

# **GUIDEBOOK FOR AB PMJAY QUALITY CERTIFICATION 2019**

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## **1 Quality Council of India**

### **1.1 About Organization**

Quality Council of India was established in 1997 through a Cabinet decision of the Government of India (GoI). Quality Council of India (QCI) is an autonomous organization under the Department for Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry. It was established as the national body for accreditation and certification based on the recommendations submitted by a committee which included various interested ministries and stakeholders to the Cabinet in 1996. Key recommendations included the need for establishing an organization jointly by the Government and the industry and the need for the organization to be self-sustaining and be away from the government.

Accepting the recommendations, the Cabinet committee decided to set up Quality Council of India as a non-profit autonomous society registered under Societies Registration Act XXI of 1860 to establish an accreditation structure in the country and to spread quality movement in India by undertaking a National Quality Campaign.

It is the Quality Apex and National Accreditation Body for accreditation and quality promotion in the country. The Council was established to provide a credible and reliable mechanism for third party assessment of products, services and processes which is accepted and recognized globally. The Mission of QCI is to lead a nationwide quality movement in India by involving all stakeholders for emphasis on adherence to quality standards in all spheres of activities primarily for promoting and protecting interests of the nation and its citizens.

### **1.2 About accreditation Boards of QCI**

QCI functions through five executive boards, i.e.-

1. National Accreditation Board for Hospitals and Healthcare Providers (NABH)
2. National Accreditation Board for Certification Bodies (NACB)
3. National Accreditation Board for Testing and Calibration Laboratories (NABL)
4. National Accreditation Board for Education and Training (NABET)
5. National Board for Quality Promotion (NBQP)

## **2 Nation Health Authority (NHA)**

The National Health Agency had been restructured as the National Health Authority (NHA) through a January 2019 cabinet decision. As per the notification dated 1st February 2019, the Union Cabinet approved the restructuring of existing National Health Agency as “National Health Authority” for better implementation of the Pradhan Mantri Jan Arogya Yojana (PMJAY). Through the decision, the National Health Agency, registered as a Society under Societies Registration Act 1860, has been dissolved and has been replaced by National Health Authority as an attached office to Ministry of Health & Family Welfare. With the dismantling of the earlier two-tiered management structure, NHA will have full functional autonomy and shall be governed by a Governing Board comprising of the Union Minister for Health & Family Welfare as its Chairman and 11 members.

Headed by a full-time Chief Executive Officer (CEO), NHA is responsible for the design, roll-out, implementation and management the AB PMJAY across the country. To effectively carry out the tasks allotted to it, the NHA through the Governing Board will be responsible for framing, amending and repealing of policies and administrative and financial procedures relating to hiring/utilization/retention of resources, outsourcing of various tasks, budgetary support, and release of funds including guidelines for bank accounts for the management and administration of the authority.

To implement the scheme at the state level, states have formed State Health Agencies (SHAs) in the form of a society/trust. SHAs have full operational control over the implementation of the scheme in the state.

NHA provides the overall vision and stewardship for design, roll-out, implementation and management of Pradhan Mantri Jan Arogya Yojana (PMJAY) in alliance with state governments. Inter-alia, this will include, formulation of PMJAY policies, development of operational guidelines, implementation mechanisms, coordination with state governments, monitoring and oversight of PMJAY amongst others.

The National Health Authority plays a critical role in fostering linkages as well as the convergence of PMJAY with health and related programs of the Central and State Governments, including but not limited to Ayushman Bharat - Comprehensive Primary Health Care, the National Health Mission, RSBY to name a few.

The NHA leads the development of strategic partnerships and collaborations with Central and State Governments, civil society, financial and insurance agencies, academia, think tanks, national and international organizations and other stakeholders to further the objectives of PMJAY.

The National Health Authority provides technical advice and operational inputs, as relevant, to states, districts and sub-districts for PMJAY including formulating standards/SOPs/guidelines/manuals to guide implementation, identification of capacity gaps and related training, development of health information and IT systems, facilitating cross-learnings, documentation of best practices, research and evaluation and undertake associated administrative and regulatory functions.

### **3 Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana**

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) is the world's largest government-funded healthcare scheme that entails providing healthcare benefits to the underprivileged section of the society. The scheme was launched on September 23, 2018, by Shri Narendra Modi at Ranchi, Jharkhand. The aim is to ensure that all the citizens of India receive healthcare services by making them accessible, cashless and paperless. The scheme has two components: the transformation of existing sub-centres and Primary Health Centers into Health Wellness Centers to cater to the primary services and providing insurance coverage for secondary and tertiary hospitalization. As per the lateral component, financial support of Rs 5 lakh will be provided to nearly 100 million families covering approximately 500 million individuals (~40% population) of the country.

The scheme plans to build a comprehensive healthcare ecosystem in India by bringing together all the stakeholders in terms of State Governments and Private institutions to result in Universal Healthcare Coverage. As a result, 32 Indian States and Union Territories have agreed to adopt and implement the Center's AB PMJAY scheme. As of July 31, 2019, a strong network of nearly 16,078 empanelled hospitals have been created that can be accessed by the registered beneficiaries and out of which 34,59,621 beneficiaries have already used the available services. To further ease the process, services to be availed are categorized into 1393 procedures covering pre and post-hospitalization, diagnostics, medicines etc. It is considered to be a major shift in the Indian healthcare horizon where for the first-time people are being treated with no limitation on family size and age.

### **4 AB PMJAY Quality Certification**

'Quality healthcare' is one of the mottos of the scheme. Continuous efforts are being made by the authorities to set clearer guidelines that require stringent enforcement to create a robust regulatory framework for the scheme. It, therefore, becomes critical to define a quality framework based on the basic principles of patient safety that enables to monitor and measure adverse events and take corrective and preventive measures as and when required.

Since the treatment rates are fixed and healthcare providers varies based on the type of hospital and State regulations so high-quality treatment becomes a key focus area of the scheme. As an

effort to improve the quality of healthcare, National Health Authority (NHA) has collaborated with Quality Council of India (QCI) to use their well-established systems, skillset and credibility to start a quality certification process. It will be used as a catalyst to enhance patient satisfaction and improve quality standards across AB PMJAY empanelled hospitals.

The goal is to build a network of healthcare providers delivering quality clinical and support services while following the healthcare protocols. The process of quality certification will ensure that the hospitals are demonstrating commitment towards quality care and raising the bar for other network hospitals to follow. It will also help them to create a distinct representation and boost the confidence of beneficiaries in the services being provided. NHA plans to incentivize the certified hospitals (only for silver and gold quality certified hospital) with higher reimbursement rates over and above the packages decided under AB PMJAY. Though, financial incentives are already provided to the NABH certified hospitals based on the status of their certification/accreditation.



Figure 1: Stages of Certification

To ensure that all the hospitals can comply with the certification process a new criterion has been developed. Thus, creating three levels of AB PMJAY quality certifications that are Bronze, Silver and Gold in the said chronological order. The levels differ in terms of their certification criteria, financial incentivization, and provides leverage to the empanelled hospitals that are already certified by nationally or internationally recognized accreditation body (NQAS, NABH & JCI). NABH's Entry-Level/ NQAS certified hospitals can apply directly for AB PMJAY Silver quality certification and hospitals with NABH's Full Accreditation/JCI Accreditation can apply for AB PMJAY Gold quality certification directly.

The hospitals which are not certified by any accreditation body will have to apply for a bronze certificate to get the quality certification. This methodology of step by step upgradation will ensure that hospitals keep on increasing the quality of services provided by them.

The certification process involves registration, uploading of self-attested documents and submission of nominal fees, followed by desktop and the subsequent on-site assessment using a technology platform. Based on the compliance status of the hospital's assessment the result will be declared on the technology portal. The certification assures that the standard procedures and services provided by the hospitals meet the highest quality benchmark. As the certification will not only enable them to comply with quality protocols, but it will also improve patient safety and the overall healthcare facility of the organization.

## **5 Benefits of Certification**

### **5.1 Patient Welfare**

Patients are the biggest beneficiaries among all the stakeholders as certification results in high quality of care and patient safety and ensure the whole system is patient-centric.

### **5.2 Healthcare Organizations Continuous Improvement**

Certification to a health care organization stimulates continuous improvement. It enables the organization to demonstrate a commitment to quality care. It raises community confidence in the services provided by the health care organization. It provides an opportunity for the healthcare unit to benchmark with the best and benefits from financial incentives given by the government to such certified hospitals.

### **5.3 Healthcare Staff's Professional Development**

It improves the overall professional development of the hospital staff and provides leadership for quality improvement in various techniques. It also creates a good working environment where the staff can continuously learn and take ownership of their roles and responsibilities.

### **5.4 Additional Incentive Benefits**

For Silver and Gold-certified hospitals, an additional benefit of 10% and 15% have been offered respectively.

### **5.5 Digital Process**

The assessment for the certification encompassing desktop and on-site assessment would be done using the technology platform. Each standard is evaluated based on a series of questions that are verified using relevant documents or geo-tagged and geo-stamped photographs to measure the compliance status. The use of technology efforts will ensure that the assessment process is transparent and efficient as compared to the traditional ways of manual certification.

## 6 Process for Bronze Quality Certification



## **6.1 Steps to be followed for the Bronze Certification**

### **6.1.1 Registration for Bronze Quality Certificate**

Hospitals are required to log in to their HEM portal for the process of registration where they will see a tab ‘Apply for certification’, using this tab hospital needs to apply for the certificate and verify the details of information provided earlier on HEM portal, then they will be redirected to QCI portal where they will fill the basic certificate questions which will measure the eligibility of hospitals for bronze, silver and gold certification.

### **6.1.2 Filling up of Desktop Questionnaire**

Submit all the required details along with self-attested documents (where applicable) through web platform which will include a detailed questionnaire followed by the fee payment. An application number will be generated after the fee submission. The details entered by the applicant for registration on the website cannot be edited once the details are submitted.

### **6.1.3 Desktop Assessment**

A detailed review of all the submitted information will be carried out and non-compliance ‘NC’ will be marked in case of insufficiency, discrepancy or incorrect data uploaded. For the fulfilment of non-compliance, the private hospitals will have 15 days for submitting the documents and government hospitals will have 25 days for the same. The NC will be closed if the revised documents meet the requirements if not, 2<sup>nd</sup> NC will be raised and private hospitals will have 10 days for submitting the documents and government hospitals will have 15 days for the same. The NC will be closed only when the revised documents meet the requirements. If a hospital fails in 2<sup>nd</sup> NC too then their registration shall be cancelled and they will have to start the process of registration again. In case no NC is raised or the raised NC (s) meets requirement then On-site assessment date will be allotted within 7 days of completion of desktop assessment for both private and public hospital.

### **6.1.4 On-site Assessment**

After closing all non-compliances raised at DA stage, the hospital will be moved to the next stage i.e. On-site assessment. On-Site Assessment will be done by the assessor. Final quality check of the assessment will be done by the assessor(s) and NCs (if any) will be raised for any clarifications or missing pieces. Hospitals will have a defined timeline to close all the NCs.

#### **6.1.5 On-site Assessment Review**

Any non-compliance raised during the process of on-site assessment private hospitals will have 10 days for providing the necessary evidence in order to close the NC and government hospitals will have 15 days for the same. If the NC has been resolved and approved, then hospitals shall be issued the certificate within 7 days. In case the hospital is not able to provide the correct evidence for the closure of NC than the registration shall get cancelled and they will have to register all over again for the process of quality certification.

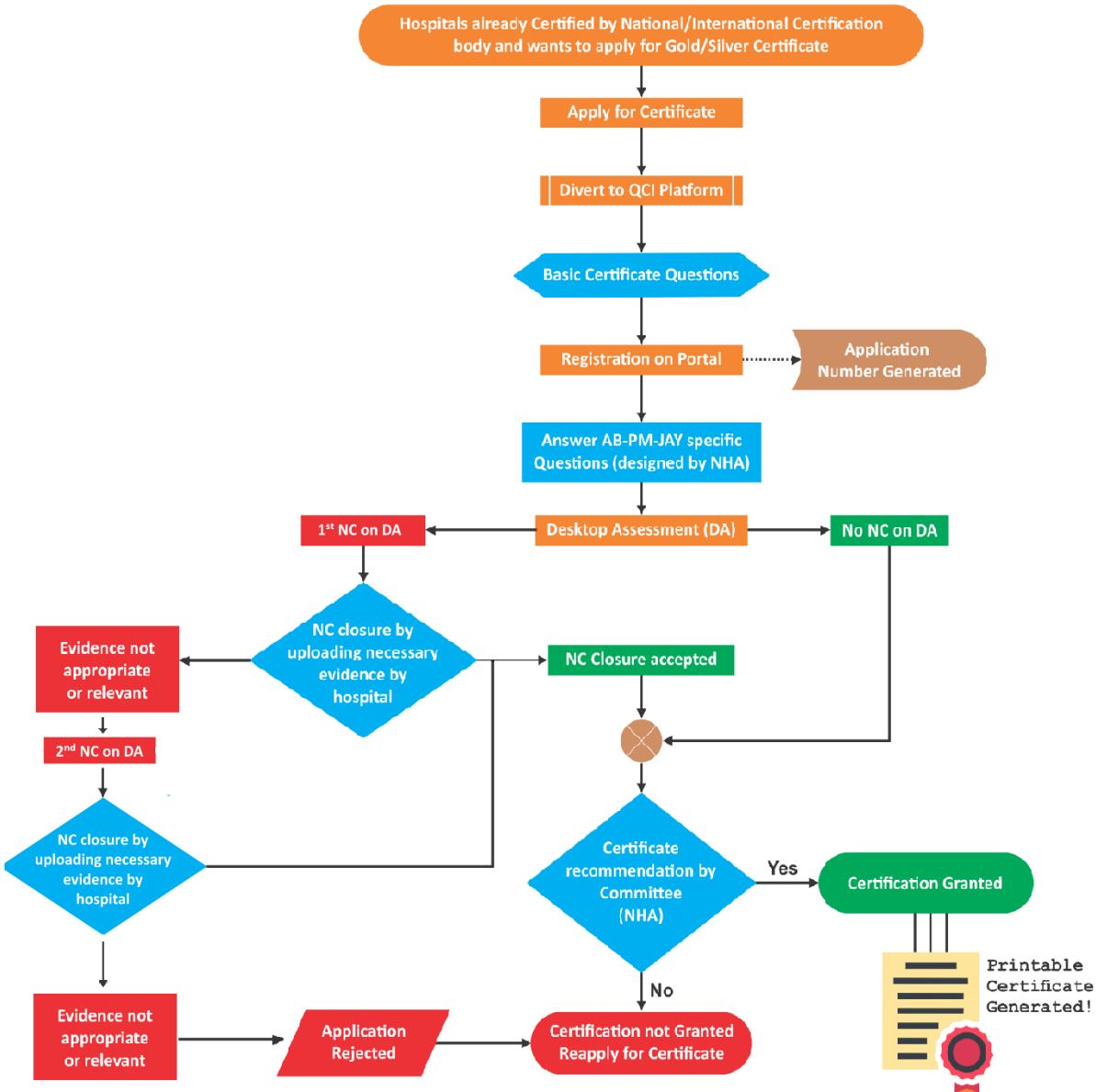
#### **6.1.6 Certificate Granted**

After the completion of On-site assessment and NC closure, all the details of the hospital will be reviewed and the certificate will be provided. A digitally signed certificate by QCI will be issued and will be available on the NHA/QCI website.

## 6.2 Process Timelines

S. No.	Steps	No. of Working Days (for private hospital)	No. of Working Days (for government hospital)
1	Registration on the web portal		
2	Application submission along with the required documents	60	60
3	Fee Submission		
4	Desktop Assessment (DA) and NCs raised	7	7
5	DA: 1st Round of Non-Compliance (NC)	15	25
6	Verification of the information submitted for 1 <sup>st</sup> DA NC and NC raised for 2 <sup>nd</sup> Round	3	3
7	DA: 2nd Round of Non-Compliance (NC)	10	15
8	Verification of the information submitted for 2 <sup>nd</sup> DA NC	3	3
9	If NC closed, date allotted for on-site assessment (OA)	7	7
10	The assessment conducted, and NC raised	7	7
11	OA: 1 <sup>st</sup> round of Non-Compliance (NC)	10	15
12	Verification of the information submitted for 1 <sup>st</sup> OA NC	3	3
13	Results Announcement & Digital Certificate issued if the hospital is assessed to be fulfilling the required criteria	7	7

## 7 Procedure for Silver/Gold Quality Certificate (Already certified hospital)



## **7.1 Steps to be followed for the Silver/Gold Quality Certificate**

### **7.1.1 Registration for Silver/Gold Quality Certificate**

Hospitals are required to log in to their HEM portal for the process of registration where they will be able to see a tab ‘Apply for Certification’, using this tab hospital needs to apply for the certificate and verify the details of information provided earlier on HEM portal, then they will be diverted to QCI’s portal where they will be asked to answer the basic certification questions for the eligibility criteria of certification, the hospital needs to provide details of already held accreditation/certification, which will measure the eligibility of hospitals for bronze, silver and gold certification.

### **7.1.2 Filling up of Desktop Questionnaire**

Once the portal identifies their eligibility for application of certification, they will be required to provide all the details and submit the necessary documentation through the web portal which will also include a detailed questionnaire regarding ‘AB PMJAY specific questions’. An application number will be generated after the desktop questionnaire is submitted. The details entered by the applicant in a desktop questionnaire on the website cannot be edited once the details are submitted.

