

## Standard Operating Procedure and Checklist

Name of Department	Directorate of Health Services (Medical Institutions)
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### Application Type: Registration

#### A. Standard Operating Procedure for Applicant

Application for	The Meghalaya Nursing Homes (Licensing and Registration), Act 1993 and The Meghalaya Nursing Home (Licensing and Registration) Rules, 2015
Application Type	Registration and Renewal
Mandatory supporting documents required (enclosures)	<ol style="list-style-type: none"> <li>1. Authorization Certificate from Meghalaya State Pollution Control Board</li> <li>2. Consent to Establish from Meghalaya State Pollution Control Board</li> <li>3. Consent to Operate from Meghalaya State Pollution Control Board</li> <li>4. Building Plan</li> <li>5. NoC from Dorbar Shnong/Head Man</li> <li>6. Fire Safety Certificate from Fire Department</li> <li>7. Self-declaration on Letter Head for not engaging Government Doctors/Nurses/Para Medical etc.</li> <li>8. Proof of installation of E.T.P</li> <li>9. NoC from Municipal Board for collection of Bio-Medical Waste</li> <li>10. Form-II Declaration</li> <li>11. Qualification Documents &amp; Registration Documents of all Doctors</li> </ol> <p>In case of Rented Establishment:</p> <ol style="list-style-type: none"> <li>12. NoC from Owner</li> </ol> <p>In case of Non-Tribal:</p> <ol style="list-style-type: none"> <li>13. Trading license</li> </ol> <p>In case of urban area:</p> <ol style="list-style-type: none"> <li>14. Clearance from MUDA for Station under urban area</li> </ol>
Process description	<ol style="list-style-type: none"> <li>Ø <b>Step 1:</b> Applicant visits the single window portal and deposits the registration fee, fills Form I and Form II; addressing it to Director (MI)</li> <li>Ø <b>Step 2:</b> Dealing Assistant Reviews the application and enclosures</li> <li>Ø <b>Step 3:</b> Joint Director (MI) Reviews the application and in case of go ahead, instruct the concerned DMHO to undertake verification inspection</li> <li>Ø <b>Step 4:</b> DMHO constitutes a team for inspection, including an Environment Engineer and informs the applicant about the date of inspection visit</li> <li>Ø <b>Step 5:</b> Inspection visit takes place and DMHO prepares inspection report and forwards to Joint Director (MI)</li> <li>Ø <b>Step 6:</b> Joint Director (MI) uploads the inspection report, which can be downloaded by applicant</li> <li>Ø <b>Step 7:</b> Application is placed for perusal by the Meghalaya Nursing Homes Licensing and Registration Authority (MNHLRA)</li> </ol>

	<p>Ø <b>Step 8:</b> Applicant is informed about the fee to be paid for registration of license</p> <p>Ø <b>Step 9:</b> Applicant deposits the fee online</p> <p>Ø <b>Step 10:</b> Certificate i.e. Form III duly signed by the Joint Director (MI)/ Member Secretary, MNHLRA is issued</p> <p>Ø <b>Step 11:</b> Applicant downloads the certificate</p>
<b>Procedure for Fees payment</b>	<b>Fee for Verification:</b> Fees to be paid online. Fees for application is Rs. 500 and then varies for Registration and Renewal as per clause 8 of rules (shared separately as well and titled Fees for “Registration of License and Renewal”). Refer Annexure 1.
<b>List of Reference Documents</b>	The Meghalaya Nursing Homes (Licensing and Registration), Act 1993 and The Meghalaya Nursing Home (Licensing and Registration) Rules, 2015.
<b>Timeline for completing the process</b>	<p>2 months</p> <p>In case if clarification is required from applicant, then 2 months from the date of receipt of clarifications from applicant.</p>
<b>Checking of Application Status</b>	Application status can be tracked through Single window portal
<b>Departmental Workflow</b>	Applicant > Online Application > Office of the Director (MI) > Joint Director (MI) > concerned DMHO > Joint Director (MI) > the Meghalaya Nursing Homes Licensing and Registration Authority > Joint Director (MI) > Applicant

## **B. Inspection Procedure:**

### **A. Pre-Inspection**

1. A quality check shall be done on the documents submitted by the applicant in terms of completeness and correctness of the information furnished by Dealing Assistant.
2. Verification of compliance of submitted document done by Dealing Assistant.

