PC 11	Hospitals should ensure that all medications and associated instructions are written in the prescription	<i>The organization shall ensure that at the minimum the prescription shall have the name of the patient, unique patient number, name of medicine with the frequency of administration, name and signature of the doctor. All hand written prescription should be legible, clear and understandable by the patient/ family member i.e. preferably in capital letters.</i>	Prescription should be legible, clear and be explained in the language understood by the patients and is comprehensible by the clinical staff	
			Every medical advice and procedure is accompanied with date, time and signature, unique patient number.	

Criteria 5- Health Outcomes

The importance of measuring and reporting the healthcare outcomes is to improve patient experience of care and fosters improvement and adoption of best practices, thus further improving outcomes.

The standards to be assessed under this criteria are-

- OPD and IPD census
- mortality rate
- average length of stay
- Surgical Site Infection
- Urinary Tract Infection
- Blood Stream Infection
- Ventilator Associated (VAP) Infection / Hospital Acquired Pneumonia
- Transfusion reaction
- Bed occupancy
- Patient and employee satisfaction

- reporting of adverse events
- Theft and security related events etc.

Mandatory Documents:-

Code	Criteria	Interpretation	Means of Verification	Y/N
HO 1	Monthly Out-Patient Department (OPD) and In-Patient Department (IPD) census	<i>A monthly Out-Patient Department (OPD) and In-Patient Department (IPD) census data can help to monitor how much OPD patients are converting into IPD, how many patients visited the OPD and IPD and track the trend of OPD to IPD conversion. The rate is generally affected by poor patient satisfaction, high cost of IPD or low motivation of doctors to admit OPD patient.</i>	Out Patient Department (OPD) census for last 6 months	
			In-Patient Department (IPD) census for last 6 months	
			AYUSHMAN BHARAT “NIRAMAYAM” In-Patient Department (IPD) census for last 6 months	

Code	Criteria	Interpretation	Means of Verification	Y/N
HO 2	Mortality Rate and Average Length of Stay (ALS)	<i>Mortality statistics provide a valuable measure for assessing community health status. The importance of mortality statistics derives both from the significance of death in an individual's life as well as their potential to improve the public's health when used to systematically assess and monitor the health status of a whole community. ALS is a very common performance measure which is used not only important for hospital performance but also for clinical quality and infection control.</i>	Mortality Rate (from the data of last 6 months) = Number of Patient died/ Total number of patient admitted *100 Average	
			Length of Stay (from the data of for last 6 months) = Sum of days spend by each patient/ Total number of patient admitted	

Code	Criteria	Interpretation	Means of Verification	Y/N
HO 3	Infection Rates	<i>An infection rate is the probability or risk of infection in a population. It is used to measure the frequency of occurrence of new instances of</i>	Surgical Site Infection (from the data of for last 6 months) = Number of surgical site infections/ Number of patients operated *100	

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Date: 10/01/2024*

		<p><i>infection within a population during a specific time period. It will help to identify if any recurrent infections persist and improve infection control in the hospital.</i></p>	Urinary Tract Infection (from the data of for last 6 months) = Sum of Urinary Tract Infection Complaints/ Total Number of patients admitted *100	
			Blood Stream Infection (BSI) (from the data of for last 6 months) = Number of Catheter related BSI/ Number of patients on IV line * 100	
			Ventilator Associated Pneumonia (VAP)/ Hospital Acquired Pneumonia (HAP) (from the data of last 6 months) = Sum of Ventilator Associated Pneumonia/ Number of patients on ventilator *100	

Code	Criteria	Interpretation	Means of Verification	Y/N
HO 4	Reporting of Transfusion Reaction	<p><i>They are responsible for completing blood request forms, administering blood, monitoring transfusions and being vigilant for the signs and symptoms of adverse reactions. These guidelines are intended to enhance the implementation of standard clinical transfusion practices for improved patient safety.</i></p>	Number of Transfusion Reactions in last 6 months	

Code	Criteria	Interpretation	Means of Verification	Y/N
HO 5	Bed occupancy	<p><i>A good hospital management includes an effective allocative planning for beds in a hospital. Bed occupancy rates and length of stay are the measures that reflect the functional ability of a hospital.</i></p>	Bed Occupancy = Inpatient days of care/ Total number of beds available *100	

