



60001







# STATE HEALTH AGENCY KERALA

FASP





# TRAINING ON QUALITY CERTIFICATE STANDARDS FOR AB PM-JAY-KASP





# **EXPECTATIONS**!





## **TRAINING DELIVERABLES**

Additional Support to create quality culture
 To Exchange Indicator based quality tool
 Patient safety and Increased care for Patient
 Improve National Recognition of EHCPs





## **INTRODUCTION**

## **PM-JAY established a 3 level Hospital Quality certification**







## **BENEFITS**

- Incentivization (Silver & Gold)
- To provide Quality of services, Enhance patient satisfaction and improve Standard of care





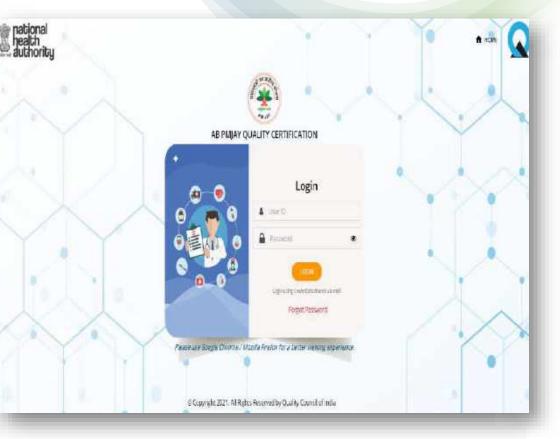
## **PROCESS TO OBTAIN BRONZE CERTIFICATION**

### Launched in August 2019 Bronze quality certificate is a pre-entry level certificate

Aims to bring both private and public AB PMJAY empanelled hospitals at par in terms of quality of service

# *Comprehensive, User Friendly, Evidence-Based, Digital Certification, Objectivity, Balanced*

Approx. 75% small healthcare organisation (SHCO) will be able to start their journey to improve quality



https://pmjay.qcin.org/pages/login

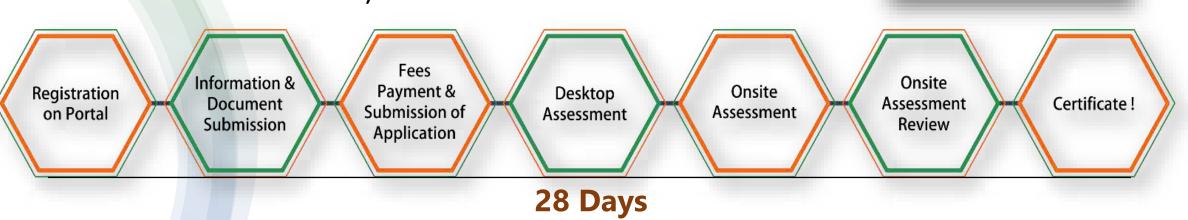




CERTIFICATION STANDARDS

## **BRONZE CERTIFICATION**

- Hospitals that are empaneled with AB PM-JAY
- Do not possess any accreditation or certification from any other recognized certification body (NQAS, NABH & JCI) can apply for this certificate
- 53 standards & 182 means of verification (Inputs, Clinical and Support services, patient care and Health outcomes)



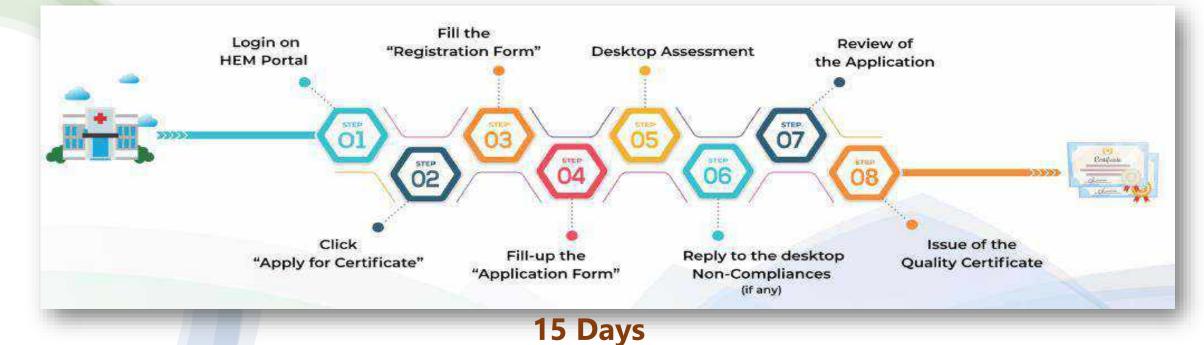




## **SILVER & GOLD QUALITY CERTIFICATE**

**Silver Quality Certificate is the second level** of Ayushman Bharat Quality Certification which is revised terminology for Entry level NABH/NQAS Certification.

**Gold Quality Certificate is the third & the highest level** of Ayushman Bharat Quality Certification which is revised terminology for NABH full /JCI Certification.



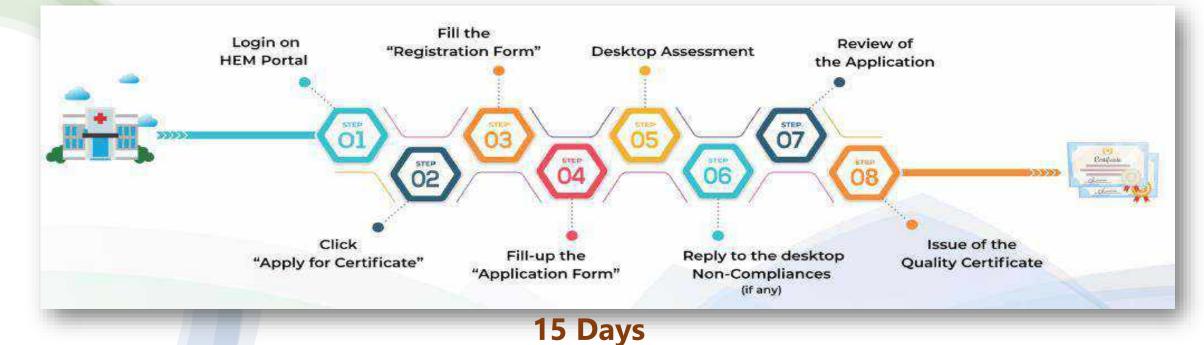




## **SILVER & GOLD QUALITY CERTIFICATE**

**Silver Quality Certificate is the second level** of Ayushman Bharat Quality Certification which is revised terminology for Entry level NABH/NQAS Certification.

**Gold Quality Certificate is the third & the highest level** of Ayushman Bharat Quality Certification which is revised terminology for NABH full /JCI Certification.







# HOW TO OBTAIN AB PM-JAY GOLD / SILVER / BRONZE QUALITY CERTIFICATE





## **GOLD QUALITY CERTIFICATE FOR AB PM-JAY**

**Gold Quality Certificate is the highest level** of Ayushman Bharat Quality Certification which signifies that the certified hospital is complying with most of the healthcare protocols to ensure best quality of services and patient care. Gold Quality Certificate is revised terminology for already existing outcome -based incentivization structure i.e. NABH Full / JCI Accreditation to AB PM-JAY Gold Quality Certification. Silver Quality Certified hospital can directly apply for this certification. Gold Quality Certified hospitals will get additional and higher financial benefits over and above the 'Hospital benefit plans'.







## **GOLD QUALITY CERTIFICATE FOR AB PM-JAY**







## SILVER QUALITY CERTIFICATE FOR AB PM-JAY

**Silver Quality Certificate is the second level** of Ayushman Bharat Quality Certification which is revised terminology for already existing outcome -based incentivization structure i.e. Entry level NABH/NQAS Certification. It indicates that hospital has better quality of services and patient care but need to focus next on organization centered standards in terms of responsibility of management system among others. It is intended to motivate hospitals to keep increasing the level of quality in their services. Bronze Quality Certified hospital can directly apply for this certification. Silver Quality Certified hospital financial benefits over and above the 'Hospital benefit plans'.







## SILVER QUALITY CERTIFICATE FOR AB PM-JAY







## QUESTIONS FOR AB PM-JAY GOLD / SILVER QUALITY CERTIFICATION:-

Questions are divided in two parts-

**1. AB PM-JAY Specific Questions (25)** 

2. Quality Audit Checklist Questions (20) -

PM-JAY
View Approved Application
👩 Certification 🐱
👩 Update Application 🗸
😭 Upgrade Application 🗸
😭 Quality Austit 🐱
Quality Audit CheckList
- View Quality Audit
Quality Audit WorkList
🝙 De-Empanelment 🗸
Enhancements Search

Note:- <u>After completion of Quality Audit Checklist please submit and take Screenshot and this</u> <u>Screenshot should be upload as an evidence of AB PM-JAY Specific Question number – 25.</u>





1. Are 'scope of services' registered under AB PM-JAY clearly defined and displayed at prominent place (e.g. Hospital entrance, Registration area, Waiting area, etc.)?







### 2. Are 'scope of services' registered under AB PMJAY displayed bilingually (Malayalam & English)?







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

	REPORT OF ANNUAL TRA	AND DESCRIPTION OF	<b>®</b>
Write- 35		Garata W2.00 pm	
-	Summer Typic	Komo & Drongastion of Trainer	Sign of Training
1	timestoches X he what the weater of 00000000	Datterner	ETHANDARE-
-	Ramon Sciences (101) Management Training	2m Elizati	theyette
1	Serie Sea of your way & Parsent To Dec & Rise added	De gara	etarty
	Other target of Grading Management, MARR, NEW (1973) 84 (1974)	Que said	RAPER
3	(estimate of Deputity Monogramment & Solway	Pro and	TANION
	and O Julian Wanted Wanagement	25 HEALL	anternalis
3	Tafadkin Gravet 200800	Mr. Mituli	(y carriela)
	Homogeney Francisco & Sciences Management I	OT. Hurned	Rhen
-	none 100 Support Testang & Petion Lars	Shartys .	26.40

10. Be	Tana In St.	Anny of Dispersor	Designation	Numerore
- 8	2200254	[in Hussellever, Annual Youri	Internet Trained Catellos:	Powel
	2000100	Contractor of Advention Paul	The Association	chepile
	190239	Sharonbert Madabhamar Paist	Techniki Associate	2000
. 9. *	Campor	Caracture Decigorant	Wanter Stri Alighter	Solicitie
	CULLER.	Difficult income which an a first state of the second state of the	Terrar Manufacture	\$ hunder to be
-	THERE'S	Ministerer Debushing Farmer	Marry Additiont	( haspin
	2590335	Warra Warrenblahm, Peterl	Preteries at Beneral	SHAPS-
	TIMIN	NAME Vereibrer Abah	Protocol Assistant	aller
*	2001204	Berdiaramar Parambhar Sajer	Fecharina (antistant	Ran
38	230/537	Lauxieur Hogilal Zallah	Technical Associant	Ret
11	2300700	Station Dure Lapore Fund	Thisting Part	
22	2304369	Depute Distillings Mobile	Todation Accelerate	WIE BLA
13	2852345	Discusses Mandal Vaghela	Tache and Avineture	NE OF SHEEPS
14	2308271	Store: Make ability Watarian	Technical Assortion	Amiles
5	2356374	Nazari Azsila Delia Michia	Teansal Avenue	115
13	21/10215	Augustantine lithables Parmat	CCTV Operation	An
12	-2400314	Kostal Historikamie Parkkb	Patient & Random Grade	4 183
15	2vellin	Himmer Tax Second of Themas	Patient Attantion Grade	1 Almenste
19	ZAMILIO	Withorthus Hammerholdsan Instantion	Partont & Arridant Grade	1 Artherty
	2408212	Departure Kamburtsheet Valand	Celont Astronum	hent
	1304211	Strange Partable of Charling	Inter Technology	
11			UQL/TM1/H-mat	AL AL
편/비	32994117	Propolitics Ashedonia Parel	Assistant	(prestate
21	10000000000000000000000000000000000000	internal Administrative (Convert	COLUMN TATA TAR	Sup-

Inclusion Print & To Philaset, M.

		Name of Employment	Second and a secon	Signature .
	Conception in which the	Street Property Property	ACCOUNT OF CONTRACT	W
		Condition or Solvey State Payment	A fair Sadaman	Ve-
	1000124	St. Lawer Landy, Sunty Hard	Parameter Cardison Physical Instantion County II.	5.3. sheth
		Constant Representation	Photosterophy (2 wile ft	- Leanne
		its Aroun Induced links Front	Paramiter Gardine	400
34.	LANSIAL	In Snamd Videout/tel Party	Innovation Physical Levels Could B	- states
-	A PERSONN'S	Additionary Incoding Social	Support Cardon Stell	(ft)start
-11	4300873	Dutch+Ratesh Prostant	Transet Landor Half Norme (CC)	de la
	4300510	And Streng Portune (Do'rooter	Thermold Caroline Their Nucleo (CET	Christia
	430002	Internet Columbia Perme	Second Tranker Cardinal South Name Conduct	april
-	4.7271.171	Dageschern Charlotter at Burlah	Caroline Dealt Bourse	Former
		Alteration has deliverabled Facts	Transaction disc from Roma (CC)	Center
741	410110	Bullinitees Soldification Statistic	Trannel Cerday Just Norm-SCC1	Alexant.
-37	470177	Alexandress Reproduced Faced	Carilles Mall Rome (D.)	Parolitel
	Ollie	Condensities Recorded	Cherdian Mail Maires (31 )	Vetrante
-14	19031	And the owner of the owner own	Carling Staff North (2-3	三月10月四月日度
- 40	+31100		Cardiac Stati Nume (P.)	113 Tayan
11	1100	18. Holy Arrichme Server	Harrising Association	State.
1 41	2001	18 mile Manahmar Batteries	Patternet Represident	126

Address of the Party of the Par

Unman Tont & St/Shaeerill





# 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 (e.g. Arogya Mitra & its Duty list) ?

DATE montal (C da 1012 (C da 1012 (C da 1012 (C da 1012 (C da 1012 (C da 1012 (C da 1012) (C da 1012 (C da 1012) (C da 1012) (	DAY SUM	69 10 05	Y MITRA				
42 34 10/4 0100 (312) 34-29 (30) 15 03 4543		201-101-004	9101	0993010.06588	\$105	11 16 8	11:10
01094030 24-29102+ 1509400			and and a second	PRATER	10,000	SHOULS	.0
34-29 100+ 15 03 4000	603	PLACENT PAAGET	10.04	Privates .	inter-	TRUE TO	60/73
15.024045	NEC.		4109+	SAULAN	VAV	HINGSY 1	1811
	34440	1840/491	14.0.5	020121	VAN	BUARDE	PRICE
re-chi-testa	191	304 638-1	4.70	SAURA .	VOU	THALFER.	99.5111
11.12.1012	9.1	PEAKDER	-094	154/364	4341	and the second	2040.00
18-09-2019	NUM.			ALC: 17	02		
11-00-0411	10010	Pakiepi	101.00	hinter	10.00	D-Water	MATE
10067319	147	13NI801	MU210 MU210	MADEM .	10.00	HHAVE ST	Pitation
11-00-2310	W2B	PROPERTY	NULLIN .	Labor UAD M	4.45	THUCS:	122.9
15-06-2020	1940	PEARMON -	10/150	avoint.	2.47	21690221	14278
A STATE	547	CIT	SALCH	KK00M	10 M	FRANK	11673
2002 (C19 1-00-8100	1.01			Printing 0	70 2		
15-01-2009	HOK	P.R.M.P.GW	+0.638	Luciced	6.314	100346381	21,A110
12.04-0019	11.4	2.436.03H	14,4,187	8,40,984	4.85	THROUGH	PERIN
1107-208	W20	1286/64	121219	NAL1984	10 JHY 12 DW	DIRACES.	2 BINTIN
12.66-2005	197.0	P KOROTOP	7411103	N-0044 SAC90	11.00	1000000	PEAN
11102 2023	344	1209750	NAU-CH NAU-CH	181	0.00	11/2/201	PRAIR
11.05 (0).8- 17.09 (0)8-	SUN	P-mendeday	1011120	04,045		L. CONSERT.	- Chang
43-18 GR115	UCR	PROVAGE!	-392.52.01	1 26080	NJW.	EXCLUSION 1	PRADE
21.02.0007	100	(*339A5++-	APL DI U	86268		trivutot	CRAPE
18-01-2815	191.3	moust	N823H	N/C DUV	K-SOT USAW	DINCSI .	PRATE
\$r-68-2029	THE	73332AS-H	11.60	96.034	10.4%	Kel Tultion	PRADE
12-24-2015	181	PEAKAIN	制制品目的	NASIM	0100	NH218	68901
红的:約31	54.	PROLESH	<ul> <li>N1:7111</li> </ul>	34.010	41.017	201	P1061
89409-0812 \$1.06.2418	LICEN .	(00544311-)	-	600000000 000200	MAX.	- Seitharth	19108
		OVY. THUL	L SPECIA IGTYATHI	eninibileen# Litte HENRIPAN			
		10.00	J KIR	AN S			



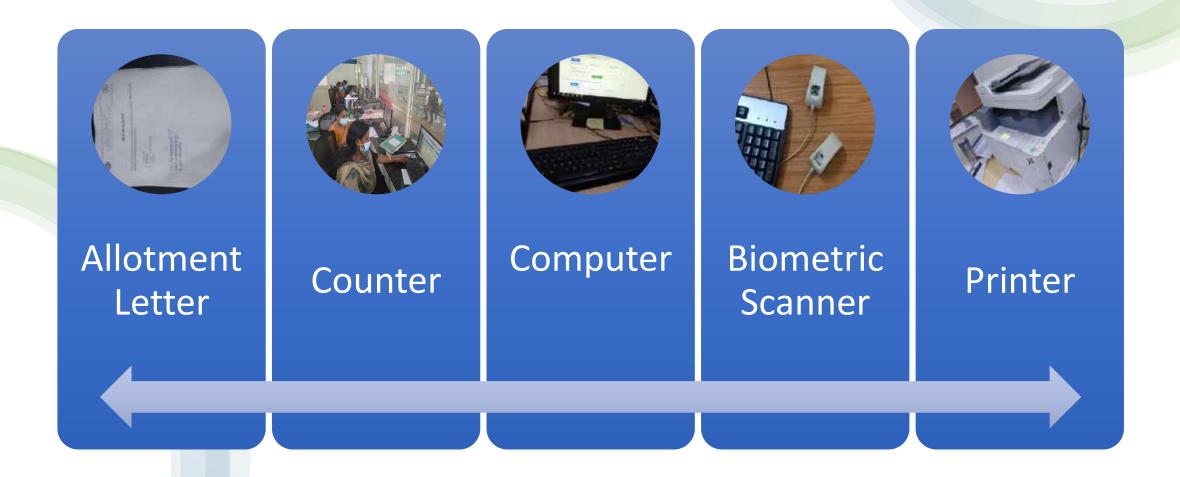


	.50	p+19	
DATE	DAY	09 TO D5	2 10 10
01-09-2019	31/0	Dr. Heen	119 TO 3
02-09-2019	MON	Dr. Heena	Br. Turahar
02.09.2019	10.06	EV: Hooseen	Dr. Tushar
0/0-00-2010	MILEO	Jar, Heorina	Dir. Tumbing
00+09-20/19	71110	Dr. Herricia	Br. Thisbury
06-00-2010	E BHE	Eler, Happertie	Dr. Duiha
07-09-2019	1.6.1	Cir. Houris	Dr. Tushai
05-09-2019	31170	Or. Tasha	1 19 10 50
009-009-2010	0.46324	IOF: HERKU	Dr. Tashar
10-10-2019	TOT	Dr. Heerin	Dr. Tastster
13-09-2019	WED.	ER. Homen	Dr. Yushai
12-09-2010	TILL	Cw. Hiters.r.	Dr. Tushor
13-08-2019	PRI	Kar, Hanorha	Dr. Tushan
24-09-2019	S61.	Ele. Heinso	Dr. Timbar
15-09-2019	5019	Dr. Heren	n [97n 5)
16-00-2010	1/10/34	Dr. Heima	ton Turcha
37-06-2019	1010	Dr. Heerin	D7: Tusha
18.00.201.0	WED	Dr. Hestina	D/. Tuillio
10 00 2010	0.10	OF, Heene	Ur. Fusion
20-09-2019	FRI	Cr. Historia	Dr. Tushu
211-GIU-2010	16AT	E.e. Planning	DI Tushu
22-03-2019	SLID	Chr. Tashina	(9 Ta 5)
23-00-2010	PACK4	Circ. Haterite	Dr. Tattie
24.00.2010	THE	KIP, HIBOHB	Dr. THENG
25-09-2019	44/21/0	Cz Hoursa	Dr. Lusing
24-03-2019	2000	the Hanness	Dr. Tucha
21:03 2019	101	Dr. Hoperso	Dr. Tusha
28 03 2019	TAT.	Ur Hearta	Dr. This has
29-03-2019	SUM	Dr. Herri	a (9 to 5)
10.013 30119	INF CARS	D.E. H.D.R.DA	THE PLATER





# 6. Are required equipment's provided to Arogya Mitra for AB PM-JAY beneficiary identification?







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



Dute: = 31. et. 2.014.

Dr. Heena Prabhuram Thaidur Block No. 5, 5btsb Bunglows. Telephone Exchange Road, Near Karmahhoomi Society, Putun-384265 Moh. No.: 997400703979825761049

Sub-Appointment for the post of Medical Clinical Coordinator (Trainee)

With reference to your Campus interview held on 14,11,2016 at this institute for the post of Medical Clinical Coordinator (Trainee), we are pleased to appoint you as a Medical Clinical Coordinator (Trainee) at this institution purely on probation with the following terms and conditions.

- You will have to join the post within a week from the date of issue of this letter or within the time timit extended on your request by the Institute, failing which your appointment order will be treated as cancelled.
- Your appointment has been made for a period of aix menths from the date of joining. purely on probation. The probation pariod may be ascanded at the sole discretion of the Institute or your service may be dispensed with earlier either during the probation period or during the extended period of probation. You will continue to be on Probation without any increment till you are given confirmation letter by the institute.
- On completion of probation period satisfactorily, your appaintment will be on contractual basis for a period of TWO YEARS which includes the probation period.
- Your appointment will not be treated as confirmed employee, unless you are given confirmation letter by the institute and the period would automatically expire after the completion of the said period, and there will be severance of relationship between you and the institute.
- You have to undergo special training for 3 months at the institute and during noch training puriod, your pay will be Rs.25000/-[Rapces Twenty Five Thousand Only] per month. After completion of successful training satisfactory, your pay will be Rs.27500/-(Ruppes Twenty Seven Thousand Five Hundred Only) per month. No other allowances of any kind will be admissible. You will be ordinarily given 10% yearly increment.
- Group Health Insurance & other benefits would be given as per the rules of the Institute. EPF & Gratuity will be applicable as per the rules.
- During probation period your services shall be liable for termination without any notice. No notice of termination is necessary on expiry of probletion period or at the end of contractual neriod
- In view of the fact that you are working in Cardiac institute it would be mandatory for you to give "two months" notice for getting relieved from the services for the institute before leaving the job during the period of contractual appointment. Unless your resignation is accepted following proper formality, experience certificate and No Objection Certificate will not be insured. You will hand over the books, journal or any other property of the Institute to the surferned officer and produce no due certificate before you are relieved.



U. N. Mehta Institute of Cardiology & Research Centre (Affiliated to B. J. Medical College, Atmodeland) (Sell Hotelta) . Asswer, Ahmedaland - 380 US2 Gyderat Strike) Phone (1079) 23062395, 23684355, 33626200 Fax (0079) 22062092 small : unmicrosognalizers arebate : and anniet org

#### Job Description of Medical Clinical Coordinator (MA Yolana)

- > To check complete medical details of MA yejana patient.
- > To check MA yojana data and repister the patient.
- > Once fingerprint verify, then register the potient under MA yojana.
- After registration of patient, change category of patient in HMIS of the hospital.
- > Stan complete document of patient.
- \* To update complete detail of treatment in software for indeer patient. Coordinate with Ceth, OT coordinator and unit coordinator for MA Vojana nationts.
- > Collecting all operation notes for operative patient.
- > Take daily approval of Indoor patients. (For each and every approval we have to upload respective preoperative reports of patient).
- > In case of Adhoc procedure of patient, taking approval from pre-auth department of MA Yojana on same day.
- > To coordinate with respective CVTS and Cardiologist for different diagnosis
- > At the time of discharge responsible for collecting operative or cath procedure documents, post-operative reports and discharge card of the patient and verify all received documents of patient before discharging.
- > At the time of discharge responsible for uploading of all post-operative report and discharge card in MA Yojewa site, responsible to take signature of patient or patient relative on the documents and give Rs.300/- as transportation allowance. Further responsible for photo capture of Rs.300/r and medicine with [on. relative patient nis/ner OF name in MA card) after verifying finger print.
- Responsible to generate invoice after discharge. Submit and claim in MA vojana software elter stemp and sign from Account Manager.
- > Generating the bill and to submit physical copies of entire bill with all supporting documents take PRP[ Pre-outhorization form], discharge summary, satisfactory letter discharge card and undertaking at claim department of MA Yolmin.
- > Any other work assigned by the H.O.D/ C.E.O/ Director and Top management from time to time.

Signature of Employee Signature of Authoritys





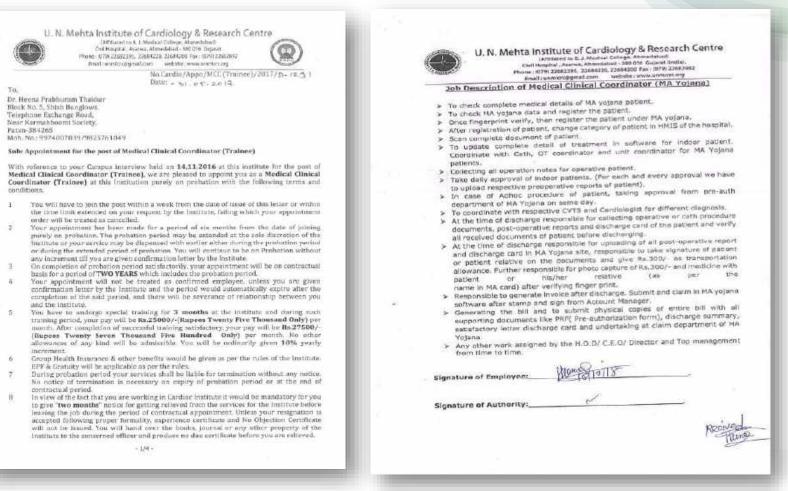
## 7. Does the hospital have a dedicated team for AB PMJAY?







### 8. Does the hospital have 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 have doctor(s) engaged?

U. N. Mehta Institute of Cardiology & Research Centre (Affigued to & L Medical College, Abstractional) Col Rispital, Analog, Almodalian - 186 016 Tripical Phone: 10791 (20092395), 724842230, 22684200 Fea: 10791 22662012 Analogination whitewww.unckr.og No.Eardio/Appo/MCE/Chrainee)/2017/fb- (2.5.1

DODE = 31. 0 1. 2014.

Dr. Heena Prabhuram Thaidsar Block No. 5, 5hbb Bunglows Telephone Exchange Road, Near Karmahhoomi Society, Future-384265 Moh. No : 997400783979825761049

#### Sub-Appointment for the post of Medical Clinical Coordinator (Trainee)

With reference to your Campus interview held on 14,11,2016 at this institute for the post of Medical Clinical Coordinator (Trainee), we are pleased to appoint you as a Medical Clinical Coordinator (Trainee) at this institution purely on probation with the following terms and conditions.

- 1 You will have to join the post within a week from the date of issue of this letter or within the time limit extended on your request by the Institute, failing which your appointment order will be treated as cancelled.
- 2 Your appointment has been made for a period of aix mentils from the date of joining. nurely on probation. The probation period may be extended at the sole discretion of the Institute or your service may be dispensed with earlier either during the probation period or during the extended period of probation. You will continue to be on Prohation without any increment till you are given confirmation letter by the Institute.
- On completion of probation period satisfactorily, your appeintment will be on contractual basis for a period of TWO YEARS which includes the probation period.
- Your appointment will not be treated as confirmed employee, unless you are given confirmation letter by the institute and the period would automatically expire after the completion of the said period, and there will be severance of relationship between you and the institute.
- 5 You have to undergo special training for 3 months at the institute and during noch training period, your pay will be Rs.25000/-(Rapees Twenty Five Thousand Only) per month. After completion of successful training satisfactory, your pay will be Rs.27500/-(Ruppes Twenty Seven Thousand Five Hundred Only) per manth. No other allowances of any kind will be admissible. You will be ordinarily given 10% yearly increment.
- Group Health Insurance & other benefits would be given as per the rules of the Institute. EPF & Gratuity will be applicable as per the rules.
- During probation period your services shall be liable for termination without any notice. No notice of termination is necessary on expiry of probation period or at the end of contractual period.
- In view of the fact that you are working in Cardiac institute it would be mandatory for you to give "two months" notice for getting relieved from the services for the institute before leaving the job during the period of contractual appointment. Unless your resignation is accepted following proper formality, experience certificate and No Objection Certificate will not be issued. You will hand over the books, journal or any other property of the Institute to the surferned officer and produce no due certificate before you are relieved.

-144



- Harr Chroniche Steelth March 16 (2012) had preparementary while constraining
- If a in Runs their year have remained about without leave as party inten for their 10 drys, it will be preserved that new one not depreciation the job. Accordingly, there will be minute control of quantitiers.
- 10 Year place/department.) timings of working will be doubled by the horizon which: includes shift ductors. Envergency Maricul Cardine Services stellar per the need alter it in an entergency related tertany cordiac care super specialty counting, research and academic Institute. You are required to do WIP thity companying
- 11. You shall follow companiently protocol / precident / forture decided by the institute. fiding which this places action in 0 to taken.
- 12 In tain, you are pretting elsewhere, in whatever capacity you will be out and to produce mention contributed and reducing order of previous erganization.
- 11 You will write in the atmost internal of the institute and its care it is found that U a not inthe between of institute to reduce any, your services will be immediated with immediate dist
- 14 You will not be allowed any Madial private practice. You shall not enter into previoes or beengaged or he intersected in any other anguaration directly, indirectly or engage your selfis other professional vocational to occupational activities.
- 15 You will not be mighle for T.A.& D.A. for iterating the part. However, you will be paid T.A.& D.A. for the work of the Institute as per rules.
- 14 You are on consolidated remanenties and or contractial appointment. You will be given 12 canal issue and think loans to care of a need for hospitalization. Englayees have to submit complete details of invatolitation daty signed by the encourage modual practitioner. The limitude may consider loop totation period and noticial leave based an ments of the case. In case of long nationers to any discretancy is encircal complicate you will be required to be examined by medical beard of the statistics to neede inforce of the leave at the discretion of the authority, and the decision of the medical board will be faut-Erie written pertoaion from competent autionity is mapoleoty before enoung any-
- 17 For firmule employee, momently have a applicable only other the completion of 1 year inclusive of producton period. Harrenty Laure is al 11% cost, to avail materiate loave runments weeks before the etancied data of the thirway and 6 weeks temeliandy indiving the day of her drivery and rest know accordingly.
- 10 All employees have to mark their attendance dronigh the Discountic Functional/Amendance register loss at the leadable of tax any action decided by the tractice for the observing Alterests functing string.
- 10 You will have by once without any additional remainer also at any 404.47 allowances at any department for the work of the builtudies (stand of with the builture and you shall perform duties as may be assigned to you from tune to time.
- 20 Year designation, place of pointing, impartment, antigenous of dotlers att, in Eable to allunge from came to three as per implement of the institute. You will be required to work at satellity centres of 0N Melta locatory / fair Centres / 020/Certs /Meh()/ Units and any other place/places on the same toring and an allitons on per the sole discretion of the Destroy.
- 21 Yes, will have to undergo training as pur the requirement of the Institute.
- (II) Tex should be all a to serve and read Reglish as may be vanished for the surpose of your Job and will also have to obtain required computery computer frames, taking which discolutory action now be taken.