### **7.1.3 Desktop Assessment**

A detailed review of all the submitted information will be carried out and non-compliance ‘NC’ will be marked in case of insufficiency, discrepancy or incorrect data uploaded. For the fulfilment of non-compliance, the Private hospitals will have 10 days for submitting the documents and government hospitals will have 15 days for the same. The NC will be closed if the revised documents meet the requirements if not, 2<sup>nd</sup> NC will be raised and private hospitals will have 10 days for submitting the documents and government hospitals will have 15 days for the same. The NC will be closed only when the revised documents meet the requirements. If a hospital fails in 2<sup>nd</sup> NC too then their registration shall be cancelled and they will have to start the process of registration again. In case no NC is raised or the raised NC(s) meets requirement then the application will be processed further.

### **7.1.4 Certificate Granted**

After the completion of On-site assessment and NC closure, all the details of the hospital will be reviewed and the certificate will be provided. A digitally signed certificate by QCI will be issued and will be available on the NHA/QCI website.

## 7.2 Process Timeline

S. No.	Steps	No. of Working Days (for private hospital)	No. of Working Days (for government hospital)
1	Registration on the Web Portal		
2	Application submission along with Certificate and required documents	15	15
3	Desktop Assessment (DA) and NCs raised	7	7
4	DA: 1st Round of Non-Compliance (NC) reply	10	15
5	Verification of the information submitted for 1st DA NC	3	3
6	DA: 2nd Round of Non-Compliance (NC) reply	7	10
7	Verification of the information submitted for 2nd DA NC	3	3
8	Results Announcement and Digital Certificate issued if the hospital is fulfilling the required criteria	3	3

## 8 Outline of Bronze Standard

### 8.1 Chapter 1: Key Inputs

A hospital must have a framework to support ongoing quality improvements and patient wellbeing. This section of Key Inputs broadly covers the structural part of the hospital. The certification criteria are given in this chapter take into consideration the facility infrastructure, human resources requirements and training, appropriate space in the hospital for patient movement, proper lighting facility in the hospital, medical instruments and equipment requirements and maintenance, fire-fighting equipment and basic amenities like drinking water, waiting for the area, canteen, suitable toilets for men and women etc. However, the focus of the standards has been in ensuring compliance to the minimum level of inputs, which are required for ensuring delivery of the committed level of the services.

#### Summary

Chapter 1: Key Inputs	
KI 1	The physical facility of the building and hospital environment shall be developed and maintained for the safety of patients, visitors, and staff
KI 2	The hospital should have adequate space for an ambulance and patient movement
KI 3	Access to the hospital should be provided without any physical barrier and friendly to people with disabilities
KI 4	The indoor and outdoor areas of the facility should be well-lit
KI 5	Basic amenities should be provided for all patients, hospital staff and visitors
KI 6	The hospital should ensure that all medical staff is adequately credentialed as per the statutory norms
KI 7	The facility has functional equipment & instruments as per the scope of services
KI 8	The hospital should have fire detection and fire-fighting equipment installed as per fire safety norms along with staff training
KI 9	Staff involved in direct patient care shall be trained in Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) along with a display of the same in all critical care areas
KI 10	Annual Training Plan should be prepared for all staff covering all training needs

## 8.2 Chapter 2: Clinical Service

The definitive motive of a hospital is to provide clinical care. Therefore, Clinical Services is the most basic and significant in hospitals. 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. These standards are based on the technical guidelines published by the Government of India (GoI) on individual programs and processes. It may be difficult to assess clinical processes; as direct observation of clinical procedure may not always be possible at the time of certification assessment. Therefore, assessment of these standards would largely depend upon a review of the clinical records and documents as well.

### Summary

Chapter 2: Clinical Services	
CS 1	Patients privacy should be maintained in the Out Patient Department (OPD) and In-Patient Department (IPD)
CS 2	The lab diagnostic services, whether in the house or outsourced, should be as per the scope of services
CS 3	Blood bank services if available shall be as per the statutory/regulatory norms.
CS 4	The hospital should adhere to the radiation safety precautions as per the regulatory requirements
CS 5	Intensive Care Unit (ICU) services should be available as per the scope of services along with the required infrastructure and manpower
CS 6	OT complex should be available as per the regulatory requirements
CS 7	Look-alike and sound-alike medicines need to be identified and stored separately to avoid any dispensing and administration errors.
CS 8	Policies and procedures for identification, safe dispensing and administration of all high-risk medicines should be documented and implemented
CS 9	The facility has defined and established antibiotic policy
CS 10	Pre-operative, Intra-operative and post-operative assessment should be done and documented by appropriately qualified staff in standardized format.
CS 11	Pre-Anaesthesia assessments, type of Anaesthesia and Post Anaesthesia status should be documented.

### 8.3 Chapter 3: Support Services

Support Services are the fundamental foundation of every healthcare facility and help other departments things run smoothly and when things are running well, patients receive better care, so the expected clinical outcome cannot be visualized in the absence of support services. This chapter 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. If these services and facilities are in place and are managed efficiently, supported and maintained, mainline healthcare delivery will be effective.

#### Summary

Chapter 3: Support Services	
SS 1	Hospital should be clean and have well-managed flooring
SS 2	Temperature control and ventilation should be maintained inpatient care and nursing area
SS 3	The hospital should have an arrangement of water storage and should be tested periodically as per requirement
SS 4	The hospital should have 24 hours supply of electricity, either through direct supply or from other sources
SS 5	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.
SS 6	The facility should adhere to the practices specified under statutory compliances as per the scope of services - Licenses with the Certificate number, Date of Issue and Date of expiry
SS 7	The hospital should ensure that appropriate infection control practices are being followed along with hand hygiene practices
SS 8	The hospital should ensure Bio-Medical Waste management practices as per the statutory norms (BMW (Amendment) Rules, 2018)
SS 9	The 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).
SS 10	Sexual harassment and grievance handling procedure should be available.

## 8.4 Chapter 4: Patient Care

The sheer availability of healthcare services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access to healthcare services includes physical access as well as financial access. The government has launched AB PMJAY schemes for ensuring that the service packages are available cashless to different targeted groups. 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, the confidentiality of medical records, legible prescription etc. This chapter includes standards such as uniform user-friendly signage, IEC for educating patients, patient-friendly admission and referral process, consent policies, retaining of medical record and education of patients.

### Summary

Chapter 4: Patient Care	
PC 1	The hospital should have a uniform and user-friendly signage system in English and the local language understood by Patient/family and community.
PC 2	All signage those are required by law should be displayed at all strategic location
PC 3	Contact information of key medical staff and specialist should be readily available in the emergency department
PC 4	Service counters for the enquiry are available as per the patient load and are duly managed by hospital staff for the registration of patients
PC 5	The hospital should have established procedure for admission of patients
PC 6	The patient should be referred to another facility along with the documented clinical information, in case of non-availability of services and/or beds.
PC 7	General Consent and Informed Consent should be taken during the admission and before any procedures /surgery and anaesthesia/ sedation.
PC 8	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.
PC 9	The patient should be properly educated on additional care as deem required and all the vital information should be recorded for continuity of care.
PC 10	Hospitals should ensure that all medications and associated instructions are written in the prescription.
PC 11	Medical records should be retained as per the policies of Hospital-based on national and local law.

## 8.5 Chapter 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. This chapter has standards for measuring healthcare outcomes like 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. The data provided by health outcomes guide decision and effective policymaking process.

### Summary

Chapter 5: Health Outcomes	
HO 1	Monthly Out Patient Department (OPD) and In-Patient Department (IPD) census
HO 2	Mortality Rate and the average length of stay
HO 3	Infection Rates - Surgical Site, Urinary Tract, Blood Stream, Ventilator-Associated (VAP)/ Hospital-Acquired Pneumonia
HO 4	Transfusion reaction (if applicable)
HO 5	Bed occupancy
HO 6	Percentage of Patient satisfaction
HO 7	Percentage of Employee satisfaction
HO 8	Waiting time - Out Patient Department (OPD) and discharge
HO 9	Reporting of Adverse events
HO 10	Reporting of Thefts / Security related incidents
HO 11	Reporting of needle stick injuries

## 9 How to Apply for Quality Certificate through the portal

### 9.1 How to Apply for Bronze Quality Certificate

**Step 1:** Go to <https://hospitals.pmjay.gov.in/> and login with your credentials

PRADHAN MANTRI JAN AROGYA YOJANA  
Ayushman Bharat

Are you an administrator of the hospital and wants to apply for empanelment under Pradhan Mantri Jan Arogya Yojana?  
क्या आप हास्पिटल प्रबंधक हैं और क्या आप प्रधान मंत्री जन आरोग्य योजना के अंतर्गत अपने हास्पिटल को पंजीकृत करवाना चाहते हैं?

YES (हाँ)  NO (नहीं)

Note: This is not a job application portal. Please do not apply for any kinds of job here.  
यह नौकरी आवेदन पोर्टल नहीं है। कृपया यहाँ किसी भी प्रकार की नौकरियों के लिए आवेदन न करें।

Already started the Empanelment Process? [Login](#)

Hospital Reference Number \*  
Password \*

106ole

(Please enter visible characters in the text box.)

[LOGIN](#)

[Forgot Hospital Reference Number](#) [Forgot Password?](#)

2 Click login

**IT Partner**  
Government of Telangana

**Step 2:** Apply for Certification

PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat  
Hospital Empanelment Application Form

Hospital Basic Information

Hospital Name : NA Hospital PAN : NA Hospital Parent Type : Single Hospital Type : Public

Hospital NIN Id : NA Application Status : Hospital Approved for Empanelment Application Created Date :

Hospital Address

Hospital Address : Hospital Pincode : State :  
District : Village : City :  
Latitude : NA Longitude : NA  
Longitude : NA

Hospital Profile

Hospital Specialty Type : Multi Establishment Year : NA PAN Card Holder Name : NA

Legal Entity Name : NA Hospital Ownership Type : NA Legal Entity Registration Number : NA

Legal Entity Registration Date : NA Hospital Sub Type : Authority registered with : NA

1 Click on 'Certification'  
2 Click on 'Apply for Certificate'

**Step 3:** Confirm already filled Bed strength and Specialities offered on the HEM portal

**Civil Infrastructure**

Total Bed Strength	Inpatient Bed Strength
NA	NA

**Wards**

Total Bed Strength *	Number of InPatient Beds *	Fully Equiped Operation Theatre	OPD *
NA	NA	NA	NA
HDU	General Ward *	Existence of ICU with AC	Casualty *
NA	NA	NA	NA
Labour Room			
NA			

**Specialties Offered**

S.No	Specialty Code	Specialty Name	Hospital Applied Specialties	Empanelled Specialties	Upgraded Specialties	De-Empanelled Specialties	Admissions done Previous Financial Year	Admissions done Before Last Year
1	S1	General Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
2	S2	ENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
3	S3	Ophthalmology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
4	S4	Obstetrics & Gynaecology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
5	S5	Orthopaedics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
6	S7	Cardio Thorasic Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
7	S8	Paediatric surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
8	S9	Genitourinary Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
9	S10	Neuro Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
10	S11	Surgical Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
11	S12	Medical Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
12	S13	Radiation Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
13	S14	Burns Plastic & reconstructive Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
14	S15	Polytrauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
15	S18	Dental Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
16	S16	Paediatric Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
17	M1	Critical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
18	M2	General Medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
19	M4	Paediatrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA

## Guidebook for AB PMJAY Quality Certification, 2020

Note: If the filled already filled information is not correct or the Hospital want to update any pre-filled information then the hospital can select ‘Upgrade details’ and click ‘Submit’

**Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat**  
Hospital Empanelment Application Form

Apply for Certification

Hospital Empanelment Application Form

Hospital Id :

Below Information is Correct    Update Hospital Basic Information    Upgrade Details

Applied for Certification Successfully. Please visit QCIN website for further details

Please Click Here to resend QCI login credentials to SMS or Email

**Hospital Basic Information**

Hospital Name :	Hospital Parent Type :	Hospital Type :	Hospital NIN Id :
	Single	Public	NA

**Hospital Address**

Hospital Address *	State *	District *
NA		

Village :	City/Town :	Hospital Pincode *	Geographic Code Latitude :
NA	NA	NA	NA

**Geographic Code Longitude :** NA

**Hospital Profile**

Hospital Speciality Type *	Establishment Year	PAN Card Holder Name	Legal Entity Name
Multi	NA	NA	NA
Hospital Ownership Type	Legal Entity Registration Number	Legal Entity Registration Date	Hospital Sub Type
NA	NA	NA	NA
Hospital GOI Sub Type	Authority registered with		
NA	NA		

**Step 4:** If the filled information is correct, select ‘Below information is Correct’ and click ‘Submit’

**Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat**  
Hospital Empanelment Application Form

Apply for Certification

Hospital Empanelment Application Form

Hospital Id :

Below Information is Correct    Update Hospital Basic Information    Upgrade Details

Applied for Certification Successfully. Please visit QCIN website for further details

Please Click Here to resend QCI login credentials to SMS or Email

**Hospital Basic Information**

Hospital Name :	Hospital Parent Type :	Hospital Type :	Hospital NIN Id :
	Single	Public	NA

**Hospital Address**

Hospital Address *	State *	District *
NA		

Village :	City/Town :	Hospital Pincode *	Geographic Code Latitude :
NA	NA	NA	NA

**Geographic Code Longitude :** NA

**Hospital Profile**

Hospital Speciality Type *	Establishment Year	PAN Card Holder Name	Legal Entity Name
Multi	NA	NA	NA
Hospital Ownership Type	Legal Entity Registration Number	Legal Entity Registration Date	Hospital Sub Type
NA	NA	NA	NA
Hospital GOI Sub Type	Authority registered with		
NA	NA		

## Guidebook for AB PMJAY Quality Certification, 2020

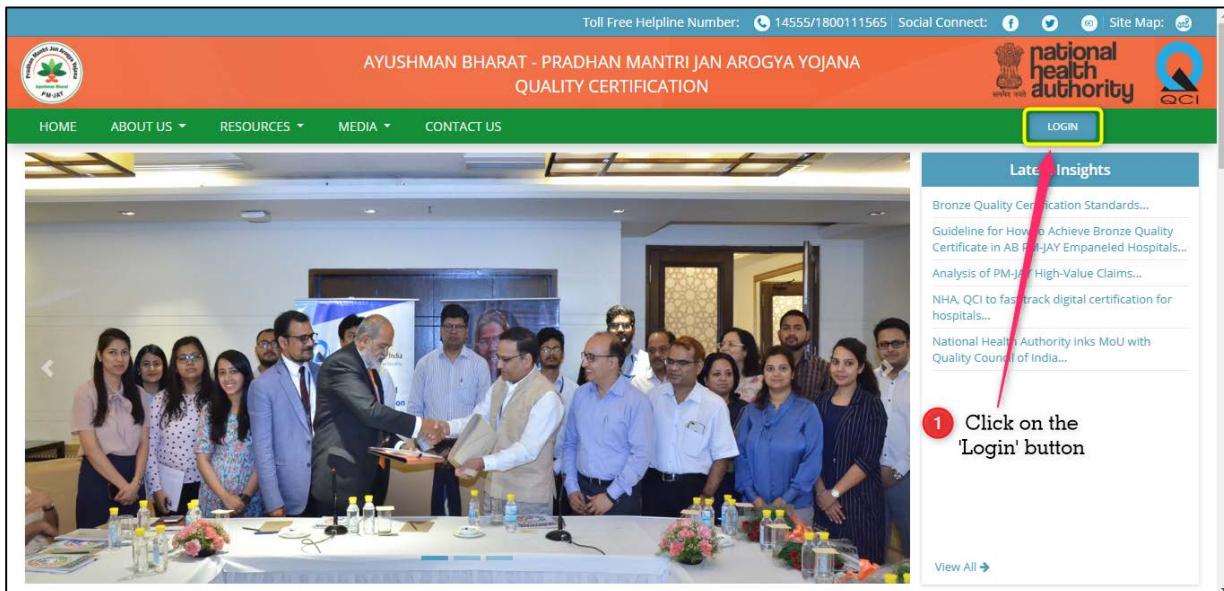
A message will pop asking if you really want to submit

1 Click 'OK' if you want to submit OR Click 'Cancel' to go back

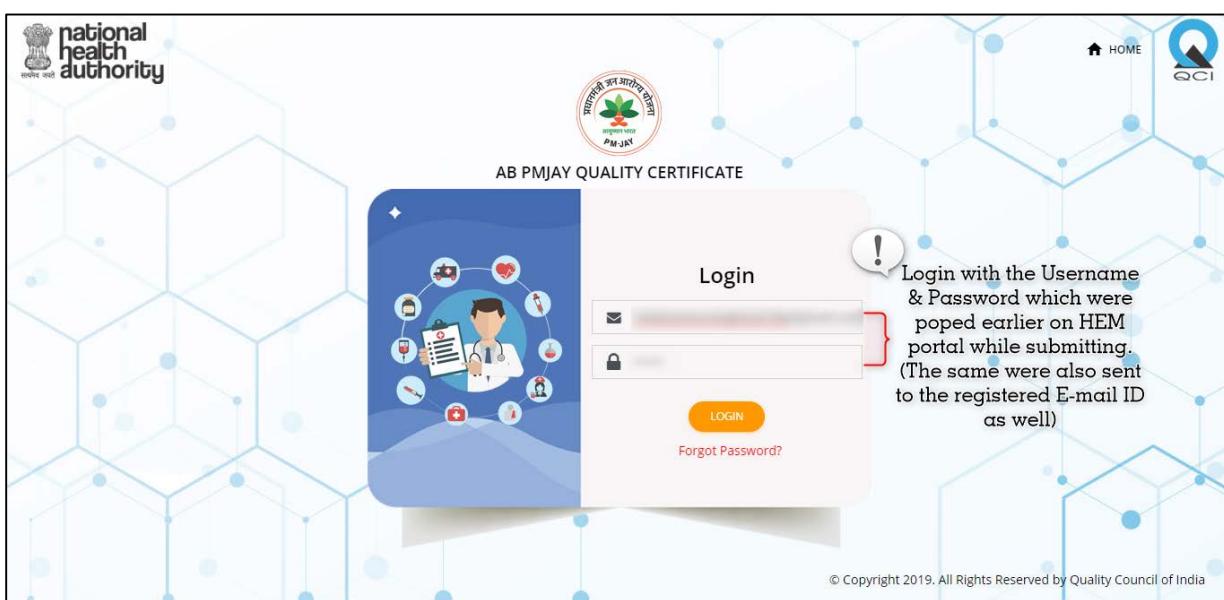
**Step 5:** Click on the link to visit the QCI website.