Code	Criteria	Interpretation	Means of Verification	Y/N
HO 6	Reporting of Adverse events	<p><i>Adverse events are usually defined as an unintended injury or complication resulting in prolonged hospital stay, disability at the time of discharge or death caused by healthcare management rather than by the patient's underlying disease. A substantial part of these events are avoidable and it is important to report them in order to prevent such events in future.</i></p>	Data for last 6 months	

Code	Criteria	Interpretation	Means of Verification	Y/N
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HO 7	Reporting of Thefts / Security related incidents	<i>Thefts of medical equipment or medical records is a major concern in hospitals. Health records are being digitized and hence there is the danger of health information becoming compromised or stolen outright. It is important to decrease the number of such incidents by enhancing security in the facility.</i>	Data for last 6 months	
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Code	Criteria	Interpretation	Means of Verification	Y/N
HO 8	Reporting of needle stick injuries Interpretation	<i>Needle stick injury is defined as a penetrating wound typically induced by a needle point or other sharp instrument or object which could be infected with another person's secretion. These injuries can lead to transmission of blood-borne viral infections. A continuous follow-up and reporting of needle stick injuries in surgeons is important to prevent future events of needle stick injuries for higher patient safety.</i>	Data for last 6 months	

Quality Standard Criteria-

Code	Criteria	Interpretation	Means of Verification	Score
HO 9	Percentage of Patient satisfaction	<i>Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. A measure of care quality, patient satisfaction gives providers insights into various aspects of medicine, including the effectiveness of their care and their level of empathy.</i>	Copy of the filled feedback form clearly showing the questions asked (at least 5 samples) Patient Satisfaction = Number of patients responding extremely satisfied/ Total number of patients surveyed *100	

Code	Criteria	Interpretation	Means of Verification	Score
HO 10	Percentage of Employee satisfaction	<i>Strong employee satisfaction is linked with significant improvements in patient care and satisfaction therefore it becomes crucial to study the</i>	Copy of the filled feedback form clearly showing the questions asked (at least 5 samples)	

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Healthcare Personnel*

		<i>percentage of employees who are satisfied and perform to their best of efforts in the hospital</i>	Employee Satisfaction = Number of employees responding extremely satisfied/ Total number of employees surveyed *100	
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Code	Criteria	Interpretation	Means of Verification	Score
HO 11	Waiting time - Out Patient Department (OPD) and Discharge	<i>Delay in discharge of the patient increases the pressure on beds of the hospital and delay in discharge is bad for both hospitals and the patients. Thus it becomes important to calculate the waiting time in the hospital in order to decrease the waiting time and increase patient safety by providing prompt services</i>	Out-Patient Department Waiting Time = Sum of time from when the patient entered the outpatient clinic to the time the patient actually leaves the OPD/ Total Number of OutPatients	
			Discharge Waiting Time = (Total time taken for medical record to reach the billing department from the ward + Total time taken in the billing department)/Total Number of Inpatients	


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Mandatory Requirements as per the Specialty applied for empanelment

Cardiology and Cardiothoracic and Vascular Surgery-

No	Specialty Service	Available/Not Available	Specialist Name	Qualification	Certificates	Regd. No
1	Cardiology					
I	Qualified { DM/ DNB} (Cardiology)					
II	Trained paramedics (Certificates)					
III	Duty Doctor (MBBS)					
2	CVTS					
I	Qualified CT Surgeon {MCh (CVTS)/ MS (Thoracic Surgeon)}/DNB (Cardiothoracic Surgery)Pediatric cardiac surgeon}(Certificates)					
II	Trained paramedics					
III	Duty Doctor (MBBS)					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
1	No of beds(Including ICU Beds)		10 beds and above	
2	CTVS Theater facility		should be available	
3	Open Heart Tray		should be available	
4	Gas Pipelines Lung machine with TCM		should be available	
5	Hypothermia machine		should be available	
6	Cautery		should be available	
7	Well-equipped Cathlab unit		should be available	
8	ACT Machine(Activated Coagulation Time)		should be available	

		should be available
9	Cardio Monitor	should be available
10	Cardio Monitor	should be available
11	Cath Machine	should be available
12	Infusion Pumps	should be available
13	Pulse Oxymeter	should be available
14	Ventilators	should be available
15	Defibrillator	should be available
16	IABP Machine	should be available
17	Syringe Pumps	should be available
18	Multipara Monitors	should be available
19	Well-equipped Post-op facility with Ventilator Support	should be available
20	Equiped NICU /PICU beds (Number of beds)	1 beds and above out of 10 beds
21	Oxygen Facility	should be available
22	Suction Facility	should be available
23	Crash Cart with Emergency Medicines	should be available
24	Nursing Station	should be available
25	Air Condition Facility	should be available
26	Availability of 24 hr power supply	should be available
27	Availability of equiped In house Physiotherapy or Tie up with equiped Physiotherapy	should be available
28	Availability of round the clock cardiologists	should be available
29	Availability of support Physician &Paediatrician	should be available
30	Availability of round the clock/on call anaesthetist	should be available
31	Inhouse / Outsourced Pathology,Radiology/ diagnostic facility	should be available