U. N. Mehta Institute of Cartfology & Research Centre. Addressing (and athles Northlat) ON BOILS Association 381776 Course

Part OT 24E/01 15H2H USK20 (# 07U0H2H) and encogeture white we entropy

- 20 The shall not be entited to called any pair, etc. etc. Provide autorities that relatives. to how any other person and in case of one such tasse on man party your services are lathers he territated
- 24. For stattle expenditely and polydar lovash issists, aboroad, poly of elararcparty of the Justices that must be estructed to yes. This may be dilegated to you of arms antist your sharps, you shall stay and Califian's pay or definer the same to the incluir.
- 20 I'm mailing security in the rates and opplations of the leadate averaged from the to-"the and shall shop all earliers and dividing that are given how your reperiets.
- 28. The latitudes is so satisfied by your which for making of \$ hudds of physica / marcal signifies for the proper sincharge of your datas, your services shall be hable to be
- entineer without any lation 27 First in Berl gibert indeclision, or sat station, or relevalar, bent of true, you compliance with the administrative assists, your mentions that he have to be Intendy's silestury totis
- 2 Fills have define or stary later the the occurrence or adverable in rode ( )? you for covering employment are false and / or walked by and / or it is freed that you the wildely appended any microsologito the betterior, your service that he label to be determined in without any notable.
- 29. If you are compensated or consideral for any officials or final gally of trail or impropriation, your province shall be failed to be an excused solitions any archite-28 In use allow Easter the Epset of intractionals former bart
- 21. This are not pursided to some segment of / factor or others compliance of rapid to invalidate. The minuting relieving order, as adjustice metibolis and otherst amplying serviced dilector will der withest emploare etter erstitist of tervine belen. tion in a conceptual account need
- 31 Two will also by the follow of Distribut, Confact and Rematory of the horizon, an feated by \$5 constitue of the lattices.
- 21 Frankill have modery the tailendar of conferences limited by the Instructure
- 14 Dates, spring rates and reposite lists of the post-are-end run herewith 33. The will also be repared to work and authorses in all the rational builds programmer
- rate heald programme, programme and and by many got, and boath department, school programmers like tang, conference , website out, states and and to control of the matrice part and others of the fastitude service during the second colority and new swaaty or.
- 36 Yeavell child-by the present robust? do institute.
- 17 The multitud remarkin minish will be hard as attention working performance to be statuated by the approxial constraints during by the listik to. This FOR a viliar attained security relation from exclusive file repetite and desiration of the institute.
- 38 You will turn to ago prisoried head to serve the institute for the period metalsset in the boost of applicable. If you are not serving the boost an required by the hutching, then instea will communate to the after institute where you have joined and after decidaries action will installere.
- 79 For will be precised by antienticity articled to this exponential inter as waining by the restrict at the three of coming of the institute and surface and surface sets of the institute as and where they come time lates.

U.N. Mehta institute of Cardiology & Research Centre strams to meshing Amelica Conversity Name American USER's Server. her diff. berry USACH USACHTIN DY 20092 Information white-security 6 To helps my if it further watter to produce instance of other emilticonditions on the basis that the exchantanism status is by mightym will be

- a schurter 4). You will have to recent the group or issue or any effort materials in microbiological to we dong iteration of series where change as his obstactor interest any the starts for prototos, appointed in oper terrelation.
- G. That appointers a proximal agost to your pulled fram & solar reflorers at set Gillinette.
- 41. The stall have to reaso the Bratement of American's gives here belies this lifet to and regret by ten below ground the part.

Twise receipted brings and receipted ages of the approximation declaration of summary is in apprictness as feering and and they be readers thed accepted year pangraph at the latter.

> @r. EK fael) 2 sub-

1.010/080/070 1. Amart Settin Amartities (92)

- 1. Weiffer | 1885
- 4. PA to United 1. Peruni Ne-

Cap. 34

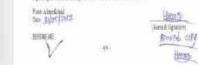
a. 60 the Denne in Cambridgers Stratey (Carlingy Tarkin, Amillesiology) Automatica Melica (Otica Gre) /Logry (Dolid Gre) Wedness Ore third and Diry Departments.

#### Casy anterior for

- 1. Output of the Genericg Bord U. N. Weis, hotton of Ordalog, and Reserve Gern meaned on brough hover, built on Peak Nelle's Departure, Generation following Gentlinger in allemants.
- 2. The Generative Math. Hedeol Service, National Education and Reservice Inter-Netty Harry, Casthinger, for minimation.
- 1. The Addressed Director, Medical Education and Reserving Committation

#### DIPRODENT OF LOCATERINE.

1.24 HEAD P. THERE . Unmittendy work to not approach if the best types on the large and constraint meeting of the sine of English the large by the English newspire to an index of the state of the second sec



- U. N. Mehta Institute of Cardiology & Research Centre (Attracted to 5.3 Medical College. Attractation) Chill Horphal, Asarwa, Attractation - 200 DTE Guisent India: Phone: 079122082385, 23484225, 22654200 Fax: 079123682992 Analisenticipgmal.com website:www.evente.org Job Description of Medical Clinical Coordinator (MA Yolana)
- To check complete medical details of MA vojana patient.
- > To check HA yotana data and register the patient. > Once fingerprint verify, then register the patient under MA yojana.
- > After registration of patient, change category of patient in HMIS of the hospital. > Scan complete document of patient.
- > To update complete detail of treatment in software for indoor patient. Coordinate with Ceth, QT coordinator and unit coordinator for MA Yojana
- patients.
- > Collecting all operation notes for operative patient. > Take daily approval of Indear patients. (For each and every approval we have to upload respective preoperative reports of patient).
- > In case of Achoc procedure of patient, taking approval from pre-auth
- department of MA Yojena on same day. > To coordinate with respective CVTS and Cardiologist for different diagnosis.
- > At the time of discharge responsible for callecting operative or cath procedure documents, post-operative reports and discharge card of the patient and verify
- all received documents of patient before discharging. > At the time of discharge responsible for uploading of all post-operative report and discharge card in MA Yojana site, responsible to take signature of patient or patient relative on the documents and give Ra.300/ as transportation allowance. Further responsible for photo capture of Rs.300/- and medicine with patient of hts/her relative (as per the
- name in MA card) after verifying finger print. Responsible to generate invoice after discharge. Submit and clarm in MA yojana
- software after stamp and sign from Account Manager. > Generating the bill and to submit physical copies of entire bill with all supporting documents like PRP( Pre-authorization form), discharge summary, satisfactory letter discharge card and undertaking at claim department of HA
- > Any other work assigned by the H.D.D/ C.E.O/ Director and Top menagement from time to time.

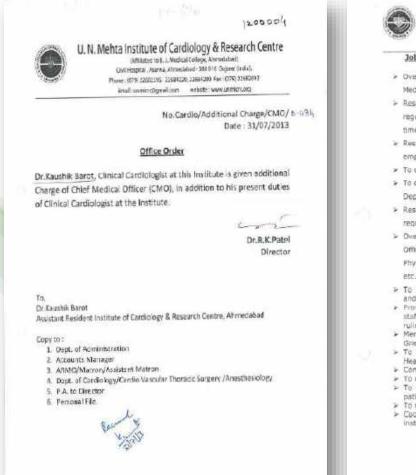
Signature of Employee:	Marghons	_

Signature of Authority:





### 10. Does the nominated AB PMJAY team have a member from administration department?





#### U. N. Mehta Institute of Cardiology & Research Centre Chilliamed to B. J. Medical College, Alertedated Collborgham Argeney Alternational - MIDIFIN Carpert Index. Huma: (279) 1268(1995, 22694225, 2269426) Fax: (279) 2258(1092)

Amail: semined-philipped website www.unmiercary

#### Job Description of Clinical Cardiologist Cum Incharge C.M.O.

- Overall in charge of the general administration in the discipline of the Medical Department.
- > Responsible for coordination of all the relevant acts, rules and regulations and Protocol, systems that may be in force from time to time,
- \* Responsible for ensuring the smooth delivery of nealth care to the . employees of the Trust and their families.
- To conduct, surprise, inspection of the Department of the Institute.
- \* To conduct penodical progress and review meetings of the Medical Department.
- > Responsible for making alternate postings/duty arrangements when required.
- > Overall supervision of the postings made in respect of Medical Officers, Nursing personnel, First Ald Service and Ambulance, Physiotherapists, Rediographers, Metico Social Workers, Attendants
- > To inspect various Inpatient and Outpatient sections of the Hospital and ensure cleanliness and sanitation, availability of Staff, etc.
- Provides assistance in the manoging of the affairs of the entire medical staff that are in accordance with the prevailing ethical standards and the ruling policies of the organization.
- Member of Quality assurance committee, Medical audit committee, Grievance represses committee, Infection control committee etc.
- > To participate in the in-service education programme inclusive of CPR
- Health, Fire Safety training. Consultation of patients in Cardiology OPD (new case & old case).
- > To make arrangement for reimbursement of patient bills.
- > To coordinate with cardiologist for estimation as well as admitsion of patients.
- To manage duty list of Medical Officers and Physiotherapists.
- > Coordination & Management of the Parametical Courses (17) run by the institute



#### U. N. Mehta Institute of Cardiology & Research Centre Chillianed to B. I. Medical College, Abriedabod Out human Aranes Atmetimat - 300 Fin Super Indu. Phone: (979) 1268(1975, 2269422); 22694265 Fax: (779) 2258(1092) Amail: unminedepail.com website www.unmionally

#### Job Description of Clinical Cardiologist Cum Incharge C.M.O.

- Overall in charge of the general administration in the discipline of the Medical Department.
- > Responsible for coordination of all the relevant acts, rules and regulations and Protocol, systems that may be in force from time to time;
- \* Responsible for ensuring the smooth delivery of nealth care to the . employees of the Trust and their families.
- \* To conduct surprise inspection of the Department of the Institute.
- > To conduct penodical progress and review meetings of the Medical Department.
- Responsible for making alternate postinos/duty arrangements when required.
- > Overall supervision of the postings made in respect of Medical Officers, Nursing personnel, First Ald Service and Ambulance, Physiotherapists, Radiographers, Metico Social Workers, Attendants etc.
- > To inspect various Inpatient and Outpatient sections of the Hospital and ensure cleantiness and sanitation, availability of Stat), etc.
- Provides assistance in the managing of the affairs of the entire medical staff that are in accordance with the prevailing ethical standards and the ruling policies of the organization
- Member of Quality assurance committee, Medical audit committee, Grievance redresses committee, infection control committee etc.
- > To participets in the in-service education programme inclusive of CPR Health, Fire Safety training.
- Consultation of patients in Cardiology OPD (new case & old case).
- > To make arrangement for reimbursement of patient bills. > To coordinate with cardiologist for estimation as well as admittion of
- patients.
- > To manage duty list of Medical Officers and Physiotherapists. > Coordination & Management of the Parametical Courses (17) run by the
- institute.





# 11. Does the hospital have AB PMJAY specific IEC materials near hospital entry and at prominent areas?

#### കാരുണ്യ ആരോഗ്യ സുരക്ഷാ പദ്ധതി രാത്രം പ്രത്യായി പ്രത്യം പ്രത്യായി പ്രത്യായി പ്രത്യായി പ്രത്യം പ്രത്യായി പ്രത്യം പ്രത്യായി പ്രത്യ പ്രത്യായി പ്രത്യം പ്രത്യായി പ്രത്യായി പ്രത്യായി പ്രത്യായി പ്രത്യം പ്രത്യം പ്രത്യായി പ്രത്യം പ്രത്യായി പ്രത്യം പ്രത്യ പ്രത്യം പ്രത്യം പ്രത്യായി പ്രത്യം പ് പ്രത്യം പ്രത് പ്രത്യം പ്രത്യം പ്രത്യം പ പ്രത്യം പ്രത്തം പ്രത്യം പ്രത്യം പ്രത്യം പ്രത്യം പ്രത്രം പ പ്രത്യം പ്രത

C 2 servers in school of market server of the server of the serverse ?

aster contractions of the second seco

#### Content of the second second second second

- E3-BOUND AN PHILAY KAUP AND SINGLY SUPPORT SUPPORT SUPPORT
- Pelicitiges and last ero gaselicate februarne biligitates a

#### E ] nymessionentel elegenyn mysjoprymot

- 1 i neg aggiorantic neg utas e casas: egung m dalime mystacepent, i a negegant accounted aget share upbling merges confractaments, a say of a dalime mergene revelants to department or setting and a daliment table segments revelants.
- ni te collegi ekuni delor nyangari tegin caranatenanggi delini dari nantorske daragari anta masanjutti mana prisosita
- in encode a second second metal inclusion and the second s
- controlling a second se

a map a spectra reports another a solid manufactured in procession of the solid a solid methods and solid so

(β) τροτερικό Ποται Τσυντερι στον «χολι Ισίμονον Ισπατοποια «χελαστικα Τροτερικατική ποριστική ποριστική πους Μπιν. (Μπιν. Αρτική)

#### nain runninggin ngaray graqanti alad nyayyinti runiyaningan ito, nyayying nunadani

Aloren empre manya picpic prime anterna a sea empre a context manya de server y seave a seaver picture de server. Angespart energies manuelle menses a la se defende prime gent manya de seaver picture de seaver a sea empre de seaver manya de seaver picture de seaver a sea empre de seaver manya de seaver a seaver a seaver a sea empre de seaver manya de seaver a seaver a seaver a seaver a seaver a seaver manya de seaver a seaver a seaver a seaver a seaver manya de seaver a manya de seaver a seave

#### E Jammi askowa

does releasing a distance of una traditional and a seguritar antipolitic account define una scale assertion terminoperior access means experience accelerated means of access particular access means experience accelerated means dependent access means experience accelerated access accelerated anticlear experience accelerated access accelerated access means of the access accelerated access accelerated access means accelerated accelerated access accelerated access access acceleration access accelerated access methodoregreen and access accelerated access accelerated access access accelerated access accelerated access access access accelerated access accelerated access access access accelerated access accelerated access accelerated access access accelerated access accelerated access access access accelerated access accelerated access accelerated access access accelerated accelerated access accelerated access access accelerated accelerated accelerated access accelerated access accelerated accelerated accelerated access accelerated accelerated access accelerated accelerated accelerated accelerated accelerated accelerated access accelerated accelera

#### C Jutabith equipment

- ci entendi avianja najm<sub>a</sub>ndi alabiti pilangani namoridi nakari dalam ngangtiguna mgapata malamati alabiti managan mga
- er migno "talmi, mumanij, socialmient, monij nikola stalimijak

Control of Automatical Control Control of Co

@@<u>\$</u>

star from the second



### സാരക്ഷ പദ്നമ്പ) സാരങ്ങ പങ്നമ്പ

സ്കീമിനെ കുടിച്ചുള്ള വിശാവിവരങ്ങൾക്കും നിർദ്ദേശങ്ങൾക്കും

കൂടുതൽ അറിയാൻ വിളിക്കൂ

1056 ദിശ ടോൾ ഫ്രീ നമ്പർ



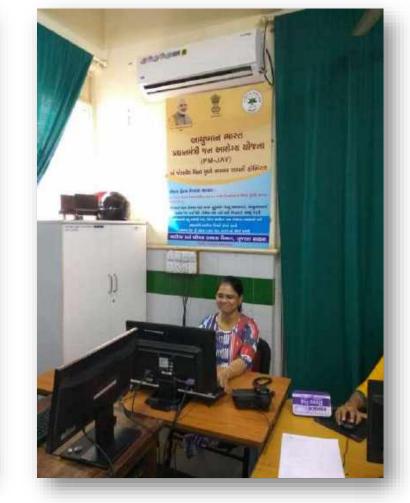






### 12. Does the AB PMJAY kiosk/ counter has IEC materials pertaining to AB PMJAY on or near it?











# 13. Has hospital conducted any promotional activity (like camping) for spreading awareness regarding the AB PM-JAY scheme?







### 14. Is hospital's scope of services mapped with hospital's Manpower/Human Resources?

states espainted and when and an section contains month chains programment KASE WE FER LAT AMERICAN ANTAL toria anusatigeneter trip themosel tugaslette. TRACT INTERACT INTERACT STREET and a substant of the second substant and second substant and substant and substant and substant and substant a worked as allow eaching and ABATA INTO MERICAN ASSOCIATE AND ADDRESS OF muriajo ussassi disespaditi sidessooti alahmaat initi sectors had a sector success and an and Anothelies cimp. 1932A rosteria theory assent southing and moved permis runnes generated emilier milety empres enter menseral antitively of spears provide A 50+ PUTRITUGORI MIRACIDO

- cost overcos a diversamente excitored transmit FURNING INVESTIGATION OF book manyatha in a subala second against a labo
- infactes methods actualize tradacom coa sec and the second second



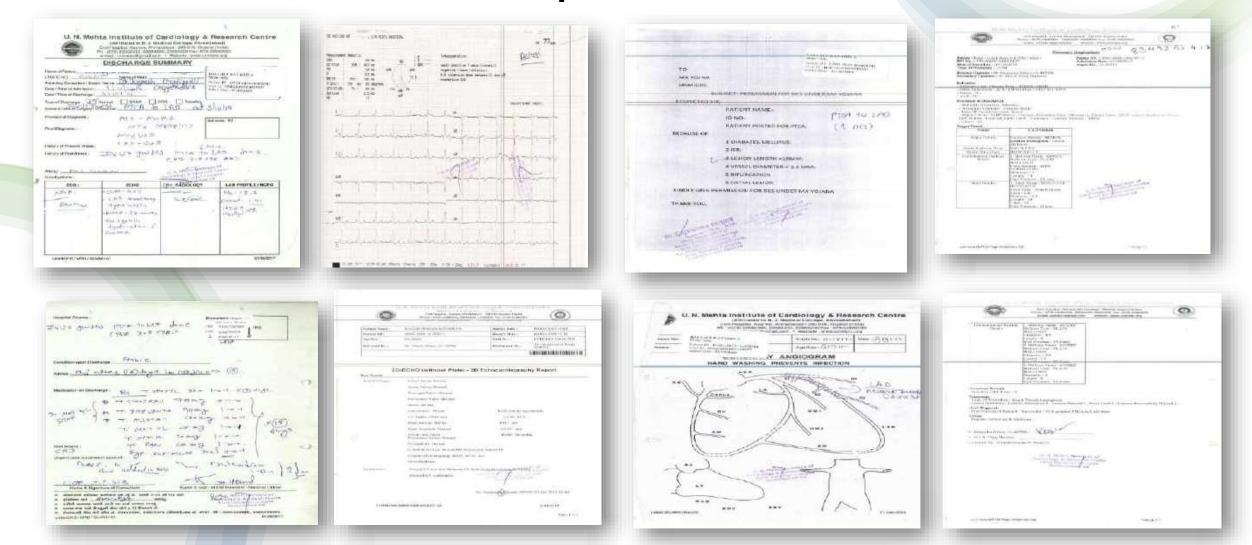
4	Betchar	Refer Queltonio	auteum's	Epiterlier	126	315 M	Section-	holyini 5	head
Ł	Di lardi Secilita Tayyai	(K) here's #dointy	170 -	1	4	Westitue	4153kmatings	100	
r	Distantion	Others (Main)	158		æ	bitation de Miller	With the diver	100	
1	3 tierbete ite	(U)www.chemi	55.8	×	a,	Mad/Grows	IC106v97ires		
	1000000	and collaboration	22.0	1.44	10	04859	иловникори	*	- 0
t	In Constitution from	(K)ent Elsoy	156	1	a	Nicolisian in	Diferen dataer	.05	2
t.	3 Seulano Tatlidado Vala	92.3pm:Printle)	174	3	×	Numbers in	Different Padare	- 10	1.
,	3 / hep 15/2018tr. <sup>1</sup> /ts	(abbit orang 20	298	38		300000030	Möraco čelikar	187	
t	blee in held	Wires diday	103	4	*	a prima da	Juliens Gatasi	Lin	
	125024049011		1227	142	1	03pertual tra	Dittems Fallin		(9)
1	3-li-ph lookh shringle	303ers Aldas	39	4		Aller Incides	Stimme Column	- 141	1
ł	briner262m	203aano dibidaki	128	4	4	-	-	Mari	
8	(Algert Syclese Siller	10 Beatlinger	63	×	1	3Tabosialabas	Di terre Addres	197	
x	In Pour Entrepolitions	10 (benfilmgis	89	36		Differs Indian lage	Sir Synath Tale Bar;	300	
1	) infidenty of	10.pheriore	298	¥	3	) Instation for	121/develope	300	- 10
2	Differentiation	303kes/Derge	93	*					
ŝ	in Gaser Value	10 (here Grope	m	Эř.					
ł	Distingle	3012kmd3mg8	83	:					
x	Ta Ad Separated Na	11.5 (hered Groups	2083	1					
;	2 'n Liansen Telen	30.0kmd0kmps	93	t.					
Ŧ	3 infan Goutidae	35 Boot Grope	9.5	4					
9	Kasherm	10 (best Groups	<b>84</b>	3					
3	hier stalate	30/Meillings	28	Ŧ					

5Na	Desite Name	Highen Qualification	Tactor Registration No.	Equilation (Note)
1	Dr Ramsub Dabyeddai:Patul	MD (Dector of Medicies)	11674	26
2	De Agistas Chendral act Pujara	MD (Dector of Medicine)	34356	32
3	Dr Rireih Babul d. Shok	MD (Dector of Medicine)	11496	36
4	Be Hamang Kiritkamas Ganihi	MD (Bectar of Medicies)	12555	11
5	Dr Rajesb Matkhand Shid Thousai	MD (Dector of Medicine)	7566	n
ñ	De Meugesh Manifal Prajapari	MD (Dector of Medicine)	12956	5
7	Dr Divys hant Kondini Parsser	MD (Deccer of Medicine)	19025	5
8	De Siger Jackson fait Paul	MD (Dector of Medicine)	1 55 75	5
9	Dr Jiger Heshmulchisk at Panelial	MD (Dector of Medicier)	16278	9
10	Dr Bharat G Makwane	MD (Dector of Medistry)	14568	7
n	Dr Saywedshmed Y Vehra	MD (Dector of Medicine)	21676	
12	Dr Doopol Virikalitest Prajapati	MD (Dector of Medicine)	19975	
13	Dr Väharad C Triveli	MD (Doorse ef Medicine)	19137	
14	Dr Alpeik C Sarvaia	DM (Docurate of Medicae)	24845	5
15	Dr Hamistik N Patal	DNI (Doctorate of Mathemat)	2624	
14	De Sanilkasnar Narschleini Nisama	MD (Durnin al Madicine)	15:999	
17	Dr Inackla Vidyaethi Jain	MD (Decise of Medicine)	8585	2
18	De Niev Pacifik	MD (Dortor of Modicies)	12005	•
19	Dr Jiger Surti	MD (Dortor of Modicine)	13751	3





# 15. Do the hospitals maintain proper medical records maintained for AB PMJAY patients?







## 16. Is AB PMJAY claim process documented in the hospital's policies?



Name of Policy Policy No.	Policy for Registration & Admission	PATIENT FLOW IN THE HOSPITAL
	& Admission NCHS/AAC/02/A	Patient Enters in to Hospital
Purpose	<ul><li>&amp; of and to the with the aims to:</li><li>needs and expectations of customers.</li></ul>	Follow up Cases New Patient
	Customers satisfaction.	OPD Reg. & IP Reg. & Emergency
	a of patients.	Cash Counter Admission Desk Emergency
	Feedback continuous improvements.	OPD Wards ICU OT Diagnost Test
scope	All patients undergoing at NCHS.	24 Hr. Pharmacy
Responsibility	All members of front /Case window staff, nursing staff of NCHS.	Out IP Billing Discharge





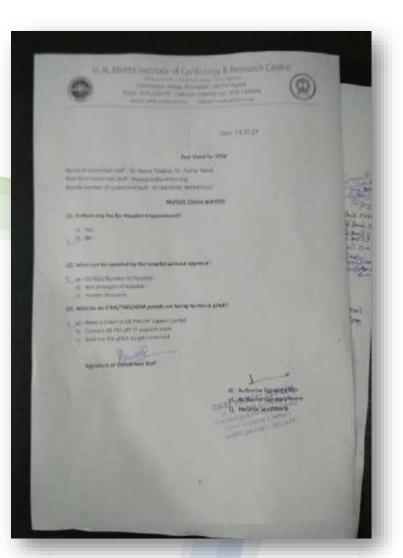
### 17. Does the hospital charge any extra money from AB PMJAY beneficiaries?