### **B. Inspection**

1. Inspection shall be made during regular working hours except when special circumstances indicate otherwise.
2. At the beginning of the inspection, the inspector shall locate the applicant and inform about the purpose of the proposed inspection.
3. The Inspector should collect photographic evidence if any non-compliance has been observed.
4. The Inspector may seek information / clarifications or documentary evidence from the representative to ascertain the correctness of the application.
5. If applicant wilfully delays or obstructs the inspection, the same shall be recorded in the inspection report for taking further necessary action in the matter.
6. At the end of the inspection, the Inspector may inform the applicant about apparent non-

compliance observed during inspection so that the applicant may initiate necessary corrective action wherever required.

7. Inspection would be in accordance with the Schedule – I (see Rule 3(1)). Attached as “Factors Considered for Inspection”. Refer Annexure 2.

**C. Post Inspection**

1. Inspection report should be submitted within 48 working hours of completion of the inspection and a copy of the same should be issued to the applicant.
2. All observations of the inspection along with photographic evidence of non-compliance should be included as part of the report.
3. Noncompliance areas should be listed in the report along with additional measures that need to be taken by the applicant to ensure compliance.

**D. Checklist of Documents for Inspection**

- Please refer to the Schedule – I (see Rule 3(1)). Attached as “Factors Considered for Inspection”. Refer Annexure 1

# ANNEXURE 1

## 7. Mode of Holding Meeting and Conduct of Business by the Authority :

- (1) The Authority shall meet in such place and time as may be decided by the Chairperson.
- (2) Notice and Agenda for the meeting should be circulated to all members at least 15 (fifteen) days before the date of meeting except in case of emergency where meeting may be called at short notice with prior approval of the Chairperson.
- (3) The Authority shall meet at least once every three months or as often as may be necessary.
- (4) All decisions of the Authority should be unanimous. In case of differences, all members of the Authority present will have an equal right of voting on any decision to be taken.
- (5) The Official Members will draw TA/DA for attending the meeting from the source from where they draw their pay and allowances. Non-Official Members will be entitled to TA/DA as admissible to Grade I employees of State Government. A sitting fee of Rs 300/- (Rupees Three Hundred only) shall be paid to all members present.
- (6) If there is no quorum in two consecutive meetings, the Chairperson may take his decision but the decision is subject to the approval by the State Government.

## 8. Fees Payable for Applying for a Licence and Registration of a Nursing Home and for Renewal of the same :

- (1) The application form for Registration or Renewal of Nursing Home can be obtained from the Director of Health Services (Medical Institutions) on payment of Rs 500.00 (Rupees five hundred only) by Indian Postal Order/Treasury Challan payable to the Director of Health Services (Medical Institutions), Government of Meghalaya.

- (2) The Registration fees of Nursing Homes are as follows: -

A. Nursing Home			
Sl No.	Bed Strength etc.	Registration	Renewal
(i)	Upto 29 beds	Rs.10,000.00	Rs.5,000.00
(ii)	30 beds to 50 beds	Rs.20,000.00	Rs.10,000.00
(iii)	51 beds to 100 beds	Rs.50,000.00	Rs.25,000.00
(iv)	101 beds to 200 beds	Rs.75,000.00	Rs.30,000.00
(v)	201 beds to 400 beds	Rs.1,00,000.00	Rs.50,000.00
(vi)	401 beds and above	Rs.1,50,000.00	Rs.75,000.00
(vii)	(vii) Diagnostic Laboratory :		
	(a) Laboratory with only Chemical Pathology, Microbiology, Bio-Chemistry Testing facilities	Rs.4,000.00	Rs.3,000.00
	(b) Additional facilities like Laboratory with Serology & Histopathology etc.	Rs.8,000.00	Rs.6,000.00
(viii)	Radiological facilities	Rs.10,000.00	Rs.8,000.00
(ix)	C.T. Scan, Ultrasound and other modern diagnostic facilities	Rs.12,000.00	Rs.10,000.00
(x)	Physiotherapy Clinic/Centre	Rs.6,000.00	Rs.5,000.00



(xi)	Rehabilitation Therapy	Rs.4,000.00	Rs.3,000.00
<b>B.Diagnostic Centre/therapeutic Centre/Private Clinic etc</b>			
<b>Sl No.</b>	<b>Bed Strength etc.</b>	<b>Registration</b>	<b>Renewal</b>
(i)	Diagnostic Laboratory :		
	(a) Laboratory with only Chemical Pathology, Microbiology, Bio-Chemistry Testing facilities	Rs.4,000.00	Rs.3,000.00
	(b) Additional facilities like Laboratory with Serology & Histopathology etc.	Rs.8,000.00	Rs.6,000.00
(ii)	Radiological facilities	Rs.10,000.00	Rs.8,000.00
(iii)	C.T.Scan,Ultrasound and other modern diagnostic facilities	Rs.12,000.00	Rs.10,000.00
(iv)	Physiotherapy Clinic/Centre	Rs.6,000.00	Rs.5,000.00
(v)	Rehabilitation Therapy	Rs.4,000.00	Rs.3,000.00
(vi)	Private clinic	Rs.3,000.00	Rs.2,500.00

#### 9. Any Other Matter :

(1) A copy of the Act and Rules shall be made available to each Nursing Home while granting Licence.