Oncology

No .	Specialty Service	Available/ Not Available	Speciali st Name	Qualificati on	Certificat es	Reg d. No
I	Oncology					
I	Qualified Oncologist { Mch (Oncosurgery)/ DM (Oncology)/ MD (Radiotherapy)}					
II	Support services of Physician (MD(General Medicine)/DNB (General Medicine)/MS General Surgeon					
III	Duty Doctors Details (MBBS)					
IV	Qualified physiotherapist {BPTH/MPTH} (Could be outsourced if so specify in remarks)					
V	Radiation Safety Officer (MSc Physics + Diploma in Radiation Physics)					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
I	Radiation Oncology			
	Conventional X Ray Unit		should be available	
	Mobile X- Ray Unit		should be available	
	CT Scan		should be available	
	Mammography		should be available	
	Brachytherapy Setup		should be available	
	Teletherapy Setup		should be available	
	Dosimetry System		should be available	
	Radiation Protection Setup		should be available	
	Linear Accelerator		should be available	
	Magnetic Resonance Imaging (MRI)		should be available <i>(Where)</i>	

	Cobalt	should be available
	Rapid Arc	should be available
	PET Scan	should be available
II	Surgical Oncology	should be available
	Conventional X Ray Unit	should be available
	Mobile X- Ray Unit	should be available
	CT Scan	should be available
	Mammography	should be available
	Brachytherapy Setup	should be available
	Teletherapy Setup	should be available
	Dosimetry System	should be available
	Radiation Protection Setup	should be available
	Linear Accelerator	should be available
	Magnetic Resonance Imaging (MRI)	should be available
	Cobalt	should be available
	Rapid Arc	should be available
	PET Scan	should be available
III	Medical Oncology	should be available
	Conventional X Ray Unit	should be available
	Mobile X- Ray Unit	should be available
	CT Scan	should be available
	Mammography	should be available
	Teletherapy Setup	should be available
	Dosimetry System	should be available
	Radiation Protection Setup	should be available
	Linear Accelerator	should be available
	Magnetic Resonance Imaging (MRI)	should be available

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Op. Room

Niramayam

Cobalt	should be available
Rapid Arc	should be available
PET Scan	should be available
Bone Marrow Transplant facility	should be available

Neuro Surgery

No .	Specialty Service	Available/N ot Available	Speciali st Name	Qualificatio n	Certificat es	Regd . No
I	Neuro Surgery					
I	Qualified Neuro- surgeon { Mch (Neuro surgery)}					
II	Support services of pediatrician (MD/DCH/DNB)					
III	Duty Doctors Details (MBBS)					
IV	Qualified physiotherapist {BPTTh/MPTTh} (Could be outsourced if so specify in remarks)					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Commitment	Remark
1	No of beds (ICU,NICU)	10 beds and above		
2	Well-equipped theatre	should be available		
3	OT Table with head holding frame (horse shoe/mayfield/sagita or equivalent frame)	should be available		
4	C-Arm	should be available		
5	Operating Microscope	should be available		
6	Defibrillator	should be available		
7	Multipara Monitors	should be available		
8	Syringe Pumps	should be available		
9	Pulse Oxymeter	should be available		

10	Infusion Pumps	should be available
11	Post-op with ventilator and pediatric resuscitator facility	should be available
12	NICU beds (number of beds)	1 beds and above out of 10 beds
13	No. of Fowler Beds	should be available
14	Oxygen Facility	should be available
15	Suction Facility	should be available
16	Crash Cart with Emergency Medicines	should be available
17	Air Condition Facility	should be available
18	Nursing Station	should be available
19	PICU Beds (number of beds)	1 beds and above out of 10 beds
20	No. of Fowler Beds	should be available
21	Oxygen Facility	should be available
22	Suction Facility	should be available
23	Crash Cart with Emergency Medicines	should be available
24	Air Condition Facility	should be available
25	Nursing Station	should be available
26	In-house / Outsourced Pathology, Radiology/ diagnostic facility (MRI/CT), Biochemical Investigations	should be available
27	Availability of 24 hours Resident Doctors	should be available
28	Availability of 24 hours Generator back-up services	should be available