Click on this link to visit QCI website

**Step 6:** Click on the 'Login' button



**Step 7:** Login with credential provided on e-mail



## Step 8: Answer Basic Certificate questions

**AUUSHMAN BHARAT - PRADHAN MANTRI JAN AROGYA YOJANA  
QUALITY CERTIFICATION**

**Basic Certificate Questions**

Enter Your Accreditation Details

Do You have any accreditation? No

**1** From the drop down, select an option which is true i.e: Yes/No

**2** After selection, click on 'Submit'

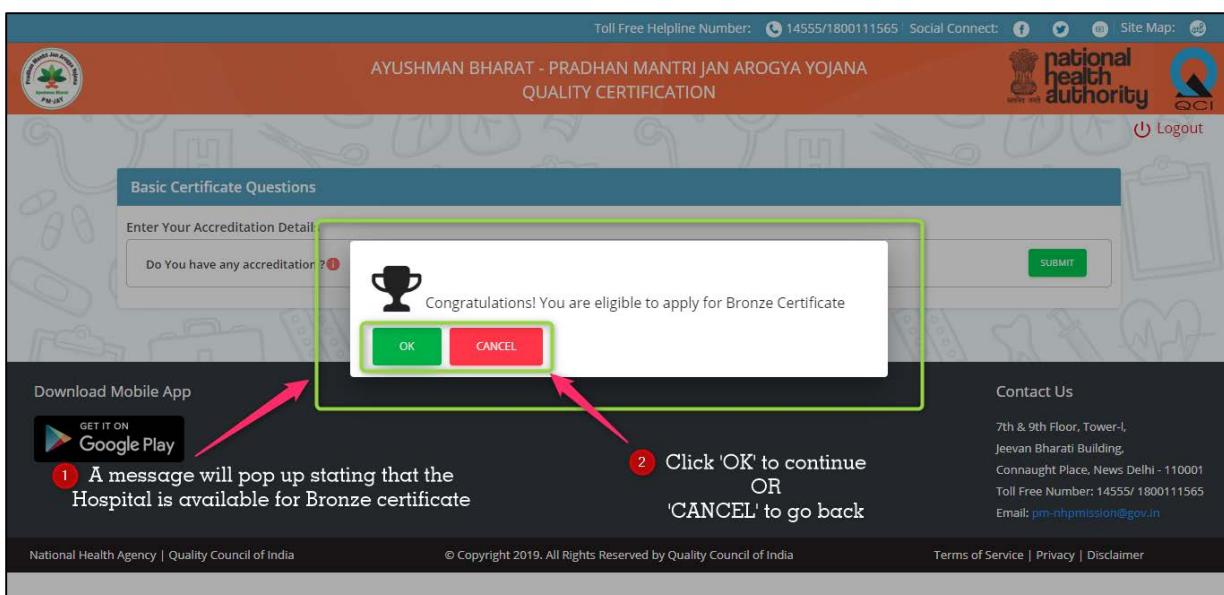
**SUBMIT**

Contact Us  
7th & 9th Floor, Tower-I,  
Jeevan Bharati Building,  
Connaught Place, New Delhi - 110001  
Toll Free Number: 14555/ 1800111565  
Email: pm-nhpmission@gov.in

Download Mobile App

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## Step 9: Eligibility pop-up will appear, click 'Ok' to proceed



**Step 10:** Click on the 'Application Form' tab in the dashboard to start filling the application form

The screenshot shows the 'Hospital Dashboard' interface. At the top, there is a navigation bar with icons for basic questions, application form, desktop assessment, DA NC's, COC for HCOs, onsite assessment, hospital satisfaction, OA NC's, and final certificate. Below this is a 'History' section with a table showing the status and date of various stages: Application Stage (17/12/2019), Basic Certificate Stage (14/11/2019), and Pre-Registration Stage (14/11/2019).

**Step 11:** Start filling the application form and remember to save the progress

The screenshot shows the 'AB PMJAY Quality Certificate' application form. The 'INFORMATION' tab is selected, highlighted with a green arrow. A callout bubble says 'This is basic information tab'. The form contains sections for General information (HospID, Hospital Name, Hospital Parent Type, Hospital Type, Hospital Ownership Type, Authority Registered with, Total Bed Strength, Operational Beds, Number of Inpatient Beds) and Address and Contact Details. A callout bubble for the General section says 'Click on the arrows to expand the section and fill out all the required information'. A red arrow points from the 'SAVE' button at the bottom left to another callout bubble that says 'Make sure you click on the "Save" button to save your progress'. A green 'FINAL SUBMIT' button is also visible.

**Step 12:** Fill information in all the tabs

AB PMJAY Quality Certificate

INFORMATION ABPMJAY CLINICAL SERVICES STATUTORY COMPLIANCE SUPPORT SERVICES INFECTION CONTROL AND STERILIZATION HOSPITAL STAFFING

DOCUMENTED PROCEDURES HEALTHCARE OUTCOMES

Hospital have to visit each tab and a set of questions will appear which are mandatory to be filled

1. Does the hospital has a dedicated team for AB PMJAY?\*

2. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*

3. Does the nominated AB PMJAY team has doctors engaged?\*

4. Does the nominated AB PMJAY team has a member from administration department?\*

5. Does the hospitals maintain proper medical records maintained for AB PMJAY patients?\*

6. Is AB PMJAY claim process documented in the hospital's policies?\*

7. Does the hospital charge any extra money from AB PMJAY beneficiaries?\*

8. Does the hospital provide cashless treatment to AB PMJAY Beneficiaries?\*

9. Are the deployed staff members trained for HEM portal?\*

Select Select Select Select Select Select Select Select Select

**Step 13:** Use the 'Upload' icon to upload a document(s) and 'View' icon to view the uploaded documents

AB PMJAY Quality Certificate

INFORMATION ABPMJAY CLINICAL SERVICES STATUTORY COMPLIANCE

DOCUMENTED PROCEDURES HEALTHCARE OUTCOMES

Upon successfull upload, a success message will pop up

✓ File uploaded success

1. Does the hospital has a dedicated team for AB PMJAY?\*

2. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*

3. Does the nominated AB PMJAY team has doctors engaged?\*

4. Does the nominated AB PMJAY team has a member from administration department?\*

5. Does the hospitals maintain proper medical records maintained for AB PMJAY patients?\*

Pre authorization form, diagnostic reports and clinical notes, etc., to be uploaded

Upload medical record for patient 1\*

Upload medical record for patient 2\*

Upload medical record for patient 3\*

1 Click on upload icon to upload file →

2 Upon successful upload, the view icon changes to 'Green' color. Click on the view button to view the uploaded file

6. Is AB PMJAY claim process documented in the hospital's policies?\*

7. Does the hospital charge any extra money from AB PMJAY beneficiaries?\*

No Yes

## Step 14: Delete icon can be used to remove the wrong document

AB PMJAY Quality Certificate

INFORMATION ABPMJAY CLINICAL SERVICES  
DOCUMENTED PROCEDURES HEALTHCARE OUTCOMES STERILIZATION HOSPITAL STAFFING

**Uploaded doc(s)**

Name	Action
report.pdf	

1. Does the hospital has a dedicated team for AB PMJAY?

2. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*

3. Does the nominated AB PMJAY team has doctors engaged? \*

4. Does the nominated AB PMJAY team has a member from administration department? \*

5. Does the hospitals maintain proper medical records maintained for AB PMJAY patients? \*

Pre authorization form, diagnostic reports and clinical notes, etc., to be uploaded

Upload medical record for patient 1\*  
Upload medical record for patient 2\*  
Upload medical record for patient 3\*

6. Is AB PMJAY claim process documented in the hospital's policies? \*

No

7. Does the hospital charge any extra money from AB PMJAY beneficiaries? \*

Yes

## Step 15: After filling the form press submit button (if following pop-up appears then verify which field is missing)

18. Does the hospital charge any extra money from AB PMJAY beneficiaries? \*

19. Does the hospital provide cashless treatment to AB PMJAY beneficiaries? \*

20. Are the deployed staff members are trained for AB PMJAY quality audit through checklist? \*

21. Are the deployed staff members are trained for TMS portal? \*

22. Are the deployed staff members are trained for BIS portal? \*

23. Does the hospital maintains proper records for AB PMJAY referred beneficiaries? \*

24. Number of AB PMJAY beneficiaries referred to AB PMJAY hospitals in last 6 month \*

1233

25. Number of AB PMJAY In-Patient Department (IPD) census for last 6 months? \*

123

26. Does the hospital collects feedback during discharge from AB PMJAY beneficiaries? \*

No

27. Does the hospital conducts AB PMJAY quality audit through checklist? \*

No

SAVE

FINAL SUBMIT

**Step 16:** Look out for ‘!’ symbol(s) these shows that those particulars sections have some unfilled fields

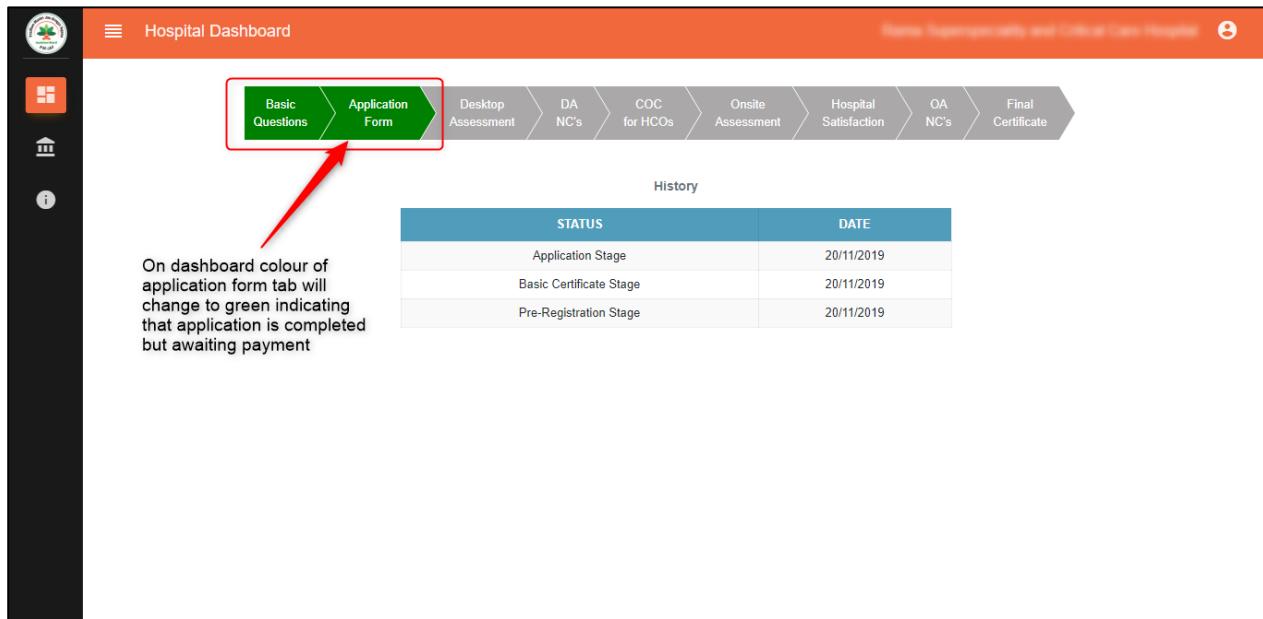
The screenshot shows the AB PMJAY Quality Certificate application. At the top, there are several tabs: INFORMATION, ABPMJAY!, CLINICAL SERVICES, STATUTORY COMPLIANCE, SUPPORT SERVICES, INFECTION CONTROL AND STERILIZATION!, and HOSPITAL STAFFING!. The 'INFECTION CONTROL AND STERILIZATION!' tab has a red exclamation mark icon. Below the tabs, a message box says: "Look out for these (!) symbols these shows that those particular sections have some unfilled/wrong filled present in it". A callout bubble points to the exclamation mark icon on the 'INFECTION CONTROL AND STERILIZATION!' tab. Another callout bubble points to the same tab with the instruction: "Click on all the tabs having (!) and rectify the errors to proceed further". The main form area contains several questions and dropdown menus. Question 4 asks if the nominated AB PMJAY team has a member from administration department, with a dropdown menu showing 'Select'. Question 5 asks if hospitals maintain proper medical records for AB PMJAY patients, with a dropdown menu showing 'Yes'. Below these, there is a section for uploading medical records for patient 1, 2, and 3, each with a required indicator (blue arrow with eye icon). Question 6 asks if AB PMJAY claim process is documented in hospital policies, with a dropdown menu showing 'No'.

**Step 17:** After filling all field again click final submit button (following pop will appear)

The screenshot shows the AB PMJAY Quality Certificate application with a confirmation dialog box overlaid. The dialog box contains the text: "pmjaytest.qcin.org says Are you sure? After submitting, changes cannot be made". It has two buttons: "OK" and "Cancel". Red arrows point to this dialog box from both sides. Below the dialog box, a callout bubble says: "After clicking on 'Final Submit' a message will pop up saying 'After submitting, changes cannot be made'". To the right of the dialog box, another callout bubble says: "2 Click 'OK' to continue OR Click 'CANCEL' to go back". At the bottom of the page, there is a "SAVE" button and a large green "FINAL SUBMIT" button. A red circle with the number 1 points to the "FINAL SUBMIT" button, with the instruction: "Upon rectifying the errors, click on 'Final Submit'".

**Step 18:** Make Necessary Payment for the application.

**Step 19:** On dashboard colour of 'Application Form' tab will change to green indicating that application is completed but still payment is pending.



**Step 20:** Click on application form then click on the 'Make Payment' button

Application Number - HOSP19B/P11/00102

Hospital ID	HOSP6P00560	Hospital Name	Rama Superspeciality And Critical Care Hospital	Hospital Parent Type	Single
Hospital Type	Private(for Profit)	Hospital Ownership Type	Partnership	Establishment Year*	2016
Authority Registered with	NA	Total Bed Strength	35	Number of Inpatient Beds	35
Operational Beds * <sup>1</sup>	35				

Address and Contact Details

Specialties Offered

Click on this button to initiate Payment

MAKE PAYMENT

**Step 21:** On payment, stage fill all the required information and click on Pay button

**Step 22:** After clicking on the pay button, payment gateway page will come, here select the type of payment and make the necessary payment

Note: In Case of NEFT/RTGS challan will be generated which can be used to pay payment through your respective bank. (Application's stage will change only when payment is received to us, in case of NEFT/RTGS it generally takes 2-3 business days to reflect the status of payment)

**Notes (Optional)**

My Billing and Shipping address are different

**Payment Information**

- Credit Card
- Debit Cards
- Net Banking
- Paytm
- Wallet
- UPI
- NEFT / RTGS >** (Total Amount Payable)
- EMI Options

I agree with the [Privacy Policy](#) by proceeding with this payment.

**INR** (Total Amount Payable)

**View & Print Challan** **Cancel**

Checkout login for registered users only.

Enter Username  
Enter Password  
[Forgot Password?](#) **Login**

Note: Sample of generated challan (NEFT/RTGS) is shown below

NATIONAL ELECTRONIC FUND TRANSFER (NEFT) / REAL TIME GROSS SETTLEMENT (RTGS)

**Details of Beneficiary**

Order Id:	000000000078
Beneficiary Name	AVEP
Account No.	<span style="color: red;">!</span> Unique Account number will generated
IFSC Code	
Bank	ICICI Bank Ltd. CMS HUB, Mumbai
Amount INR.	
Amount In words	
Additional Details	test1

1. It is advised that all bidders make payment via RTGS/NEFT atleast one day in advance to the tender cut off day. In the event bidder making payment on the last day and same is not available for the bidder for validation on account of any reason whatsoever, then Beneficiary, its banker, or e-procurement service provider or payment gateway service provider would not be held responsible in any manner. In such cases bidder may not be able to submit the tender.

2. It is bidders responsibility to ensure that RTGS/NEFT payments are made exactly as per the details as mentioned in the challan . In the event of any discrepancy, payment would not be considered and would not be available for validation of EMD payment.