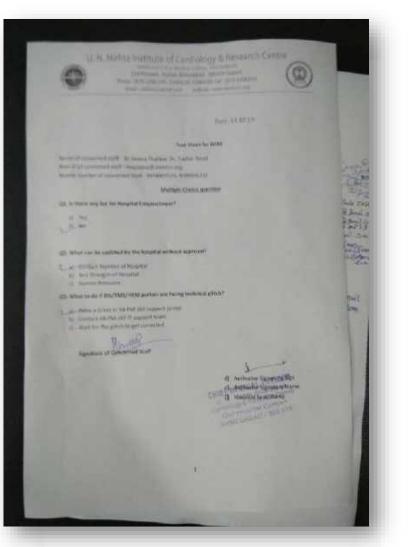


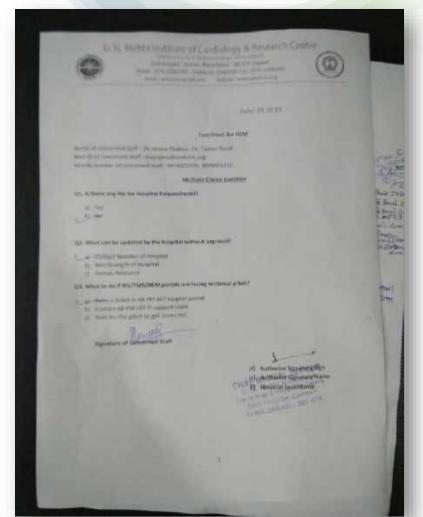




### 18. Are the deployed staff members trained for HEM portal?



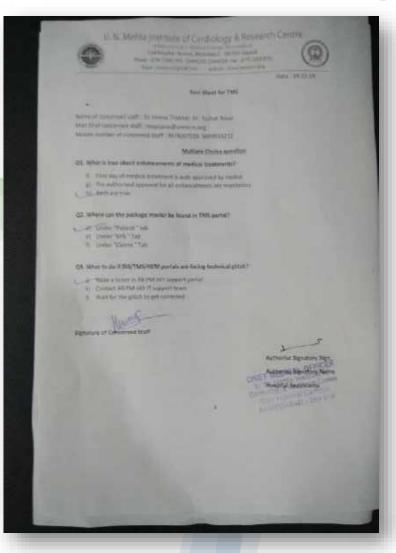


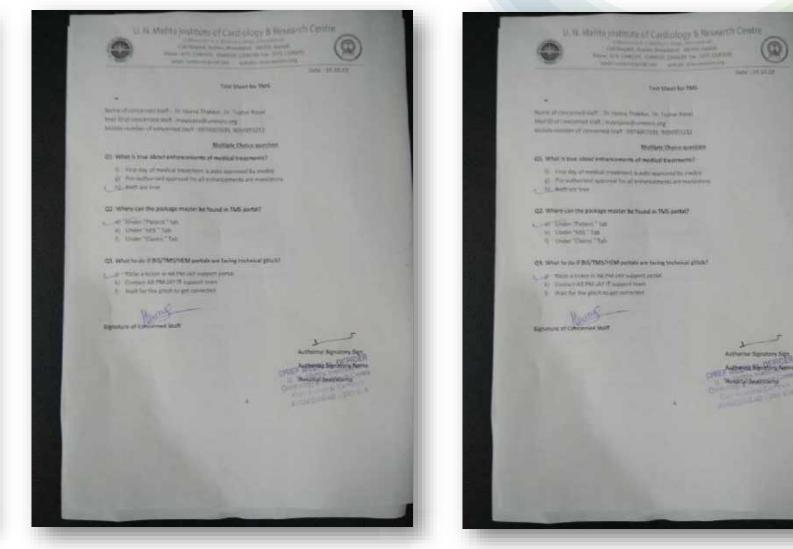






### 19. Are the deployed staff members trained for TMS portal?

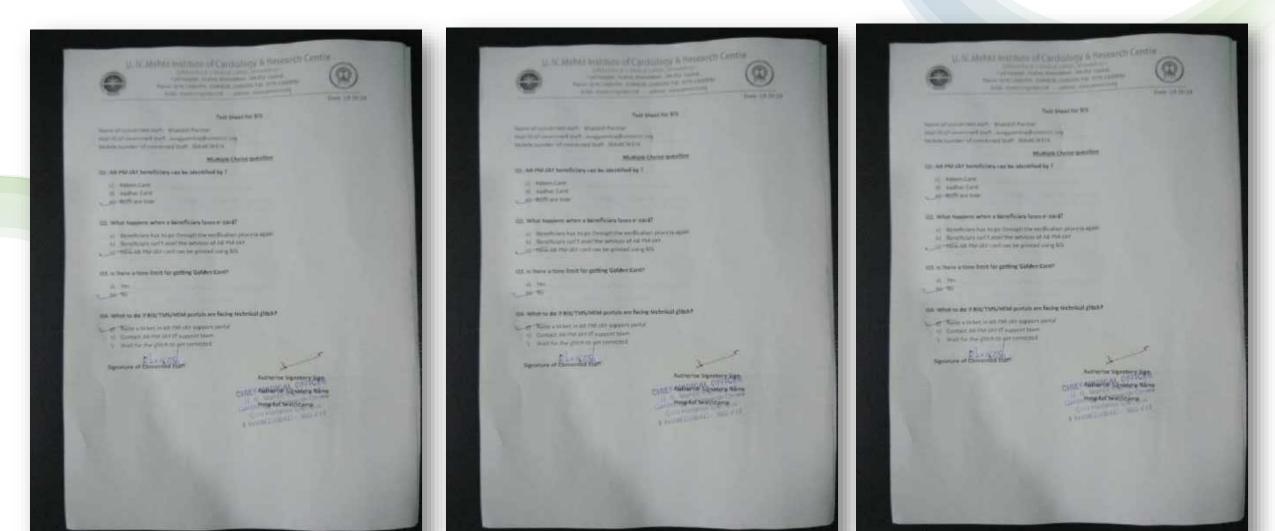








#### 20. Are the deployed staff members trained for BIS portal?







#### 21. Does the hospital maintain proper records for AB PMJAY referred beneficiaries?

		1	1		1	1					·	1		i	i	i	~			-			
1	APRIL	IPD/2019/ 04/00090 19	UNM- 2019-04- 025045	01-04-19	01-04-19	NEW IPD	HIRALAL MANGILA L PRAJAPAT I	Male	49y	40Y - 60Y	ADULT		Cardiology Unit - 2	Married	Gujarati	WARD NO- 17	TARAKHE DI	Jaora		MADHYA PRADESH	OTHER STATE	MADHYA PRADESH	INDIA
2	APRIL	IPD/2019/ 04/00090 26	UNM- 2018-07- 058187	24-07-18	01-04-19	FOLLOW UP	VANITABE N BALKISHA N NORA	Female	40y 8m	40Y - 60Y	ADULT	24/07/197 8	Cardiology Unit - 1	Married	Gujarati	585/3691, G.H.B.,BA PUNAGAR	AHMEDAB AD	AHMEDAB AD	AHMEDAB AD	GUJARAT	GUJARAT	GUJARAT	INDIA
3	APRIL	IPD/2019/ 04/00090 28	UNM- 2019-03- 021286	18-03-19	01-04-19	FOLLOW UP	SHAKARIB EN BHULESH WARBHAI DARJI	Female	70y	>= 60Y	ADULT	18/03/194 9	Cardiology Unit - 2	Widow	Gujarati	NR. BAL MANDIR	kankanol	HIMATNA GAR	SABARKA NTHA	GUJARAT	GUJARAT	GUJARAT	INDIA
4	APRIL		UNM- 2019-04- 025122	01-04-19	01-04-19	NEW IPD	MANJULA BEN MAHESHB HAI JADAV	Female	52y	40Y - 60Y	ADULT	01/04/196 7	Cardiology Unit - 2	Married	Gujarati	B/H RAILWAY CROSSING , NEW CHAMUN DA SOC- 36, NR. NAVRANG HIGH SCHOOL, JAGATPUR ROAD, CHANDKH EDA	AHMEDAB AD	AHMEDAB AD	AHMEDAB AD	GUJARAT	GUJARAT	GUJARAT	INDIA
5	APRIL	IPD/2019/ 04/00090 63	UNM- 2019-03- 021083	16-03-19	01-04-19	FOLLOW UP	MANGILA L RAMLALJI DHANGAR	Male	56y	40Y - 60Y	ADULT	16/03/196 3	CVTS Unit - 1	Married	Hindi	-	SARSOD	Daloda		MADHYA PRADESH	OTHER STATE	MADHYA PRADESH	INDIA
6	APRIL	IPD/2019/ 04/00090 68	UNM- 2019-04- 025070	01-04-19	01-04-19	NEW IPD	GOPAL RODUJI SURYAVA NSHI	Male	36y 9m	18Y - 40Y	ADULT		Cardiology Unit - 2	Married	Gujarati	-	RAHIMGA RH	Sitamau		MADHYA PRADESH		MADHYA PRADESH	INDIA
7	APRIL	IPD/2019/ 04/00090 78	UNM- 2019-04- 025095	01-04-19	01-04-19	NEW IPD	PUSHPAB EN PRAKASH BHAI DHOBI	Female	42y 3m	40Y - 60Y	ADULT	01/01/197 7	CVTS Unit - 1	Married	Gujarati	BIHAND SANSAD BHAVAN	MANDSA UR	Mandsaur		MADHYA PRADESH		MADHYA PRADESH	INDIA
8	APRIL		UNM- 2019-03- 016731	01-03-19	01-04-19	FOLLOW UP	NATVARL AL MOHANL AL SOLANKI	Male	69y 8m	>= 60Y	ADULT	07/07/194 9	CVTS Unit - 2	Married	Gujarati	OD VAS,BUKD I ROAD	PATAN	PATAN	PATAN	GUJARAT	GUJARAT	GUJARAT	INDIA
9	APRIL	IPD/2019/ 04/00091 07	UNM- 2019-04- 025431	01-04-19	01-04-19	NEW IPD	RASIKBHA I MOHANB HAI MAKWAN A	Male	55y	40Y - 60Y	ADULT	01/04/196 4	Cardiology Unit - 2	Married	Gujarati	-	BAHADUR PUR	PALITANA	BHAVNAG AR	GUJARAT	GUJARAT	GUJARAT	INDIA





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







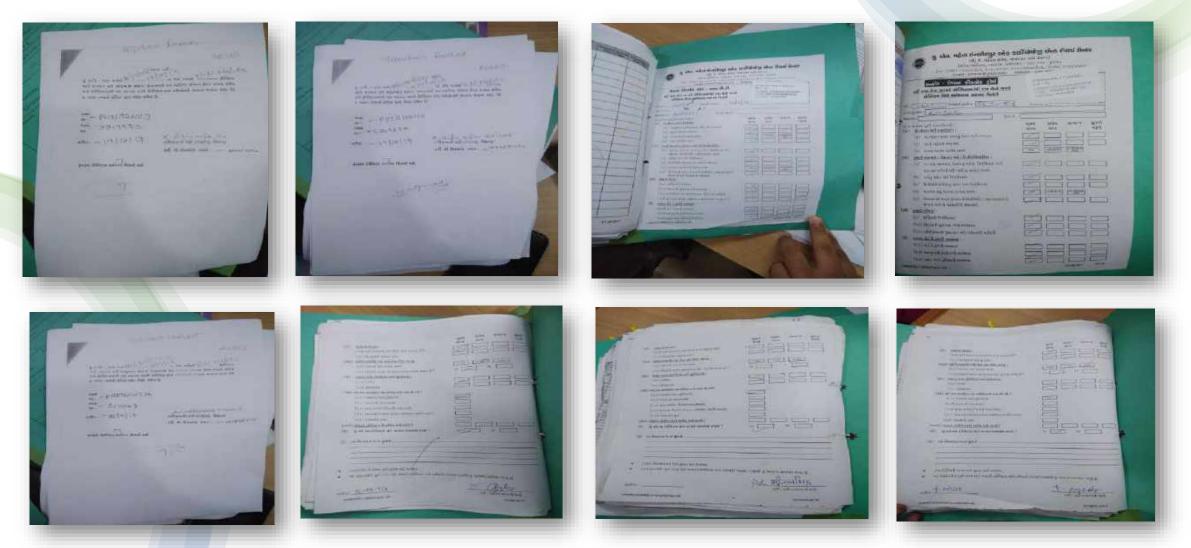
#### 23. Number of AB PMJAY In-Patient Department (IPD) census for last 6 months







### 24. Does the hospital collect feedback during discharge from AB PMJAY beneficiaries?







Hill interesterii 0

MINIST

6109102 topicali (Caten **Jeansyl** 

\$05(348)mil(

100%(200) VALUE/ARE

可能加加 FREE DESIGNATION

STROBOLI Man Chiefe State State

2月23日1

油肉的白豆豆

april and 10003-008 and the mill

10000

06005588

uneskonsty. toresta

102303201 10000000 ducantii: voe 郞

the same configuration and To department

#### 25. AB PM-JAY quality audit checklist filled regularly in HEM portal?

+ + 0 i tartspranges stramment	E - C + substanzanturinstant + + O	• • 3 • menergy minister • 0	6 - 0 - # manifestane turbester	
Taba Reliadogo igra-lyalandas	Partier ford for her here here here here here here her	Particulture de Argentigen-Againer Stein et & 2 1. (	Tester Berning State Annual State Annual State	
Services interviewe and the services of the services and	al constrainer franzisse accessing of the Interesting preserving of the Interesting accessing of the Interesting acce	Land operational operations opera	Andreastanter Construction     Andreastanter Construction     Andreastanter Construction     Andreastanter Construction     Andreastanter     Andreasta	tri mu jagentin jagentin jagentin texter
wahab hais oosis erhendet. Uinny artisaal schrücht 6 ar hannals in 156n erhen russich erwe hindt di Stadut of te penetr seing subar suched seing subar suched seing subar suched seing subar suched	Petitorphycolicity utility press and analysis press III (1) muse Analysis of antibiotic press (and analysis) huddolay trees (and analysis) huddolay trees (and analysis) version of the analysis of the analysis version of the analysis	Ables KArp staat as stad is forward in the state as stad is forward is pose as stage right is based stores as long at out is based stores as long at out is based stores as stage right is based stores as stores in the stores based stores in the stores as stores in the stores in the as stores in the stores in the as stores in the store in the stores as stores in the store in the stores as stores in the stores in the stores as stores in the store in the stores in the stores as stores in the store in the stores as stores in the store in the stores as stores in the stores in the stores as stores in the store	University of an operation of exposed Thermality of an operation of exposed Research Long Constraining Statements Index york, or bank Statements Index yor	locianory locianory P
endergreekert zu er     endergreekert zu er     endergreekert zu er     endergreekert er	Ale and a starting to provide another IN VARIAGENESS OF TAXANGENESS OF TAXA	in A lot we service of the serv	ver     v	st and stand
atomposoli (Mar perfait Anadouni) production	a diferent (Brange arman Branner, Bank KT) e		2005 E	VASuarkieni piunsiopuuk beenpo M isimmikenp asket aakuu
		CONTRACTOR DEVICES AND		r angelin in an
the for any party of the origination of the party of the party of the origination of the party of t	Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Marging Levings         Marging Levings         Marging Levings           Marging Levings         Marging Levings         Margings         Margings         Margings           Marging Levings         Margings         Margings         Margings         Margings           Marging Levings         Margings	er in sourcobe ex antialization del messo managementation del messo Barrando del messo Barrando del messo entratorio del messo entrator	Provinse Anticipe Instructures and Enternal Topics     Section Device Anticipe Instructures in the Instructure     Section Device Instructure Instructure Instructure Instructure     Section Device In	Brugnest Skilberinget besite pae polotime besites finates besites statemenos
<ul> <li>Internet of the second s</li></ul>	is the Variantizery Tr Basel of A Calculation particle Scholer and Organizer International Control of Calculation International Control of Cal	A sector by constrained and a sector of the sector of	Transford of end the answerd of the	ten unit. Bariari Berica





#### Guidelines for Quality Audit Checklist Link:- https://hospitals.pmjay.gov.in

- > Quality Audit Checklist to be filled for all 20 parameters.
- Each parameter to be assessed based on compliance to required evidences.
- Method of Assessment includes Direct observation, Patient Interview, Staff Interview and Record Review required as per parameter.
- Scoring is 0 (Non Compliance), 5 (Partial Compliance) and 10 (Full Compliance) based on the evidences
- Empaneled hospitals have to perform an online self assessment every month and average score will be considered as yearly assessment score.





1. All the services being provided by AB – PMJAY Empanelled Hospitals, patient rights and responsibilities are clearly defined & display at prominent place in understandable language.



(Asta).		All soundates	
( there is your and		a division and and advantage of the	
+ tills dependenting		Contraction of the second s	
e televen oppingen e televen oppingen		animology	
• ifeilgforend	Market Contra	framould the busices and	
The Day of the second s		(All second all s	
e scheichnig		estimation in the	
Conception of the Address of the Add		a gi kud sua sa sa did anak ngisi gi ku sa gi up sua	
uph bam besida		e edensingt barrelrestig tit.	
ENDINE PARENTS RIGHTS :			
and the second se		E RECEIT CONTRACTOR - STATE OF CONTRACTOR -	
edianel External values and the second		COMPLEX CATTAL AND AN	
CARLONNE CONTRACTOR OF CONTRACTOR OF	a Real of Last to it gives, Stores,	29420401430076376000769687	
epkilter (1006castat		W	
		ANSTALIE FORM IN	
Service , Attended conta	મેના કેમના છે!	CLASED AT CAUTION COLOR # 11	
In yes if	ુ સેન્દ્ર આ મેઠ પ્લસ સેરેલન, બિનનર	The Markowski Telephone Control of the Control of	
	<ul> <li>Alle Andreas Gaseling</li> <li>Offers eightinger</li> <li>Offers eightin</li></ul>	<ul> <li>с областво серения</li> <li>с областво областво</li> <li>областво областво</li> <li>областво областво</li> <li>областво областво</li> <li>областво областво</li> <li>областво областво</li>     &lt;</ul>	<ul> <li>Alternational and a second a second and a second a second</li></ul>





# 1. All the services being provided by AB – PMJAY Empanelled Hospitals, patient rights and responsibilities are clearly defined & display at prominent place in understandable language.



PATIENT & FAMILY RIGHTS	RESPONSIBILITIES
दर्दी अले सभा ला हड्से	દર્દી અને સગાની ફરજો
nehanda ann ter blei a usone an fanat fan tie ga	SKEWAS MENTRANATIONS YOU CAN ADDIT OF PERITHENTIK, NATIONEM,
Uriffon	Autores no att pretranational
cð da sanda neve hi anni cancích afgd and.	પેટાએ દેવે વિવે શહુલે મહિદી, છામને આપ્ય કેમદી, પુન કેશ પર દોવ માટલ કેમદી. વિવેદેવીમિ પ્રકાર મહિદીસવતે સમયતે
શાસભાગ પ્રકાશ કારણે, ગયાસમાં કારણાં, દાગમાં, દાગણાં પ્રાપ્ત મારાક દાગસાં પ્ર	ાલાઝાત મારે ભરદાદાલાળા આવ્યું અને સાવસા મારુપાલના ભારત અને સાધભાગ ગાળા મેલ
DEATY.	આરાગાગામાં દાળા
શી અને તેન સ્વારે નવાર પ્રતે સ્વારા દાગમાં દાગમાં દાને વ્યવેત્વન, આવિ પ્રતે ત્રાંગુનિક	જોવના બિજન બાદે સાધેન સુધનો અને સેવલર વહુ છે. સ્વારંત કરવું અને સાધવાયું વર્તનું
મન્ડતાએનું સ્વતન વ્યવણ	પાસન કરવું
राज्यात स्वतात क्रमा स्वमान्स्य अवस्य त्वतात्वा महाद्यास्य व्य	TA SHAN SHEMINATUR AVILLE THE REATS OF CHREMETERS AV HUMME
तालाव्य	Harafturnet
ब्रह्म स्वीतन स्वीत् वीत्रिय स्वयः वर्ते कीर्ववार्त्रे स्वयः	Laka leðaðar aðlendaj sem hagi
શ્વા દિશામાં આપવે સાંદા થયું આવ્યું. ત્યાં અને તેના આપને વન્નીય ગોધવ અને વિવેશ અને ગણક નાળ્યું.	કારણ માં માં આવતા ગામમાં માં માં માન્યાના પ્રકાશ માં માં માનવાડમાં શકાય કરે. ભારતા માં માં આવ્યા પ્રકાશ માં આવ્યા છે. શીર્વાજીમાં કરવાડું સાવવાર વેચા માટે સ્વાર્થમાં આવ્ય તેઓ તેને પ્રત્ય કેનુ પ્રવાસ કરવું. તેમ આરક્તર તે આવે લાક્ષ્ય તે કોર્ટ્સ અને પ્રત્ય કે રહી.
kie er en neukur on con cenda.	લે આ ગામ દાસ્તા પ્રશ્ના છે. આ ગામ છે. આ ગામ છે.
Silai sen Rei wildt sys soul	કોર પર બંદી બહેલી આ અને પ્રગ્ન થકે આપ્યું કેઓ હતો.
સારક્ય કામકારકા	devarume menesime.
દર્તિ અને હેલ સ્વાપ્ત સામગ્ર નકારવાને દક્ક મળ્યો.	Kolikus võide na kes este adi.
કાર પ્રાપ્ત વિદ્યાસભાગ માં આવ્યું છે.	KUPTOLETECLEWUTTECKI NE
ત્રી અને તેમ આવે બીનને સંગ્રે વ્યવસો અને તે તેમ આ બીને કાળના અને પ્રાપ્ત	YOTALOSII Wİ BALI KIŞ

	Sr.	Patient & Family Rights	Responsibilities			
]	No					
	1	Information about their health in language and format	Give us as much information as you can			
		that they can understand.	about your present health, past illness, allergies and any other relevant details			
l	2	Respecting any special preferences, spiritual and	Follow the prescribed and agreed			
		culture needs & personal dignity.	treatment plan and comply with the instructions given			
	3	Respecting personal dignity and privacy during	To show consideration towards the			
		examination procedure and treatment	rights of other patients by following hospital rules			
	4	Protection from neglect and abuse	Stick to the appointments that you make			
			or else notify the hospital as early as possible, if you are unable to do so			
	5	Keep patient information confidential.	Do not ask us to provide incorrect			
			information or certificates			
	5	Refusal of treatment	Do not litter the hospital			
Ľ	7	Seek an additional opinion regarding clinical care	Keep toilets clean after each use			
	8	Informed consent before transfusion of blood and blood	Do not smoke or spit inside the hospital			
		products, anesthesia, surgery, initiation of any research	premises			
		protocol and any other invasive/high risk				
		procedure/treatment.				
!	9	Patient and family are made aware to lodge complaint	Wait patiently for your turn			
		and give feedback. The complaint is addressed to				
F		grievance redressal committee				
	10	Information on the expected cost of the treatment and	Maintain silence			
		about financial implications when there is a change in				
$\vdash$		the patient condition or treatment setting				





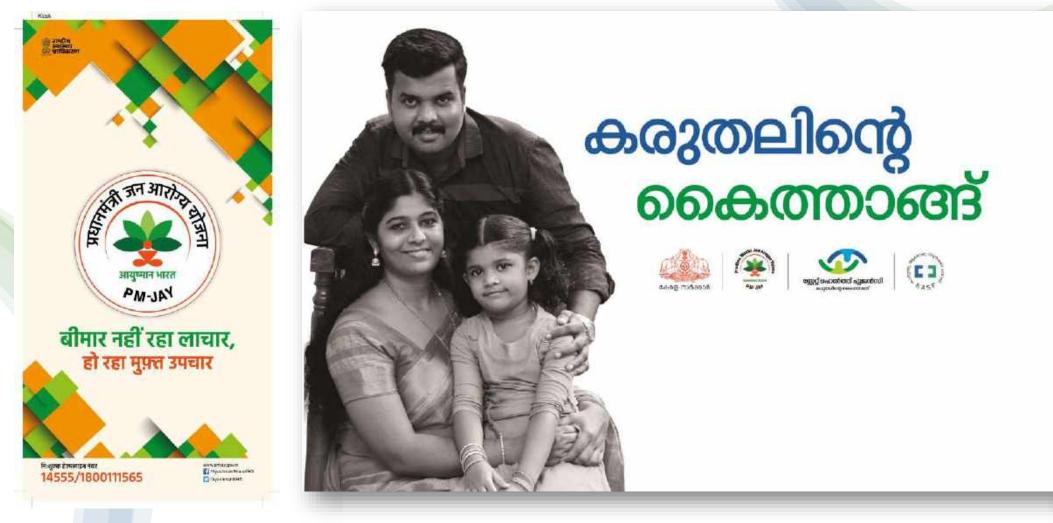
#### 2. Hospital has displayed the IEC pertaining to Ayushman Bharat at prominent place

<b>Evidence Required</b>	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) The banner or poster of AB- PMJAY is displayed at prominent		100% compliance of all three evidences.	10	
place (e.g. Hospital entrance, Registration area, Waiting area, etc.) b) The banner or poster of AB-	Direct observation & Staff interview	non compliant.	5	AB PM-JAY Banner displayed at prominent place in hospital premsis.
PMJAY is visible to patient or visitors c) Staff aware about the AB- PMJAY		Non-compliance of all three evidences.	0	





## 2. Hospital have displayed the IEC pertaining to Ayushman Bharat at prominent place







3. The initial assessment by doctors for in-patients is documented within 24 hours or earlier and the Patient record file have care and treatment orders which is signed, named, timed and dated by the concerned doctor.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)	
See minimum 5 in-patients files of existing (admitted) patient record and check for: a) Availability of Initail assesment form		100% compliance of all four evidences.	10		
<ul> <li>b) Initial assemnent form filled by concerned personal</li> <li>c) Time of admission ,Time of initial</li> </ul>	Record review & Staff interview	if any of the four evidence is found to be non-compliant.	5	Doctor's initial assessment form and Nursing initial	
assessment, Initial assesment start and completion time. d) Treatment orders are signed, named, timed and dated by the concerned doctor		Non-compliance of all four evidences.	0	assessment form.	





3. The initial assessment by doctors for in-patients is documented within 24 hours or earlier and the Patient record file have care and treatment orders which is signed, named, timed and dated by the concerned doctor.

	L ASSESSMENT BY lled by Doctor on arriv	DODION	D-FF-05	Nutritional Advice: Type of Diet: √       □ FD,□ CFD,□ FFD, □ HPD, □ DD, □ LD,□ SRD.         Rehabilitation: √         □       Physiotherapy       □ Social         □       Occupational Therapy       □ Psychological         □       Speech Therapy       □ Vocational
lame of Patient:		UHID No.:		Prosthetics & Orthotics
(ard.:	Date://20_	Age: S	ex: Male 🛛 ,Female 🗆	Reference:
istory Informant: Po atient Arrival status; resenting complaints: yncope Vomiting In Hematemesis I,PR Blo ,retention of urine/ Ar	Time atient0, Other D Patien Ambulatory D Wheel Chair Fever D Cough Dyspnor digestion/ Heart burn D ab seding, D Anorexia D Weig wrig, Dovuria D, Jaundice D ums others	tt Brought by-self/ 108/ Poli □ Stretcher □ Other □, ea □Chest pain□ Haemop dominal pain □ Diarrhoea ht Loss □Weight Gain, □Pol 1,Headache □, Pain □ Gid	tysis D,Palpitation D D,Constipation, <u>vuria</u> DBurning <u>Micturition</u> diness D Backache	Reference to     Reason for reference       1.
atient History: V		Family History: V F-Fath	er, M-Mother,B-Brother,	
ypertension	Asthma	S-Sister Hypertension	Asthma	
eart Disease	Stroke	Heart Disease	Stroke	4
abetes	Cancer	Diabetes	Cancer	Name of <u>Doctor</u> ; Sign:DateTime:
	Other Chronic	Dyslipidaemia	Other	Name of <u>Consultant</u> : Sign:DateTime:





## 4. The results of the diagnostic (Laboratory, Radiology, etc.) tests should be made available in defined time frame and intimated about the critical results to the concerned personnel immediately.

Evidence Required	Method of Assessment	<b>Response sheet</b>	Mark	Available evidence (Photo to be uploaded)
a) Time frame of diagonostic results		100% compliance of all three evidences.	10	Turn around Time,
are displayed in diagnostic department and followed.	I Direct observation, Record review,	if any of the three evidence is found to be non-compliant.	5	
) See minimum five cases of Critical value and check for:		Non-compliance of all three evidences.	0	Critical value Chart are displayed in Diagnostic area. Registry maintained for TAT and Critical value





4. The results of the diagnostic (Laboratory, Radiology, etc.) tests should be made available in defined time frame and intimated about the critical results to the concerned personnel immediately.



Date	Patient's Name	Age/ Sex	UHD	Critical Alert Result Report	Critical Alert Result Receiving Time	Critical Alert Result Response Time	Clinical Intervention	Remarks
				(1)	(2)	(3)	(4)	-5
								17
)			arta arta arta arta arta arta arta arta				- 24 - 27	-8
								<i>8</i>

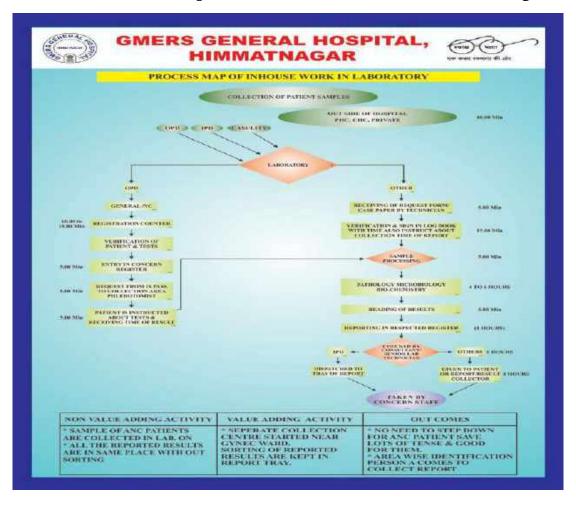
#### પા. આ. કેન્દ્ર સલુણમાં ઉપલબ્ધ લેબોરેટરી સેવાઓની વિગત

4	Sec dH	61	২০ সালায
a l	બ્લક ગ્રુપ	Ę1	્ર પ મીનીટ
3	અંચ. આઇ. વી.	GI	૩૦ મીનીર
8	મેલેરીયાની તપાસ	01	२ प भी नी ट
ч <sup>—</sup>	બી.ટી., સી.ટી.,	जध	
9	ટાચકોચડની તપાસ (S-WIDAL)/	61	<u>३०</u> भीनीर
9	બ્લક સુગર	<b>€</b> I	૧૦ મીનીટ
c	યુરીન પ્રેગન્નસી ટેસ્ટ	61	10 Molla
e	સય રોગોની તપાસ	ēi	and descent of the set
10	युरीन - सुगर, Alb.	<b>5</b> 1	<u>૧૦ મીનીટ</u>
44	Stool ली तपास (Routine stool)	ଗୋ	
92	વેટ માઉન્ટ (કંગસની તપાસ)	ના	
13	સીફલીસની તપાસ (VDRL)	61	ક ૦ મીનીટ
48	પાણીની તપાસ	el	ર પ ઞીનીટ
94	конзээ	61	૧૦ મીનીટ
19	B.S./B.P,	51	30 Malls
9.3			HILP DOG
22		and the second second	





## 4. The results of the diagnostic (Laboratory, Radiology, etc.) tests should be made available in defined time frame and intimated about the critical results to the concerned personnel immediately.







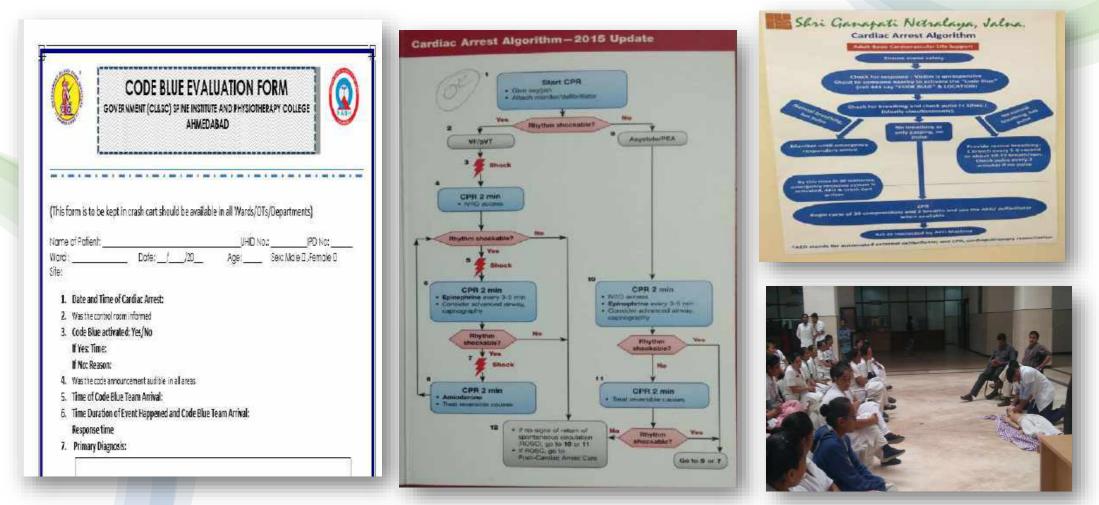
## 5. Events during cardio-pulmonary resuscitation are recorded and mock drills conducted at regular interval; sequence of CPR in pictorial manner should be displayed.

<b>Evidence Required</b>	Method of Assessment	<b>Response sheet</b>	Mark	Available evidence (Photo to be uploaded)	
a) Policy for cardio-pulmonary resuscitation b) CPR process flow chart		100% compliance of all four evidences.	10		
<ul> <li>displayed in patient care area</li> <li>c) Staff aware of steps in cardio- pulmonary resuscitation</li> <li>d) Documentation of Regular</li> <li>mock drill conducted, variations</li> </ul>	Direct observation, record review & Staff interview	if any of the four evidence is found to be non-compliant.	5	Documents of CPR mock drills conducted at regular intervals and CPR chart display in patient care area.	
observed in each drill and CAPA taken by respective personnel's.		Non-compliance of all four evidences.	0	patient care area.	





## 5. Events during cardio-pulmonary resuscitation are recorded and mock drills conducted at regular interval; sequence of CPR in pictorial manner should be displayed.







#### 6. Informed consent about the information on risks involved, benefits, alternatives for the procedures, surgeon who will perform the requisite procedure in an understandable language

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
		100% compliance of all four evidences.	10	
<ul> <li>a) SOP developed for taking the informed consent from patient or patient relative.</li> <li>b) See minimum 5 in-patients files of previous month and check availability of:</li> </ul>		if any of the four evidence is found to be non-compliant.	5	
<ul> <li>i) Clearly defined information on risks involved, benefits, alternatives for the procedures by surgeon who will perform the requisite procedure in an understandable language.</li> <li>ii) Informed consent is duly signed by patient or patient relative and countersigned by concerned surgeon.</li> <li>iii) Post operative notes by concerned surgeon.</li> </ul>	Direct observation, Record review, Patient interview & Staff interview	Non-compliance of all four evidences.	0	Informed consent form and Post operative notes in patient files.





# 7. The regular and periodic monitoring of anaesthesia components like recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anaesthesia should be done.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
See minimum 5 post-operative files of previous month and check for: a) Availability of completely filled Pre-		100% compliance of all three evidences.	10	a) Complete documentation:
<ul> <li>anaesthesia, during anaesthesia and post- anaesthesia form in each patient file.</li> <li>b) Pre-anaesthesia consent is duly signed by patient or patient relatives</li> </ul>	Record review & Staff interview	if any of the three evidence is found to be non-compliant.	5	Recording of heart rate, cardiac rhythm, respiratory rate, BP, oxygen saturation, airway
<ul> <li>and countersigned by anaesthetists in each patient file</li> <li>c) Complete documentation (e.g.</li> <li>Recording of heart rate, cardiac rhythm, respiratory rate, BP, oxygen saturation, airway security recorded ) in each patient file.</li> </ul>		Non-compliance of all three evidences.	0	security b) Pre-anaesthesia consent duly signed by pt. or pt. relatives and countersigned by anaesthetists





7. The regular and periodic monitoring of anaesthesia components like recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anaesthesia should be done.