Plastic Surgery

No.	Specialty Service	Available/Not Available	Specialist Name	Qualification	certificates	Regd. No
I	Plastic Surgery					
II	Qualified Plastic surgeon (MCH)					
III	Support services of pediatrician (MD/DCH/DNB)					
IV	Support services of General Surgeon (MS)					
V	Duty Doctors Details (MBBS)					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
1	No of beds (ICU,NICU)	10 beds and above		
2	Well-equipped theatre	should be available		
3	Deep Freezer	should be available		
4	Skin Cutters	should be available		
5	Skin Grafting Machine	should be available		
6	Operating Microscope	should be available		
7	Post-op with ventilator and pediatric resuscitator facility	should be available		
8	NICU beds (number of beds)	1 beds and above out of 10 beds		
9	PICU Beds (number of beds)	1 beds and above out of 10 beds		
10	In-house / Outsourced Pathology, Radiology/ diagnostic facility	should be available		
11	Availability of 24 hours Resident Doctors	should be available		

12 Availability of 24 hours Generator back-up services

should be available

Orthopedics Surgery and Poly trauma

		Available/Not Available	Specialist Name	Qualification n	certificate s	Regd . No
1	Orthopedic Surgery					
I	Qualified Orthopedic Surgeon {MS- Ortho/D-Ortho/ DNB Ortho}					
II	General Surgeon (MS General Surgery)					
III	Qualified physiotherapist {BPT/MPTh}					

		Available/Not Available	Specialist Name	Qualification n	certificate s	Regd. No
2	Polytrauma					

1	No of beds (Including ICU Beds)	10 beds and above				
2	Well-equipped Modular OT for Joint Replacement Surgeries	should be available				
3	Well-equipped Plaster room	should be available				
4	Well-equipped Post-op facility with Ventilator Support	should be available				
5	Equiped ICU beds *Select only one response	should be available				
6	C - ARM AND X-RAY	should be available				
7	HEPA FILTER	should be available				
8	Availability of 24 hours Resident Doctors	should be available				

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Gangtok, Sikkim)*

9	Availability of 24 hr power supply	should be available
10	Availability of equipped In house Physiotherapy or Tie up with equipped Physiotherapy	should be available
11	Round the clock diagnostic support In-house / Outsourced Pathology, Radiology/ diagnostic facility (especially CT /MRI, emergency biochemical investigations)	should be available

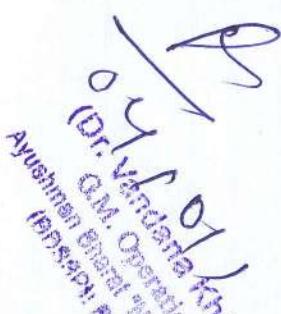
Nephrology and Urology

No	Specialty Service	Available/Not Available	Specialist Name	Qualification	Certificate	Regd No
I	Qualified Nephrologist and Urologist (DM/MCh Nephrology and Urology)/ DNB (Nephrology and Urology) or MD Medicine with special training in nephrology (at least 2 yrs.))					
II	Support services of General Surgeon (MS) and General Physician (MD Medicine)					
III	Duty Doctors Details (MBBS)					

#	INFRASTRUCTURE	Requirement Comment Availability (Yes/no , with numbers)	Remark
1	Dialysis unit	should be available	
2	Well-equipped theatre facility with C-Arm	should be available	
3	Endoscopy investigation support	should be available	
4	Post op ICU care with Ventilator support	should be available	
5	SEW lithotripsy equipment	Optional	
6	Availability of 24 hours Resident Doctors	should be available	
7	Availability of 24 hours Generator back-up services	should be available	

8	In-house / Outsourced Pathology, Radiology/ diagnostic facility	should be available
Pediatric Surgery		
No.	Specialty Service	Available/Not Available
Specialist Name	Qualification	Certificates
Regd. No		
I	Pediatric Surgery	
I	Qualified pediatric surgeon {McH (Pediatric surgery/ DNB)}	
II	Support services of pediatrician (MD/DCH/DNB)	
III	Duty Doctors Details (MBBS)	
INFRASTRUCTURE		
Requirement Commitment	Availability (Yes/no , with numbers)	Remark
1	10 beds and above	
2	should be available	
3	should be available	
4	should be available	
5	should be available	
6	should be available	
7	should be available	
8	should be available	
9	should be available (e)	
10	should be available	