3. Bidder is required to generate challan for every tender since details in the challan are unique to the tender and bidder combination. Bidder is not supposed to use challan generated in one tender for payment against another tender.

4. Under no circumstances, including whether the bidder has made duplicate/incorrect payments. Beneficiary Division or its Banker or its service providers are under no obligation to disclose the details of payment made by any bidder.

Remit the amount as per above details, by debiting my/our account for the amount of remittance plus bank charges.

Customer's Signature \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Rupees Debited: \_\_\_\_\_ Applicant's A/c: \_\_\_\_\_  
Date of Transfer: \_\_\_\_\_ Remittance No.: \_\_\_\_\_

**Return to Website** **Print** **Save**

**Click on 'Print/Save' button to make sure you have a copy of the payment challan**

**Step 23:** In case of non-compliance an NC will be raised. The blue colour of 'DA NCs' shows that there might be an NC waiting for a reply. Click on progress bar button to view the application.

Blue colour of 'DA NCs' indicates that there might be some Non-Compliance in the application

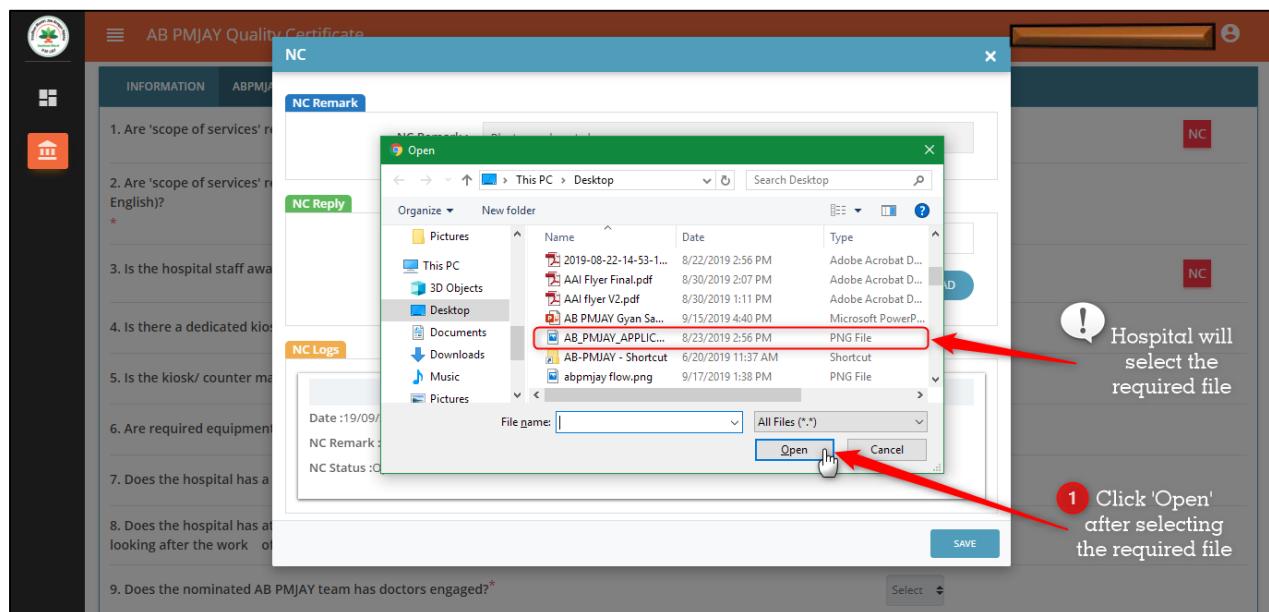
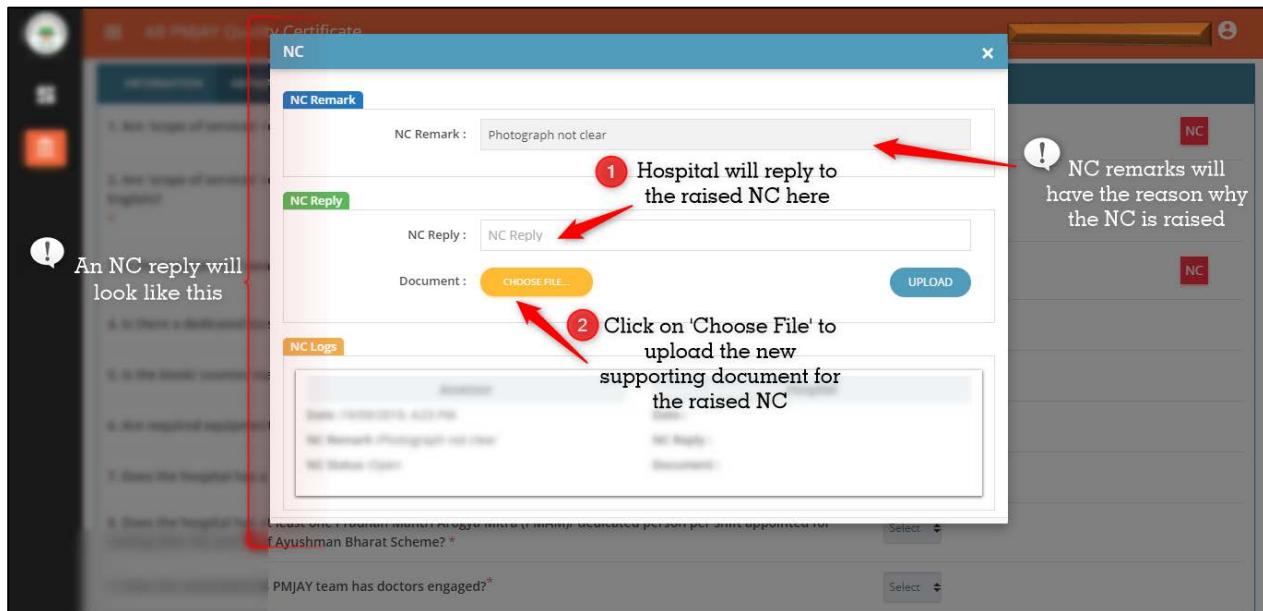
STATUS	DATE
Hospital DA NC Reply Stage-2	26/12/2019
DA NC Review Stage-1	21/12/2019
Hospital DA NC Reply Stage-1	03/12/2019
DA Allocation and Assessment Stage	02/12/2019
Payment Completed	02/12/2019
Application Stage	05/11/2019
Basic Certificate Stage	05/11/2019
Pre-Registration Stage	14/10/2019

**Step 24:** Inside the application, if an NC is raised it would be in red indicating the hospital to rectify the error. The hospital will have to click on the red NC button to reply.

INFORMATION

1. Are 'scope of services' registered under AB PM-JAY clearly defined and displayed at prominent place?\*
2. Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)?\*
3. Is the hospital staff aware of 'scope of services' registered under AB PMJAY?\*
4. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital?\*
5. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours?\*
6. Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification?\*
7. Does the hospital has a dedicated team for AB PMJAY?\*
8. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*
9. Does the nominated AB PMJAY team has doctors engaged?\*

**Step 25:** Reply to the raised NC by uploading the correct evidence or answering the reason asked in non-compliance.



**NC Remark:** NC Remark : Photograph not clear

**NC Reply:** NC Reply : Uploaded another one

**Document:**  certificate 1.png

**NC Logs:**

Assessor	Hospital
Date :19/09/2019, 4:23 PM	Date :
NC Remark :Photograph not clear	NC Reply :
NC Status :Open	Document :

**Note:** The selected file will be shown here. Make sure the selected file is correct

**1** Click on 'Upload' to successfully save the document

**Step 26:** When all the required documents are uploaded and the required reasons are provided, click on the Save button to successfully submit your response for such NC.

**File uploaded success**

**1** Uploaded file will be shown here

**2** Hospital can remove/download the file from here

**3** Click on save button to save the NC reply

**Step 27:** On successful reply to NC, NC button colour will change to Yellow, indicating that reply has been given, then reply to other NCs if any.

AB PMJAY Quality Certificate

INFORMATION

1.

2. Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)? \*

3. Is the hospital staff aware of 'scope of services' registered under AB PMJAY? \*

4. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital? \*

5. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours? \*

6. Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification? \*

7. Does the hospital has a dedicated team for AB PMJAY? \*

8. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*

9. Does the nominated AB PMJAY team has doctors engaged? \*

Success  
Nc reply successfully

1 After replying to NC, the 'Red' color will change to 'Yellow' color

2 Hospital will have to reply to all open NCs before finally submitting the NC

**Step 28:** After replying to all the open NCs, click on 'Submit NC Reply' button.

16. Does the hospital charge any extra money from ...

17. Does the hospital provide cashless treatment to ...

18. Are the deployed staff members are trained for ...

19. Are the deployed staff members are trained for TMS portal? \*

20. Are the deployed staff members are trained for BIS portal? \*

21. Does the hospital maintains proper records for AB PMJAY referred beneficiaries? \*

22. Number of AB PMJAY beneficiaries referred to AB PMJAY hospitals in last 6 month\*

1233

23. Number of AB PMJAY In-Patient Department (IPD) census for last 6 months\*

123

24. Does the hospital collects feedback during discharge from AB PMJAY beneficiaries? \*

No

25. Does the hospital conducts AB PMJAY quality audit through checklist? \*

No

pmjaytest.qcin.org says  
Are you sure you want to submit the review form !!

OK Cancel

2 A confirmation message will pop up asking "Are you sure you want to submit"

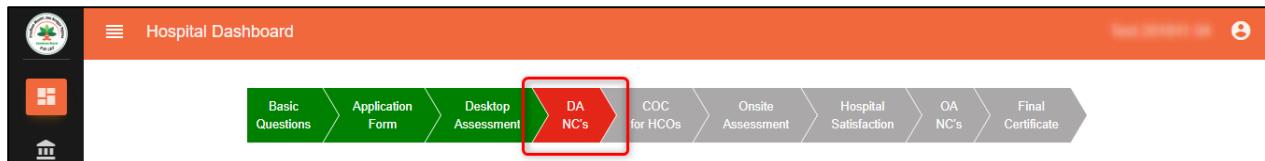
3 Click 'Ok' to submit OR Click 'Cancel' to go back

1 After replying to all the open NCs click on 'Submit NC Reply'

SUBMIT NC REPLY

**Step 29:** After NC reply has been submitted by the hospital, the desktop assessor will review those reply and if found in order the application will be accepted for on-site assessment, otherwise NCs will be raised again (only two rounds of NCs are allowed).

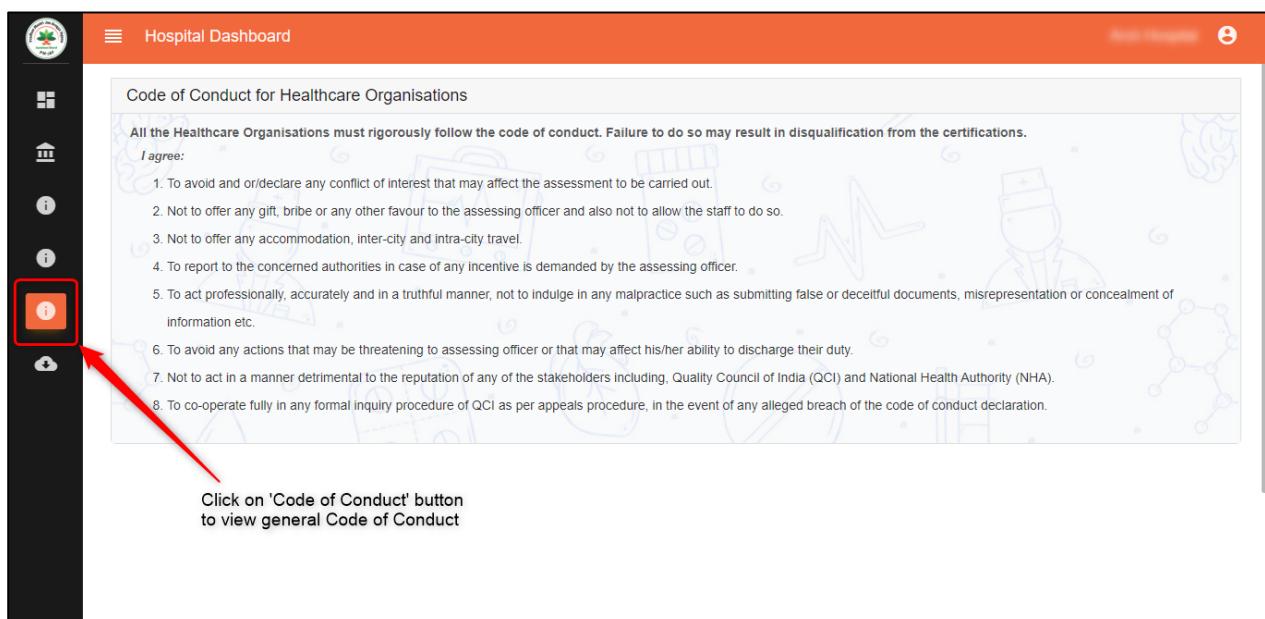
**Step 30:** Check the NC status post NC review



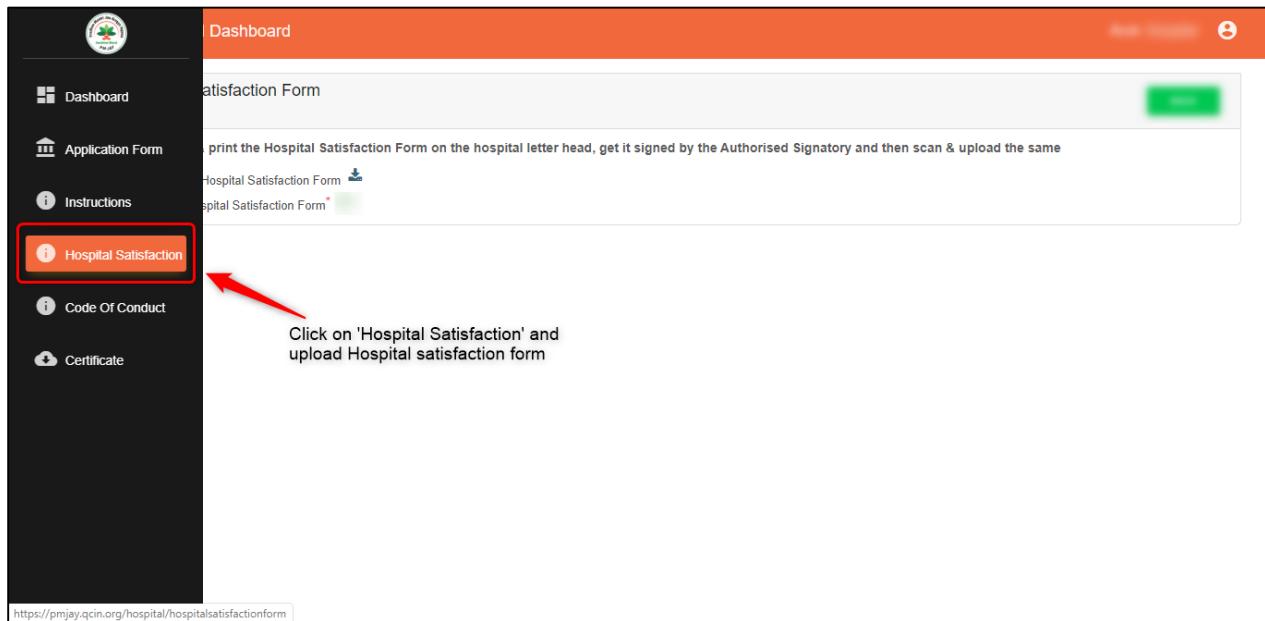
Note: Red colour depicts that NC replied by the hospital has been rejected and application cannot be processed

Note: Green colour depicts that NC replied by the hospital has been accepted for an on-site assessment.

**Step 31:** Hospital will receive on-site date through mail and hospital needs to follow the required code of conduct.



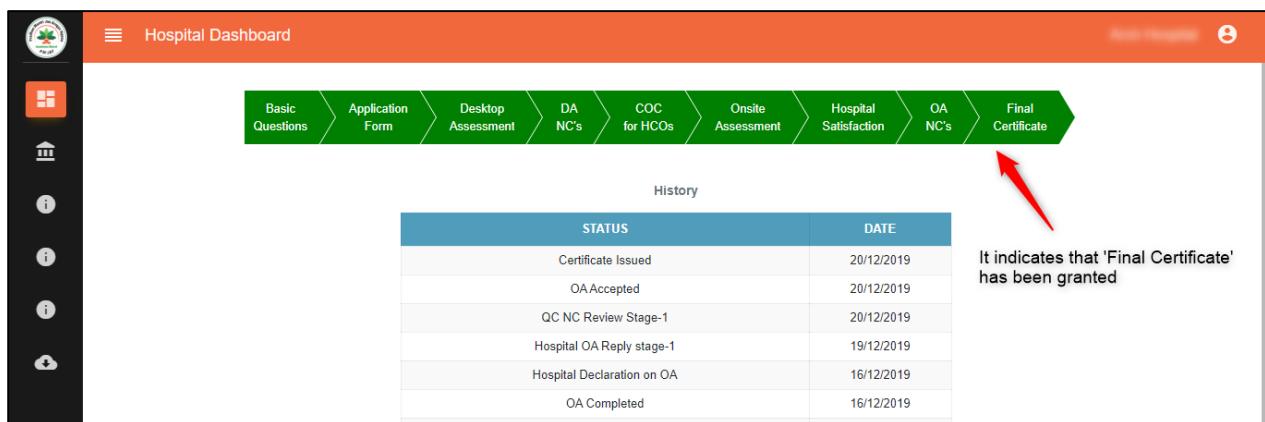
**Step 32:** After assessor completes an on-site assessment, the hospital needs to submit hospital satisfaction form.