		 1 N O P Q R S T U V W A (To be filled in by Anesthesiologist)	G31- IPD-FF- 20	Notes on Pre-Anesthetic Check-Up Des 3/4/15. Ter - 8:104 Perret prover - 2002000- 1/42	Randor LLLA
Name of Patient: Unit/ Ward: Procedure/ Opera	ition:	Date: _//20UHD:No. : Diognosis:	_I.P.D. No.:	Heavy Afr Brander Lieber Houry M.	une cheerman be Hesses & Die hund herten her Nebel sie has held dies is a fin glinken E his lansrain. St 3.0 me his het afjind herke. I find herhlic her effect antigen
0 Crystalloids 1 Colloids 2 Blood 3 Reg Anaesthesia- Dru	ng Cothatar			1 8/1	- whe Q - whe Q - bu Ri 20 - fg smart 1 - to
4 <b>KEY</b> 5 Pulse/min ° 5 Systolic BP ∨	250 240 230			88	In Reduce to
Diastolic BP A Respiratory rate r SpO2 % •	220			Dien	For-consine-instactions
EtCO2	200 190 180			14. juny 3-44.	7.3 1.8 
CVP 🔹	170 160 150			Signand Australia Hilling	NS with a bin





## 8. The documented procedure is defined and adhered to, for the prevention of adverse events like wrong site, wrong patient and wrong surgery.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
See minimum 5 post-operative files of previous month and check : a) Availability of WHO safety		100% compliance of all two evidences.	10	
checklist. b) WHO safety checklist is filled and signed by anaesthetist(before induction of anaesthesia),	Record review & Staff interview	if any of the two evidence is found to be non-compliant.	5	WHO safety checklist signed by OT Incharge, anaesthetist and
surgeon(before skin incision) and OT incharge(before patient leaves OT)		Non-compliance of all two evidences.	0	surgeon





### 8. The documented procedure is defined and adhered to, for the prevention of adverse events like wrong site, wrong patient and wrong surgery.

lama	of the patient : of the doctor :	Date :	
Sr. No.	Have you checked ?	Ward NA	Recovery Room
1	Patient NBM gines		
2	Any known allergy/DM/HTN/Asthma		
3	Surgery Side marked		
4	Surgery Side : OD OS OU		
5	Surgery Consent		
8	Guarded visual prognosis consent (if required)	NA	
7	NIV consent		
8	Anaesthesia consent		
9	Anapsthosia fitness dona		
10	Physician/Paediatrician fitness done		
11	Amniotic membrane graft ordered/Not protered		
12	Consent for dispose of clinical histopathology samples		
13	Any pre-medication/ Inj. Manifol given		
14	вр		
15	Lab isvestigations		
16	AsSian		
17	Final IOL power decided by surgeon	NA	
18	IOL BRAND	NA	
19	Eyn Ditated		
	d over staff ve and Time		

TON/WRD/08

SURGICAL SAFETY CHECKLIST (To be filled by Operating Surgeon & Anesthetist)					
Pallent Name Unit/Word Date	Age U				
Before induction of Anesthesia (with at least nurse and anesthetist)	Before skin incision (with nurse, anesthetist and surgeon)	Before Patient leaves operating (with nurse, anesthetist and surgeon)			
Has the patient confirmed his/her identity, site, procedure and consent? Yes Is the site marked?	Confirm all team members have introduced themselves by name and role. Confirm the patient's name, procedure and where the incision will be made.	Nurse verbally confirms: The name of the procedure Completion of instrument, sponge ar			
Yes Not applicable Is the anesthesia machine and medication check complete?	Has antibiotic prophylaxis been given within the last 60 minutes? Yes Not applicable	needle counts Specimen labeling (read specimen labels aloud, including patient name) Whether there are any equipment problems to be addressed			
Yes Is the pulse eximeter on the patient and functioning? Yes	Anticipated Critical Events To Surgeon: What are the critical or non-routine steps? How long will the case take?	To Surgeon, Anesthetist and Nurse: What are the key concerns for recow and management of this patient?			
Does the patient have a; Known allergy? No Yes Difficult airway or aspiration risk? No Yes, and equipment/assistance available Risk of > 500ml blood loss (7ml/kg in children)?	What is the anticipated blood loss? To Anesthetist: Are there any patient-specific concerns? To Nursing Team: Has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?	Name of Surgeon Sign Name Of Anesthesiologist Sign Name of Scrub Nurse Sign			
No Yes, and two IVs/central access and fluids	Is essential imaging displayed? Yes				





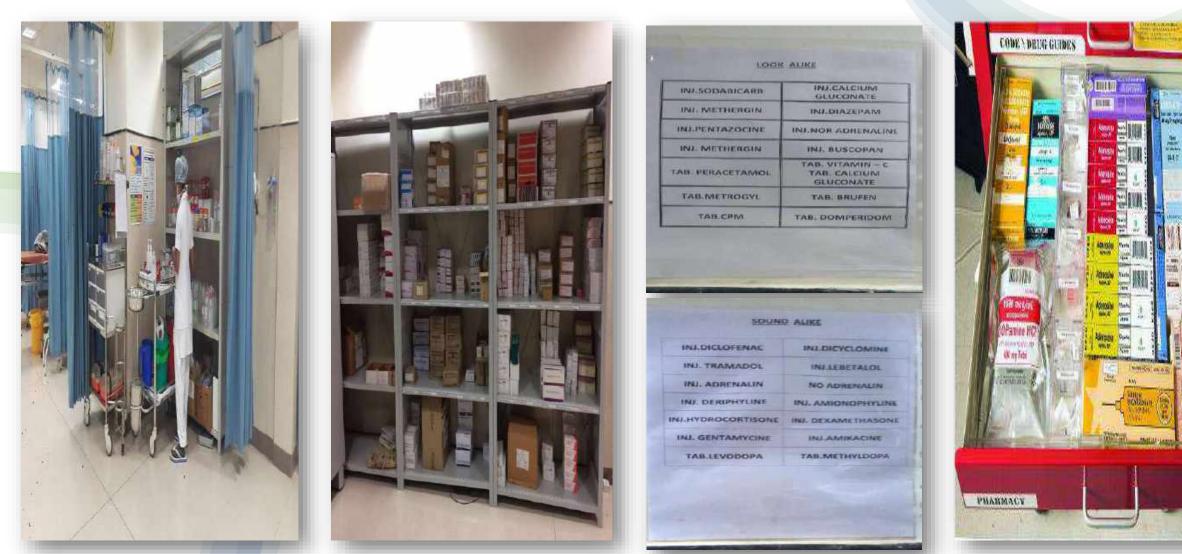
## 9. Documented procedure for management of medication are defined and implemented e.g. Sound alike and look alike medications are stored separately.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
<ul> <li>a) Defined list of sound alike and look alike medications</li> <li>b) Display of the sound alike and</li> </ul>		100% compliance of all three evidences.	10	a) List of sound alike and look alike defined and displayed in all
look alike medications list in all patient-care area c) Sound alike and look alike medications are stored separately	Direct observation, Record review & Staff interview	if any of the three evidence is found to be non-compliant.	5	b) Sound alike and look alike medications are
in pharmacy and all patient-care area		Non-compliance of all three evidences.	0	stored separately in pharmacy and all patient-care area





### 9. Documented procedure for management of medication are defined and implemented e.g. Sound alike and look alike medications are stored separately.



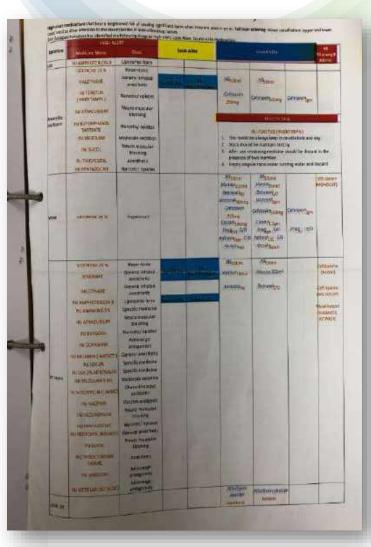




### 9. Documented procedure for management of medication are defined and implemented e.g. Sound alike and look alike medications are stored separately.

allert medications that 200 dicased bit tens happor and 1 Gampels Netralays has iden	cited the following drugs	us lighesteri, sodit Al	to sound write measure	IT IS A
Louis Alter	-			Wit Coverage Colors
	Ani Killer E/9 1974 Britsung E/9 Carebras E/9 Difess E/0	Groenst 6/0 Dense 6/0	Annopus 2/0 still Caratrolitika 16/0	Diamisan (CAUMPORT) Albraictam (NESTY)
	Evenistryc	Enemist an c/O		Celutarine (TAD)
	Leftman 5/0	Lunganard		
AND ALL AND AL	Lampoord E/D	pred-E/D	-	Cettraksee (MONIDEEr
	UKoy MP	Diana 1/0		THE REAL PROPERTY OF
	Refrait baset 5/1/			Mostlinach
	Haftern 6/12 Handlern 6/10	Increased \$10	AND A CONTRACTOR	MANAZIST
	Retriesite 6/6	Pricemi Bacadian its	Predo E/D	HANNER, KITINGAN
	Gamazin	Cipalating		
	Witten GID	Weetwar 64		Geographication -
	Topricial (pp.	Saturident		Maniforgers
	Refigioutceings	fickalogetere/C		DALLEDING
	Center etc	Aligni Grippigei	A state of the little	
	PERFEZO.	Towns		
	Satand RED	Section		
- N	No 120 M	Child D and		
	Frommacy place E/D	Teppopyiphin, 5/0		
	CRUPP E/D	Dymere/D		
1	MONEY IN END	Commission Co	OCUDINAS	
	ODVICEN SALT THE	Omerand with min	A state of the second s	
118	Civilit sty the	Garden and	Harry Cold	
	ACNI NOCTHERR	PCSHi the	Genetiments too	
	Des	Abhaitti cor ling-	Cost 100 milling	
	Takes Party	SCHOOL ST		
	A DESCRIPTION OF A DESC	Contraction of the second		
	WALL LAWS	A PROPERTY OF A	Genorecures and	
	Managers III ve Omore Juliera im	ALSO ALSO		
	1978.4.1	COMPANY AND AND		
	I . OTHER STOR MALE AND	Party and a little		
	THE PLANE	COLUMN TO AND INC.		
	Drawin draw	THE FER		
	West Kined over 1	Calescopicus -	Oldinate family a	
	Thiller m. Doc	Politica	324	
	Defectation 2012 and 1		and the second s	
-		560 /10	Company	
	Married US: The Heavily & Heavily	Marca Marca Marca	Markarites and	
		tran a strain	O/FERING	









## 10. Listing and storage of High risk medications to be done & orders should be verified before their dispensing.

<b>Evidence Required</b>	Method of Assessment	<b>Response sheet</b>	Mark	Available evidence (Photo to be uploaded)
a) The list of High risk medications are available b) Updated legal licence		100% compliance of all four evidences.	10	a) List of High risk medication b) High Risk
<ul><li>available if narcotics are stored and used.</li><li>c) The high risk medications are stored separately in secure enviorment (double</li></ul>	Direct observation, Record review & Staff interview	if any of the four evidence is found to be non-compliant.	5	Medications are kept under lock and key in separate drawer c) Legal liscence for
lock). d) Check patient file for documentation verification.		Non-compliance of all four evidences.	0	narcotics if narcotics are stored and used.





### 10. Listing and storage of High risk medications to be done & orders should be verified before their dispensing.

		HIGH RSK	HOUD PRODUCTS Medication Moi C) Sine Institute An Ahnedasad	NTORING FORM Philsothenam Co	DIEGE	GSI-I FF-31	
<section-header></section-header>	CHE No. Date & Tr E.di Nate	: n:()) _:_inp	12.0.NoOP.1	DNc	41	a QTa	
Operation         Operation <t< th=""><th>Agr: Bhod Bay Bhod Uar</th><th></th><th>_ B</th><th>Sec Malec,Fer al Geog: Sign</th><th>ulez,</th><th></th><th></th></t<>	Agr: Bhod Bay Bhod Uar		_ B	Sec Malec,Fer al Geog: Sign	ulez,		
Number     Number     Number     Number     Number       Number     Number     Number     Number	<u>\$</u> , %	Hard Urt Ninter	BiodGeep	Time of Start	Titre of Completi	80	
	St. No	High Risk Medication Name	Batti Ne	EqiryDax	Surt Time	End Time	

CTE ADMINISTRATION, NOMECRING FORM AND PHISOTREMAN COMESE ND P. D. Nu Ha, CEL-2 a, PMR a, SP. Room a, O.T. a, Ster. Malon, Fernika, Bioad Group: Sign	Image: second	Image: State of the second state of the sec	Image: The second standard second s
ap Tine of Start Time of Renards Completion	Improvement and the improvement of the improve	<ul> <li>Diftitie</li> </ul>	
ExpiryDate Start End Remarks Time Time	e biopstine = biopst = b	<ul> <li>Allers</li> <li>Bigenti bi ren inten</li> <li>Bigenti bi ren inten</li> <li>Bigenti bi ren</li> <li>Bigentibi ren</li> <li>Bigenti bi ren</li> <li>Bigentibi ren&lt;</li></ul>	Travels as defined. Twell and Methods. Security Mich.





### 10. Listing and storage of High risk medications to be done & orders should be verified before their dispensing.

HIGH ALERT DRUG	HIGH RISK MEDICATIONS :	
ORCYCEARAE (Sched) IN 2011 AE OA 10. SOLUTION 2.5-1444 Design II	A- PINCH	
C.         DB M0         4.0         CL         DB M0         Fig. All         DE M0         DE M0 <thde m0<="" th="">         DE M0         DE M0</thde>	The acronym 'APINCH' is contigned to serve as a remainder that even noticely administered medicines price a high risk to policit safety.	
A MINE AND THE MEDDEM NO ON LO DOLUTION. IN WHICH DAMAGE IN HISTORY	A ANTI-INFECTIVES	
Barris Social Social         Barris Social Soci	P POTASSIUN AND OTHER ELECTROLYTES	
COLORADOR 1 AMERICAN IN THE DOWN MIT OF SCI. INC. INC. ALL & HARMING IN MARKING	1 INSULIN	
Linker for generated         Come         D + 6         Q - 0         D + 80         Totel         Linker         Linker <t< td=""><td>N NARCOTICS AND OTHER SEDATIVES</td><td>5</td></t<>	N NARCOTICS AND OTHER SEDATIVES	5
and the second state of th	C CHEMOTHERAPEUTIC AGENTS	
RAGENSOL-LAUNC ALLANDER VOLTING         DE VEX.           REG         30 KD         40 KD         10 KD         10 KD           RE         30 KD         40 KD         10 KD         10 KD         10 KD           RE         30 KD         40 KD         10 KD         10 KD         10 KD         10 KD           RE         30 KD         40 KD         10 KD         10 KD         10 KD         10 KD           RE         30 KD         40 KD         10 KD         10 KD         10 KD         10 KD           Registration         1.5         1.6         1.2         1.6         1.7         1.6         1.7           Registration         1.5         1.6         1.6         1.7         1.6         1.7         1.6         1.7           Registration         2.6         4.4         5.2         8.3         9.0         10.4         1.1         <	H HEPARIN AND OTHER ANTICONGULANTS	
24 martingering 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		





#### 11. Verification of dosage, route, timing and expiry date before administering the medication should be done.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)		
a) Defined SOP for process of administration of		100% compliance of all three evidences.	10			
medication b) Check minimum 5 in-	i	if any of the three evidence is found to be non-compliant.	5	a) Policy of		
patients files of previous month and look for implemented process as defined in SOPs (dosage, route, timing and expiry date before administering the medication) c) Medication orders are clear, legible, dated, named and signed by the concerned doctor.	Direct observation, Record review & Staff interview	Non-compliance of all three evidences.	0	Management of Medications b) Patient files with Medication orders that are clear, legible, dated, named and signed by the concerned doctor.		





### 11. Verification of dosage, route, timing and expiry date before administering the medication should be done.

				GOV	R MONITI E AND PHYSIC BAD	ORING (Herapy Colle	GE					
IAME OF	DEPAR	IMENT:	114211				NAVE C	IF AUDITOR: _		/10000010	Monite	
Rigit Patient	Right Drag	Right Dese	Right Route	Right Frequ ency	Right Time	Right Decemen tation	Correct Cut Tablet Strip Labeling	Conset Preparation of Drug (Correct IV Fluid Rate)	Medication Reconciliation	Adrenie Drug Reaction	Registration	Remarks

Sr. NO.	STEPS	RESPONSIBILITY		
1	Writing of medication orders	Consultant/ Resident Doctor		
2	In case of verbal order, signature shall be taken within 24 hours of order. Refer document verbal orders for medications	Attending Consultant		
3	Inform the patient about the prescription	Staff Nurse		
4	Medicine is provided as per doctor's orders. Medications from Hospital/ brought from outside Provided by staff nurse/ Self administration	Staff Nurse		
S.	Checking of UHID number, Name of Patient, expiry date, dosage (mg, gm), frequency of medicines while receiving.	Staff Nurse		
6	Keep these Seven 'R' in mind before giving medicine.         1) Right Patient       6)Right frequency         2) Right dose       7)Right documentation & Right Disposal         3) Right Route       4)         4) Right time       5)         5) Right drugs	Staff Nurse		









### 12. Adverse drug events are collected, analysed by the treating doctor and practices are modified (if necessary) to reduce the same.

<b>Evidence Required</b>	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) Clearly defined policy for the adverse drug events.		100% compliance of all three evidences.	10	
<ul> <li>b) Adverse drug events are reported to concerned authority and record is available</li> <li>b) Corrective and preventive</li> </ul>	Record review & Staff interview	if any of the three evidence is found to be non-compliant.	5	Records of adverse drug events kept with CAPA.
action taken for Adverse drug events.		Non-compliance of all three evidences.	0	





### 12. Adverse drug events are collected, analysed by the treating doctor and practices are modified (if necessary) to reduce the same.

<b>Evidence Required</b>	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) Clearly defined policy for the adverse drug events.		100% compliance of all three evidences.	10	
<ul> <li>b) Adverse drug events are reported to concerned authority and record is available</li> <li>b) Corrective and preventive</li> </ul>	Record review & Staff interview	if any of the three evidence is found to be non-compliant.	5	Records of adverse drug events kept with CAPA.
action taken for Adverse drug events.		Non-compliance of all three evidences.	0	



50



### 12. Adverse drug events are collected, analysed by the treating doctor and practices are modified (if necessary) to reduce the same.

	invaci reep	oreng o	Auver	ao Dru	ig rieat	AUDITODY I	AME	Professionals	A.	PATIENT INFOR	MATION								
							AMC Repor		Pa	tient identifier i	nitials:			1	Age at t or	time of Eve		:: Aale	Weight : Ki
Patient Info	Z Age at times Event or dates Birth	1		14	2. Relevant	iests / laborator	date with date	ŧ.	In	In Confidence					Date of Birth:			Female	
	Advorse Rea		-27443 940	-	9. Cliffor Ivi	reast history inc	uling simerial	ing medical	B.	ADVERSE REAC	TION								
5. Date of reco	wery (dd/mm/y action or proble	vyv)	_	- 53	oriditions (a		pregnance, an	oking, alcohol won,	Da	te of Reaction S	itarted(dd/n	nm/yy)					Tin	ie:	
1.4270.902.100	or the second								Da	te of Recovery	(dd/r	nm/yy)		ĺ					
				1		ness of the m		Congenitiar anomaly	De	scribed Reactio	n or Problen	0.							
					Life the Prospile	estoricog Azucion-Initiatia		Required intervention to prevent permanent		MEDICATION(S									
				1	protoco Disabil 5. Outcon fatel Contro	ies A		Unknown Other (scincify) Unknown Other (specify)	SL No	Name Brand and	Manu- facture If known	Batch No/ Lot No	Exp. Date	Dose used	Route used	Fre- quency	Therapy If unknow give dura	wn.	Reason use Or
Suspected by Litene (water graden		mach Neu?List Neu?E Isranani		Cuer: His select use		Examples	New Offerent e	prescribed for		/or generic name	II KHOWH	lf known	known				Date started	Date Stoppe	Prescrib
		-				_			1	- 5						- 5		246	
H G Resc	tion abated alt	er dhur sta	pped or d	ose redu	cied 10.	Reaction road	seared after	reintroduction											
	Ka Unireue		led.cat doin		Tes	NC .	Johnman 1949	freemats.edma	2										
		alway settine	dication and		D. Report	ur (ses contra	meanity secto	out to first page)	3		2					2.		6	2
Guacontenico	edical product inclu		used to treat			d Pecfensionell A									1				





13. The hospital infection control committee is constituted and functional with defined surveillance method for tracking and analysing appropriate infection rates.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) Availability of infection control committee formation letter with list of members's.		100% compliance of all five evidences.	10	a) SOPs are defined
<ul> <li>b) List of identified high risk areas.</li> <li>c) Defined SOP for tracking and analysing infection rates.</li> </ul>	Record review & Staff interview	if any of the five evidence is found to be non-compliant.	5	for Infection control b) Minutes of the meeting of infection control
<ul> <li>d) Minutes of the meeting of infection control committee.</li> <li>e) Corrective and preventive action taken to prevent infection.</li> </ul>		Non-compliance of all five evidences.	0	committee with corrective and preventive action





#### 13. The hospital infection control committee is constituted and functional with defined surveillance method for tracking and analysing appropriate infection rates.

COMPOSITION OF COMMITTEE										
Sr. No.	Designation Organization	Designation Committee								
1	Director	Chairman								
2	Microbiologist	Infection Control Officer & Member Secretary								
3	Assistant Professor (Ortho)	Member								
4	Assistant Professor (Anaesthesia)	Member								
5	Resident Medical Officer – (RMO)– Accreditation Coordinator	Member								
6	PIU Engineer- Civil	Member								
7	PIU Engineer - Electrical	Member								
8	Assistant Nursing Superintendent	Member								
9	Infection Control Nurse	Member								
10	Linen keeper	Member								
1	Sanitary Inspector	Member								
12	CSSD Technician	Member								

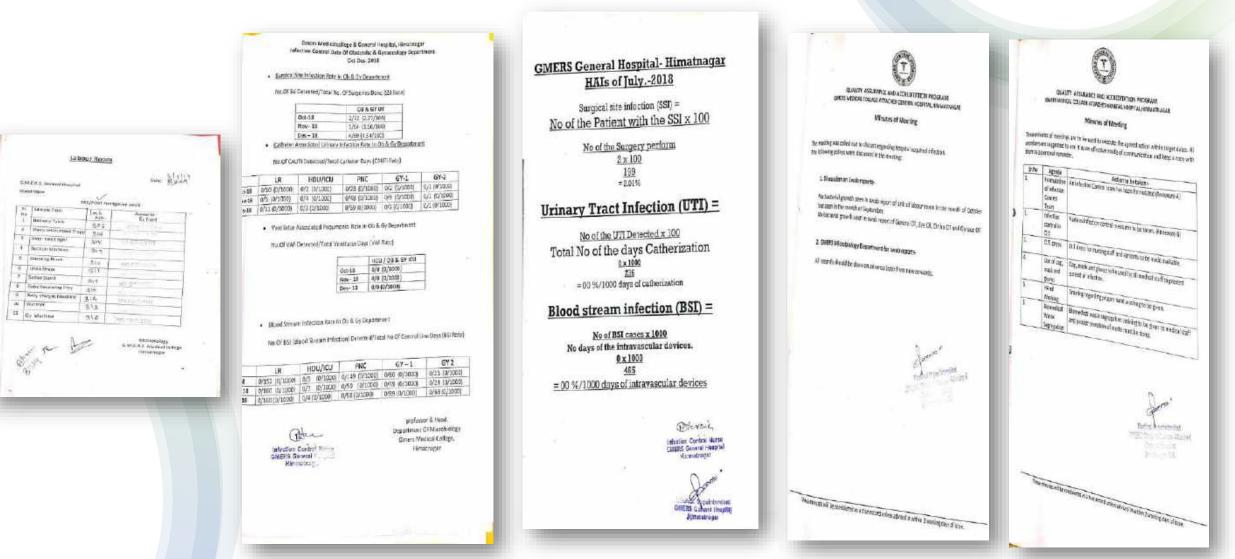
	GOVERNMENT(CL&SC) SPI	HAI -FORM NE INSTITUTE AND PHY AHMEDABAD							
Н	EALTH CARE ASSOCIAT	ED INFECTION SUI	RVEILLANCE FORM						
Patient UHID :		Gender : F / M	Age:						
Patient Name :		11							
Date Of Admission	Tra.In Date:	Ward/Unit :							
Birth Weight (grams	s) : ( if applic	able)							
Admission Diagnosi	12	Final Diagnosis :							
Surgery performed: If Yes Type of opera		Date & Duration of Surgery :							
Elective/Emergency		Major/Minor:							
OT:		Anaesthesia Typ	e: General/Spinal/Local						
Shifted from other	Hospital : Yes / No	Date Of Dischar	ge:						
	IND	WELLING DEVICES							
DATE	URINARY CATHETER PUT ON		CENTRAL LINE PUT ON						

	HEALTH CARE ASSOCIATED INFECTION MONITORING																		
			CR	BSI	SSI					LAB REPORTS									
DATE	Fever/ Hypother mia	Burning urine	Urgency/ Frequency	pain at renal angle or suprap ubic	Turbid Urine	Tachy- cardia	Hypo- tension	BT: Yes/ No	ICU Stay (Post op day)	Wound Type:- clean/ contaminated /Dirty	Wound Dressing Pus/ Discharge (Post Operative Day): Yes/No	Type of SSI: Superficial SSI/Deep/ Organ/Space Involvement	Other Symptoms	Urine CS	Blood CS	Swab/ Pus CS	Radiology Reports	Anti- biotics taken	Remarks





13. The hospital infection control committee is constituted and functional with defined surveillance method for tracking and analysing appropriate infection rates.







14. All the healthcare providers should have easy accessibility to the hand washing facility in all patient care areas. Hand hygiene steps to be displayed at each hand washing facilities.







**Back of fingers** 





Fingernails



Wests



Rinse and Wipe dry





14. All the healthcare providers should have easy accessibility to the hand washing facility in all patient care areas. Hand hygiene steps to be displayed at each hand washing facilities.







### 14. All the healthcare providers should have easy accessibility to the hand washing facility in all patient care areas. Hand hygiene steps to be displayed at each hand washing facilities.

S. No.	Quality indicator	Jan-2019	Feb - 2019	Mar - 201
1	Hand hygiene for Doctors - Ward & OPD	95.85 %	81.25	90.48 9
2	Hand hygiene for Nurses Ward & OPD	90.38 %	92.50 %	91.67 %
3	Hand hygiene for Lab staff	88.88%	66.66 %	100 %
4	Hand hygiene for Optometrists- OPD	97.43%	80 %	97.43 %
5	Hand Washing for Canteen staff SN	91.66	50 %	•
6	Hand hygiene for House keeping staff Vlard, OPD	83.33 %	81.66 %	68.42 %
1	Hand Hygiene for DNB & PG Fellows doctors	94.44%	86 11%	

	Ward aussis chick b	4		_	_			
-	Audit Criteria	Mate	10180	ALIA	WEIN	8641	is all	1 ALA
520	ALL COMP.	1	V	V	V	2	V	
(Territor	Beinkurden	Y	V	V	V	V	2	
1	Oringtrusbalide ising or in that and essences and	X	1	1	1	40	3	
	Bet iver den adirad	Y	1	V	1	~	2	
-	Analubitrafikter taş i i islan dan	X	V	V	V	400	V	A
5	Convinces gound the behide is adoptiv	7	1	V	T	V	5	
-	(in whi an ison	-	T	V	V	1	2	1111
5	Variant restriction and states	V	1	X	T	1	2	
-	Tole sols and correlates clean	V	V	1	1	1	1	l
1	Tigs & vast holds in god fineits:	12	T	V	V	-	1	1
9	Censig slittle skinet	K	V-	-	-	1		ł
K) II	[in] which with at dea							
	<ul> <li>1 Hard wale facility is case &amp; lenar</li> <li>2 Econe point are multiple</li> <li>3 Hard wale have residents</li> <li>4 Lond sup is an other</li> <li>5 Lond disposer in clean</li> <li>6 Hard wale have from its appropriate terms</li> </ul>	~	1	*	V	V V	1 1	All and
		V	V	10	1	1.	D	-
12	Displaytum un perpendito per faile	V	V	V,		to	-	-
ii ii		1	V	1V	+	+	TU	
14	tools downight of states in the states	TV	11	12	V	10	-	1
-	Hand by give and cell to the reg all many	1.1	11	V	V	14	14	
15	The own of my drug to be the opening and the	V	V	100	1	E		-
10	The op dependence new second and a spring to be	1	11	V	V	2	10	-
	al to the the states	V	100	1	TV	TV	10	~
17	and the second s	V	W	V		T	The	
11	or cap. The realized deam for a period of five management or the dam in called		14	V	V	15	4	1
1000	The type logg deam for a period of two interviewed on the paints. When a rup strates and care that may the loss of the paints.	1		11	T	1.2	V	-
15	perity close the eye. Replace the copy of eye long into allockly after one	4	10		-	the	1	-
	En and En and they HILLING	N	140	V	14		-	-

2001	1000	foci	S2 -	Mag	with the	1 4	Friend	- manufacture	suite	
305	Do. Russiakes	0		-		-	0.000	Actes	ATTN:	W System
-		66	the state of the s		Section and	Eq.	197/ H3 Cf W2	-	1 2 2 2 2	1.9
2419	Dr mangerth.	St Wat		A COLOR		ir (	HI IN	and the second second	12	THE
2103	In Normala	156		and of Long		2	Q M	-	1.	No.
2412	Hallon	War	1 V2	-		10.11	-9 14	13	-	447
:243	Der Hewany	SO	飛行		AJ 1 A	10.00	A! ANK		. ***	AND
	71110014	- WW			res h	et - 1-4		11	1	111
20103	be the chance	8	-		AF G	1.1.1	E His	-	-	115
10000	Pr Totaph	1000	-	12.1	100		a Ma		-	Ale
3245	Grachyn.	Ner		TH BU			T NW		-	THY
0105	n Manners	Augen		1	20.12.26	1.1.1		-	1-	Alst
0103	Sonnethite	r Ward	-	日月		6.4C	and the same	1.20		ant
100	TT. ANDRY	60		- 11 A	1.1	6 d. a	A BULLER			AST
	- Rev Hil-	Wed	INT				and the second second	1~	-	AL
00	Caselina Caselina	00	100			C. L. C.	-	a state of the	the second	一九四
Ter la	r Chilper	Wate	AT	10.0		1	ALC: NO. 10.	part	CAN	Alas
에 달 가	chate	Wand I	1000	-		200	ern.		they have	PT-1
ANA D	ACUSEDAU	500 A	(A) H 81		1.000			1. 1200	-	Alin
42	STANDE	Ward	AT		11 11 11	100	Christman	PAR	Ch-1	La t
川田臣	President	100 1				1 Cal	Max	[ente-	Total I	ALT
C Atte	Arcidhyf	Ward	CATE		1200	信	Min	-		apr
。内内	Abhistorick	00	1.00	P DAV		Tax	Har	1		11-22
A COLOR	Desal	Want	(av	83.00m		福	2015	- 1	-	ALT
yes an	An balled a	Dates	a second	and so its	10000	0	IIIW	1		A.
NP -	Michary A.	OPI CR	Aller A		111	Lange	Mitt	L. Card	Torn	interior .
10 kit	www.	yord U	(ale	A	AP.	0	WK.	PA-2	04-1	AL-
	1	OPO IN	- Aller	and the second se	473		-	-PA=>	C 43-1	747
	1	Batt	Area	100000	Int	臣	Mite			1
	1	040 100	MAN	847	479		AW		-	
1		Ward	ATPE	ATTE	Tech	EI.	Mitt		1	
Y		1940 397	(ETF	Halt	ALF	11	HW.		1	
4-		Ward	ADE	1.10	Thin	3	Mitr		2	
		040 88	10	840	AIX	181	HW	1		
		Wani	AIR	Alle	16cH	뮾:	Mus	1		_

Maint man approvance of Setaum 45 1 400

se traching the subsett, ATP. After traching present, SAT Debies singing providers, nine - After traching parent

INC. I HARD DIR. I'V HARD WAR, ST - 32

I deverop the heavy under the supervision of the Demonstrate in the statistic search

stied to receat the program which again fishing the fand hyginia goads to

T will allow convert technique again and again the perfect

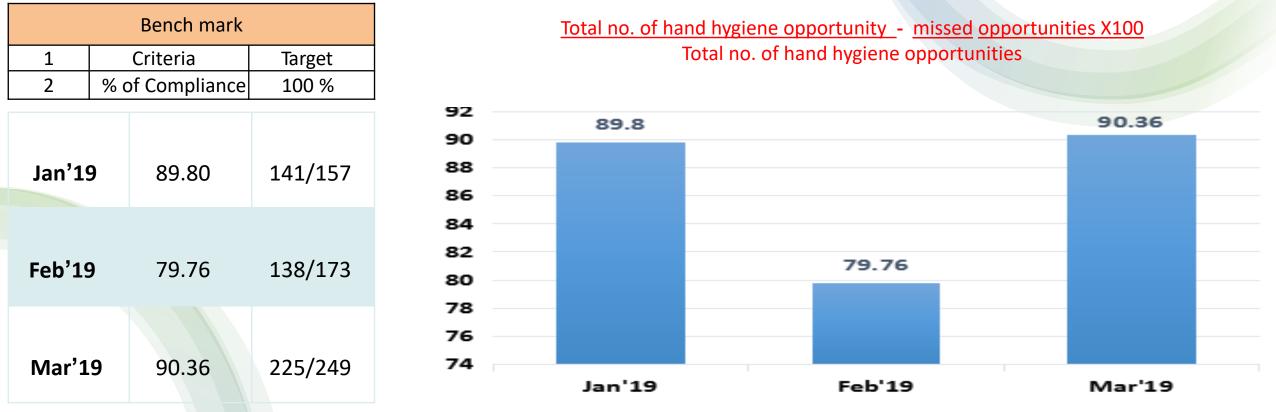
COMPTONIA

90,48%





14. All the healthcare providers should have easy accessibility to the hand washing facility in all patient care areas. Hand hygiene steps to be displayed at each hand washing facilities.