11	Syringe Pumps	should be available
12	NICU beds (number of beds)	1 beds and above out of 10 beds
13	Oxygen Facility	should be available
14	Suction Facility	should be available
15	Wash Area	should be available
16	Air Condition Facility	should be available
17	Nursing Station	should be available
18	PICU Beds (number of beds)	1 beds and above out of 10 beds
19	Pediatric Resuscitation Facility	should be available
20	Pediatric ventilator	should be available
21	Nursing Station	should be available
22	In-house / Outsourced Pathology, Radiology/ Fluoroscopy services(including IITV) diagnostic facility, blood bank	should be available
23	Availability of mother child care rooms for nursing	should be available
24	Availability of 24 hours Resident Doctors (PG in Pediatrics)	should be available
25	Availability of 24 hours Generator back-up services	should be available


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 (Pensioner, Retired)

Neonatology

No.	Specialty Service	Available/Not Available	Specialist Name	Qualification	Certificates	Regd. No
I	Paediatrician					
II	Qualified {DM/ MD/ DNB/DCH}					
III	Trained paramedics					
IV	Ophthalmologist on call					
V	Duty Doctor (MD/DCH)					
VI	Duty Doctor (MBBS)					
VII	Lactational Counsellor (on Call)					
	Dietician (on Call)					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
1	No of beds(NICU Beds)		10 beds and above	
2	Neonatal Stabilization Unit		should be available	
3	Radiant warmer		should be available	
4	Incubator		should be available	
5	Pulse oximeter		should be available	
6	Weighing scale		should be available	
7	Infusion Pumps		should be available	
8	Resuscitation equipment		should be available	
9	Oxygen supply		should be available	
10	Transport incubators		should be available	
11	Kangaroo mother care chairs		should be available	

12	Provision for parenteral nutrition	should be available
13	Laminar flow bench	should be available
14	Ventilator	should be available
15	C-PAP	should be available
16	Phototherapy unit	should be available
17	Biillimeter	should be available
18	Inhouse / Outsourced Pathology, Radiology/ diagnostic facility	should be available

Ophthalmology

No.	Specialty Service	Available/Not Available	Specialist Name	Qualification	Certificates	Regd. No
I	Qualified Ophthalmologist (MS ophthalm /DO/ DNB) {Surgeon trained in Vitro-Retinal, Orthoptics and Pediatric Ophthalmology;} optional					
II	Trained paramedics					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
1	No of beds	10 beds and above		
2	Optometry facility	should be available		
3	Well-equippped modular theatre facility	should be available		
4	Operating Microscope	should be available		
5	Ophthalmoscope direct & indirect	should be available		
6	Slit Lamp	should be available		

7	PHACO	should be available
8	Vitrectomy instruments	should be available
9	Laser and A-Scan & B-Scan	should be available
10	Fundus fluorescein Angiography	should be available
11	Hepa Filter/ Air Purifier in OT	should be available
12	Autoclave	should be available
13	Posterior segment viewing System	should be available
14	Posterior Segment Vitrectomy System	should be available
15	Retinal Laser	should be available
16	YAG Laser	should be available
17	OCT	should be available
18	Snellen Chart or Drum	should be available
19	Trail set with frame	should be available
20	Near vision chart with different languages	should be available
21	Torch Light	should be available
22	Ophthalmoscope	should be available
23	Retinoscope	should be available
24	Slit lamp	should be available
25	Applanation Tonometer	should be available
26	Keratometer	should be available
27	Indirect Ophthalmoscope and a Gonioscope	should be available
28	Operating Microscope	should be available
29	Cryo Unit	should be available
30	Cataract Set	should be available
31	Glaucoma Set	should be available
32	Entropion Set	should be available
33	Enucleation set	should be available
34	Squint set	should be available

35	OT table and OT Light	should be available
36	Microsurgery Equipment	should be available
37	Optometry Facility	should be available
38	Availability of 24 hours Generator back-up services	should be available
39	In-house / Outsourced Pathology, Radiology/ diagnostic facility	should be available

Otorhinolaryngology

Sr. No.	Specialty Service	Available/Not Available	Specialist Name	Qualification	Regd. No
I	Qualified ENT -surgeon /DLO				
III	Qualified Audiologist				