**Step 33:** In case any non-compliance is found in on-site assessment, one more opportunity is given to the hospital to reply to such non-compliance.

**Step 34:** Hospital can click on NC button to reply such non-compliance and can upload the required photograph.

**Step 35:** If NCs replies are accepted while application review, Certificate is issued otherwise the application is rejected and report for rejection is issued.



**Step 36:** Hospital can download the certificate by clicking on the certificate icon on the left side panel.

## Guidebook for AB PMJAY Quality Certification, 2020

The screenshot shows the AB PMJAY Quality Certification dashboard. On the left sidebar, there is a menu with items: Dashboard, Application Form, Instructions, Hospital Satisfaction, Code Of Conduct, and Certificate. The 'Certificate' item is highlighted with a red box and has a red arrow pointing to it from the text 'Click here to download certificate'. The main content area is titled 'History' and contains a table with columns 'STATUS' and 'DATE'. The table lists various stages of the certification process with their corresponding dates.

STATUS	DATE
Certificate Issued	20/12/2019
OA Accepted	20/12/2019
QC NC Review Stage-1	20/12/2019
Hospital OA Reply stage-1	19/12/2019
Hospital Declaration on OA	16/12/2019
OA Completed	16/12/2019
OA and QC Progress	16/12/2019
OA and QC Allocation	15/12/2019
DA Completed	10/12/2019
DA NC Review Stage-2	06/12/2019
Hospital DA NC Reply Stage-2	02/12/2019
DA NC Review Stage-1	28/11/2019
Hospital DA NC Reply Stage-1	25/11/2019

[https://pmjay.qcin.org:5004/rptViewer\\_Cert.aspx?hcopkid=64](https://pmjay.qcin.org:5004/rptViewer_Cert.aspx?hcopkid=64)

## 9.2 How to Apply for Silver/Gold Quality Certificate (For already certified hospital)

Hospital having accreditation/certification from NABH/JCI/NQAS are eligible to directly apply for the Silver/Gold quality certification by below mentioned steps.

**Step 1:** Go to <https://hospitals.pmjay.gov.in/> and login with your credentials

**Step 2:** Apply for Certification

**Step 3:** Confirm already filled Bed strength and Specialities offered on the HEM portal

The screenshot shows the 'Civil Infrastructure' section with a red box around the 'Upgraded Total Bed Strength' table. It includes fields for 'Total Bed Strength' (NA) and 'Inpatient Bed Strength' (NA). Below this is the 'Wards' section with a red box around the table. It includes fields for 'Total Bed Strength' (NA), 'Number of InPatient Beds' (NA), 'Fully Equiped Operation Theatre' (NA), and 'OPD' (NA). Other rows show 'HDU' (General Ward NA), 'Labour Room' (NA), and 'Existence of ICU with AC' (NA). The 'Casualty' field is also marked as NA.

Upgraded Total Bed Strength	
Total Bed Strength	Inpatient Bed Strength
NA	NA

Wards			
Total Bed Strength *	Number of InPatient Beds *	Fully Equiped Operation Theatre	OPD *
NA	NA	NA	NA
HDU	General Ward *	Existence of ICU with AC	Casualty *
NA	NA	NA	NA
Labour Room			
NA			

The screenshot shows the 'Specialties Offered' section with a red box around the table. The table lists 19 specialties with columns for S.No, Speciality Code, Speciality Name, Hospital Applied Specialties, Empanelled Specialties, Upgraded Specialties, De-Empanelled Specialties, Admissions done Previous Financial Year, and Admissions done Before Last Year. Most specialties have 'NA' in all columns except 'Speciality Name'.

S.No	Speciality Code	Speciality Name	Hospital Applied Specialties	Empanelled Specialties	Upgraded Specialties	De-Empanelled Specialties	Admissions done Previous Financial Year	Admissions done Before Last Year
1	S1	General Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
2	S2	ENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
3	S3	Ophthalmology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
4	S4	Obstetrics & Gynaecology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
5	S5	Orthopaedics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
6	S7	Cardio Thoracic Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
7	S8	Paediatric surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
8	S9	Gastroenterology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
9	S10	Neuro Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
10	S11	Surgical Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
11	S12	Medical Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
12	S13	Radiation Oncology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
13	S14	Burns/Plastic & reconstructive Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
14	S15	Polytrauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
15	S18	Dental Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
16	S16	Paediatric Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
17	M1	Critical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
18	M2	General Medicine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
19	M4	Pediatrics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA

## Guidebook for AB PMJAY Quality Certification, 2020

Note: If the filled already filled information is not correct or the Hospital want to update any pre-filled information then the hospital can select ‘Upgrade details’ and click ‘Submit’

**Step 4:** If the filled information is correct, select ‘Below information is Correct’ and click ‘Submit’

A message will pop asking if you really want to submit

1 Click 'OK' if you want to submit OR Click 'Cancel' to go back

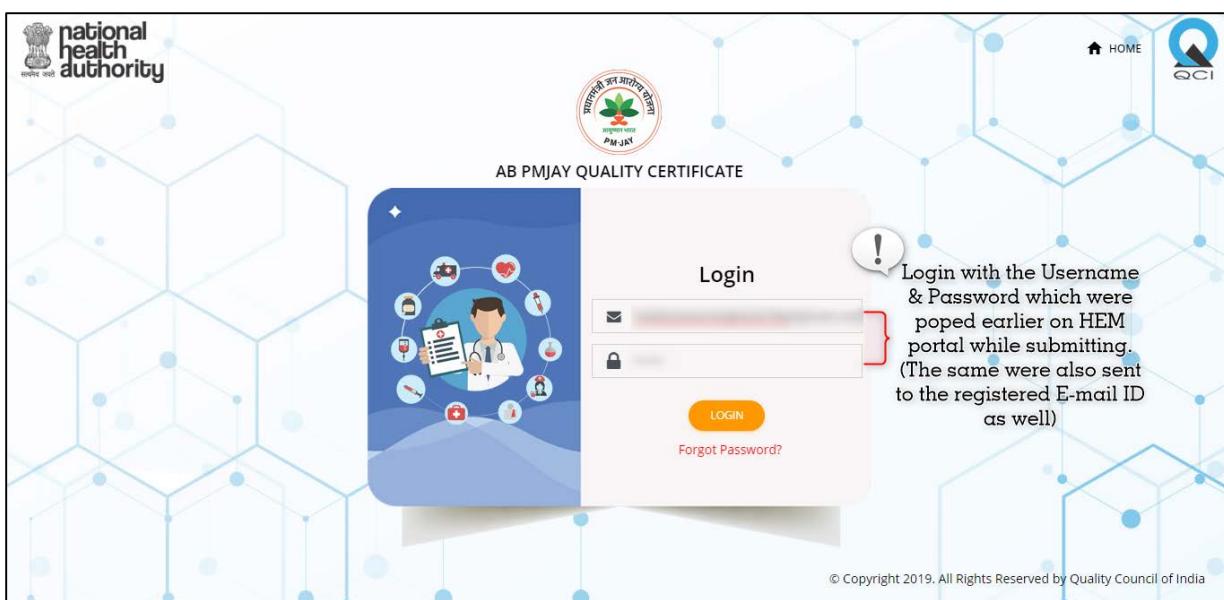
## Step 5: Click on the link to visit the QCI website.

Click on this link to visit QCI website

### Step 6: Click on the 'Login' button



### Step 7: Login with credentials provided on e-mail



**Step 8:** Answer Basic Certificate questions (fill the details of accreditation/certification hospital have)

The screenshot shows the 'Basic Certificate Questions' section of a web application. It includes fields for entering accreditation details and capturing accreditation details. A red arrow points to the 'Yes' button in the 'Do You have any accreditation?' dropdown. Another red arrow points to the 'CHOOSE FILE...' button under 'Upload document'. A third red arrow points to the green 'ADD' button.

**1** Upon selecting 'Yes'  
The hospital will need to fill-up some basic details of the current accreditation

**2** Click on 'Choose File' and upload the desired file

**3** Click on 'Add' button

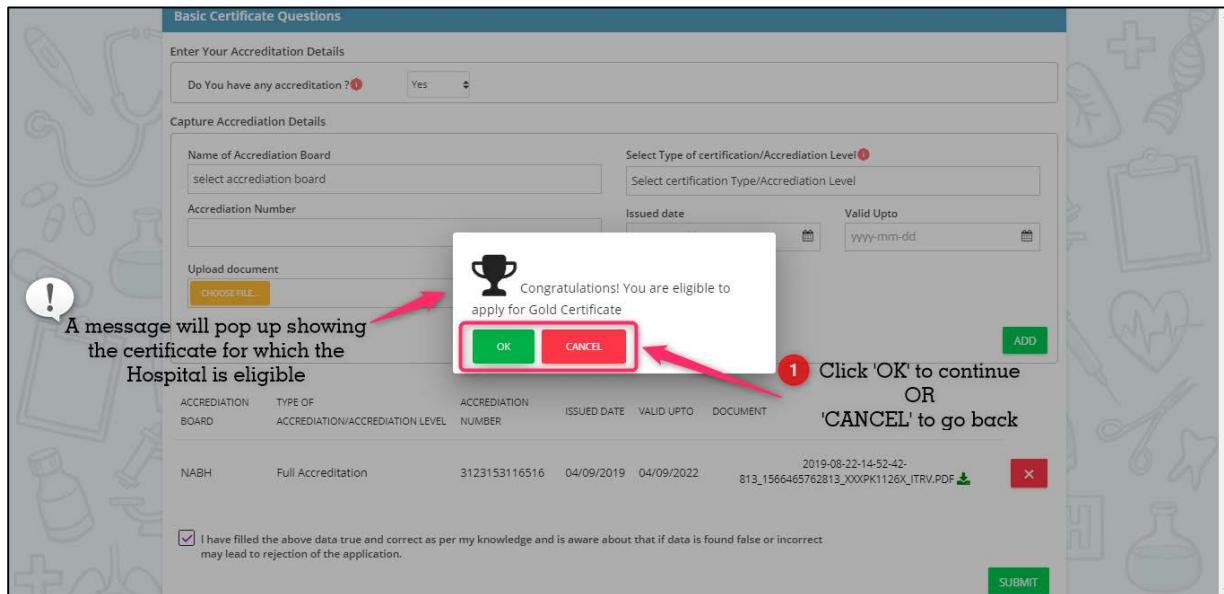
**Step 9:** Click on the 'Add' button and verify the details shown there, then click the 'Submit' button.

The screenshot shows the 'Basic Certificate Questions' section after adding accreditation details. A red box highlights the added accreditation entry: NABH, Full Accreditation, 3123153116516, 04/09/2019, 04/09/2022, 2019-08-22-14-52-42-813\_1566465762813\_XXXPK1126X\_JTRV.PDF. A red arrow points to the 'SUBMIT' button at the bottom right.

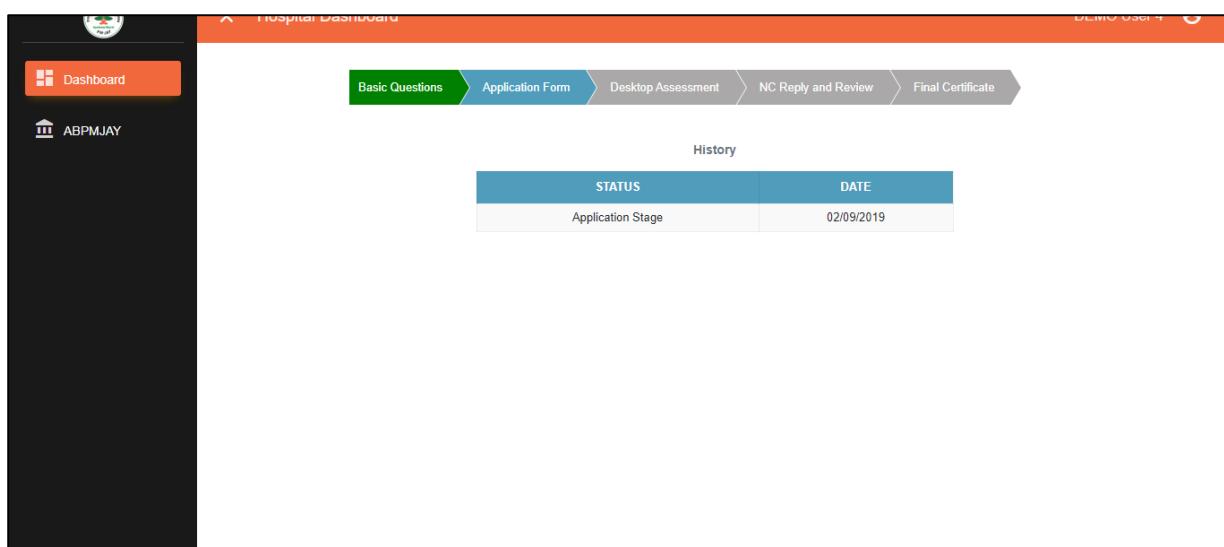
**! Make sure all the details shown here are correct**

**1** Click 'Submit' to proceed

**Step 10:** Eligibility pop-up will appear, click 'Ok' to proceed



**Step 11:** Click on the 'Application Form' tab in the dashboard to start filling the application form



**Step 12:** Start filling the application form and remember to save the progress

This is the basic information tab

1 Click on the arrows to expand the section and fill out all the required information

2 Make sure you click on the "Save" button to save your progress

SAVE FINAL SUBMIT

**Step 13:** Fill information in all the tabs

On clicking this tab, a set of questions will appear which are all mandatory to be filled by the Hospital

Every question will have a drop down option from which the hospital will choose the required answer

1. Are 'scope of services' registered under AB PM-JAY clearly defined and displayed at prominent place?\*

2. Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)?\*

3. Is the hospital staff aware of 'scope of services' registered under AB PMJAY?\*

4. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital?\*

5. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours?\*

6. Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification?\*

7. Does the hospital has a dedicated team for AB PMJAY?\*

8. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*

9. Does the nominated AB PMJAY team has doctors engaged?\*

**Step 14:** Use the 'Upload' icon to upload a document(s) and 'View' icon to view the uploaded documents

The screenshot shows the AB PMJAY Quality Certificate application interface. At the top, there is a navigation bar with icons for Home, About, Services, and Contact. Below the navigation bar, the main content area has tabs for INFORMATION and ABPMJAY. The ABPMJAY tab is selected. The page displays several questions related to hospital infrastructure and staff awareness. On the right side, there is a file upload section with a green success message: "File uploaded success". A red arrow points to the "File uploaded success" message. Another red arrow points to the "Upload" icon (a blue square with a white plus sign). A third red arrow points to the "View" icon (a blue square with a white eye symbol) which has turned green after a successful upload. A callout box labeled "1 Click on upload icon to upload file" points to the upload icon. Another callout box labeled "2 Upon successful upload, the view icon changes to 'Green' color. Click on the view button to view the uploaded file" points to the green view icon.

**Step 15:** Delete icon can be used to remove the wrong document.

The screenshot shows the AB PMJAY Quality Certificate application interface. It features a modal window titled "Uploaded doc(s)" which lists a single document named "AAI Flyer Final.pdf". The modal includes a "Download" button (green) and a "Delete" button (red). A red arrow points to the "Delete" button. Below the modal, a callout box states: "Upon clicking the view button, a window will pop up & hospital and see the uploaded documents and can make changes from there only i.e: download or delete". The background of the application shows the same form as in Step 14, with questions about hospital infrastructure and staff awareness.

**Step 16:** After filling the form press submit button (if following pop-up appears then verify which field is missing)

The screenshot shows a portion of the application form with several questions and dropdown answers. A red box highlights a validation message in a pop-up window: "pmjaytest.qcin.org says Please fill all required field". An arrow points from this message to the "OK" button. Another arrow points from the "OK" button to the text "2 Click 'OK' to continue". A callout box on the right states: "An error message will pop up if there is any unfilled/wrong information in the application form". At the bottom of the screen, a red arrow points from the text "1 After filling the complete form, click on 'Final Submit'" to the green "FINAL SUBMIT" button.

**Step 17:** Look out for '!' symbol(s) these shows that those particular sections have some unfilled fields.

The screenshot shows the main application form interface. A yellow circle highlights the "INFORMATION" tab, which has an exclamation mark (!) next to it. A red arrow points from this tab to a callout box containing the text: "Look out for these (!) symbols these shows that those particular sections have some unfilled/wrong filled present in it". Another red arrow points from the "INFORMATION" tab to a red circle with the number "0" and the text "Click on these tabs and rectify the errors to proceed further". The rest of the form contains numbered questions and dropdown answers.

**Step 18:** After filling all the fields, click the 'Final Submit' button (following pop-up will appear).

The screenshot shows a portion of the application form with various questions and dropdown answers. A red box highlights a confirmation dialog box titled 'pmjaytest.qcin.org says' with the message 'Are you sure? After submitting, changes cannot be made' and two buttons: 'OK' and 'Cancel'. Red arrows point from callout boxes to both the dialog and the buttons.