- RCA Deviation from 100 % Compliance was observed due to –
- 1.Heavy workload
- 2. Emergency situation
- 3. Hand hygiene done but steps not followed properly.
- CAPA –
- 1. Regular training & education.





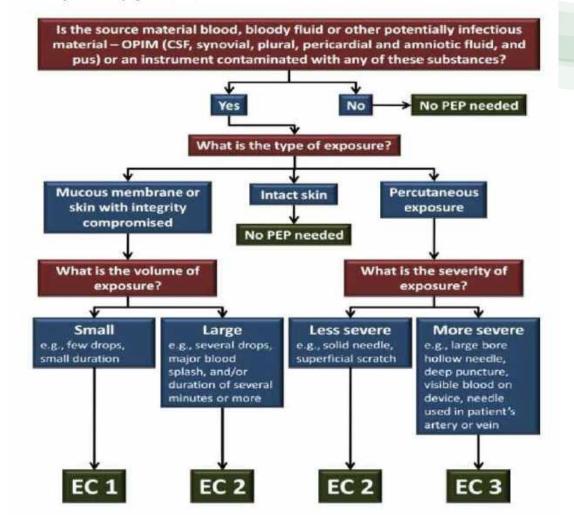
Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) The Vaccination (Inj. TT, Hepatitis – B, Typhoid)and medical checkup record available of all concerned staff members		100% compliance of all four evidences.	10	a) Staff vaccination record.
<ul> <li>b) Hospital provided Personal protective equipment to concerned staff.</li> <li>c) Staff uses Personal protective equipment while conducting any</li> </ul>	Direct observation, Record review & Staff interview	if any of the four evidence is found to be non-compliant.	5	<ul> <li>b) PPE Equipments</li> <li>used by staff while</li> <li>conducting any</li> <li>procedure/activity.</li> </ul>
equipment while conducting any procedure/activity. d) Display of Post exposure prophylaxis chart in all patient care areas		Non-compliance of all four evidences.	0	<ul> <li>c) Post exposure</li> <li>prophylaxis chart in</li> <li>patient care area.</li> </ul>





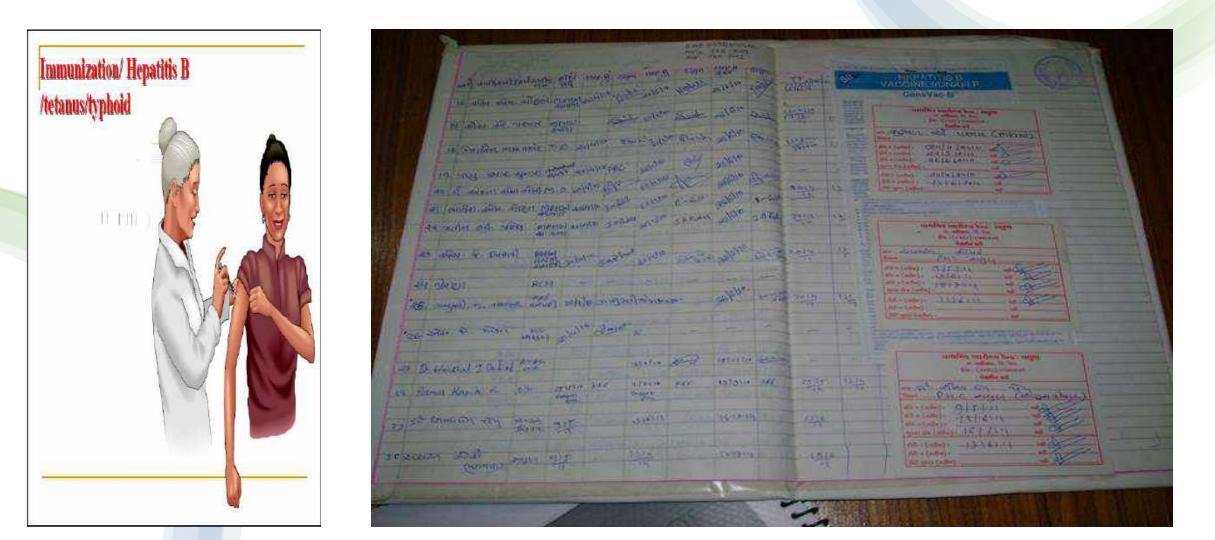


Post Exposure Prophylaxis (PEP) - NACO Guidelines









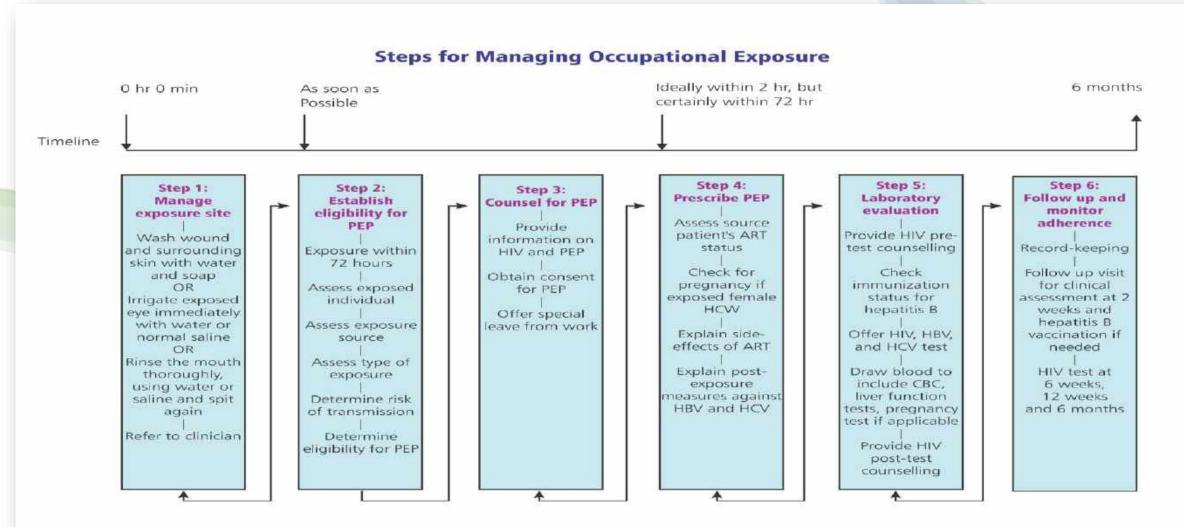




ŀ	S.N.	mame or staff	Dene		Vaccinat	ion Record		
	1	Dr Sandeep Ambaskar	Deparmer	nt	1st dose	the second		
	2	Madan Kawale	Residence Doc		15/11/2017	2nd dose	3rd dose	Duration
	3	Chaya Londhe	Opthalmic Nurs		15/11/2017	15/12/2017	15/05/2018	Due this month
Γ	4	Pragati Dubey	Nursing staff	F	18/11/2017	15/12/2017	15/05/2018	complited
	5	Usharani Hatagale	Nursing staff		20/12/17	20/12/2017	15/05/2018	complited
	6		Nursing staff		20/11/17	20/01/2018	20/06/2018	complited
$\vdash$	-	Chaya Lalzare	Nursing staff		A CONTRACTOR OF	20/12/2017	and the second second second	complited
	-	Rohit Pakhare	Nursing staff		18/11/2017	18/12/2017	20/05/2018	complited
-	-	Pratima Kamble	Nursing staff		20/11/17	20/12/2017	18/05/2018	complited
-	9	Valbhav Dhilpe	Nursing staff	-12	18/11/17	23/12/2017	20/05/2018	complited
10	IO F	Ribika Ghumare			15/06/2018	15/07/2018	23/05/2018	complited
1	1 R	Rohit Nirmal	Nursing staff	1	8/11/2017	20/12/2017	Not working	Not working
1		aishree Bhosle	Nursing staff	1.	5/06/2018		20/05/2018	complited
13		omal Kamble	Nursing staff	15	5/05/2018	15/07/2018	15/12/2018	
14		ariya Dodke	Nursing staff	15	/05/2018	15/06/2018	15/11/2018	complited
15			Nursing staff		/05/2018	15/06/2018	15/11/2018	complited
16		iyanka Shelke weta Chauthmal	Nursing staff		/05/2018	24/06/2018	24/11/2018	complited
17	The second second second	and the second se	Nursing staff	-		15/06/2018	15/11/2018	complited
18		hpa Jogdand	Nursing staff	18/	1-Jan-2019 12/2018	1-Feb-2019		complited
1071.0		ubai Khandebharad	Nursing staff	10,		18/01/2019	- 3011-2019	Jul-19
9	1	l Gaikwad	Nurssing Staff	1	1-Jan-2019	1-Feb-2019	18-May-2019	May-19
2	Varsl	ha Jadhav		-	09/2018	15/10/2018	2 3411-2019	Jul-19
	Anjali	i Bhaltilak	Nurssing Staff	15/0	19/2010	15/10/2010	15/03/2019	complited
			Nursing staff	OUT		SIDE	15/03/2019	complited
						and c	COMPLETED	complited











16. The proper implementation and regular monitoring of Bio-Medical waste segregation and collection in all the patient care areas of the hospital and staff should be trained in handling the Bio-Medical waste and provided with all personal protective measure.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) Updated license available for Bio- Medical Waste Management practice as		100% compliance of all six evidences.	10	
per BMW Rule 2016		if any of the six evidence is		
b) SOP defined for the process of BMW		found to be non-	5	
as per Pollution control guidelines.		compliant.		a) Updated license of
<ul> <li>c) Staff follows the SOP.</li> <li>d) Waste management bins available and BMW guideline chart is displayed in all patient care area</li> <li>e) Personal protective measures (e.g. gloves, mask, apron, gum boots, heavy duty rubber gloves, etc.) are used by all categories of staff handling Bio-Medical Waste.</li> <li>f) Infection control committee visits common biomedical treatment facility.</li> </ul>	Direct observation, Record review & Staff interview	Non-compliance of all six evidences.	0	BMW. b) Available biomedical waste bins and displayed chart in patient care area. c) Biomedical waste storage area





16. The proper implementation and regular monitoring of Bio-Medical waste segregation and collection in all the patient care areas of the hospital and staff should be trained in handling the Bio-Medical waste and provided with all personal protective measure.











16. The proper implementation and regular monitoring of Bio-Medical waste segregation and collection in all the patient care areas of the hospital and staff should be trained in handling the Bio-Medical waste and provided with all personal protective measure.









## 17. A defined mechanism to be there for regular updating of the licences / registration certifications.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
See the relevant		All aplicable legal liscence are upto date	10	List of applicable legal licences and MOU/Aggrement
statutory documents.	Record review	If any applicable legal liscence is expired or not available	5	with date of issue and validity is maintained.
		Non availability of legal liscence	0	





## 17. A defined mechanism to be there for regular updating of the licences / registration certifications.

r No	Name of License	Number & ID	Date of Issue	Valid Upto	Remarks	art and any pick the second se	Last Take Davised Ba	EHON-B Day and rule OLIVED on NUL CENTIFICATE OF EXCISTINATION of the sound T. d (start)
1	Bio-Medical Waste Authorization	PCB ID-40245, BMW Id:387557	15-06-2016	14-06-2021		Tarita Autor (13/00/01/01/01	angerended pås til	El Tancio dels more contrasteristica (M.) dels re- disputato al resentación d'Alexa, del Vol. 2011 (2010). Districtiva de actividades deres que transportativa de la casa de activida y la casa de la casa de la casa de Casa de actividades de la casa de la casa de la casa de Casa de actividades de la casa de la casa de la casa de Casa de la casa de Casa de la casa de Casa de la casa de Casa de la casa de Casa de la casa del la casa de Casa de la casa de Casa de la casa de Casa de la casa de Casa de la casa de la ca
2	Drug and Cosmetic License	ADC- 84507	13-10-2014	12-10-2019		International and an analysis of the State o	AND A DAS 200 A 2010 C Sancta AND A A Sancta da para stransmini agricolo (Crant Daple Henory) at 28 Jul	Processes <sup>11</sup> Process Dynamic Terr <sup>21</sup> is a factor of the ex- perimentary of 200520 The supervisor is granted surface to the density of the minimum factors of granted and a secondary or prediction empty of the are result of Terr 2005. A functional Advance of the GALESA Disperse.
3	Narcotic Drug License	04/2014-2015	09/04/2018	31/03/2019		Type of Newfollow Back Laws Rationer M. Han Newfollow Mar Schwart System 6.00	rego nettiin, kaispaljai Wady Mongamon Ioma	Generating Provide Calify Generating Provide Calify Generating Provide Calify Calify Relation provide Calify
4	Spirit ,Denatured Sprit	44/10-13	01-04-2016	31-03-2021		Basist The D200 C CEO CO. In FMSTAPPERTURE. IN FERTILA, MARKWOTTEN, and E. ANKOY TO they associate to be been ready association property in support of the Association of Dataset ready. See Section 2010. In Proceedings on Section 2010, ISSN 2010, Control of Control (Control of Control of Control International Control of Control (Control of Control of Control of Control International Control of Control (Control of Control of Control of Control of Control of Control International Control of Control (Control of Control of C	annad XAA JAAN DOSING 2000 - 000 - 000	Institut antibility a. Samel Applicate in applicate - GMLES ille C. Annual Institute Applicate in Control In
5	X-Ray Installation C-Arm-1	ALLENGER HF -49R G-XR-22917 14-RLXE-21287	19-12-2017	19-12-2022		Bits Tophere and Linearize an impossible bit     I. Record, or a plane with the damage execution of the     I. Second and the second of t	andagus PALANA Samoni shishalara i Magadaa ada tofas	Created     Review     Review     Deriver Theorem     Deriver
6	X-Ray Installation C-Arm-2	ProRAD Premium /G-XR- 61335 17-LOP-181040	21-04-2017	21-04-2022		<ol> <li>Density requires eith two cillumities and terrari.</li> <li>Wet To figurate e constructivity and a DUDCNU (PEDV 100 PENV) of the ensurement from encoded automativity and even experiment.</li> <li>(I) C. We are in the Automativity and even experiment.</li> </ol>	n Tanatan Jana	Common Auffer     Monomia A
7	X-RAY Mobile Machine	M.n.Allenger-60 G-XR-23830 17-LOEE -194387	22-06-2017	22-06-2022		Coll, DONNE DIRIVA IN MARKATERIMINA RESOURCE. INVESTIGATION, DATABATI REPORTS AND	pat Kandonje, J. (1794) Malda ad India (100 ad 100 al	Margaret and States an
8	X-RAY Mobile Machine	M.n.Diagnox-100R G-XR-67128 17-LOEE-194392	22-06-2017	22-06-2022		Image: Name of a physical structure of a difference of a dif		A MARTIN (A MARTIN (MARTIN PC ST) (A AMA MARTIN (A MARTIN (MARTIN PC ST)))
9	Radiography (Fixed)	DIAGNOX-300 G-XR-22885	19-12-2017	19-12-2022				

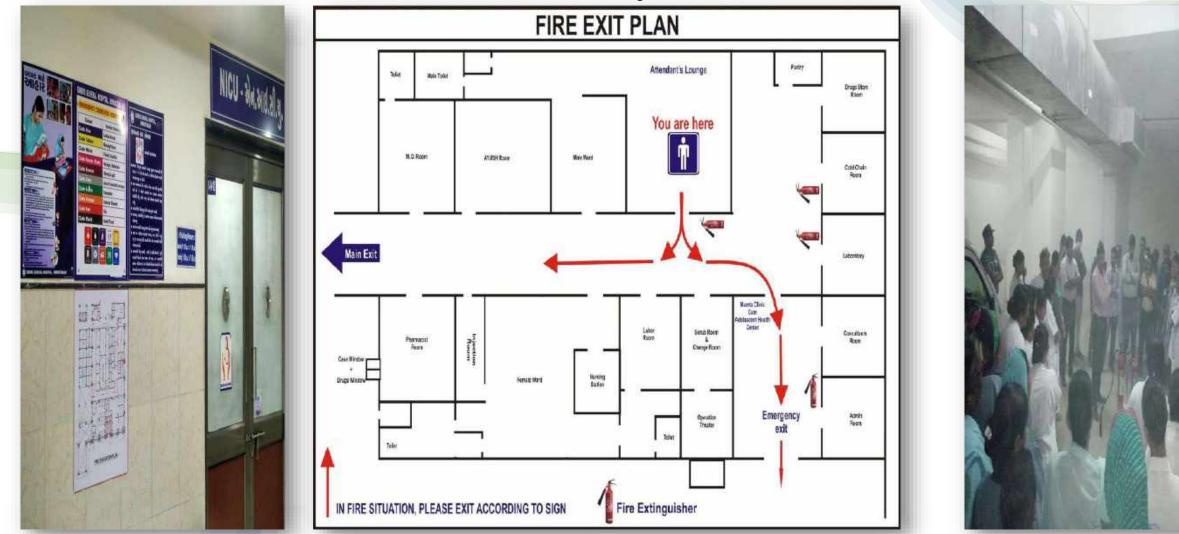




Evidence Required	Method of Assessment	<b>Response sheet</b>	Mark	Available evidence (Photo to be uploaded)
a) SOP defined and implemented for safe exit plan in case of fire and non-fire		100% compliance of all four evidences.	10	a) All the signages are
emergencies. b) Sinages displayed of do's and don't's in case of fire c) Display of fire exit plan in all	Direct observation, Record review & Staff interview.	if any of the four evidence is found to be non-compliant.	5	displayed with fire exit plan. b) Document of mock drills conducted at
patient care areas. c) Record of Mockdrill's conducted and CAPA done		Non-compliance of all four evidences.	0	regular intervals



















FIRE MOCK DRILL /INCIDENT CHECKLIST **GOVERNMENT (CL&SC) SPINE INSTITUTE** AND PHYSIOTHERAPY COLLEGE, AHMEDABAD Fire Drill and/or Incident Report Date: Time: Location: 1<sup>st</sup> Response to fire Section 1 Describe fire drill scenario, fire incident or fire alarm occurrence: Drill or Actual incident Yes No Yes No Was the fire alarm activated Was the control room informed At what time Was the code red activated At what time Was the code announcement audible in all areas At what time Rapid response team arrived Higher authorities informed Was the fire department called? Were people in immediate danger evacuated? Zone of origin evacuated? See for stop, drop, cover and rolls technique Was immediate first aid provided if needed Were doors closed and latched to confine the fire and reduce smoke spread? Was an attempt made to extinguish the fire? Was attempt appropriate? Did sufficient staff respond and evacuate endangered occupants in an organized and timely manner? Was scene being supervised? Were instructions clear? Was evacuation conducted?







19. The services provided by the medical professionals and nursing staff should be in line with their qualification, training and registration.

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
See minimum 5 personal files of staffs (e.g. Consultant RMO & Nurses, etc.) and check for their qualification, training and privelaging a) Medical professionals are granted previlages to		100% compliance of all five evidences.	10	
admit and care of patients in consonance with their qualification, training, experience and registration. b) Medical professionals admit and care care for	Record review &	if any of the five evidence is found to be non-compliant.	5	All files are maintained by HR Dept. with
<ul> <li>patients as per their privelaging.</li> <li>c) Nursing staff is granted previlages in consonance with their qualification, training, experience and registration.</li> <li>d) Nursing professional care for patients as per their privelaging.</li> <li>e) System developed for updating the personal files of staff.</li> </ul>	Staff interview &	Non-compliance of all five evidences.	0	all the the required details





### 19. The services provided by the medical professionals and nursing staff should be in line with their qualification, training and registration.

Grading

42 Excellent

Name of the Traince	Points Obtained	Grading
Dr Kaitvi Modi	5	Excel
8) Dr Vibinuti Podel	q	
	3	
) Jr. Lavanya Celi		
Dis Grishim Johnyud		1.201
In Bright Posteriya		
) Dr Menika Naravat	8	*
) Dr Showth Forddy	8	· · ·
) Die Hitlendin beindit	7	4
	-	
) by H.M. Cochiami	5	
) Dr M. M. Vegad	8	M.
DE SANJAY PHONE	8	
) Dis weite knowledge	9	
) by bharmith Tula	4	tk.
No. of the second secon	7	42
1) DE VYOMA CHAddens		
) Brutsond Premak	5	Ence
1 br J.S. Anand	1	
A DE Mimesh Valmins	-1	V
() by Atha Khuchahandau		
	1	0
1) of Sandhy Millai		
) be proved anyty	X	4
I br Usvi Praixin	9	
De Hetel Jani	\$	1/
) by shakely saji	4	
	4	1721
) by Prabha Routhon	7	21
1) Dr Bind Vaghani		
) or the shall	8	49
Dr Nandite Metita	8	42
2) Dr Hemina Desai	19	.11
Contraction of the second seco	8	14
9) by pushi Patel	3	
) Dr Shivani DixIT	5	.11
2		
fraging of trainee to be done by 3 scale of	mments Maximum p	NOTE TO
		rating of trained to be done by 3 scale comments site nimore pr tent (7 or above), 3-Satisfactory(5 or above)/C=Nexts improves

2.00	~	294	Res (	Deskyman	Piere Trate	Ager of Tallers.	Destgrates	Sep of Part
	北和北			-		Por Out Frank	THE WER	198
100	199				1	the states	Leg Lint	24 9
-		1		1.Per II	100	white man "		<b>11日 1</b> 0
	1		-1F=	-		Science 444	In the second second	Real Tra
-	-					Bart Salar		1000
-	-					Mar Bardon		45 1 5
		100	_			Weiter Family L.	0.35	the Island
-	-	Lann.		1			- 64 C - 1,	Lord Law
-		-	11	-		The Bridger	-	Spice me
-				1	_	and Harry		phill I
		Titte.		-	_	and States the	1	120 100
-	-	in here				Bellings a		AL DEPOSIT
	-	1	_			Horas Street Ser		280 100
	-	1	-	-		Road King on Party		A.V. 1111
-		CHINE .			-	Brate dente.	C-0	N.P. COLER
	-		-	-	-	AM Prick 5	1.00	100 200
		2-1			-	Toyle Marken	matery.	and a mile
	-	-	11	-		Report Name		Mage 1 mp
	-	-		-	-	15-5117-90-01	2-12	11/1 25
						Contract Bernard I	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	445. 1 44

7000 mg	- Sire'	Same of	Despation	Share's	have of the lates	Increased	Raviel, Paramet	Parate 1
110221	548.	Berry mil			Aller Motoral Int	eff	1-110-1	-
100	To K	Internal Res	1000		Mangas . Chippen	11	12	
191		In Edila			STATUTE TO SHOW IF		the second	
		Low	27.4		the state	alth	00.	
		the middle	22	Sales .	ALL LAL	14	Caller 1	
	-	Dis.	10	1.000	Gall & The Col		Same	
		AV4	The .		Sand Income	-T	8.55.4	
			-		Times	1111	How	
1					Print wheth	1450 1	20	
		in the			Constant, Delanta	100	die	
					Course dates	100	4	
					trans Statility	a dire i	6.6	
					Section 1975	and the	224	
		1			Suprementation 21	All I	1	
					1-M. dontak	11n 1	SP.	
					This is a state of the second	11/10 1	G I	-
-					H 1- Zerenset	1180	BE	
					and the property and		ALC: N	
		11			Peret dontes	+10 =	100	
1		111	_		the and	245	222	
		11		_	Barrow B.	11.0	125	





### 19. The services provided by the medical professionals and nursing staff should be in line with their qualification, training and registration.

e - Mr. Aler Jocob	Emp. Code (It applicable)	1-1-3
num Qualification : RGNM	Experience after degree/ Diplor	
THUM CLOSE OF SHORE . MCMANA	Experience after degreer Diplo	universe which you
pplicant: If you wish to exclude any process to request, then initial and date.	rres, please strike through those pro	
Privilarga	Requested	Approved (ves/ No
PATIENT IDENTIFICATION	TY Yes No	Yen
COLLECTING MEDICAL HISTORY	TOT YES NO	10
ADMISSION OF PATIENTS	Not ves No	4.20
MONITORING THE VITAL SIGNS	for yes No	401
INITIAL ASSESSMENT OF PATIENTS	VES NO	N.60
PRE OPERATIVE EVE CARE	FOC YOS   NO	ND
MAINTAINING FASTING GUIDELINES	VIII CI NO	40
MONITORING STERILITY OF INVASIVE ITEMS	Crites 140	NEN
POST OPERATIVE LYE CARE	Ves No	NO
REASSESSMENT OF PATIENT	Ves 1 No	420
COMPORT, NUTRITIONAL AND HYGICNIC MELL		427
POSITIONING PATIENTS	NO YES NO	420
4595TING DOCTORS OURING ROUNDS	ICT Yes I No	400
NED MARING	C.F. Yes T No	10
HOT AND COLD APPLICATIONS	TA Yest 1 tas	400
SUCTIONING	CAT Yes (T) No	iy ch
CAPILLARY BUDDID GLU COSE	N Yes T Rap	and the second s
IN CANNULATION	The Test No	700
HAND HYGIENE	Yes The	YEA
TRANSFUSION OF BLOOD COMPONENTS	IST Yes I'T No	yes
CLEANING / SWABBING OF EVE	Con Yes C No	420
SHUTTING AND MOVING PATIENTS	V Yes I' No	70
PREFARATION OF PUECTION	Yes No	400
ADMINISTERING OF MEDICATIONS	and the second se	YEA
DOCUMENTATION		700-
EDUCATING PATIENTS & ATTENDANTS		400
BO MEDICAL WASTE MANAGEMENT	1.8	40.
DECHARGE OF PATIENT	Ves No	401
TRAINGING OF PATERNTS	Tes No.	460
HANCHING OF MLC PATIENTS	Not Yes No	+er-
ASSHTING THE SURGETING IN MARYOUR EXCHOUR	AL NO	400
THE REPORT OF	AL VIS No	745
HAMD SCRUEINNIG	Ves No	
SOWNING & SLOVING		705
MIDICAL AND SURGICAL ASSERTIC TECHNIQUES	V 445 1160	Her
CONQUETING HIC AUDITS	V Ves No	to
	NO NO	40000

	Shi Ganaf Nurses Clin	ati Netralaya nical Privileges	
36	HICC TRAINING OF CARE GIVERS	Yes No	yes
37.	ADMINISTRATION OF HEP & VACCINATION	Ves No	400
5.R.	NEEDLE STICK INJURY ANALYSIS AND FOLLOW UP	Yes No	Yes
19.	SSUANALAYSIS AND FOLLOW UP	Yes No	yes
40.	MAINTAINING OF MICROBIOLOGICAL REPORTS AT THE UNIT	V Yes No	400
11	EXTERNAL VISIT TO BMW TREATMENT PLANT AND OUTSOURCED LAUNDRY	Types C No	Yes
42.	CONDUCTING TEAM AUDITS IN COORDINATION WITH OTHER DEPARTMENT	Wes No	40
<b>a</b> 3	BLOOD SAMPLE COLLECTION	Tes D No	4:00
44	ECG procedure	VYES NO	400
45		Ves No	0.52
PARE	PING THE UNITS	and the state of t	
	INVENTORY CHECK	V Yes () No	Vidi
	KEEPING THE NURSES COUNTERS EQUIPPED	VYES TI NO	460
	INDENTING MEDICATIONS	VYES EL NO	420
	INDENTING STATIONARY ITEMS	Ves No	420
THEFT	as .		12.0000
	TRAINING		1000
3	INFECTION CONTROL ACTIVITES	Ves No	Yen
	ADMINISTRATIVE ACTIVITIES	V Yes No	7.00
0		V Ves No	4.00
	ACLS/ BLS/ BOTH BUTH	445	-
3			
2			
-			
	-		
nur nu i nu i nu i	Addigment of Nurse munication of Nurse munication of Nurse munication and the second second second second second second material definition and the second second second second second material definition of the second second second second second second second second second second second second second second section on the clinical privile president of the second second second section second second second second second second second section second second second second second second section second sec	if and medical staff polition intergency situation, an intergency situation, an interferical staff bylaws or m	Naputi Netrak Cles d in Flated

	No. Grant Marker	Shri G Nurse	s Clinical	Vetralay Privileges	•	
It recommend ation(s) well the requested clinical privileges with the applicant and the supporting documentation for mend applicant end mend all requested privileges with the standard professional practice plan mend privileges with the standard professional practice plan and the following						
ns/modificati commend th	ons: e following request	ed privileges: Pr	ivilege Conditi	ion/Modificat	ion/Explanati	on
harge Name	: Dy Amber	ka~	_Signature :		Date :	
uctor Name	B. Rushikes	L Norgani	(a Signature :	Adf.	Date :	5/4/2018
	Dr. Rushikesh Medical I	Lesignoursu:		QP U		
18						
1.8						





PERSONAL DAT

4104'1 10

Heat grants Boarts Arry other in Arry other in

Anestration

Armoy et baselforr 4.6 0.0 Egg Uhr

Teanthy to Retrained.