(2) Each Nursing Home will display prominently a schedule of rates charged for various services preferable in a glass bound frame in the reception counter. A copy of the Schedule of Rates should be submitted to the Authority in Form I para 4 and 5. In case any revision is made in the existing Schedule of Rates, a copy of the same should be submitted to the Authority within 7 (seven) days from the date of revision of the Schedule of Rates, provided that the Schedule of Rates should not be revised more than once in a calendar year.

(3) All Nursing Homes shall issue Bill to every patient strictly according to prevailing Schedule of Rates. The duplicate carbon copy should be retained by Nursing Home which will be liable for inspection by the Authority or by any member/official authorized by the Authority.

(4) The Authority may requisition the services of District Medical and Health Officer of the District/Drugs Inspector/Food Inspector through the Director of Health Services (Medical Institutions) for conducting enquiry and such enquiry Officer shall submit the enquiry report to the Authority as soon as it has been done so.

(5) The Authority shall publish a list of Nursing Homes registered/renewed through Official Gazette and newspaper every year showing the name and address of a Nursing Home and the period for which registered/renewed.

(6) All amounts collected as fine as laid down in Section 16 of the Act and fees as prescribed in Rule 8 (a) and 8 (b) shall be deposited in the revenue accounts of the State Government by way of a Treasury Challan under appropriate receipt head of account under Health and Family Welfare Department.

(7) Any appeal arising out of the order of the Authority as per the provisions under Section 16 shall be made within 30 (thirty) days of the passing of such order by the Authority under Section 14 to the State Government.

# ANNEXURE 2



## Schedule - I

[ (see Rule 3 (1)) ]

### PART I: Minimum requirement for a Nursing Home

The level of Health Care available is an indication of the overall development of the society. In the past Health Care was the sole responsibility of the State Government and all hospitals were managed and maintained by the State Government directly. With the increased level of development and high growth of urbanization there is demand for Specialized Health Care Centers. Shillong has in the past few years witnessed growth of Nursing Homes, Clinics and Health Care Centers in the private sector. This has no doubt reduced the pressure on State Government managed Health Care Centers but has also brought in its wake certain problems as all of them do not follow the approved norms.

Since the development of such centres was the result of the increased demand for Health Care, not much pre-planning was done. As a result, such centres have come up even in commercial areas and residential zones. Any proposal for establishment of Nursing Homes should contain the declaration of ownership/ name of promoters, the investment and financing pattern and should be accompanied with a building plan which shall include total floor area proposed, facilities likely to be provided, the number of beds to be made available with beds utilization rate and the approximate cost of the building. The plan will also indicate the various departments in the proposed Nursing Homes, such as the Out Patient Department, Emergency Services, In Patient Department, Facilities for Operation and such other facilities like Drinking Water, Toilets, Urinals, Registration Room, Paying Counter, Pharmacy, X-Ray Department, Laboratories, Injection and Dressing Room, Blood Storage Facilities etc.

The permission/licence when granted should contain provision for Registration and Renewal fees plus proviso for requisition of the Nursing Home etc., if the need so arise on account of epidemic etc., as determined by the State Government. The norms for 30 (thirty) and 100 (one hundred) bedded hospitals are as follows:

1. The total minimum floor area required for 30 (thirty) bedded hospital shall be 1100 Sq. metres and the total ground area may be 3,500 Sq. metres.
2. For a 100 (one hundred) bedded hospital the total floor area shall be 5300 Sq. metres and the total land area may be 15,000 Sq. metres.
3. Water supply may be provided at the rate of 500 litres per head per day.
4. Electric supply @ 1 Kilowatt per person is to be available.
5. Maintenance cost Rs. 150/- (rupees one hundred and fifty only) per day.
6. Land of sub-soil water and structure of the soil - 10 (ten) feet below the sub-soil water - Foundation
7. Electric Supply - 1 K.W. per person per day (to indicate alternative power supply in case of electricity failure).
8. Sewage Disposal - 450 litres per patient per day.
9. Oxygen requirements - there should be sufficient supply of oxygen.
10. Nitrous Oxide - there should be sufficient supply of Nitrous Oxide.
11. Height of the Room/Ward - Not more than 10 feet in absence of air condition or ventilating openings.
12. Window area -  $\frac{1}{5}$  of the floor area.
13. Door and Window area -  $\frac{2}{5}$  of the floor area.
14. Cubic space - 500 cubic feet per person.