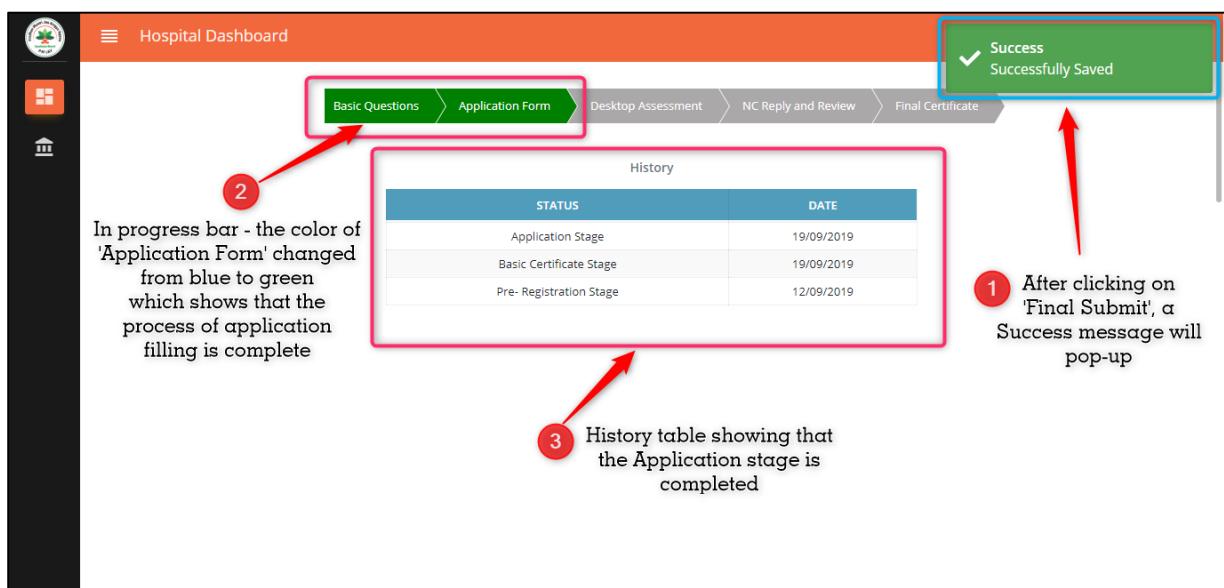
**Callout 1:** After clicking on 'Final Submit' a message will pop up saying 'After submitting, changes cannot be made'

**Callout 2:** Click 'OK' to continue OR Click 'CANCEL' to go back

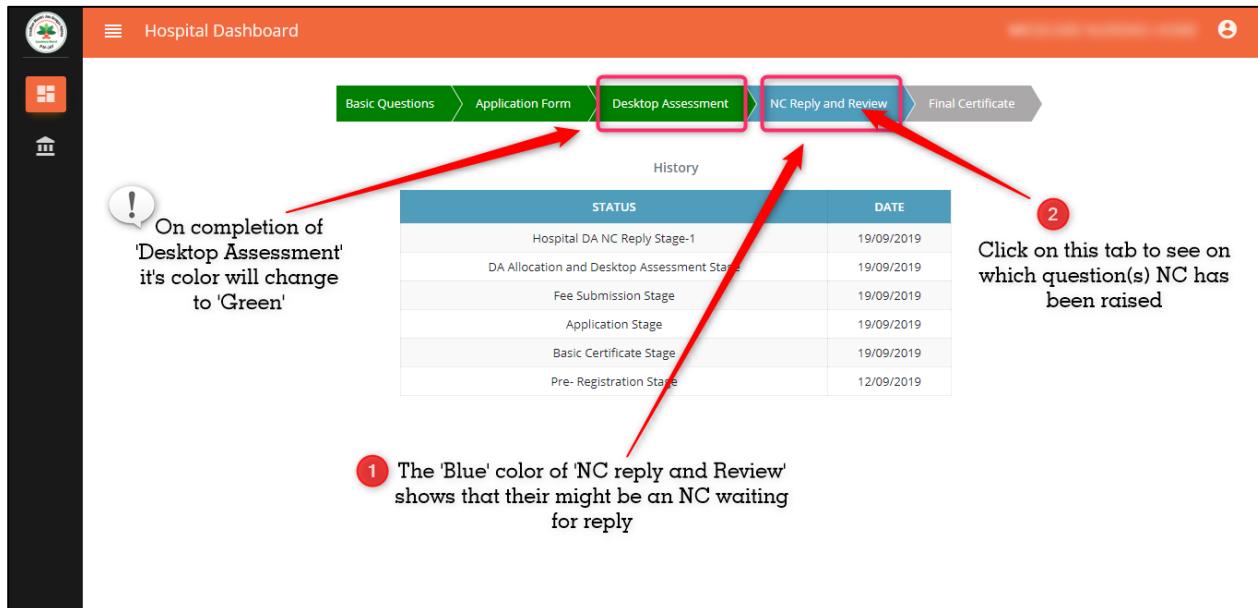
**Callout 3:** Upon rectifying the errors, click on 'Final Submit'

At the bottom left is a 'SAVE' button, and at the bottom right is a green 'FINAL SUBMIT' button.

**Step 19:** On dashboard colour of application form tab will change to green indicating that the application has been submitted.



**Step 20:** In case of non-compliance an NC will be raised. The blue colour of 'NC Reply and Review' shows that there might be an NC waiting for a reply. Click on the 'NC reply and Review' button to view the application.

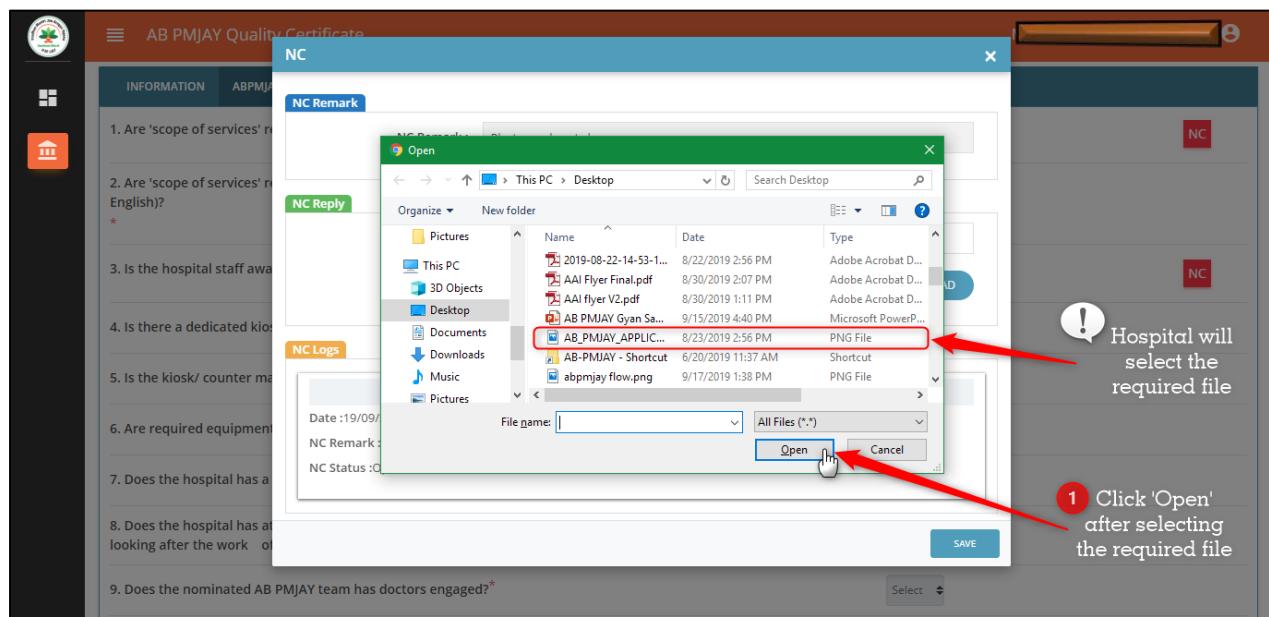
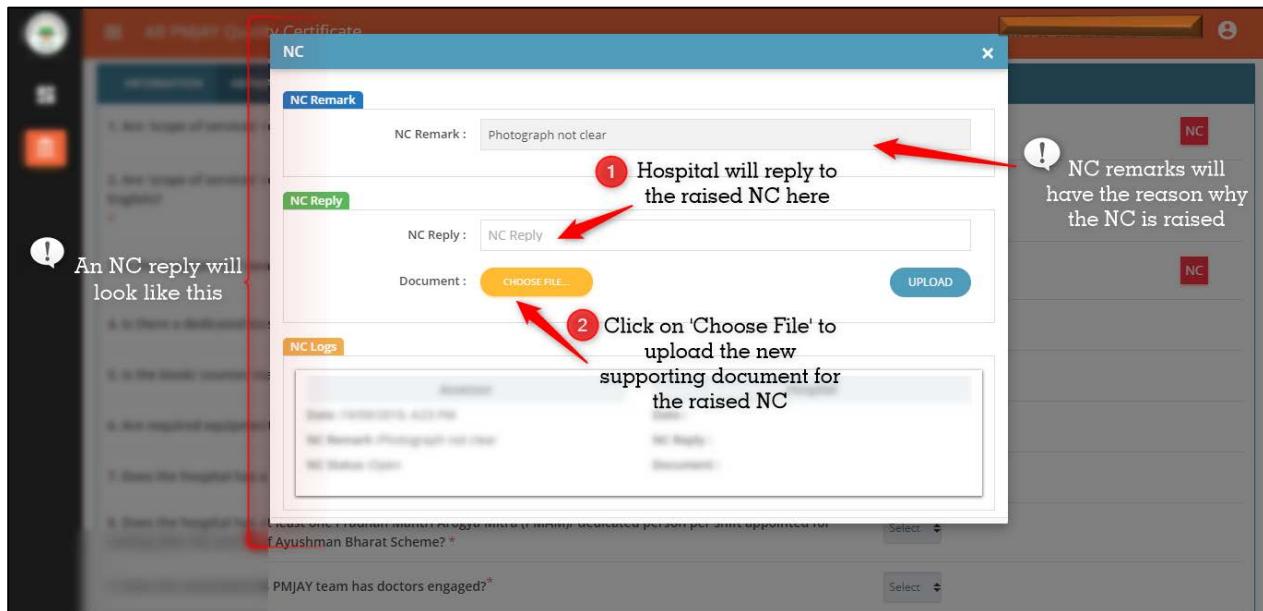


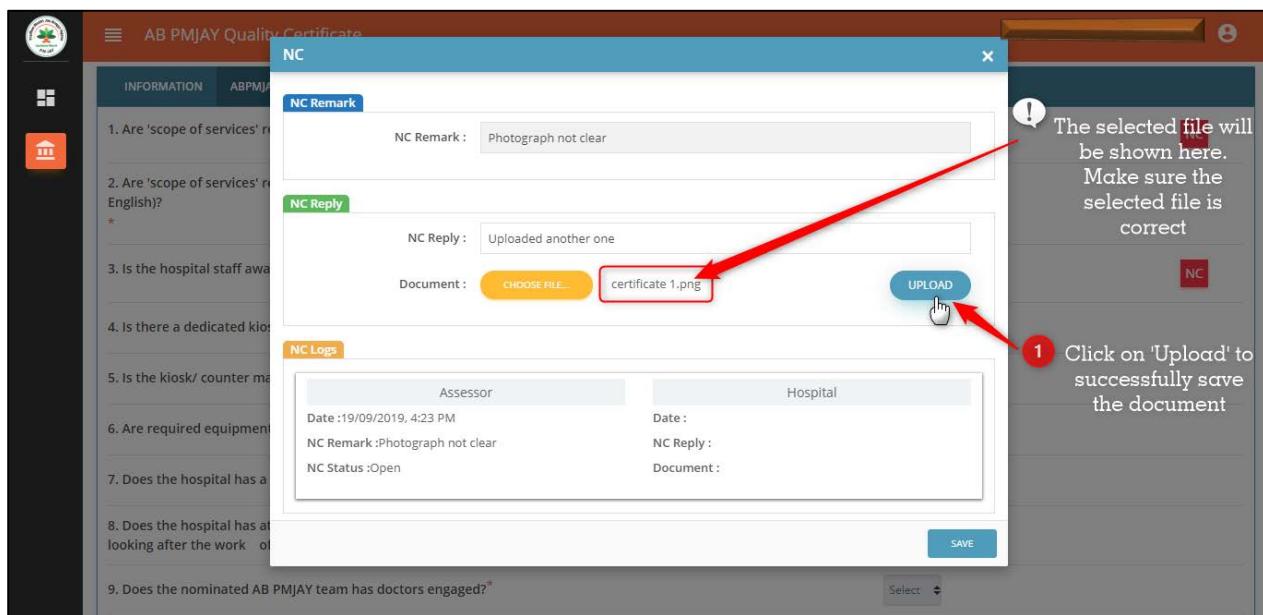
**Step 21:** Inside the application, if an NC is raised it would be in red indicating the hospital to rectify the error. The hospital will have to click on the red NC button to reply.

INFORMATION

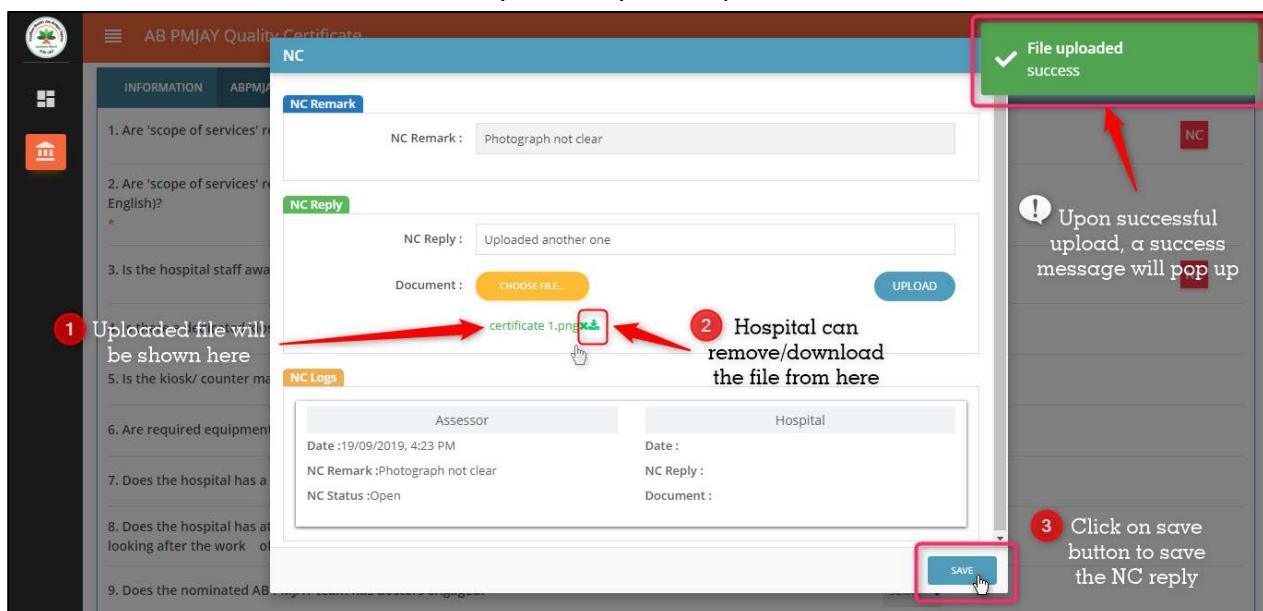
- Are 'scope of services' registered under AB PM-JAY clearly defined and displayed at prominent place?\*
- Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)?\*
- Is the hospital staff aware of 'scope of services' registered under AB PMJAY?\*
- Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital?\*
- Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours?\*
- Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification?\*
- Does the hospital has a dedicated team for AB PMJAY?\*
- Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? \*
- Does the nominated AB PMJAY team has doctors engaged?\*

**Step 22:** Reply to the raised NC by uploading the correct evidence or answering the reason asked in non-compliance.





**Step 23:** When all the required documents are uploaded and the required reasons are provided, click on the Save button to successfully submit your response for such NC.



**Step 24:** On successful reply to NC, NC button colour will change to Yellow, indicating that reply has been given, then reply to other NCs if any.

AB PMJAY Quality Certificate

INFORMATION

Success  
Nc reply successfully

1. After replying to NC, the 'Red' color will change to 'Yellow' color

2. Hospital will have to reply to all open NCs before finally submitting the NC

1. Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)?\*

2. Is the hospital staff aware of 'scope of services' registered under AB PMJAY?\*

3. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital?\*

4. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours?\*

5. Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification?\*

6. Does the hospital has a dedicated team for AB PMJAY?\*

7. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme?\*

8. Does the nominated AB PMJAY team has doctors engaged?\*

9. Does the hospital charge any extra money from pmjaytest.qcin.org says  
Are you sure you want to submit the review form !!

OK Cancel

Select

**Step 25:** After replying to all the open NCs click on 'Submit NC Reply' button.

19. Does the hospital provide cashless treatment to pmjaytest.qcin.org says  
Are you sure you want to submit the review form !!