Sr. No.	INFRASTRUCTURE	Requirement Comment Availability (Yes/no , with numbers)	Remark
a.	NO OF BEDS	10 beds and above	
2.	Well-equipped theatre facility	should be available	
3.	Operating Microscope	should be available	
4.	Headlight Mirror	should be available	
5.	Direct Laryngoscope	should be available	
6.	Nasal Speculum	should be available	
7.	Tongue Depressor	should be available	
8.	Laryngeal Mirror	should be available	
9.	Nasopharyngeal Mirror	should be available	
10.	Aural Speculum	should be available	

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(Dr. G.M. Operation Room)
Ayushman Bharat "Niramayam"

11.	Ear Suction	should be available
12.	Nasal suction	should be available
13.	Suction apparatus	should be available
14.	Seigles Speculum	should be available
15.	Tuning Fork	should be available
16.	Otoscope	should be available
17.	Bulls Lamp	should be available
18.	Head Lamp	should be available
19.	ENT examination Chair	should be available
20.	Instrumental Sterilizer	should be available
21.	BP apparatus	should be available
22.	Stethoscope	should be available
23.	Tonsillectomy and adenoidectomy sets	should be available
24.	Sets for nasal bone fracture	should be available
25.	Septoplasty Set	should be available
26.	Antrostomy Set	should be available
27.	Tracheostomy Set	should be available
28.	FESS set	should be available
29.	Direct Laryngoscope Set	should be available
30.	Microlaryngoscope Set	should be available
31.	Tympanoplasty set	should be available
32.	Mastoidectomy set	should be available
33.	Staedeectomy set	should be available
34.	Oesophagoscopy Set	should be available
35.	Bronchoscopy Set	should be available
36.	Pure Tone Audiometer	should be available
37.	Impedance audiometer	should be available
38.	Temporal Lab microscope	should be available

39.	Mastoid set and micro motor with drill	should be available
40.	Endoscopic equipment	should be available
41.	Endobronchial Ultrasound	Optional

42. Thoracoscope
Optional

Paediatrics

No.	Specialty Service	Available/Not Available	Specialist Name	Qualification	Certificates	Regd. No
1	Paediatrician					
I	Qualified {DM/ MD/ DNB}					
II	Trained paramedics					
III	Ophthalmologist on call					
IV	Duty Doctor (MBBS)					
V	Lactational Counsellor (on Call)					
VI	Dietician (on Call)					

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
1	Paediatric Weighing Machine		should be available	
2	Measure Tape		should be available	
3	Height and Weight Scale		should be available	
4	Suction apparatus		should be available	

5	Oxygen Facility	should be available
6	Multi Para Monitors	should be available
7	Paediatric Incubation Set	should be available
8	Radiant Warmer	should be available
9	Phototherapy Units	should be available
10	Infusion Pumps	should be available
11	Paediatric Ventillators	should be available
12	Defibrillator	should be available
13	Pulse Oxymeter	should be available
14	Radiant Heater 4 KW	should be available
15	Incubators	should be available
16	Open Care Units	should be available
17	Syringe Pumps	should be available

Pulmonology

N.o.	Specialty Service	Available/ Not Available	Specialist Name	Certification	Certification	Registration No.
1	Chest Physician					
I	Qualified DM (Pulmonology)/DTCT/ MD Chest and Respiratory Diseases/ DNB Chest					
III	Duty Doctor (MBBS)					
II	Trained paramedics					

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 Dr. Vandana Khare
 Dr. Vandana Khare "Niramayam"
 Dr. Vandana Khare "Niramayam"

#	INFRASTRUCTURE	Requirement Availability (Yes/no , with numbers)	Comment	Remark
1.	Peak flow meters	should be available		
2.	Nebulizers	should be available		
3.	ICU facility	should be available		
4.	Pleural biopsy needles	should be available		
5.	Pulse oxymeters	should be available		
6.	Fibre optic bronchoscope	should be available		
7.	Rigid bronchoscope	should be available		
8.	PFT machines with facility for spirometry	should be available		
9.	Lung volume and diffusion capacity and blood gas machine	should be available		
10	Oxygen Facility	should be available		
11	Suction Facility	should be available		
12	ECG	should be available		
13	Ventilators	should be available		
14	Infusion Pumps	should be available		
15	Syringe Pumps	should be available		
16	Endobronchial Ultrasound	Optional should be available		
17	Thoracoscope	should be available		
18	Bronchoscopy	should be available		
19	Spirometry	should be available		
20	Crash Cart with Emergency Medicine	should be available		
21	Multipara Monitors	should be available		
22	Pulse Oxymeter	should be available		
23	Defibrillator	should be available		