Faile.

### 19. The services provided by the medical professionals and nursing staff should be in line with their qualification, training and registration.

Shill Genapeti Netrelaye Ophthalmology Clinical Privileges Netre: D: HENGKIS TRAKALE	Shri Ganapati Netrelaya Bucant Netre Diphthalmology Clinical Privileges	Shri Ganapati Netraleye BeGreet Weiler Ophthalmology Clinical Privileges	Shri Ganapati Nasaliya Banasi Istri Optimalimology Clinical Physic
Emp. Code Hispplicable): (7)80005	the second s		101
	as both & or incoversing more-some physicages through mean the specific threefeeld orthoride as outlined. Non-this physicages close parameter and a sangery	issue privileges: Secondal completion of a postgraduate transing program in pertainers and stratiumus with	
Miteman Qualification : M.B.A.S., DO, OND. Expansions: after degree/ Distorma : <u>2/13/19066</u>	Nac-sere privilegest bevolgesteller and an angest	egesience in the above surgical arcsectures	And the second sec
	and a solution of the state of	sato seconsected compaties period compatibules active pediatrics and stratismus practice (100 hours over the	I faint intraction of their studies for which by education traction
The set of the set of the sector to the formation of the sector of the s	La Requested Posterior orbital Aurenter La Pag seated German allon	problem 20 months) with documented CMT Officences(see of following writin 24 months). Reserval of privileges: Conventioned within pediatrics and strabiliting practice (152 hours over the previous 35 months) with documented	Actional agrees of the tables that it to period with the period of the tables of the tables of the period period and a table to another and family the tables and a service and a second at the tables of the tables of the tables of the Service and Arman and the tables of the tables of the tables of the Service and Arman a
	D Requested Poster or crock Screep Coxy with the	CME.	<ol> <li>Providialize and relations provide Table responsibility.</li> </ol>
Applicant: Cresh the "Register of this for each privilege requested. Applicants are responsible for producing	D Reported Data Service Service D Rednested Moniferment of the Payment of the Pay	Bietwert to practice: As a minimum, montoring with a colleague who holds this non-core privilege for a period of time	Section and an other and an
	a second s	sufficient for the mention to attent to connercy	In a low expression of the stand power proceed to make wave of the standard born of the standard born of the standard born of the medical standard born of the standard born of t
ter tooling any coulds reliefed to qualifications to requested privileges. Heave provide this supporting information requested.	Comparing a resolution	Rankern privileges Ocular Oneology	and the second of the state second of the methods and \$ a second se
Dimensionary Program Head on Lenders/ Onling: Oreion the appropriate box for recursiverclarities on the last page of the form and include your recommendation for the common propriate box for recursiverclarities on the last page of	Interpreted soles over	p Reserved Radioactive plaque placement II Recursted Treatment of Introblecture	spat Tours 21.4.1
	C Reparated Crowford tube into bation Cliffer united Enutriaction withy announced due income	pleasested interceleatory D Repeated five wat resection	
	Chaptering Entroprises, estimation bargery Chapterial Inditional and Excisional Lie Boldwy	Distantial Book of attraction times	<ul> <li>Final of Agenties (1) Accurate Access</li> <li>The Investor Descaperation (Accessing and accessing acces</li> </ul>
	the sense time tanciage and surgery, discretely proved and interesting and interesting to the	Enucliance poor is unsooner, place	D ferrar wel and participations
	mutation, Bernovs of antaniar Rossign body	vitial privileges: Located a completion of a periphetiate training program in outlar enough with experiance in	Construction of the second sec
anonialization. This is an opportunity of the second and by tartitate and the shall another	a necessary public repair, repair of mappedian, result of lacentain, tumors, Raps, enucleation,	Pestore surgical procedures	<ul> <li>2 Data incoments the backway consistency of the first engine incoments the backway ensures of the spectra of the spectra incoments of the backway ensures of the spectra of t</li></ul>
	wheat privileges. Successful completion of a policy adurte making program in oculo plante, isonimal and orbital	A00	a construction of the second s
a Mar Regularemente	to prove acts senatiary in the shows targetal procedures. And	Recommended exment experience: Demonstrated active social encodings produce (300 knum over the previous 14	Mitt
<ul> <li>Retriction prologies graduation and only the execution of the sectors (and/or sectors) that have sufficient space.</li> </ul>	Recommended survent experience: Demonstrated active accrocitestic, lecrimal and orbital surgery practice (500	mentical with decremented CMI OR completion of releasing which is it mentions of the functional the previous 24 Renewal of providents cover or the table social working smatcher (150 hours over the previous 36 months), with documents (204).	Annual Contraction of the Contra
invariant, suffag, and other encounces required to support the provings, that have sufficient space.	hours over the previous 24 months) with documented CME OR complication of faillewohip within 24 months.	downented CIVE.	Concession of the second
	Baneval of phologes: Demonstrated active ocaloplacity, lactimal and orbital surgery practice (150 hours over the	Return to possifice: As a minimum, mantaring with a colleague who huids this non-core criticings for a period of time sufficient for the memory to attent to compare	
The state of the s	providuo 35 months with recommented CMS. Recenters practice: As a minimum memoring with a colleague who holds this mon-corre privillege for a particle of time	sufficient for the memory to attest to currency	The second se
Meles The distory will be reviewed over two to an	infigure to proceed by a control of the control of the statement of the statement of the end of the statement of the statemen	Context Saveline Privileges Context rules to the capacity of a facility to support an activity. Non-intertified at this time.	and the second data and the se
which the delocation will be reviewed over three to area to be reflective of current practices, procedures and unnatopes.		Process for remember and diverse and the second sec	and the second s
MARKETICAT FORT HUTLEY SAMPLE AND A	Noci-care privileges : Corneal surgery		
in verbanning Practitionen hading privileges plan to inclementation of the distintant well continue to had these privileges to bay as they meet queen operations of quelity sequences as	D Requested Parentaling karatoptady D Requested Lamelian Keretopiasty	privileges for a discusses, the following process will be followed.	
Develop and a second seco	D Respected Endstantial Receiptivity D Respected Orater surface stem coll transplant	phylop repetied the logneration and the test of department probled of staff identifiation in	non a Antonio Alandey - and 124
Editionarchay is that secretly which is conserved with the screening, diagnoods, proversion and management of an ELE, medical and sarpted discussive of the eye, its advects, the visual path wars, and the visual pathen Contractives for Oprimalmoscopy	URequested Refractive surgery URequested LASIK	The desidence held by the practitioner is the area.	in the Adultation to a the martines
	© Requested FEMTO - LASIX Diffequested CJR	The dependence lead of department will be dependent in the area.     Yes dependence lead of department will be dependent in this recent it measurable     Yes download that the request is realized by, the head of department will consult in or her administrative     with the lead of the facility can support the watering.	Materia Barran
	D Repueced ALL DRequested PD.	counterpart to detaining a the facility can expert the activity.	
a consistence as an Oper twimologist by the Suite Medical consecution should meet the Taimwine		Director will arrest up a practice, the practitioner, the department head or chief of and and a	
commit contracts to be applied to apply the provideges in optimal endogy, the applicant should meet the following ment contracts of the applications at basis. To optimal molegy sargers processing or a minimum of 100 optimals for man the provide appendixes at basis. To optimal molegy sargers processing or a minimum of 100 optimals to man the provide sargers are do application to a minimum of 100 optimals applications of a reactions of the application of the scope of pipelases (processing on applications).	Initial provinges: Sociessful completion of a polynativate training program is control surgery with experience, in the approximate set		and the second s
near so the provide dependence at laser 18 Optimistion and service procedures or a mission of 150 optimistion demonstration of the service service service and a restration of the scope of privileges resourced. On successful amendments of a machine provide service service service and the scope of privileges resourced. On successful automatic to ownide here accesses through a scheme to paid 22 months. The construction have been been accessed.	above surpci) protections.	demonstrate all is obtain manuar remoter requirement balanting the lensi of operance inquired to maintain the demonstrate all is obtain denical privilages for the requested procedure a way be endence based, and where no supporting fluentures when first specific number, the orbitility are ended based to the endence based.	the second se
end period approximation of the average neutrons, whereas of the cosporal providence on a minimum of 150 operations analysis of a tracens, or of weak interaction within the paid 22 months. The cospect meet have all there the anthemis to conside these standards about a similar process at outlined in the standard comparison to com-			
authenty to conside these statements while the paid 22 mitchin. The conjecture it has all these the sufferity to conside these statements through a similar process at outlined in the return to currency section.	ARC/ Recommended current experience: Demonstrated active common surgery and refractive practice (100 hours over the provide 24 months, with documented DME 08 completion of fellowship writen 24 months. Remarked of privileges documented active compaliance refractive surgery practice (150 hours over the provide 35 months).	mental acquisition you at the account when the other and established by the converges of a mental acquisition you at the account when do not have a self-interest in remaining an artificial togs we are requirement.	man and some
	providue 24 months) with documented EME OR completion of fellowship water and proceice (100 hours over en-	recomment.	a store Wat
Reviering onder Anderson and an application of a first sets of		Before proceeding with framing the request will be reviewed by the MacRail Director     Any additional training will be done in a facility distance of the MacRail Director	Destruct
An unabled of an integrate Demonstrated active Calefordian process at out integrate the integrate to an unable to the processing instance Postatical removal of regularization by the space with documented CME even the previous and any other postatical removal of regularization by the space Medical Channel.	Return to provide a summittee of a matching with	be stated as the date in a facility that normally trade and the date.	Million Ramon - Day
Charten of 130 over the linear and to Bullet the performance (at least 30 minutes a	sufficient for the market to used a	5. Any addressing with training the request will be reviewed by the Madical Director. 6. Any addressing will be done in a facility flat non-safet that non-safet training precisioners in this esticity. Exceptions may the privilege in consistence where all that is required in training by members of the conditions of the privilege.	Dr. Rassing No. Bookar
proverties studie. Forefaction removes of registration by the state Audit documented CME over the previous invest encountered acceptes as and sufficient receivered (a) lead 35 Optimalitedeer averant procedures are provident requirements and a state at a state are surged over the paid 35 monetation reflection of the states of any monetation and an enable of the states of organic proteins on a procedure and the states of any monetation and an enable of the states of organic proteins on a procedure and the states of any monetation of the states of organic proteins on a precisit as monetation, reflections of the states of any monetation of the states of the states of the state	document and CME Resums to practice; As a minimum, memoring with a collengue who hunds this non-come privilege for a period of Vene sufficient for the memory relations to currency.	be granted in concentrations where we have no having that non-raily trains prectinioners in this estably. Exceptions may the privilege in constitution there all that a required is training by a member of the medical staff who having 7. On subsidicity consisting of section does	
participation of the second pression pression of the second of the secon	and the second se	the medical advitative completes that the department head may recommend to the	
extension of 150 coverage feature as the patients increasing in experiment (a) least 250 Optichalmology aurgoing proceedures for a surfamily service, assist on which a congress precision precision of the scales of the scales of non-more least surfamily and congression, membring with a colorest sub-		On anistation of transien     Or anistation of transien, the determinent head way recommend to the governing body through     the medical additory committee that the prodegn be granted.	and the second se
where the state of a memory control of a state of the state of a s			Contraction of the American States of the St
and iterator wrotage to carrency.		Opintulmology Cinical Developes Version 1" 2011 Han 5	and a second sec
a second day for a		TIN'S	THE VENER NAME OF THE OWNER
Quint Hindows Contraction	Ophthalmology Clinical WrV Segar Vandua: vill anna		and and a second second
THE FEIGURE	A CONTRACTOR OF A CONTRACTOR O		





20. Up to date and chronological details of the patient care should be available in the medical record including discharge summary

Evidence Required	Method of Assessment	Response sheet	Mark	Available evidence (Photo to be uploaded)
a) SOP defined for the process of keeping		100% compliance of all five evidences.	10	a) All the files in MRD
medical record file of discharge patient, MLC and Death case b) Staff is aware and follows the process defined in SOP c) See minimum 5 files from medical record		if any of the five evidence is found to be non-compliant.	5	section are arranged in cronological order. LAMA Death and MLC files are kept
<ul> <li>(e.g. Surgery, Medicine, MLC, Death, LAMA, etc.) and check the chronological account of patient care.</li> <li>i) Availability of checklist for maintainaing records in chronological order</li> <li>d) Medical record audit with corrective and preventive action.</li> </ul>	Record review & Staff interview	Non-compliance of all five evidences.	0	seperately. b) Checklist for maintaining records in cronological order in patient file. c) Summary of medical record audit.





## 20. Up to date and chronological details of the patient care should be available in the medical record including discharge summary

		MRD CHECK	(LIST	GSI -IPD- FF-32	
U of IF	D Book o	nd its booklet no,			
SR No	Form NO	Indoor Booklet	Mark (Yes-Y or No) If yes Complete-C / Incomplete-IC	Mark No- N- if forms not present	Page No
1	1	Information Form			
2	2	Registration Form			
3	за	General Consent Form (English)			
4	38	General Consent Form(Gujarati)			
5	4	Initial assessment by Nurse			
6	5	Initial assessment by Doctor			
7	6	Initial assessment by physiotherapist & occupation therapist			
8	7	Initial assessment by p&o			
9	8	Initial assessment by dietician			
10	9	MSW assessment form			
11	10	Initial assessment by clinical psychologiat			
12	11	Initial assessment by vocational			
13	12	Continuous sheet Reassessment by nurse			
14	13	Reassessment by Doctor			
15	14	Reassessment by Physiotherapist & occupational therapist			
16	15	physiotherapy Treatment sheet			
17	16	Occupational therapy Treatment Sheet	a		
18	17	Pre anaesthesia assessment moderate sedation form			
19	18A	Anaesthesia consent form (English)			
20	188	Anaesthesia consent form (Gujarati)			
21	19	Pre induction Assessment by surgeon & anaesthesia			
22	20	Monitoring of patients during Anaesthesia			
23	21	Anaesthesia notes			
24	22	Recovery criteria			
25	23	Anaesthesia note for			

CARGO C		epidural Injection	
26	24A	Consent for surgical, invasive, diagnostic, medical, intervention procedure	
27	248	Consent for surgical, Invasive, diagnostic, medical, intervention procedure	
28	25	Surgleal check list	
29	26	operation note by surgeon	
30	27	Appliance Prescription P & O	
31	28	Input out put chart	
32	29	Nursing Medication Chart	
33	30	discharge card	
34	31A	Blood and blood products administration/ High risk medication monitoring form	
35	318	Blood and blood products administration Consent form	
36	32	MRD checklist	
	arks of ature: e:	MRD:	Date: Time:
Requ Purp Date	il of Rei lest By: ose By: Of Issu ature of	e:	Date Of Recived Signature of MRO





me, Constant, We superson

lischarge Card

### 20. Up to date and chronological details of the patient care should be available in the medical record including discharge summary

### 3. MEDICAL AUDIT COMMITTEE

Chairperson : Medical Superintendent , GMERS General Hospital, Himmatnagar

- Momber Secretary (AHA, GMERS General Hospital, Himmatnagar
- Members:

Sr No.	Designation
1	RMO
4	Pathologist
5	Orthopedic Surgeon (Dr.Ambrish J Vyas)
6	AO
7	MO (Rajesh .K Varma)
8	Matron
9	Senior Head Nurse

### Background

- Addit in the wider sense is simply a tool to find what you do now- often to be compared with what you have done in the past or what you think you may wish to do in the future.
- Medical audit involves the study of some part of the structure, process and outcome of
  core clinical activities carried out by those personally engaged in the activity. It
  measures whether set objectives have been attained or not. It thus assesses the quality
  of rare delivered.

### Involves

- A systematic examination of performance parameters
- · Comparison of results against set criteria
- · Assessment of quality of care with a view to improvement

### Why audit

- Educational value for participants
- · Improve effectiveness and efficiency of care.

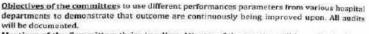
### Reassure Consumers.

### How to audit

 Define standards you should realistically reach for the area which you intend to audit Standards should be

GLEERS Gonores Hos

- Realistic
- · Owned/Ownable
- · Parallel to existing standards
- 2. Set the criteria by which you will measure those standards
- 3. Compare your results against your defined standard is change needed
- 4. Review the results of any changes made



Meetings of the Committee: thrice in a Year, Minutos of the meeting will be maintained and form the basis for a) remedial actions b) new initiatives c) the creation of a cultures of continuous quality improvement in the various department of the hospital.



MEDICAL RECORDS	Mc+ .
L is there supprests room for mediast records?	and the second se
2 How is general uplones of the department)	Colina C
2 Availabelity and tabelling of environ adequire?	Mag -
4 Post control done regularly?	Ne.s.
5 Protection of sectoral and house of records?	100
a staronomous period deflocal?	1 103
AMURICANCE SERVICE	Oxee al a
a rejeative rief in him to contain any of an by large to the second of the	Gound .
a General rendeture of an entertance	Near
a Availability of emergency design Daygen (affinder, committable)	What not Telenge lyes
4 Avanue aureitor of trips made per day	1
SUCH HETY AND SUBJECT	18
1 Number exercity grouts availably	79.0.1
2 First sufficity on supermotive transfatting and chieve band	Mcs
3 Mas due facility get NGC from fire department?	Mina
a second solid solid should be second by second by	
BELATER FLAN	A DO MONT
a Triage area defined?	tops mante
a Digester hain averlable?	Each marks
and the second sec	A CONTRACTOR OF CONTRACTOR
B PERSON & REPORT OF SERVICES	1964
Availantity of samilarity	that yet applied .
2 Stores = f and a shake encoperants?	Tuesday Deports

	12 12 12 12 12 12 12 12 12 12 12 12 12 1		
	1. destrifter well comme conter		-
100	eng Dire e		
			-
	Hand of Address of South		Sec.
* 10	informational database unables in a series. Angel a series (a series and finalities data) and inseries to an allowers a series and series	6	
-	da aradong		-

Constanting Investigations to	(Intr)
HALLS Y JAK Barlows A.P.S.	17 Sta
R. LOUGH Spins	and Charles I PEANE 73
C	the Name - Constraints
Cil	Cite Graphics
to then I'm them	Fat SINCS
somere 9	Trageaur Gars-
made NR swed slip	Contamo da e
a mouth. Tata	
- Deed	
trint .	Operation Name >
to as tr /f3	





## GUIDELINE FOR HOW TO ACHIEVE BRONZE QUALITY CERTIFICATE IN AB PM-JAY EMPANELED HOSPITALS





### **ELIGIBILITY**

Hospitals that are empanelled with AB PM-JAY scheme and which do not possess any accreditation or certification from any other recognized certification body (NQAS, NABH & JCI) can apply for this certificate.





### **STEPS FOR CERTIFICATION PROCESS**

Hospitals that are empanelled with AB PM-JAY scheme and which do not possess any accreditation or certification from any other recognized certification body (NQAS, NABH & JCI) can apply for this certificate.





## **STEPS FOR CERTIFICATION PROCESS**

- 1. Login on HEM Portal
- 2. Click "Apply for certificate"
- 3. Fill the "Registration Form"
- 4. Fill-up the "Application Form"
- 5. Submit and pay the nominal Application Fee

7. Reply to the desktop Non-Compliances (if any)

- 8. On-site Assessment
- 9. Reply to on-site Non-Compliances (if any)
- 10. Review of the application

11. Issue of the Digital Quality Certificate

6. Desktop Assessment







### **BENEFITS OF THE BRONZE QUALITY CERTIFICATION**

Additional Support to Create Quality Culture: Bronze Quality Certification will help hospitals to acquire recognized quality standards. The AB PM-JAY Bronze Quality Certification are inclusive and captures all the aspects of patient care and safety. The standards are also universally applicable as they remain same for all kinds of hospitals irrespective of their ownership and the scope of services provided.

**Nationwide Recognized:** The list of certified hospitals will be published online in a public domain that would help hospitals obtain a recognition among its peers.

**Increased Credibility of Healthcare Provider:** This certificate will establish trust amongst the beneficiaries for quality treatment in certified hospital.

**Patient Safety and Increased Care for Patient:** The certification focuses on quality protocols and patient safety which will help hospital in increasing their service quality with time.





### THE SUMMARY OF THE CHAPTER OF BRONZE QUALITY STANDARDS ARE AS FOLLOWS

Chapters	No. of Standards	No. of Means of Verification
Chapter 1 : Key Inputs	10	40
Chapter 2 : Clinical Services	11	41
<b>Chapter 3 : Support Services</b>	10	40
Chapter 4 : Patient Care	11	41
Chapter 5 : Health Outcome	11	20
Total	53	182





### CHAPTER 1: KEY INPUTS (OVERVIEW)

It is essential that a hospital should 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 given in this chapter take into consideration the facility infrastructure, human resources requirements and training, appropriate space in hospital for patient movement, proper lighting facility in the hospital, medical instruments and equipment requirements and maintenance, fire-fighting equipment and basic amenities like drinking water, waiting area, canteen, suitable toilets for men and women etc. However, the focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services.



### **Chapter 1: Key Inputs**



KI 1	Physical facility of the building and hospital environment shall be developed and maintained for the safety of Patients, visitors, and staff		
KI 2	Hospital should have adequate space for ambulance and patient movement		
KI 3	Access to the hospital should be provided without any physical barrier and friendly to people with disabilities		
<b>KI 4</b>	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 scope of services		
KI 8	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.		





### KI 1 - PHYSICAL FACILITY OF THE BUILDING AND HOSPITAL ENVIRONMENT SHALL BE DEVELOPED AND MAINTAINED FOR THE SAFETY OF PATIENTS, VISITORS, AND STAFF

**Interpretation** – The standard guide the provision of safe and secure environment for patients, visitors and staff. To ensure this, the hospital premises must have basic essentialities of infrastructure and shall have annual maintenance plan for infrastructure development. This includes appearance of the facility, cleaning processes, infrastructure maintenance and control of stray animals at the facility.





### KI 1 - PHYSICAL FACILITY OF THE BUILDING AND HOSPITAL ENVIRONMENT SHALL BE DEVELOPED AND MAINTAINED FOR THE SAFETY OF PATIENTS, VISITORS, AND STAFF (Means of verification)

- 1. There should be no cattle or stray animals within the premises
- 2. The facility should have a guard available 24\*7
- 3. The hospital boundary should be intact and not broken
- 4. Hospital (Building(s)) should be well maintained i.e. walls are well plastered (no cracks or seepage) and painted
- 5. Windows and doors are intact and have grill/ wire meshwork
- 6. The facility should have an annual maintenance plan for its infrastructure
- 7. Non-structural components such as cupboards, cabinets and other heavy equipment or hanging objects should be properly fastened and secured
- 8. Hospital building should not have wire hanging loosely
- 9. There should be no stains, grease, cobwebs and bird nest on walls and roofs of the hospital

**10.There should be a closed drainage system with no direct contact with the environment** 





### THERE SHOULD BE NO CATTLE OR STRAY ANIMALS WITHIN THE PREMISES



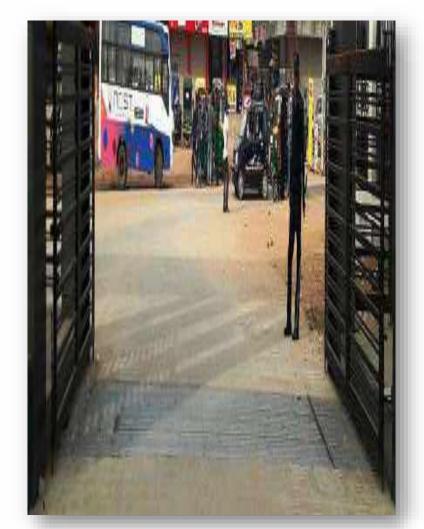






# THE FACILITY SHOULD HAVE A GUARD AVAILABLE 24\*7











# THE HOSPITAL BOUNDARY SHOULD BE INTACT AND NOT BROKEN









### HOSPITAL (BUILDING(S)) SHOULD BE WELL MAINTAINED I.E. WALLS ARE WELL PLASTERED (NO CRACKS OR SEEPAGE) AND PAINTED









### WINDOWS AND DOORS ARE INTACT AND HAVE GRILL/ WIRE MESHWORK



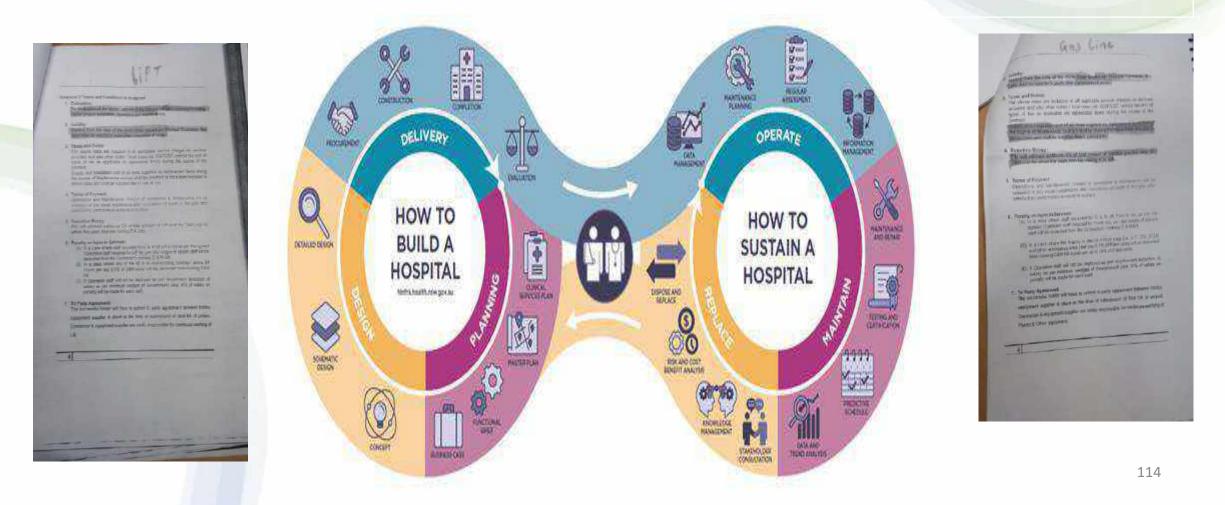








### THE FACILITY SHOULD HAVE AN ANNUAL MAINTENANCE PLAN FOR ITS INFRASTRUCTURE







### NON-STRUCTURAL COMPONENTS SUCH AS CUPBOARDS, CABINETS AND OTHER HEAVY EQUIPMENT OR HANGING OBJECTS SHOULD BE PROPERLY FASTENED AND SECURED









### HOSPITAL BUILDING SHOULD NOT HAVE WIRE HANGING LOOSELY







### THERE SHOULD BE NO STAINS, GREASE, COBWEBS AND BIRD NEST ON WALLS AND ROOFS OF THE HOSPITAL











### THERE SHOULD BE A CLOSED DRAINAGE SYSTEM WITH NO DIRECT CONTACT WITH THE ENVIRONMENT







## KI 2 - HOSPITAL SHOULD HAVE ADEQUATE SPACE FOR AMBULANCE AND PATIENT MOVEMENT

**Interpretation** – This standard requires that facility should ensure adequate space for ambulance movement and parking. The access to the emergency/ receiving area should be smooth and spacious for the ease of patient movement and safe handling.

#### **Means of verification:**

- 1. Ambulance should have direct access to the emergency/ receiving/ triage area and access road to emergency should be wide enough to streamline the movement of the patient till the emergency/ receiving area
- 2. No vehicle should be parked on the way or in front of the emergency entrance
- 3. Dedicated parking area for the ambulance





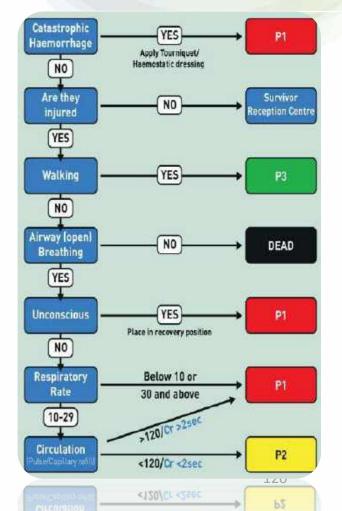
#### AMBULANCE SHOULD HAVE DIRECT ACCESS TO THE EMERGENCY/ RECEIVING/ TRIAGE AREA AND ACCESS ROAD TO EMERGENCY SHOULD BE WIDE ENOUGH TO STREAMLINE THE MOVEMENT OF THE PATIENT TILL THE EMERGENCY/ RECEIVING AREA





Triage category	Priority	Color	Conditions
Immediate	1	RED	Chest wounds, shock, open fractures, 2-3 burns
Delayed	2	YELLOW	Stable abdominal wound, eye and CNS injuries
Minimal	3	GREEN	Minor burns, minor fractures, minor bleeding
Expectant	4	BLACK	Unresponsive, high spinal cord injury
			cord injury

nign spinal







### NO VEHICLE SHOULD BE PARKED ON THE WAY OR IN FRONT OF THE EMERGENCY ENTRANCE







# **DEDICATED PARKING AREA FOR THE AMBULANCE**









### KI 3 - ACCESS TO THE HOSPITAL SHOULD BE PROVIDED WITHOUT ANY PHYSICAL BARRIER AND FRIENDLY TO PEOPLE WITH DISABILITIES

**Interpretation** –Provisions should be available for physically challenged/ vulnerable person to make the entrance accessible with ramps and grab bars. The facility should have facility of wheelchair, stretcher and trolleys with safety belts for immediate support of the patient.