20. Are the deployed staff members are trained for OK Cancel

21. Are the deployed staff members are trained for TMS portal?\*

22. Are the deployed staff members are trained for BIS portal?\*

23. Does the hospital maintains proper records for AB PMJAY referred beneficiaries?\*

24. Number of AB PMJAY beneficiaries referred to AB PMJAY hospitals in last 6 month?\* 1233

25. Number of AB PMJAY In-Patient Department (IPD) census for last 6 months?\* 123

26. Does the hospital collects feedback during discharge from AB PMJAY beneficiaries?\* No

27. Does the hospital conducts AB PMJAY quality audit through checklist?\* No

SUBMIT NC REPLY

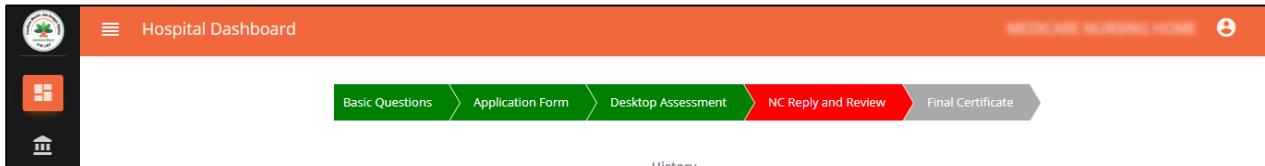
1 After replying to all the open NCs click on 'Submit NC Reply'

2 A confirmation message will pop up asking "Are you sure you want to submit"

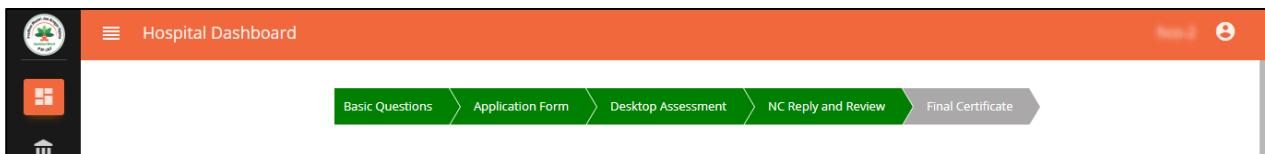
3 Click 'Ok' to submit OR Click 'Cancel' to go back

**Step 26** After NC reply has been submitted by the hospital, the desktop assessor will review those reply if found in order application will be processed further otherwise NCs will be raised again (only two rounds of NCs are allowed).

**Step 27:** Check the NC status post NC review

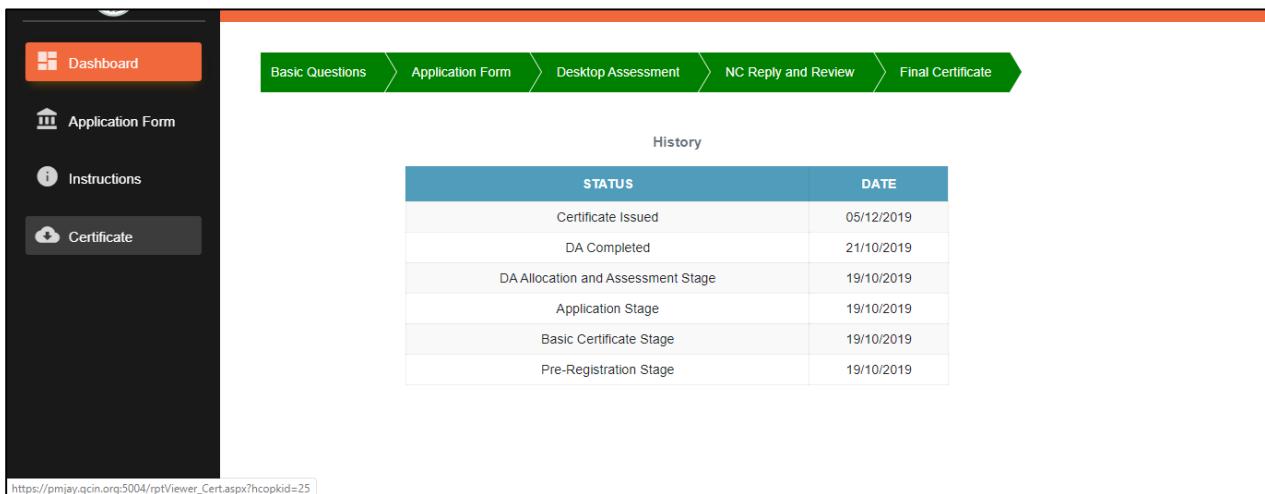


RED COLOR DEPICT THAT NC REPLIED BY HOSPITAL HAS BEEN REJECTED  
AND APPLICATION CAN NOT BE PROCESSED FURTHER



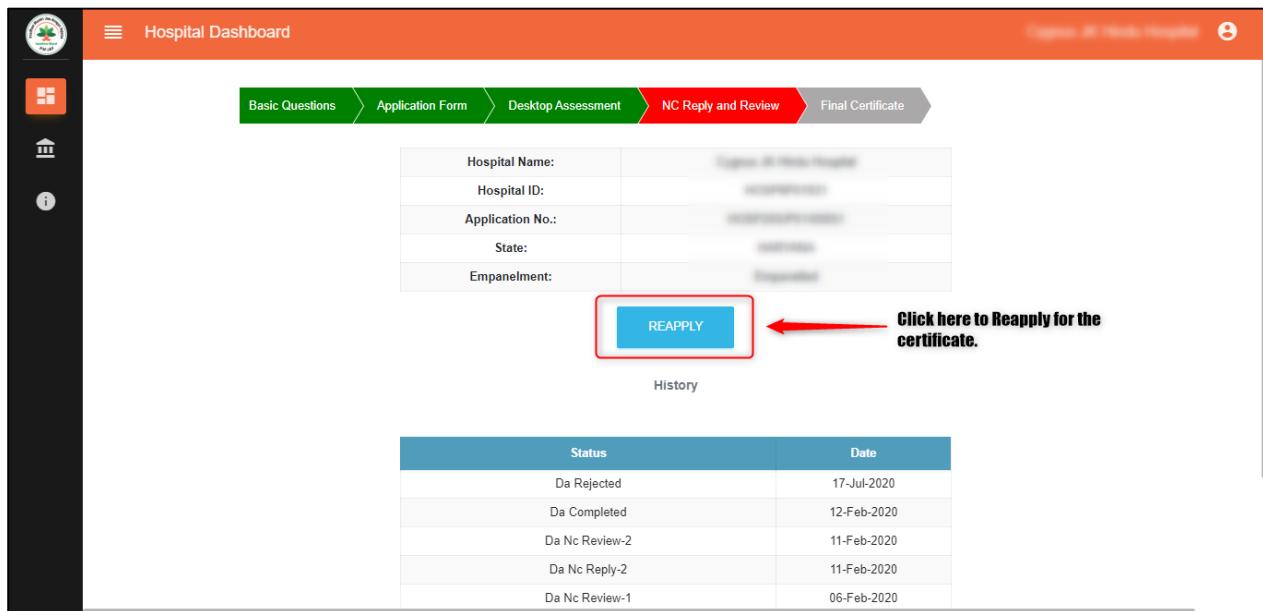
GREEN COLOR DEPICT THAT NC REPLIED BY HOSPITAL HAS BEEN ACCEPTED

**Step 28:** Download the certificate by logging into your portal. Click the certificate tab in the left sidebar to download the certificate.

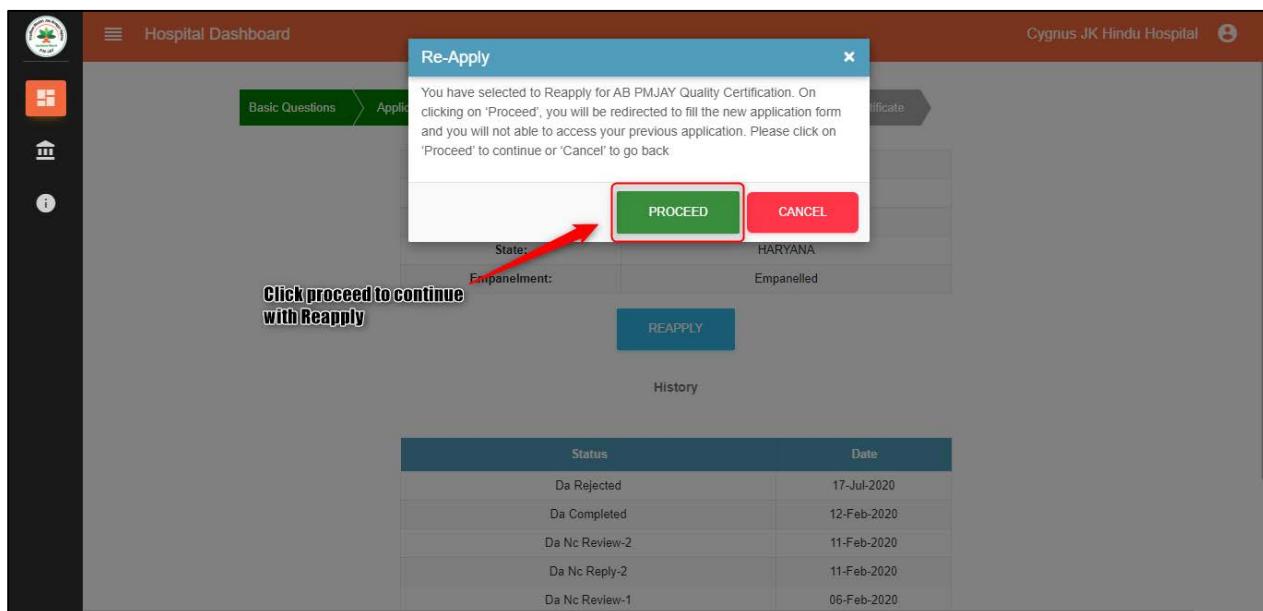


### 9.3 Steps to Re-apply for the certification

**Step 1:** To reapply in case of rejection or after the expiry of the certificate, login to your dashboard and click on 'Reapply' button

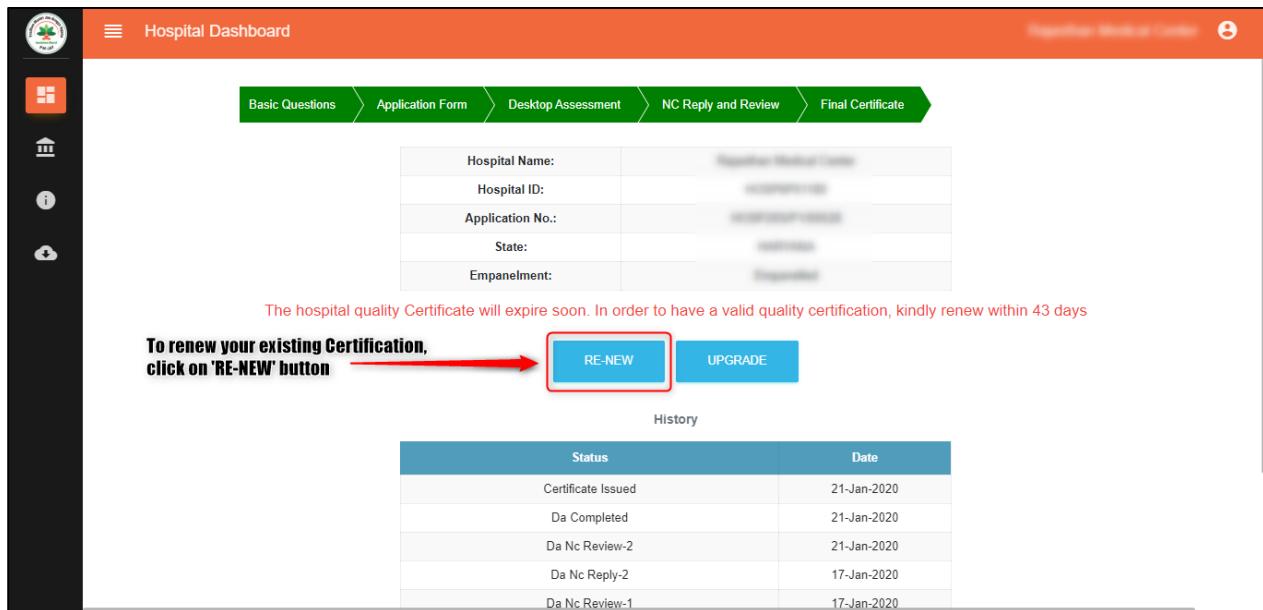


**Step 2:** To move further click on the proceed button. The process thereafter remains similar to applying for the application just like before.

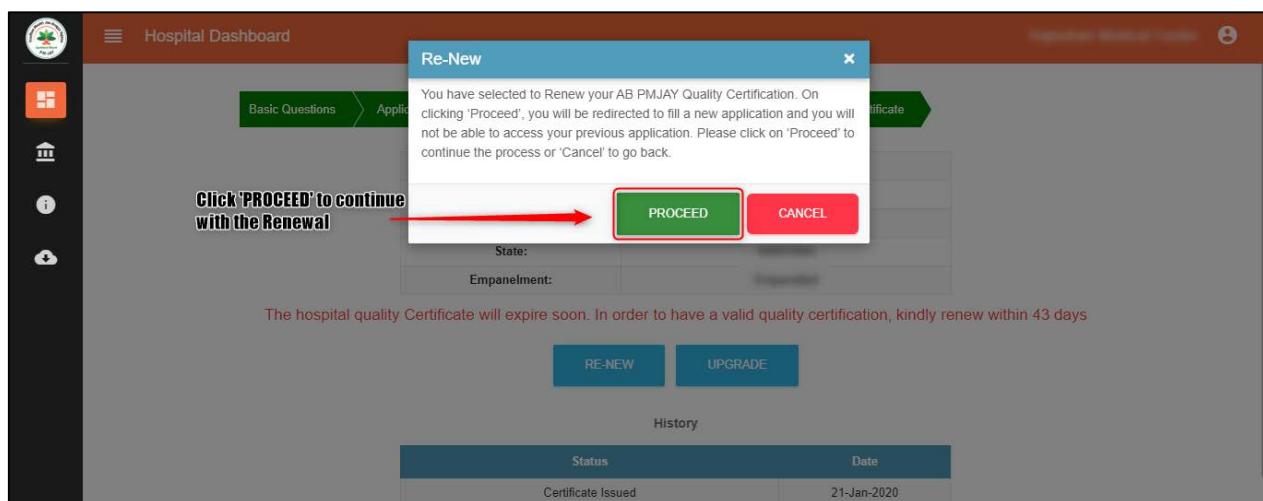


#### 9.4 Steps to Renew an existing certificate which is about to get expired

**Step 1:** To, renew a certificate which is about to get expired the hospital will be shown two options; Renew and Upgrade. If the hospital does not have the required eligibility for upgradation they are advised to renew their existing certification by clicking on the “Renew” button and move forward for the process



**Step 2:** After clicking on re-new button click proceed to move to the next step in the renewal process

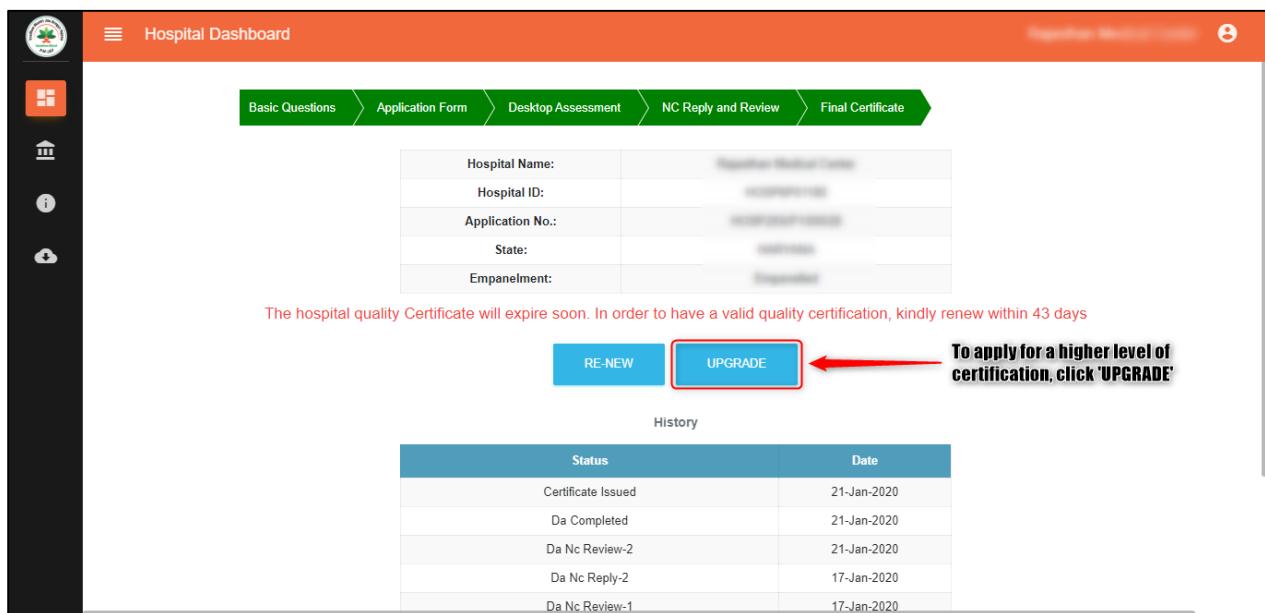


Kindly note that it is important to renew the application before it expires.