15. Floor/Bed area – 80-100 Sq. Ft.

16. Floor area in Intensive Care Unit, Burn Unit, Coronary Care Unit, Renal Dialysis Unit – Bed area requirement is 120 Sq. Ft.

17. Bed space – 8 feet between beds centre.

18. Bed space for Intensive Care Ward, Communicable Disease Ward and Post Natal Ward – 3 feet.

19. Floor to be terraced tiles – marble/ceramic tiles.

20. Walls to be reduced preferable up to 6 feet built in mosaic/ceramic tiles.

21. Wash basins to be provided in Nursing Unit, in each patient area and in toilet.

22. Each ward unit should have isolation room, dirty and clean utility room, treatment and janitor closet.

23. Central heating should be invariably provided.

### **PART II : Other factors to be indicated :**

Site should be away from noise and nuisance.

To indicate layout of drainage system for Sewage and Sewerage.

To indicate the site for incinerator.

Building should keep provision for layout of future mechanical laundry.

Till the time of installation of equipment for mechanical laundry manual washing and linens and clothings can be carried out with an indication of an approximate timing for completion of such installation.

For sterilization of equipment, hot air oven and autoclaves to be used.

Where obstetric services are given, rooming-in of new born be provided.

There should be separate nursery for pre-mature and infected new born.

New born nursery should be next to obstetric wards.

Nursery should be provided with glazed walls and ante-room for changes.

Where paediatric wards are provided the number of toilets to be provided should be double the required norm for an ordinary ward.

Paediatric ward should provide play-room for children and a room for mother where they can rest.

There should be facilities for medical check up of hospital staff of all categories particularly cooks and staffs of the dietary department.

Provision of residential quarters for residential doctors, nurses and essential technicians etc.

The residential campus should be near the hospital but outside the boundary of the hospital.

The need to have a Scientific Bio-Medical Waste Management System by all Private Nursing Homes/Clinics.

There should be facilities for public bath, latrines, cooking places and canteens.

Reservation for the poor in the form of free beds should be 10 percent of the hospital bed strength.

Provision for adequate parking facilities for staffs and visitors.

Hospital workshop, hospital mortuary, hospital kitchen, hospital stores and teaching facilities for those supposed to perform action of hospitals like laundry, kitchen etc.

Surgical ward should have an operation theatre nearby.

There should be complete conformity with fire safety norms and provision of Emergency Exit.



### **PART III: Specification for Operation Theatre (OT):**

OT must be air conditioned. There should be circulation of 100 percent fresh air.

There should be provision of ultra violet lamps which can be switched on when OT is not in use to achieve zero bacterial air count.

Total humidity of OT should be 60 degrees.

Temperature should be 20 degrees centigrade.

Air change should be 20 times per hour.

There should be outlets near ground level for the escape of heavy gaseous vapours which cannot rise beyond 5 to 6 feet, that is, the air exhaust should be near the ground.

The OT should be provided with decreasing gradient of pressure, that is, clear zone, protective zone, disposal zone. The idea of decreasing gradient pressure is that the infected air from other zones should not travel towards the aseptic zone. The aseptic zone is the actual area where operations are performed. Disposal zone is where instruments, linens etc. after the operations are taken and passed on for cleaning, re-sterilization etc.

OT windows should have double glass.

OT flooring to be made moderately electro-conductive.

The electric fitting should be of remote control and if provided inside should be 6 feet above the ground to avoid chances of explosion.

Walls up to the roof should be built in mosaic/marble or painted by Vinyl Emulsion paint which lends itself to easy cleaning.

For teaching hospitals, close circuit Television system should be installed for the students to witness the operation.

The OT should be as close to the user unit (Surgical Ward) as possible.

The protective zone of an OT should provide facilities like pre-anaesthesia room, recovery room, stores for theatre, few autoclaves, etc., facilities for mobile X-Rays, dark room etc.

The clear zone provides change room for doctors, nurses etc. There should be trolley exchange hatch area.

### **PART IV : Medical Record Department (MRD)/ Administrative Block :**

To keep in patient records of 10 years (Minimum).

There should be space for storage of records and for doctors to complete incomplete records.

The Administrative block should be so located that it is easily approachable to public, to the staffs and also to the patient.

The block should be in such a position that it is secured from security aspect.