#### **Means of verification:**

- 1. Availability of wheelchair, stretcher for emergency with straps to protect the patient from falling
- 2. The wheelchair, stretcher and trolleys should be clean, operational and their wheels should be properly aligned.
- 3. Availability of ramps with railings at the entrance of the facility





124

### AVAILABILITY OF WHEELCHAIR, STRETCHER FOR EMERGENCY WITH STRAPS TO PROTECT THE PATIENT FROM FALLING







### THE WHEELCHAIR, STRETCHER AND TROLLEYS SHOULD BE CLEAN, OPERATIONAL AND THEIR WHEELS SHOULD BE PROPERLY ALIGNED







# AVAILABILITY OF RAMPS WITH RAILINGS AT THE ENTRANCE OF THE FACILITY











### KI 4 - THE INDOOR AND OUTDOOR AREAS OF THE FACILITY SHOULD BE WELL-LIT

**Interpretation** – In order to provide safe, secure and comfortable environment to patients and staff the hospital should have provision of comfortable environment in terms of illumination either through electric bulbs and tubes at all the places, accompanied by natural source of light. Also, the front, entry and exit areas should also be well lit.

#### Means of verification:

- 1. There should be proper lighting in the indoor areas through natural light and by using sufficient electric bulbs
- 2. The facility's front, entry gate and access road are well illuminated





### THERE SHOULD BE PROPER LIGHTING IN THE INDOOR AREAS THROUGH NATURAL LIGHT AND BY USING SUFFICIENT



### **ELECTRIC BULBS**









# THE FACILITY'S FRONT, ENTRY GATE AND ACCESS ROAD ARE WELL ILLUMINATED







### KI 5 - BASIC AMENITIES SHOULD BE PROVIDED FOR ALL PATIENTS, HOSPITAL STAFF AND VISITORS

**Interpretation** – The hospital must have an appropriate waiting area with seating arrangement, drinking water, clean toilets sensitive to gender and physically challenged visitors and staff personnel should be present within the premises.

#### Means of verification:

- 1. Availability of seating arrangement in the waiting area(s) within the hospital premises for attendants
- 2. Availability of potable drinking water on each floor (functional RO/filters)
- 3. There should be a provision of canteen facility for visitors & staff inside the premises
- 4. Every floor should have at least one toilet for hospital staff and visitors
- 5. Availability of clean and functional toilets with no foul smell in and around the toilet along with functional water taps
- 6. The toilets floor should be dry and no drain should be overflowing
- 7. Availability of disabled friendly toilet with bars or railings and is accessible through a ramp
- 8. Availability of 24\*7 working telephone help line in hospital for effective communication





### AVAILABILITY OF SEATING ARRANGEMENT IN THE WAITING AREA(S) WITHIN THE HOSPITAL PREMISES FOR ATTENDANTS







### AVAILABILITY OF POTABLE DRINKING WATER ON EACH FLOOR (FUNCTIONAL RO/FILTERS)









### THERE SHOULD BE A PROVISION OF CANTEEN FACILITY FOR VISITORS & STAFF INSIDE THE PREMISES











### EVERY FLOOR SHOULD HAVE AT LEAST ONE TOILET FOR HOSPITAL STAFF AND VISITORS



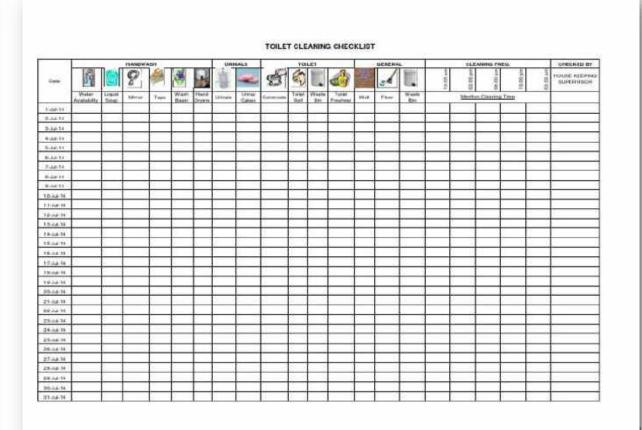






### AVAILABILITY OF CLEAN AND FUNCTIONAL TOILETS WITH NO FOUL SMELL IN AND AROUND THE TOILET ALONG WITH FUNCTIONAL WATER TAPS









136

### THE TOILETS FLOOR SHOULD BE DRY AND NO DRAIN SHOULD BE OVERFLOWING







# ET WITH BARS OR RAILINGS AND IS ACCESSIBLE THROUGH A RAMP







### AVAILABILITY OF 24\*7 WORKING TELEPHONE HELP LINE IN HOSPITAL FOR EFFECTIVE COMMUNICATION









### KI 6 - THE HOSPITAL SHOULD ENSURE THAT ALL MEDICAL STAFF IS ADEQUATELY CREDENTIALED AS PER THE STATUTORY NORMS

**Interpretation** – The organization shall ensure that the medical professionals who have required qualification, training, experience and consonance with the law are permitted to provide the services and such information should be appropriately verified. Also, the facility should maintain an adequate number and mix of staff to meet the care, treatment and services needs of patients.

#### **Means of verification:**

- 1. Doctor/ Nurse/ Paramedic Staff/ Admin & Support Staff along with the current designation, educational qualification, registration council of name and the associated registration number along with the date of joining and area/working department
- 2. Organization should plan human resource with adequate number and with mix and credentials of staff as per the statutory norms
- 3. Hospital has dedicated staff (3 members) for AB PM-JAY





#### DOCTOR/ NURSE/ PARAMEDIC STAFF/ ADMIN & SUPPORT STAFF ALONG WITH THE CURRENT DESIGNATION, EDUCATIONAL QUALIFICATION, REGISTRATION COUNCIL OF NAME AND THE ASSOCIATED REGISTRATION NUMBER ALONG WITH THE DATE OF JOINING AND AREA/WORKING DEPARTMENT

1%	Note of long-taxt	Fiffe's/HaturdNere	Dist Of Lafe by	Trie Ø Sini	Pqt	Peletatos	Cutification	liesnef an	Fille, Ala
ī	Di Sonthinai Aprovi	St. Vitel Asufficing	haras		Ling)	Onderiving	10.1.700	- IK	1303 (7)
ź	B. Aylannap	Gr karehouse	27278	20459	Sector Relate	Contractor Resolution	80199468-	3%	H3(U)
ł	li in an	W Wei Gardler	202222	1(2031)	- 1994 	Uninforces Lize Super-	Milenn'	116	SELfravents
1	êt heize S	le Hafilişi	3/00/2	11/107	Corrigation	Onubar instantia Contager	ND(IN Carrie)	m	1703104
1	Ot Rea Tartey	le hi Gure Tudle	3/1/22	439/344	Victoria	(Hyderchankapor	S.(Chander)	781	\$1969(V2)
1	ta Pastalguni	Dilkigene	1/0226		Aketlejelon	Andrastatic and Andrews	N instal	18	(857.07
t	ir Azdulia	Teleran	1370,768	11830	Nation	(dozuminesteen) (http://dozuminesteen)	5	-94	THE Mitasute
8	Gri Pairh	Atta Magnale	8/620/	15'67.21	Ottopide	Constant Conservation of the	45.340.044	Z3	9783300
	Consider Vision								
2	D'Sharechill	M. Buetage		加速度	herosy	lara.hat%prologe	CH (4sholog)	22,14	USH6NC:
2	Y Ances West	M. Sog Paza (Mdi	1	100933	Switty	Sindon Services	Wiles Dr.)	206	2.1601905
				-					
-									

				- 376.5						
-	1.6		Wa	ion The Super Let of J	perivity Hosp Inscience   Li		mitor(Ab)			-
110	interest	Erstinitere	site of introdum	antistry	Revolution	ho		F-10401 07 - 1	15	000
1	mitte	Ri. Du Boris	· Innie Arten	3.20235	100231	turity.	Repain	prilator.	Peorgita	· 秋秋· 州
3	meer	WL \$9075	Teritar	3,02	2090331	Seidy.	10	-544	211	4D1320/service
	神死山北	Ra semi-state	200W.Ed lane	3.3.21	259.19	Serie.	Intercepto	Hitnig	200	DB-010entry
1911	HHCS/	th opainties	NYON ANTHIN SALE	15:30 (20)	GREN.	Astiks	Rangetta	15385	231	Lassa mesuato
12	301039	W.IFIC:	Whid tohres	11411221	HANGTHE	19585 7000	integration day	PER Side	22()	(2388)
3	(6528)	W.Bnit	HW3000	1142(28)	6/1/18	Azor	ictiture	licking	201	QENERGIES .
1	10-33	Vir.Bietci	W. Stewart	5/0.071	10170206		Schlein	Sicheren	124	22Hr,ug
11	8512.71	Wr 41251-Lentrife	Mr. Kor and	2/6/201	1531-154	Arrise Arrise	Beltices	2164	(双)	Sales?
4	R54234	70.5mg	Pandununa	(25.3is	13/13/14/2	TOOL STORE	satture	39	72.5	5170,83009
10	NER	NO. NEW YORK SHARE	P. industriet	CANADO .	MOTORAL	345	lighten	24	233	75561, 12,80410 (9)
1	5548	N. Avantere	Bit, Brief Byt	13'5212	PAT/SE	4:50	Nor-Instat	Vehicts:	112	RM.
2	1548	No. Aral No.	10.59 neu	13 3 3 3 1	78.55	Arrest	Gillion	WY	-211	44117
\$	10-000	Wishth Ising	W.Selferbar	190001	5/16/100	Rut	WATE	74	14	44325
11	NEWSW	Vi Smiller iden	W. to Intifu	8-01214	10,02,000	- Niles	Infinus:	811	205	
1	101000	U. Salers Dr.	Wildel Come	128922	and the second se	Notes .	Autograme	10.11	284	1022318
'n.	N54655	() Rethalid	W MILTON	中国国家	13/07/381	1000	無形物理	(84	200	245
11	NEWLIS .	a star	HE ACCEVER	1/201%	10000	Ser.	317744	(30)	206	4,4318
31-	General Contemporal Contempora	WC (SSH D-C	U.H. State	640.945	ATTRACTOR.	larg.	affug .	EnArith	JIK	\$17/JE
31	ONE D	M Dept here	th Delaya	The lot of	(192)(204	107	Naint toka	EQH	216	ticsial
78	96-380	Mt. Arr. Dol	21 Veschi	artan-	3409 mi	108	Hatel Hotel	100	- 35	101110
10		M Sitvadiaia	MDR. Jackmenn Later	and have	Galuni	4:05	littlijes	60	2.5	(massel)
1	USICY	Att Earth Witness	Pit in past	17,85	ene/put	8/22	20100	400	2/4	34(5-0-%)
11	15-1010	M.adutaes	Bulley Mean	anota .	TERMINE:	TONY.	XF M.m.	909	32.04	12846.0
16	105-1011	W.Shierlays	HU Shale by	BARDON T	D-Children	1000	office .	(22)	0.0	HOUSE.
ĨI.		No. Alta	His balan Dates	1/2/09	33793	THE	Vat Aufter	(2)	345	1.000
11		N. KSCIIIIIII	Witten that	cilizant,	(46)(34	3000	258 86.99	CAN	303	1046-011
T		sh. as comition.	W Sealon	3622	13/39	Emir:	trui 16\$	City)	2.102	1211(15)
	A HURS	th Watth	WY Millioners	D19737	152(19)	1:03	Diff last	CW4	387	(IECES
8	and the second se	it Will Gas three	At the to areas	10.00/025	11/0(198	Nu	2011Lm/	254	307	19230
1		VL THE REAL		Gallan	民政制度	Asia:	Sellin	(201	102	ALC: NE
8	Charles of the second second	Par Salte	NY JEPHINA	Capitan!	1648940	fails	36'842	061	CF I	-97M
2	States and States	Vitition	36.50 http://	100,021	REEDIN	ferry	suffice.	95	iur.	ATC SALE
ii i		the second s	We dikt lands	2/16/21	20,2,39%	home	setters	ØW	122	ALC: NOT
18	and the second se	Viriageterspile Viriageterskalter	W Meul	1/加口	21/11/2003	<b>Loin</b>	Scillun	GM	11947	2018.8.4
22.	Accession of	ALTERNATION .	A9W10885	14393323	199,081	hirse:	5215/m	SID	1114	87.000





### ORGANIZATION SHOULD PLAN HUMAN RESOURCE WITH ADEQUATE NUMBER AND WITH MIX AND CREDENTIALS OF STAFF AS PER THE STATUTORY NORMS



	tabat betw		Det Ganapell Nets halmology Clinical F			
and him	eg attaliatus segary					
	In the above surgest pro- sided events is accepting on a constraint with discussion real writes performance of a statistic performance, a problem. As a recomment, a problem. As a recomment, a	onteres Demonstration for OAC 04: crosservice crosservice conteres conteres conteres	gradisen sonreg progra ad active probability and a completion of followings reaction (200 Space and a R <sup>2</sup> a colleging which helder	rahima puta ethic 31 reptio is predoc 16 ru	r (100 hours ever the Reversal of privileg edual with document	96. 102
	elstingen: Zeular Goming Hadinaction (Hidgor plac		U Requester Tradmini			
	fillog/indony	-	Chiquited for eating	and a second second		
and the second second	Billion of hor mutules for	THE R	THE REPORT OF			
Armenio	Facilitation Derromation	Democration of Schedular State	en activate training program en active access specificage of Selfowedge within 34 may of security process (11)	presidice (100) have refine Amount come the per	5 bAr (M prevent	iii an
	And any December 2014 and DM. Any Angle	One exception and the product of the	In active actually executing reflecting actives 24 and a resulting metrics (24) the contemporation (24) the contemporation (24) the followard active the second active to the followard active the second active active to the second active active to the second active active to the second active to the sec	profile (100) have the house house the pro- tion concerns profile concerns and according to the concerns profile and according to the metal of according to metal according to metal according to metal according to metal according to metal according to the the second to	n and Mappennia would be appended to content specified of ameniting the MC and the integral and the addition and the addition and the addition	34 65 MM
	Anothere Documents and DA. prefere to a motion of the second of the second to an access the second to the second to an the second to the second to the second research of a before to the second research of a second before to research of a second before to r	Democryptics in configuration and activity with an example of a configuration and activity in the activity in	In a lattice accurate previous type of collecting previous 1.5 m and an excertainty previous 1.24 m as a secretary previous 1.24 m as a secretary of a landing to coll definitionary of the following of collecting of the following of collecting of the following of the proving and the following of the proving and the following of the proving of the following of the pro- tocol following the pro- manded and a secondary following the pro- tocol following the pro- tocol following the pro-	profile (10) has dis. Notes new the pro- tes converse profile part or at activity. In converse profile and the conver	stant / A prevent would be cannot a up to a passive of connect savely of connect savely of the saveling the of and the saveling paint to connect mainteen and mainteen and and and and and and and and and and	

	PRIVILEGEFORM FOR NURSING STAFF GOVERNMENT (CL8SC) SPINE INTIUTE AND PHYSIOTHERAPY COLLEGE AHMEDABAD					
Employee Name						
Date of Joining		-				
Department:						
Designation						
		Yes (V)				
Required	• GNM	1.000				
Qualifications	<ul> <li>B.Sc, Nursing</li> </ul>	1				
Privileges	(1) Nursing Initial Assessment	_				
	(2) General Nursing Care	-				
	<ul> <li>Back care, Mouth care, Sponge, Nall Cutting, Bed Making, Hair wash</li> </ul>					
	(3) Intra Muscular Injection Administration	_				
	(d) Intra Venous Injection	_				
	(5)Blood Transfusion Monitoring	_				
	(6) Assisting Operation Procedure (7) Oxygen Administration					
		-				
	(8)Administration of High Risk Medicine (9)Urinary Catheterization	-				
	(10)Pre-Operative Care	_				
	Patient Identity check	-				
	Part Preparation	-				
	Consent Signed					
	Pre Mastication given	-				
	Correct Side Marking	-				
	Site Preparation	-				
	Site Marking	-				
	Bladder/Bowel-wash	-				
	Olegoer/dower-wash (11)Post-Operative Care					
	Vital Sign Monitoring	-				
	Maintain Intake Output Chart					
	Ivinjections	-				
	Catheter Care	1				
	Catheter care     Drainage care					
	CVP Care	_				
	Operation site Monitoring	-				
	Proper Positioning to Patient	-				
	(12) Equipment Handling					
	• ECG					
	Rebulizer	-				
	Glucometer	-				
	Defibrillator	-				
	Vac Machine	-				
	- VOL WIGGINIE					
	(13) Multi Para Monitoring					





### **HOSPITAL HAS DEDICATED STAFF FOR AB PM-JAY**











### KI 7 - THE FACILITY HAS FUNCTIONAL EQUIPMENT AND INSTRUMENTS AS PER SCOPE OF SERVICES

**Interpretation** – The hospital must have all the equipment and instruments according to the scope of services they are offering. Basic functional diagnostic equipment should also be ready available.

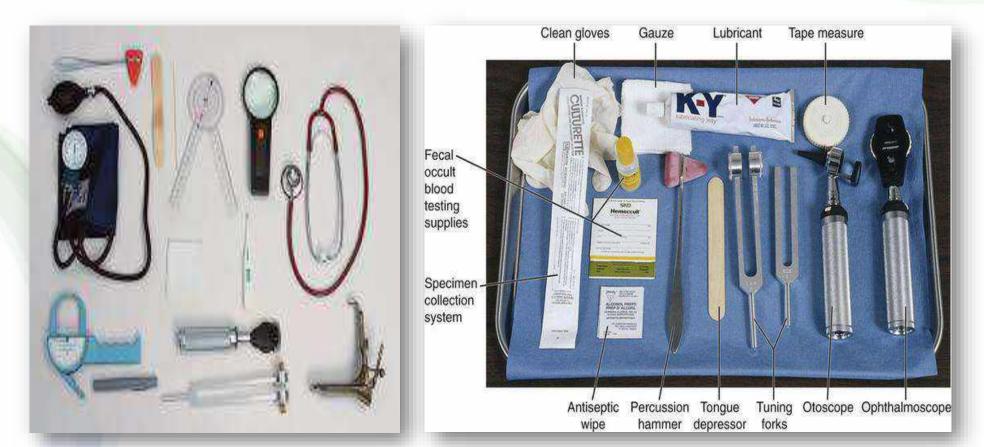
#### **Means of verification:**

 Availability for examination and monitoring of patients - BP apparatus, Multipara meter Torch, hammer, an instrument to measure height, weight and Blood Pressure (BP) to conduct a general examination





### AVAILABILITY FOR EXAMINATION AND MONITORING OF PATIENTS - BP APPARATUS, MULTIPARA METER TORCH, HAMMER, AN INSTRUMENT TO MEASURE HEIGHT, WEIGHT AND BLOOD PRESSURE (BP) TO CONDUCT A GENERAL EXAMINATION







# KI 8 - HOSPITAL SHOULD HAVE FIRE DETECTION AND FIRE-FIGHTING EQUIPMENT INSTALLED AS PER FIRE SAFETY NORMS ALONG WITH STAFF TRAINING

**Interpretation** – The facility should have plan and provisions for early detection, abatement and containment of fire emergencies such as documented safe fire exit plan and trained staff. The periodic training shall include information, demonstration to use fire extinguisher and mock drills.

#### **Means of verification:**

- 1. Check if fire extinguisher, fire/smoke detectors are installed in patient care areas with firepanel
- 2. Check for date of expiry on fire extinguisher which should be the beyond current date
- 3. The organization has a documented safe exit plan in case of fire and non-fire emergencies
- 4. Periodic training with mock drill is provided for using fire extinguishers





#### CHECK IF FIRE EXTINGUISHER, FIRE/SMOKE DETECTORS ARE INSTALLED IN PATIENT CARE AREAS WITH FIRE-PANEL







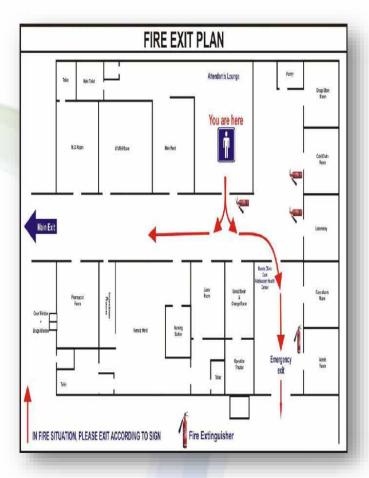
## CHECK FOR DATE OF EXPIRY ON FIRE EXTINGUISHER WHICH SHOULD BE THE BEYOND CURRENT DATE







# THE ORGANIZATION HAS A DOCUMENTED SAFE EXIT PLAN IN CASE OF FIRE AND NON-FIRE EMERGENCIES



- N			
FINE ERCAPE PLAN	HREECARE PLAN		THE ESCAPE PLAN
Ground Floor 9, dia Annua 9 Annua 19 Annua	First Floor 944 - 444 Energy 101 Withing 101 Withing 101 Withing 102 colr to 20 colr	Second Floor [21]/4-014           Dress of the sector of the value 201         Dress of Office what to g 201           value 201         RCK (united) 212           watting 201         Store (General 212           server at Wat 202         Store (Medical) 213           thurst 203         store (Medical) 213           Toilets 203         entit of 214           culturation 205         Toilet 215           culturation 205         Toilet 215           viP Room 207         affert 217           wiP Room 208         affert 217           viP Room 208         affert 218           viP Room 209         child 218           viP Room 210         child 218           reliabilit add 210         child 218           viP Room 219         child 218           viP Room 210         child 218           viP Room 211         cornes Depit 220	Third Floor offed field           Description         Description           रिसेप्सन 301         जो. दी. 300           Reception 301         O. T. 309           प्रतीसालय 302         जो. दी. 310           प्रतीसालय 302         जो. दी. 310           प्रतीसालय 302         जो. दी. 310           प्रतीसालय 302         O. T. 340           प्रतिकाल 44 304         Ellaired 311           प्रतिकाल 44 304         General Ward -312           जो. दी. 305         Toilet 311           प्रतिकाल 44 304         General Ward -312           जो. दी. 305         Toilet 313           जो. दी. 305         Toilet 313           जो. दी. 306         सरोर 314           जो. दी. 307         फिजिसिया का 315           O. T. 306         Stors 314           जो. दी. 307         फिजिसिया का 315           एरेरिसाइजेश्वाल 308         प्रतीसालय 316           अरेरिसाइजेश्वाल 308         Waiting 316





# PERIODIC TRAINING WITH MOCK DRILL IS PROVIDED FOR USING FIRE EXTINGUISHERS











#### 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

**Interpretation** – The organization shall provide regular training to the staff providing direct patient care. If the facility has a CPR team (e.g. code blue team) it shall ensure that it is trained in advanced cardiopulmonary resuscitation (adult, pediatric and neonatal) and is present in all shifts. All doctors and nurses working in ICU/ HDU should undergo appropriate training and display the CPR algorithm at all the critical areas.

#### Means of verification:

- 1. Training Records for Basic Life Support (BLS)
- 2. There should be a code blue protocol in the organization
- 3. Check the display of CPR algorithm in or near ICU, Clinical area and Emergency areas.
- 4. Check the records for CPR events & CPR Mock drill along with the corrective & Preventive measures taken





### TRAINING RECORDS FOR BASIC LIFE SUPPORT (BLS)

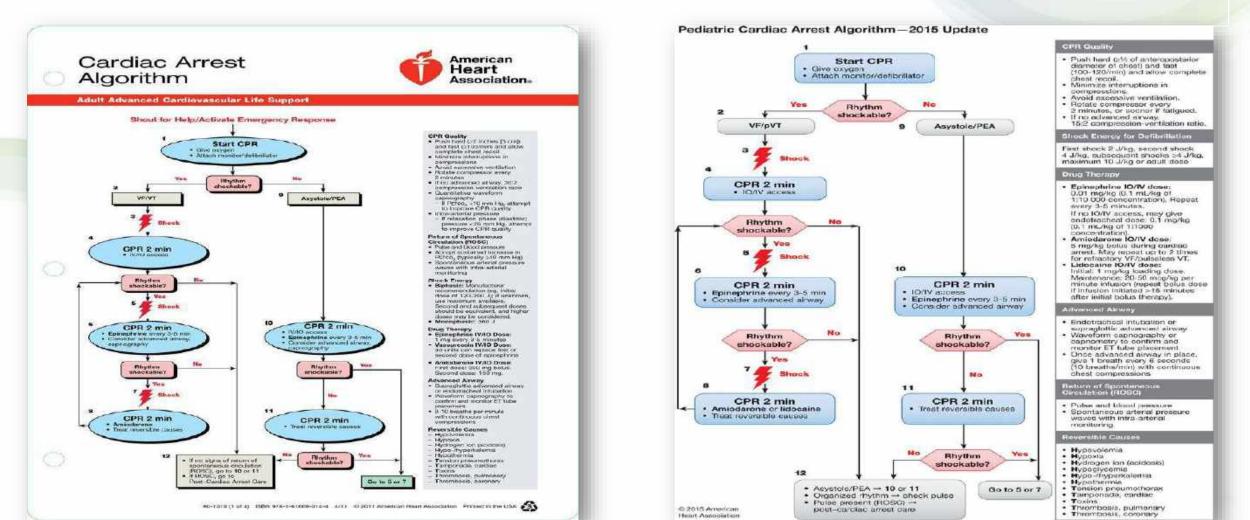








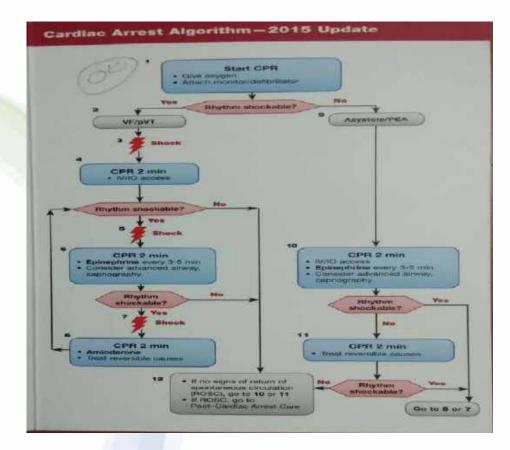
# THERE SHOULD BE A CODE BLUE PROTOCOL IN THE ORGANIZATION

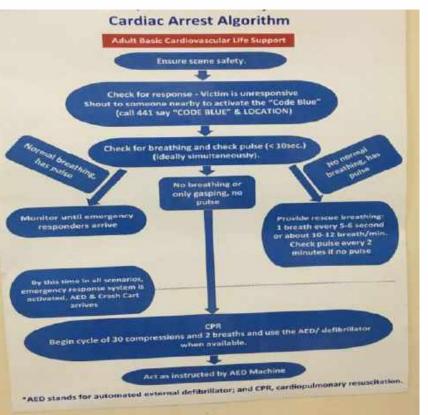






### CHECK THE DISPLAY OF CPR ALGORITHM IN OR NEAR ICU, CLINICAL AREA AND EMERGENCY AREAS









# CHECK THE RECORDS FOR CPR EVENTS & CPR MOCK DRILL ALONG WITH THE CORRECTIVE & PREVENTIVE MEASURES TAKE

	DE BLUE EVA NT (CLASC) SP ME INSTIT AHMEI		
This form is to be kept in cra:	e e en e en e en e en e en		Manastmants)
vame of Patient:			5 (E) (E) (Second
Nord :	Date: _ / /20	Age:	Sex Male 3, Female 0
1. Date and Time of Cardia	ic Arrest:		
2. Was the control room info	rmed		
3. Code Blue activated: Ye	s/No		
If Yes: Time:			
If No: Reason:			
and the second second	ent audible in all areas		
4. Was the code announceme			
<ol> <li>Was the code announcement</li> <li>Time of Code Blue Tean</li> </ol>			
4. Was the code announceme		e Team Arrival:	









# KI 10 - ANNUAL TRAINING PLAN SHOULD BE PREPARED FOR ALL STAFF COVERING ALL TRAINING NEEDS

**Interpretation** – The hospital should document plan and prepare a training calendar to ensure staff is able to identify the patient's rights and responsibilities, potential hazards, maintain required quality and take appropriate actions during any disaster.

#### **Means of verification:**

- Facility prepares training calendar as per training need assessment, training feedback records - Training on Disaster Management, Patient safety and rights, facility level Quality Assurance.
- 2. AB PM-JAY specific training (e.g. BIS, TMS, HEM & Support Portal, etc) to all concerned staff.





#### FACILITY PREPARES TRAINING CALENDAR AS PER TRAINING NEED ASSESSMENT, TRAINING FEEDBACK RECORDS - TRAINING ON DISASTER MANAGEMENT, PATIENT SAFETY AND RIGHTS, FACILITY LEVEL QUALITY ASSURANCE

	or I should ge water	the second se	The loss of allow
February		August	
March		September	
		October	
Way.		November	
-	A Contract of the second se	2	1 Contraction of the sec





## AB PM-JAY SPECIFIC TRAINING (E.G. BIS, TMS, HEM & SUPPORT PORTAL, ETC) TO ALL CONCERNED STAFF







## **CHAPTER 2: CLINICAL SERVICES (OVERVIEW)**

The definitive motive of a hospital is to provide clinical care. Therefore, clinical services are 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.





### **CHAPTER 2: CLINICAL SERVICES**

<b>CS</b> 1	Patients privacy should be maintained in Out Patient Department (OPD) and In-Patient Department (IPD)
<b>CS 2</b>	The lab diagnostic services, whether in house or outsourced, should be as per the scope of services
<b>CS</b> 3	Blood bank services if available shall be as per the statutory/regulatory norms.
<b>CS 4</b>	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
<b>CS 6</b>	OT complex should be available as per the regulatory requirements
<b>CS 7</b>	Look-alike and sound-alike medicines need to be identified and stored separately to avoid any dispensing and administration errors.
<b>CS</b> 8	Policies and procedures for identification, safe dispensing and administration of all high-risk medicines should be documented and implemented
<b>CS 9</b>	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.
<b>CS</b> 11	Pre-Anesthesia assessments, type of Anesthesia and Post Anesthesia status should be documented.





# CS 1 - PATIENTS PRIVACY SHOULD BE MAINTAINED IN OUT PATIENT DEPARTMENT (OPD) AND IN-PATIENT DEPARTMENT (IPD)

**Interpretation** – During all the stages of patient care, be it examination or carrying out a procedure, hospital staff shall ensure that the patient's privacy and dignity is maintained. There should be a provision of screens and curtains to ensure precautions are taken while providing care to patients.