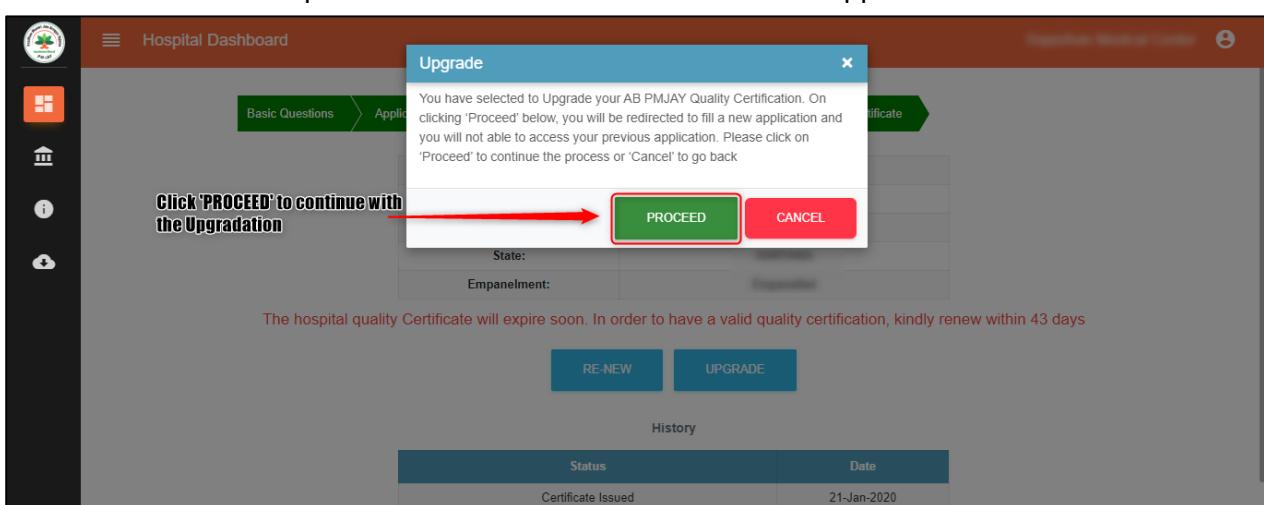
## 9.5 Steps for upgrading your quality certification to a higher level of certification

To upgrade your level of certification to a higher level like a bronze quality certified hospital can upgrade to silver or gold quality certificate and silver quality certified hospitals can upgrade to the gold quality certificate. The process of upgradation will depend upon the type of certificate the hospital currently holds. For the process, the hospital may follow the following steps-

**Step 1:** To apply for a higher level of certificate, Log into your account and click the 'Upgrade' button. (In case the hospital is eligible for upgradation)



**Step 2:** Further the hospital needs to click on the proceed button for confirmation to proceed further and hence the process shall remain the same to fill the application.



## **9.6 Key Points to Remember**

1. Upload self-attested documents wherever the document is asked.
2. Hospital can login only on one browser at a time.
3. It is necessary to make sure that the user is connected to an active internet connection while uploading documents.
4. The details entered by the hospital for registration cannot be edited once the details are submitted. Please make sure that the details are filled accurately
5. Concealment of information or intentionally filling wrong information may lead to cancellation of registration.
6. Documents which are to be uploaded while filling application form should be in English language only, if any document is in the regional language, please upload a translated self-attested document along with the original document.

## **10 List of Documents (for Bronze Quality Certificate)**

The List of documents mentioned here is for reference purpose only. The applicability of the documents depends upon the type of services provided, size of the hospital and types of equipment available.

Also, note that some of the documents will be checked during the on-site assessment. Therefore, it is advised to keep these documents in both soft and hard copy.

### **10.1 General Information**

- a) Copy of admission form containing basic information (Name, Age, Sex, Address, Contact Details, Key Complaint)
- b) Copy of UHID of any one patient and corresponding filled Initial Assessment form for OPD by a doctor, IPD by a doctor, IPD by nurse and Emergency.
- c) Copy of documented policy for admission in the Emergency department (As applicable)
- d) Copy of documented procedure(s) to address care of patients arriving in the emergency including handling of medico-legal cases.
- e) Copy of documented policy for provision of extra beds and trolley beds in case of high occupancy or mass casualty
- f) Copy of documented procedure(s) for managing patients in case beds are not available at the facility
- g) Copy of referral slip in case of transfer of patient
- h) Copy of certificate of canteen registration as per FSSAI norms (As applicable)
- i) Copy of registration certificate of ambulance
- j) Copy of Insurance of ambulance vehicle
- k) Copy of PUC certificate of an ambulance vehicle
- l) Copy of ambulance vehicle driver's license
- m) Copy of Invoice of purchase of PPEs for last three month
- n) Copy of documentation policy for a reassessment of patients (Round by doctors in wards regularly)
- o) Copy of consent form signed by patient/caretaker (Bi-lingual)
  - Before admission
  - Before surgery
  - Before anaesthesia
- p) Copy of filled discharge summary of any 3 patients (all pages)

## **10.2 Physical Infrastructure**

- a) Laboratory Services (As applicable) – If any of the services is located outside the hospital premises
  - MoU with the third party to be uploaded through the portal for such Lab (for eg. Clinical Biochemistry Lab, Clinical Microbiology & Serology Lab, Clinical Pathology Lab, Cytopathology Lab, Genetics Lab, Haematology Lab, Histopathology Lab, Toxicology Lab, Molecular Biology Lab e.t.c.)
- b) Diagnostic Imaging (As applicable)- If any of the services is located outside the hospital premises
  - MoU with the third party to be uploaded through the portal for such diagnostic imaging services (for eg. Bone Densitometry, CT Scanning, DSA Lab, Gamma Camera service, Mammography service, MRI service, Nuclear Medicine service, PET service, Ultrasound service, Urodynamic Studies, X-Ray service e.t.c),
- c) Other Diagnostic Services (As applicable)
  - MoU with the third party to be uploaded through the portal for any other diagnostic service offered.
- q) Copy of daily Monitoring record of diagnostic services (As applicable)
- r) MoU of Outsourced Support Services related to the hospital (As applicable)
  - MoU with the third party for Laundry Services
  - MoU with the third party for Housekeeping Services
  - MoU with the third party for Dietary Services
  - MoU with the third party for Security Services
  - MoU with the third party for Ambulance Services
  - MoU with the third party for Mortuary Services
  - MoU with the third party for CSSD Services
- s) Copy of list of essentials equipment's available in blood bank (As applicable)  
i.e. 1. Blood bags, 2. Refrigerator with thermograph and alarm device, 3. Insulated carrier boxes with ice packs, 4. Blood bag weighing machine, 5. Deep freezer

## **10.3 Statutory Compliances**

*(All licenses/certificates are subject to the available facilities in the HOSPITAL)*

- a) Copy of Narcotics License
- b) Copy of Retail Pharmacy License
- c) Copy of Blood bank service License
- d) Copy of fire department clearance certificate (Mandatory)
- e) Copy of certificate of accreditation of in-house/out-sourced lab from NABL (if available)
- f) Copy of documented policies governing rational usage of antibiotics/drug
- g) Copy of Registration Certificate of the hospital under the Clinical Establishment Act, (if applicable)

- h) Copy of Pollution Control Board License for water and Air Pollution (above 50 beds or as per local body norms)
- i) State Pollution Control Board (SPCB) consent to generate Bio-Medical Waste (BMW). (Mandatory)
- j) Copy of Certificate of Lift License / Safety for all elevators to be uploaded through the portal (if applicable)
- k) Certificate of portability of alternate as well as a drinking water source as per IS 10500: 2012 (Mandatory)
- l) Legal status for conducting business under Shops and Commercial Establishments Act (Registration and place of business of the hospital) certificate
- m) Copy of Certificate of Registration under the PC-PNDT Act (if applicable)
- n) Copy of AERB Certificate (As per available services and equipment)
  - AERB License for X-Ray.
  - AERB License for Mobile X-Ray(s).
  - AERB License for Dental X-Rays.
  - AERB License for OPG.
  - AERB License for CT scan machine.
  - AERB License for Mammography services.
  - AERB License for BMD services.
  - AERB License for C-Arm services.
  - AERB License for Cath Lab.

#### **10.4 Record Management**

- a) Records of the annual maintenance plan for infrastructure
- b) Copy of record of water arranged from an alternate source
- c) Record of water quality testing
  - Residual & Chlorine Test - Daily
  - Chemical Test - Normal Water - Quarterly
  - Chemical Test - Hard water - Monthly
  - Micro Bacterial – Quarterly
- d) Record of internal audit of support services (Only for available services)
- e) Record of usage and storage of medical gases
- f) Record of floor scrubbing on monthly/fortnight basis
- g) Record of monitoring infection control practices
- h) Records of monitoring the practice of daily cleaning regularly

- i) Record of inspection/quality audit of outsourced Laboratory services (If applicable)
- j) Record of bi-directional referral system (Register of referring out and refer in)
- k) Record of regular maintenance of radiation safety equipment/ AMC of radiation safety equipment (If applicable)
- l) Record of CPR event (with corrective & Preventive measures taken) of last 3 Months
- m) Copy of the documents of the composition of all committee (Quality and Safety, Sexual Harassment, Infection Control, Pharmacy and Therapeutics, Blood Transfusion, and Medical Records etc.) through the portal.
- n) Copy of record of at least 6-month-old MLC patient (If applicable)
- o) Record of Air temperature maintained in ICU
- p) Record of Air temperature maintained in OT
- q) Copy of record related to the blue protocol followed in the hospital

## **10.5 Human Resource**

- a) Copy of training record of CPR
- b) Training record for Infection Control Practices
- c) Copy of training record for Basic Life Support (BLS)
- d) Copy of training record calendar (containing record last 6 months as well as planning of training for the next 6 month)
- e) Duty roster of security guard
- f) Duty Roster of ICU
- g) Copy of attendance register of the emergency department for medical staff
- h) Scanned copy of the record of training/Mock-drills of staff for fire emergencies

## **10.6 Clinical Service Details**

- a) Copies of prescriptions of any 3 patients.
- b) Copy of list of emergency and high-risk medications.
- c) Copy of Filled case sheet of patients having doctors name, signature, date & time (1 from each ICU, Operative Patient, Ward, Emergency and Obs & Gyn).
- d) Copy of patient case sheet having Preanesthetic assessment format.
- e) Copy of patient case sheet having post anaesthesia status monitoring format.
- f) Copy of patient case sheet having Operative notes and Post-operative plan of care.

- g) Copy of patient case sheet having Preoperative assessment and provisional diagnosis.
- h) Upload UHID of patient and corresponding filled Initial Assessment form for OPD by the doctor, IPD by the doctor, IPD by nurse and Emergency.

### **10.7 Safety Management**

- a) Copy of floor plans with exit routes.
- b) Scanned copies of a documented safe exit plan in case of fire and non-fire emergencies.

### **10.8 Management process**

- a) Copy of documented Procedure for replacing empty medical cylinders
- b) Copy of document of maintenance plan of medical gases and vacuum systems.
- c) Copies of procedure on the destruction of medical records.
- d) Upload scope of services for Laboratory (If applicable)
- e) Copies of documented procedure incorporating purchase, storage, prescription and dispensation of medications.
- f) Copies of documented procedure that addresses the prevention of adverse events like the wrong site, wrong patient and wrong surgery.
- g) Copies of documented disciplinary and grievance handling procedure
- h) copies of documented procedures that exist for a retention time of medical records, data and information.
- i) Copies of documented policies and procedures for maintaining confidentiality, integrity and security of records, data and information.
- j) Copies of documented policies and procedures that are used to guide the rational use of blood and blood products.

### **10.9 Infection Control**

- a) Copy of documented policy for isolation in septic case.
- b) Copies of infection control manual, which is periodically updated and conducts surveillance activities.
- c) Copy of documented policies for disinfection and sterilization of instruments/ equipment

### **10.10 Biomedical Waste**

- a) Photo of display of work instructions for segregation and handling of biomedical waste.
- b) Copy of agreement with the third party for disposal of biomedical waste. (If applicable)
- c) Copy of Logbook for weights of type of waste generated (waste received from different colour-coded bins)

### **10.11 Financial Information**

- a) GST certificate
- b) PAN Card details
- c) TAN details

## **11 Annexure(s)**

### **11.1 Disclaimer (for portal usage)**

1. This web portal is being provided for information purpose only and all the documents and details displayed in this website is for reference purpose only and do not claim to be legal documents. Quality Council of India (QCI) does not warrant the accuracy or completeness of the information, text, graphics, links or other items contained within these.
2. QCI may make changes to the contents, or to the information described therein at any time without any notice. QCI does not commit to update the contents on its website. Commercial use of web content is prohibited without written permission from QCI.
3. Certain links on the website lead to resources located on other websites maintained by third parties over whom QCI has no control or connection. These websites are external to QCI and by visiting these you are outside the QCI website and its channels. We cannot and do not take responsibility for the collection and use of personal data from any third-party site.
4. We accept no responsibility for any errors or omissions, or for the results obtained from the use of this information. All information in this site is provided "as is," with no guarantee of completeness, accuracy, timeliness or of the results obtained from the use of this information. Laws and regulations are continually changing and can be interpreted only in light of particular factual situations. Every effort is made to provide accurate and up to date information and also to keep the web portal up and function smoothly.
5. The hospital is expected to act professionally, accurately and truthfully, not to indulge themselves in malpractice such as submitting false or deceitful documents, misrepresentation or concealment of information, etc.
6. The hospital will be provided only one chance to re-apply in case of rejection or failure of the application for Gold and Silver certification. Under no circumstances shall the condition be compromised and the hospital shall thereafter have no right to any legal liability imposed on QCI.
7. QCI will not refund the application/registration fees in case of rejection or failure of the hospital application/empanelment. No request regarding the refund of the application fee will be entertained.

8. QCI charges an application fee for Bronze certification on the basis of the sanctioned beds at the Hospital. In case of any discrepancy in the operational bed size mentioned by the hospital, application fees will not be refunded.
9. The Hospital has voluntarily rendered/undertaken to have its processes and services assessed against the AB PMJAY Quality Certification standards. QCI assesses the institution on the basis of the information provided by the hospital in desktop assessment and on-site sample-based assessment by external peer reviewers.
10. QCI is not liable for any damages in the Hospital(s) which might incur/occur during the assessment process unless in the case of deliberate intent or gross negligence on the part of auditors.
11. QCI is not liable for any damages in the Hospital(s) which can incur/occur due to participating in the certification program, or by any decision of QCI/NHA regarding the awarding or not awarding of certification status or the temporary or indefinite suspension of certification status or the discontinuation on the side of QCI.
12. That after certification, in case of any adverse events/incidents occurring in Hospital(s), QCI shall not bear any responsibility.
13. Auditor assessing the hospital will not have the final authority to recommend the hospital for certification. The final recommendation lies with the QCI secretariat.
14. The details entered by the hospital in the application form cannot be edited once the details are submitted. Hospital has to ensure that the details are filled accurately with appropriate documents.
15. Documents that are to be uploaded while filling the application form should be in English language only. If any document that has to be uploaded is in a regional language, a translated and self-attested document along with the original document has to be uploaded.
16. QCI has not recommended or certified any consultant or agencies for providing consultancy to the hospital for AB PMJAY Quality Certification.

## **11.2 Code of Conduct**

All Healthcare Organizations must rigorously follow the code of conduct. Failure to do so may result in disqualification from the certifications.

1. To avoid and/or declare any conflict of interest that may affect the assessment to be carried out.
2. Not to offer any gift, bribe or any other favour to the assessing officer and also not to allow the staff to do so.
3. Not to offer any accommodation, inter-city and intra-city travel.
4. To report to the concerned authorities in case of any incentive is demanded by the assessing officer.
5. To act professionally, accurately and in a truthful manner, not to indulge themselves in malpractice such as submitting false or deceitful documents, misrepresentation or concealment of information etc.
6. To avoid any actions that may be threatening to assessing officer or which may affect his/her ability to discharge their duty.
7. Not to act in a manner detrimental to the reputation of any of the stakeholders including, Quality Council of India (QCI) and the National Health Authority (NHA).
8. To co-operate fully in any formal enquiry procedure of QCI as per appeals procedure in the event of any alleged breach of the code of conduct declaration.

### **11.3 Hospital Satisfaction Form**

I, the below signed, agree:

1. The healthcare organisation has not offered any gift, bribe or any other favour to the assessing officer and also did not allow the staff to do so.
2. The healthcare organisation has not offered any accommodation, inter-city and intra-city travel.
3. The healthcare organisation has not accepted any favours from the assessing officer.
4. The healthcare organisation has not concealed any important information and has been truthful towards the complete assessment process.
5. The healthcare organisation has provided complete cooperation with the assessing officer during the process of the on-site assessment.
6. The healthcare organisation did not act in a manner detrimental to the reputation of any of the stakeholders including, Quality Council of India (QCI) and the National Health Authority (NHA).

I hereby declare that the healthcare organization namely,  
\_\_\_\_\_ is satisfied with the on-site assessment dated  
\_\_\_\_\_ and thereby declares that it was convinced with the process of the AB PM-JAY  
Quality Certification.

**Date:**

**Authorized Signatory Sign**

**Place:**

**Authorized Signatory Name**

**Hospital Seal/Stamp**