### **PART V: Clinical Laboratories:**

The Laboratory should be located in a place easily approachable by the public.

Facilities for Waiting room, Seating arrangement, Drinking water, Toilet, Magazines and Health Education Materials and Attendants should be provided. A register indicating names, age, sex, address, type of test, result etc., should be maintained and should be available for inspection by the concerned authority.

Type of services available at the laboratory should be clearly mentioned and the charges should be within the affordability of the general public. The charges for different laboratory tests should conform to the norms prescribed by the State Government and available with Pasteur Institute, Shillong.



Charges for different types of examination should be clearly mentioned and uniformity should be maintained. Provision should be made for poor and indigent people (2-5 percent) for getting free investigation/treatment.

The specification of the different types of equipment being used for examination and their maintenance, utilization as far as possible should be of the latest and capable of producing reliable results should be insisted.

The Laboratory should be provided with proper electricity and generator should be kept as an alternative.

Provision should be made for 24 hours water connection.

Total cost of maintenance for laboratory should be specified, for example, cost of expenditure of staff, building, equipment, medicines, etc.

Provision of necessary medicines, life saving drugs and equipment like disposable needles and sterilized bottles etc should be made available to the patients.

Strict hygienic condition should be maintained in the laboratory.

Every laboratory should have a well maintained refrigerator.

Use of disposable syringes must be imposed on each and every case to avoid transmission of communicable diseases and this should be properly disposed.

Contaminated waste materials should not be thrown indiscriminately but should be disposed as per the existing Waste Management Act and Rules. Registration may be withdrawn if such materials are thrown in the public drain or dustbins.

The laboratory should have proper drainage system, where liquid waste can be discharged in a safe and aesthetic way. There should be a provision of a soak pit, the size of which would depend on the daily quality of waste being discharged.

Laboratory technician should be well-trained and should obtain efficiency certificate from competent authority.

A qualified clinical pathologist/microbiologist etc with post graduate degree/diploma should be available to supervise and guide the activities.

Emergency service for patients coming for different examinations should be provided.

Specified timing in the notice board should be adhered to.

Arrangements should be made for issue of prompt and accurate report for proper management of cases.

#### **PART VI: Private Clinics :**

The Doctor(s) setting the clinic should also ensure that it is provided with:

- (a) Spacious waiting room.
- (b) Adequate seating arrangement.
- (c) Magazine and Health Education Materials, Posters, Charts, etc related to health.
- (d) Exhaust fans
- (e) Drinking water and toilet
- (f) Dustbins
- (g) A regular attendant for each doctor
- (h) Maintenance of a regular entry register indicating various particulars such as name, age, sex, diagnosis, treatment and referral. These registers should be made available for inspection at any time during working hours by the concerned authority.
- (i) Priority should be given to Emergency cases.
- (j) Consultation time should be specified and adhered to.
- (k) To mention the name and qualification, date and timing of a doctor available for consultation.

*Y. Tsering*  
*Secy to Govt*

**PART VII : Affiliation with Licensed Blood Banks:**

Hospitals/Nursing Homes should therefore seek approval from the State Licensing Authority which is governed by the State Blood Transfusion Council (SBTC), for setting up of blood storage centres in their respective Centres.

Consent for supply of screened blood units and reagents required for the purpose should be sought from any Licensed Blood Bank (Mother Blood Bank), prior to application of approval.

Sd/- (Y. Tsering)  
Additional Chief Secretary to the Government of Meghalaya,  
Health & Family Welfare Department

Memo.No.Health.18/2000/240-A,

Dated Shillong, the 14<sup>th</sup> April, 2015.

Copy to:-

1. P.S. to Chief Minister for kind information of Chief Minister
2. P.S. to Minister i/c., Health & F.W. Department for kind information of Minister.
3. P.S. to Chief Secretary to the Govt. of Meghalaya, Shillong for kind information of Chief Secretary.
4. Additional Chief Secretary, I/c., Health & F.W. Department.
5. Director of Health Services [MI], Meghalaya, Shillong for information & necessary action. He is requested to give wide publicity for the implementation of the Rules to all stakeholders.
6. D.H.S.[MCH]/[Research], Meghalaya, Shillong for information & necessary action.
7. Director of Printing & Stationery, Meghalaya, Shillong for publication in the Gazette. He is requested to provide 100 (hundred) copies of the Gazetted Notification to the undersigned, most immediately after publication.
8. All Administrative Department.....
9. All Private Hospital.....

By Order etc. *[Signature]*

*[Signature]*  
Secretary to the Government of Meghalaya,  
Health & Family Welfare Department