#### **Means of verification:**

1. Check availability for privacy screens or curtains in OPD and wards for maintaining visual privacy for the patients





#### CHECK AVAILABILITY FOR PRIVACY SCREENS OR CURTAINS IN OPD AND WARDS FOR MAINTAINING VISUAL PRIVACY FOR THE PATIENTS







# CS 2 - THE LAB DIAGNOSTIC SERVICES, WHETHER IN HOUSE OR OUTSOURCED, SHOULD BE AS PER THE SCOPE OF SERVICES

**Interpretation –** The facility should have MoU/ Agreement for the out-sourced laboratory services, which incorporates quality assurance and requirements of this standard. Also, a list of services provided by the hospital or outsourced should be available. If the services are outsourced, then the hospital should ensure safe and timely transportation of specimens.

#### **Means of verification:**

- 1. List the number of in-house lab services
- 2. List the number of outsourced lab services with their scope of work.
- 3. In the case of outsourced services, is there a sample collection room and a procedure to monitor the quality and adequacy of these services.
- 4. There should be a system in place for the daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge of monitoring diagnostic services 162





### LIST THE NUMBER OF IN-HOUSE LAB SERVICES

#### Laboratory Services

#### Laboratory Procedures

A more a company of uppeaded concerning of research a solution of the second statement of the second second statement of the second sec

term: The barrowing with UPC ingle population access interpret with some of a second with some of the distance income and some provides an and and a plantaged, an inapprotect Second in

Same	Lió You hovout	PON NOVIM	1279 E
1005	Description	8000	Discriptor
604	Webble Law End	102	Perengida ankalita (torra igo)
0.001	Umability, Rohand wronge	10440	- Purside applithetics that Draph Search
181	Distant which and the	1692	Public application has productional
640	Druges losses als scent	1 10040	The requirement and
100	Criages, a.te. ecologe	ROHON/581	Sol Fet Mexicon, Ind NationAccurrent arty/Sept Seep
198	(Visiger	ENDOWNE.	Other Street, and Street, give me
1.00	Districter fortailles	antena y le	Columnses on your best break on: their report
1000	Miteory constraine -	REPORTED A	Shed, you die Tala-instituting,
648	Con page of page of the	10-00-X	Designational sphere Despire as in Modeling
-	drives regist hal is shown	COORTING.	Teaching for both later agest align- deals (A) will reason with the graph measure fermionic graph.
424	Only stop with	11-006/304	The side of an englished the transmit
881) 	Qualified, other status	energe-	mention and unique detectionly resources with device point accendance investories, going billing many signs
Calific	Annie Konnerf-Orleherschung zuch der seynenden of pri "Old nie Old, wille, prinzlig antidatei Di Manders, Ten proches scorwerfer Parlowinger Ober	Table 34	Wheel the states wheel
COORT	David, Solik, and an Oriential and Solik. phil. One and discourse patients of the subset of the pression operator in Public system DNL' second manifold inside systems (System).	PTR TOOOS	No sale Pido Sant Coord, el de più 3-1, giornesiste del sele contra del sentente a lagrant all'untre malgin
IDATON	NoncisimiN southernait	RINDOMOT	Stride a same weptic (port) a compositivity of proping. For all product of here gradient if transmission a chapter of the main manual
XNOC	Disards Mail-maper (14-Logilaute redition): division disards into 15a specially in Densi wa	REPORTE	Same status single process, spece and artistic program interaction for consid- some former and so where
lestates:	Contrast Sectors generate resolving Sectors, objects by the CSA satisfied; to home an interfere test	PARAMETAI	Sport angles organized as 2 work general, abuve gradied to transmission degram with anne barren brann would

8111

(mistatere	T0000)
Brownig Technika	( per ce
2+5	101.00
Add to be provided to be	1 100 00
	05-10
PERMITS.	(Ref. 10)
- T(1)-	-
04	101.00
and sold support.	14 m
Patternania, and paterna	1.000
	19.9
and a second track income	10
and the second s	
Secures	11.00
(Hereite Berger	1996
PDC+CDOOM, T HOODD TH BT	104.00
(ADDRESS)	1000
limit erroe	410-
104	tai ter
000000	16.00
+++	jalas -
(000000000000)	-100.00
4.44	14(10)
	Here.
-treatments)/	+0+
HOUR	944.04
Descention (	Hile

	. આ. કેન્દ્ર સલુણમ	i Gu	RIGE
-	લેબોરેટરી સેવાઓન	0 0	big
	st of Laboratory Servic	es Av	ailable)
51,ml.		04004 B	સમય
-	855 dH	61	૨૦ મીનીર
4	બ્લક ગુપ	61	าน คิดใส
а	અંગ, આઇ. વી.	61	<b>५०</b> भीजीत
¥	મેલેરીમાની લખાસ	61	રપ મીનીટ
M	બી.ટી., સી.ટી.,	-11	
9	અથકોથકની તપાસ (S-WIDAL)	61	૩૦ ગીનીર
	०लड - सुगर	61	૧૦ મીનીટ
e	ચુરીન પ્રેગન્નસી ટેસ્ટ	el	no Mella
e	राय रोगोनी तपास	01	ning the suidant
10	્યુરીન - સુગર, Alb.	61	૧૦ મીનીટ
11	Stool ell avier (Routine stool)	ି କା	i et al la companya de la companya d
12	વેટ માઉન્ટ (ફંગરાની તપાસ)	-it i	<b>Part -</b>
43	સીકલીસની તપાસ (VDRL)	61	ક બ મીલીટ
18	પાણીની તપાસ	61	રપ મીનીટ
૧૫.	KOH 282	61	sibile or
	B.S./B.P.		30 Holla





## LIST THE NUMBER OF OUTSOURCED LAB SERVICES WITH THEIR SCOPE OF WORK

10			Mart 7.4	ME	-	-	भारतीय गर न्यायिक
Con-			1905103			-	िएक सो रुपये 💦 Rs. 100
Sr. A	same of the Party	Saila Pre	om Valet t	Ø Purprise	Kentopic	Hage No.	
1 10	Di Managine B. Saarit a lavortin. Di Managine B.M.J.P. Sarrate.	V) 47-01	11 11 12 m	Die State erfogen und Geseurig. Die Best Hersel Geseurige ward Geseurigen.	104	70	ONE
1. 94	IS NOT THE OWNER WATCHING THE REAL PROCESSION.	59-94 M		- Mar Warger Ant Indones			5. 100 HUNDRED'RUPEES
+ 145	a favoropation M.M. Income.	98.04.21		B The District Services		1	
CAL MAN	COLUMN TRANSPORT	(181.1H-268	1 100000	P TH DESALT		1	
	These Prin Control Parisons	111.04.270					HIRE INDIA
2 (M/A	stars that Margari Market	dame with	a such you	Ballet ( March 1944			INDIA NON JUDICIAL
in fairs	Dist Carteri	01-09-30(1	i limita	For Links Bry flaid Wentry,			THE THOM TON JUDICIAL
# NVN	Automotive Services	WE STORE	12-10.021	for the Medical scores startenid		- 41	Outplot Tropping Office
1			A second de	Just Alerina I		1	TIME ANALARA HITRA
- 1min	the cost trained	-ki walimin	19950-	for ourself to an evident pression of an		1000	a invester -x22 - 1 min April V
i bint	and the state of the state of the	302446-0008	Million .	The state of the balance of the state		106	2 9 MAR 2019 THERE STATE
r lash a	And the second second			The Disgustion whether and the		14	G and a second contract
	of the Bertroline, Tames	100.02.2054	P. P. P. P. Statistics	Internation destruction of the second	-	1	Frank the Acade the star
701.144	it harder (the second of the	00 00 741 P	THE REPORT	The Dispersion in Technic Serie Addressing Services		111	1 MANNA ATTING THE
Total Pro-	-bints Pationa Londin	28.61.00.00	1 27 99 380	Par Path product of Dervice 1	-	16	
parter	International Conternation	16.05.008	10.00 (0.01	In Raisings Digential		DACC 1	
fatter and	Anderson .	10.08-2017	TIMINA	PRIVATE INTERNATION		10	
	12 - 5 11 / 52	10.2		Pari dese			
	+ FRANCISCO DE LA CONTRACTO	service parts	ALC: NO. OF CO.	State of Anter Area is not the		200	
				of here			CONTRACT FOR PROVIDING SECURITY MERVICES
Bulleties	clought .	AL. 4517		+ attached man = Forsen die			
				A 2001			THIS MEMORIALIST In made and minimum at laws in this 31" Planet 2010
100.00	- Blance   Lippe Brinky	to said the	the second se	adapter .			
of Denset a	of PERSONAL PROPERTY.		in example	A COMPRESS OF A DESCRIPTION OF A DESCRIP		(1 mm)	Belween
	The second second			2 4 S 1		14	Shill Ganapati Netralaya THA HOSPETAL
							De ruenner Road jainu - 131 303
							AND
							H/S Mediators & Ajanthe Security Pvt. Ltd your CONTRACTOR
							M/S Mediators & Ajentite Security PVE Sta
							They Church CHOCU,
							a compatian (Pre.)
							An Such
							4577
							The set of
							A Three Coldy ( the start of s)
							A A A A A A A A A A A A A A A A A A A
							Number of the second se
							1
							No. No.

164





# IN THE CASE OF OUTSOURCED SERVICES, IS THERE A SAMPLE COLLECTION ROOM AND A PROCEDURE TO MONITOR THE QUALITY AND ADEQUACY OF THESE SERVICES





#### SAMPLE EQAS MONTHLY REPORT

**Do-Rad Laboratorie** Clinical Chemistry (Monthly) Sample Number: 7 Laboratory Number, 000 Sample Date: 23/01/03 12: Glucose Your Result: 64.0 mg/100 ml No. And Advantages Name sectabled 525 644 1.08 -0.02 82.4 3.15 -430 You Gray 100 Comparatur Mean THE MIDNE 642 226 Mathead - Mill , 745 M , Intra-Section Resetts Magnite 511-545/56 7 Analyti Levery-Jeanings Chart - Discour Statistic ر از از او او ای بخر ان او ان او ان از او او CON Neutri OUF Ses IIII TATONA 80-IIII to both the local LADIMENT Manual Ext 42.94 H125 67.41 (0.43 > 71.4 fample Cipe A Tarti and To Lit family Last 12 Sample Dates Lovey Janaings Comparator





## THERE SHOULD BE A SYSTEM IN PLACE FOR THE DAILY ROUND BY MATRON/HOSPITAL MANAGER/ HOSPITAL SUPERINTENDENT/ HOSPITAL MANAGER/ MATRON IN CHARGE OF MONITORING DIAGNOSTIC SERVICES

#### Annual Building Inspection Checklist

Facility Exterior	YES	NO	N/A
is the building address or identification clearly visible?			
Are exterior lights in working order?			
Are the exits onto public streets free from visibility obstructions?			
Are all building sides accessible to emergency equipment?			1
Does the building appear to be in good repair?			
Are exterior walls free from cracks or other damages?			
Are windows free from cracks or broken pages?			
Are paved surfaces inspected and repaired (i.e., lifts, crincks, etc.)?			
Are stars, landings and handraits in good repair and fastened securely? (inspect the bottom of each step)			
Are facilities periodically inspected and documented?			
Are all sever clean our caps in place?			
Are al impation covers in place?			
Do entrance doors dose slowly to avoid hazards to fingers?			
Facility Interior	VES	NO	N/A
Electrical Systems			
Are all electrical panels secured?			Ľ.
Have all electrical directs been identified?			
Are all electrical avritches and receptactes in good repart?			
Have Ground Fault Interrupter's been provided on clicuits in proximity to water?			
Is there a "lock-out" procedure in place?			

Varial         Varial         TECM           1. Materian         Appropriate Suspendiation (with province) and the state of	Caberration Same		Data of loos Targerstot/Ao Brogerstot/	ullisse Mannis
<ul> <li>I. Mar model.</li> <li>R. Price programs gluone methods period in fully dependence. If weights a first statistic program of the section of the dependence of the section of the dependence of the</li></ul>				And other
*) Employees Occupational Sofery and Italia Program	1. Add reached     1. Performant & suscerify elements     1. Performant & suscerify elements     1. Suscerimants & suscerify elements     1. Suscerimants & suscerify elements     1. Suscerimants     1.	An and a product of the provinces per ( food, starting off, being, if weekled) estimated to bala set worked in table provinces and a set of the set of the set of the provinces and the set of the set of the provinces and the set of	<ul> <li>A. Proc Fusion.</li> <li>A. Proc Fusion.</li> <li>A. Proc Market.</li> <li>C. Proceed on the second secon</li></ul>	An one provide sector of the s
	*) Employees O-coopethernal Safet	and Haalds Program	- HALABOOK	Later, & ether Kalverg as sportpriate
NOTEL	HOTIG			





# CS 3 - BLOOD BANK SERVICES IF AVAILABLE SHALL BE AS PER **THE STATUTORY/REGULATORY NORMS**

**Interpretation** – The blood bank should be functioning and adhere to standards procedures for blood collection and testing. In case the hospital doesn't have the blood bank, it shall have a MoU with the blood bank or the organization having a blood bank which has a valid license. IEC material for blood donation should also be displayed at all strategic locations.

#### Means of verification:

- 1. Blood bank services are available in house or outsourced. If outsourced then adequate supply/storage shall be ensured from a nearby authorized blood bank
- Blood bank has a valid license under Rule 122(G) Drug and cosmetic act 2.
- Blood bank has a facility of blood collection and storage along with emergency stock of blood 3.
- IEC material is displayed in blood bank and nearby area to provide information and promote blood donation 4.
- Check for availability of adequate functional equipment for blood products Blood bags refrigerator with 5. thermograph and alarm device, Insulated carrier boxes with ice packs, Blood bag weighing machine and deep freezer 167





#### BLOOD BANK SERVICES ARE AVAILABLE IN HOUSE OR OUTSOURCED. IF OUTSOURCED THEN ADEQUATE SUPPLY/STORAGE SHALL BE ENSURED FROM A NEARBY AUTHORIZED BLOOD BANK



		Mat/AV	č	-	- 1	भारतीय गर-यायिक
V. Name of the Party	Salid From	Valiet Litt	Purpose	Kamork	Hage	एक सो रुपये RS, 100
1. Pres Menutor & Anethe Interio	VI Ve alla	11.47 100	Ster Current Designs	We	<b>6</b> (1)	ONE
<ol> <li>Kelly Automptical ACAD Internation</li> <li>MUS Table ground Internation Part Little</li> </ol>	() deprive		Per muching og binnen	_	1.1	で、100 HUNDRED'RUPEES
<ul> <li>M. S. 101 April gamma in the same restaut.</li> <li>Accur Annangafinit M. W. Immunit.</li> </ul>			Die ktyrige and derenant		- 2	V. DOU MONDREDITOREM
· Service of Carry Surgers	01.00 3039	10000000	The Duarian Summers	-	1 2 1	and the second se
a Ne Character	180.00-3681 101-88.3793	25.52 1010	The Teristics	-	- 1-1	States HIRE INDIA
e Jean serve Universit Margari Maria a	tanvera	suis and	Paranal String Me Epidemini		1.1	
			The Links Dry files heating			INDIA NON JUDICIAU
Inite Deal Calmen	1018-011	1100-010	A CONTRACTOR OF A			
N/S Middle woods a terrars.	WEST DATE.	12-01/027	for the Medical works that and		- 4)	Disting Triscoury Office
here means	*Learner 1	under of	Aberral I		1	THE MARARARA HERA
Mpl. Internet. Space: Incoming	ALMONT.	1992-001	ber merte binn syffet form and at		1000	13 13 MR 708 ACCOUNTS THE SECTION
NEW TAXABLE AND DAMAGE	10144-004	Managers	Fer suchaine d'abeut (Carola		1.6	Linking 2 29MAR 2019 mendiung galais
		Annesse	Anti-Antonio Consistent Chi Unggenerate in Antong Anti-Ale		-	The second and the second approximate
Tall Litter Britwing Steen	10.52 0110	an colority	unt lings	-	19.1	Francisco
15 Austral Bertrakan, Tampa De meljik kastak-trakturingeti	100.12.2011		fan Bilgerein (d. Techeg en Aufricean Sectore		10	The bearing and the
No. Include Parada London		17 00 1007 0	Ser Patherskiller Bernann	-	H	
NUT BALLAN STUDING CANCE		in minore P	in Rabipage Brage adda.		DACC 1	
do tels fondamentes	10.00 212 12	toni area 18	I PERMIT INTERPORTE		10	
Souther States	1112	1	d.j.m.		in the second	
Current Personal Personal Provider	ALC: THE OWNER OF	i manna fü	for any story (Ample 16 mg. West		111	
- marter marter			last	_	1	CONTRACT FOR PROVIDING SEGURITY MEMOLES
	ad stir as	1. HIL 12	destriction of Forenative			CONTRACT FOR PROVIDING SCAMMALLINE ACCES
	- Start	10	2941			A SECOND TRANSPORT OF A SECOND STATE AND A SECOND STATE AND A SECOND STATE AND A SECOND STATE AND A SECOND STATE
12 Jour Bannes ( Largest String	salard. In		THE BETTER MENTAL AND		100	THIS AGAINMENT IN THACK AND ADDRESS AND ADDRESS AND ADDRESS ADDRES ADDRESS ADDRESS ADD
Ownerstand Street Street		#3.071 Fre	Care Hauterel Kattart.			Belweeth
The second se	1.1.1	- 1 m	W1			Sari Ganapati Netralaya Pas HOKPITAL
						De aganosia Road
						jainu - itij 303 AKD
						M/5 Mediators & Ajanthe Security Pvt. Ltd THE CONTRACTOR
						Office Plat No. 10. Town CLOUR, CIDCU,
						Kiningalial (Ph.)
						And and a second second
						MATCH I MAR I HAVE MADE I MARE I AND
						(a)
						Stranger A
						1 A MARTIN
						State of the state
	_	_			-	





### **BLOOD BANK HAS A VALID LICENSE UNDER RULE 122(G) DRUG AND COSMETIC ACT**

4 Konsylve 4 Konsylve 4 Rockel Lei 4 Rockel Lei 5 Rockel 7 Ro

Carton

#### GOVERNMENT OF KERALA DRUGS CONTROL DEPARTMENT

ML2.6850/2014/DC Dated: 23/05/2014 Office of the Drugs Controller Thiruvananthspursus-695-035

#### VALIDITY CERTIFICATE

#### This is to certify that

Vadimain, Alappuzha Dist., is holding Blood Bank Licence in Form 28C bearing No. 181/28C/RER/DC-CLAA/2009 dated 25/04/2009, issued by this department to operate a Blood Bank, for processing Whole Human Blood LP & its components as per the provision of Drugs & Cosmetics Act, 1940 and Roles there under.

It is further certified that the renewal application of the license of the institution is received in this office for the period 25/04/2014 to 24/04/2019 and the file is under process.

As per the provisions of Drugs and Cosmetics Act. 1940 and Rules there under the licence shall continue to be in force, until orders are passed on the application and as such the institution is entitled to collect, storage and process Whole Human Bluod 1.P.&. Blood Components under the above license.

The licence is currently valid under rule 122G and 122F of the Drugs and Cosmeric Rules 1945.

This contificate is issued on the request of the institution, for submitting before the Medical Council of India and is valid up to 22/05/2015

P. HARI-FRASAD Drugs Controller and Licensing Authority Kerala State

-	Ingeligan	ann Corter	See.	-	
		inter	Doosreel/lingente		upri i
Linestin	Valation	Valid 10	bin and all		
	nam.	Ball 1	Two L' (Male Pare 7) -3		100
to be Paul Set runt	OR THE R.	10.0.25	PDR21/VIET#		11
	100.001	10.01 2011	INATESTE		1
The second	UARR	2244,2814	SIAL SECTOR STOP		
ALC: DOG TO DESCRIPTION	1. 111		Interalized and		120
AN OUTSIDE ADDRESS	10-23-2158		and the second se		4
1011	0.05.318	12,01-0114	CHOREN LOS PARA		
ukiki		in the second	Uning.	-	1
	IL SELEV	110.010 110.010	100.903	-	
	2-12-20	20.00	Contraction of the local distance of the loc		1.2
	34120-3014	10.000	Travel 100-0021		
	\$174./4/ BL/4-1518	11.45.0001	NECONVERS.	-	the state of the s
Nichal Sand					1.46.1
ACCREMENT OF THE	2941.024	in securit	ANTER .	-	7.11
2011 212047, 2400 1.3.0007	(in 91 33)	51.01.020	JYCOM CANNEL		Ta T
Arr 1 June P			DOMOTOR		
and an or second se	-		CHIEFE IN CHIEFE	1000	06
COLUMN INCOMENTATION.	110-111	MIN:200	1 THERE BODY-CR-		1.1
AUX DIST.		-	TETROARS.		1.1
	-		1000	-	1.00
The Action of Contraction	-	-	(610)	+	310
division Training	-	1	20487		1
1 for the		1045131	anne Mith 2 B	-	-
inter	11.20	A CONTRACTOR	THE OWNER WITH THE PARTY OF THE	+	12
THE METRICEN	1 927	1	An amplianess	arrent.	
Contraction				algorithe ends	6
				are not increase	111
	ALCON THEY	designation and	NUMBER OF A	incenting 450	101
	and and the second	tion prove attack	146.7	ALC: NOT A	
				Levis	
				100	-
	-	The state	a transmitter		24.
in the second	mina	2.2.2.2	CHERRICAL CONTRACTOR		
true don't Mariei Bur		-			

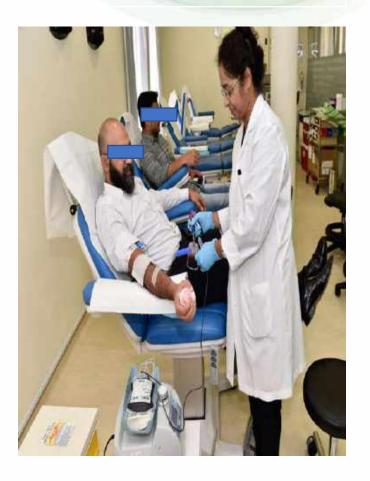




## **BLOOD BANK HAS A FACILITY OF BLOOD COLLECTION AND STORAGE ALONG WITH EMERGENCY STOCK OF BLOOD**





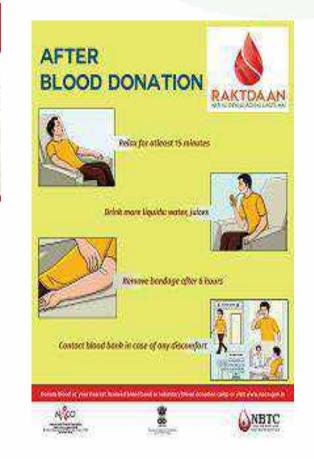






# IEC MATERIAL IS DISPLAYED IN BLOOD BANK AND NEARBY AREA TO PROVIDE INFORMATION AND PROMOTE BLOOD DONATION





171





CHECK FOR AVAILABILITY OF ADEQUATE FUNCTIONAL EQUIPMENT FOR BLOOD PRODUCTS - BLOOD BAGS REFRIGERATOR WITH THERMOGRAPH AND ALARM DEVICE, INSULATED CARRIER BOXES WITH ICE PACKS, BLOOD BAG WEIGHING MACHINE AND DEEP FREEZER

Blood Bag Tube Sealer	Blood Collection Monitor	Bicod Roller Mixer	Plasma Extractor
Freezer	Refrigerator	Cryobath	Plasma Thawing Bath
Centrifuge	Counter Balance	Syringe & Needle Destroyer	Clevofuge
Blood Donor Chair	Blood Denor Couch	Blood Warmer	Platelet Incubator









# CS 4 - THE HOSPITAL SHOULD ADHERE TO THE RADIATION SAFETY PRECAUTIONS AS PER THE REGULATORY REQUIREMENTS

**Interpretation** – Shielding of body parts of staff and patients, attendants should be adhered to by using protective devices and equipment, along with precautions as per law for radiation safety. The facility should also ensure standard practices, usage and supply of Personal Protective Equipment (PPE).

#### **Means of verification:**

- 1. Clean gloves, aprons and masks are available at the point of use
- 2. TLD badges should be provided to each staff member in the radiation room
- 3. Lead aprons, thyroid shields and other radiation protection devices should be provided for the staff in the radiation field. These should be tested once in 2 years as per AERB norms
- 4. Availability of ECG services





# **CLEAN GLOVES, APRONS AND MASKS ARE AVAILABLE AT THE POINT OF USE**





**Bouffant Caps** 



Disposable Apron







Shoe Cover





Surgcial Gloves

Face Mask



PP Nose Mask



Surgeon Caps





### TLD BADGES SHOULD BE PROVIDED TO EACH STAFF MEMBER IN THE RADIATION ROOM







#### LEAD APRONS, THYROID SHIELDS AND OTHER RADIATION PROTECTION **DEVICES SHOULD BE PROVIDED FOR THE STAFF IN THE RADIATION** FIELD. THESE SHOULD BE TESTED ONCE IN 2 YEARS AS PER AERB **NORMS**

























Scrubbles Cleaner Prin 20





Nike Games

Pige 26



Glaves

Parend 1





Accessories. Point 20.

Pace24

Astron Rack





#### **AVAILABILITY OF ECG SERVICES**







#### CS 5 - INTENSIVE CARE UNIT (ICU) SERVICES SHOULD BE AVAILABLE AS PER THE SCOPE OF SERVICES ALONG WITH THE REQUIRED INFRASTRUCTURE AND MANPOWER

**Interpretation** – The ICU should be equipped with necessary monitoring equipment along with the suitably manned by trained staff. The hospital should provide proper and safe environment to the infected patients and necessary procedures should be followed for the same.

#### **Means of verification:**

- 1. Flooring of the ICU should be non-slippery and smooth
- 2. Windows/ air vents if any should be intact and sealed
- 3. Comfortable temperature & humidity should be maintained
- 4. Availability of general duty doctor, nursing staff, paramedic and security staff as per requirements
- 5. Critical care equipment is available and maintained- Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley, Ventilator, Infusion pump, C-PAP, tray, monitors, Electrical panel with a bed, bedhead panel with an outlet for Oxygen and vacuum, X-ray view box, defibrillator
- 6. Availability of isolated area for infectious patient
- 7. Isolation and barrier nursing procedures are followed for septic cases





#### FLOORING OF THE ICU SHOULD BE NON-SLIPPERY AND SMOOTH









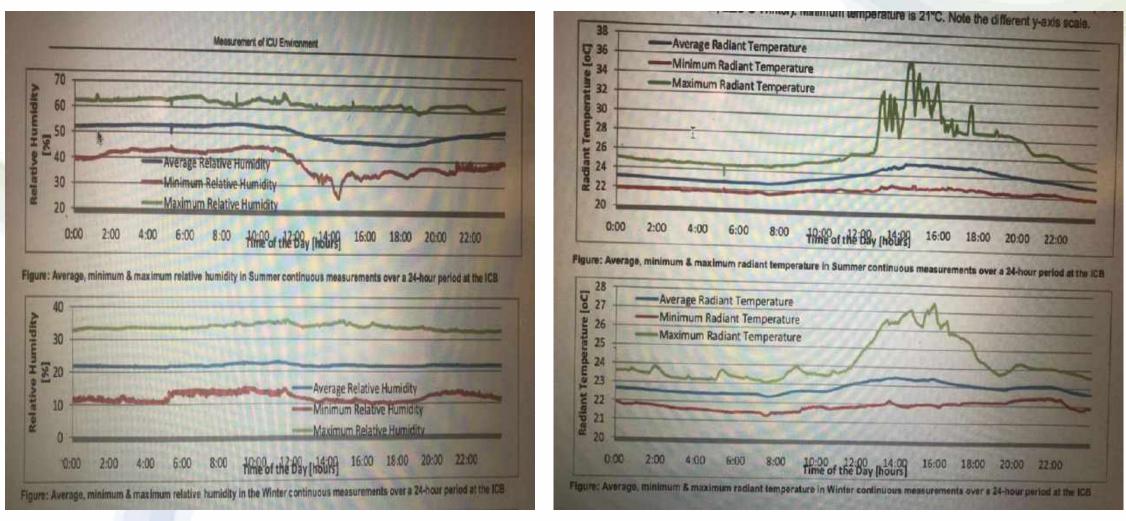
### WINDOWS/ AIR VENTS IF ANY SHOULD BE INTACT AND SEALED







## COMFORTABLE TEMPERATURE & HUMIDITY SHOULD BE MAINTAINED







## **AVAILABILITY OF GENERAL DUTY DOCTOR, NURSING STAFF, PARAMEDIC AND SECURITY STAFF AS PER REQUIREMENTS**

								DOC	TORRO	STER							
								Gener	al Practit	tioners							
	Mon	Men	Man	Tue	Tue	The	Wed	Wed	Wed	Thu	Thu	Thu	Pil.	fri	Tri		
Session	Monsing	Evening	After Hours	Morning	evening	After Hoars	Moning	Evening	After	Momme	Similar	After Hours	Moniting	Evening	After Hours	5at Morning	110010010
	M	L	4	M	1	A	M	1	Δ.	M	t	A.	M	E	A	10em-Lin	1387+53
		Start		Start	Start		Start	Start		Start	Start						
	100	17:39am	12 - 3	09:00am	(12:00pm	1	09:00am	mq00c50		(9:00am)	02:00 pm		342	12522		Or	Dr
Dr R Ark	Off	Finish	1	Finish	Finish	1 0	Finish	Finish	1	Finish	Finish	1	011	On/Off		On-call	09-04
		05-3000		12:00m	(05:00pm		12:00n	05:00pm		12:00n	03:00pm					0.025	0.255
	Start	Start		Start	Start		Start	Start		Start	Qat		Start	Start		_	-
Or Z	16:00am	01:10cm	5 8	08:00:81	01-300m		08:00am	02:00pm		09:000	12:001		08:0000	\$2:300m		Dr	DV:
Persaiz	Finish	Finish	2 3	Finish	Finish		Finish	Finish		Finish	Finish		Finish	Finish		On-call	01-12
1000	12:004	Al-more	8 6	12-004	02:00rm		11:000	05:00em		11:00um	08-56cm		12:500	55-10nm	1	1.000	1000
	Start	Start		Start			Start	Start		Start	Start		Start	Start			
DrC	69:00an	02:00pm		08:00an	14000		09:00am	11:005	1	09:00am	02:00011		08:00am	02:30am		Dr	Dr
Zahlan-	Finish	Finish	fi ii	Finish	Off	i i	Finish	Finish	<b>1</b> 1	Finish	Finish	1	Finish	Finish	t	On-cell	Da-ca
Solazar	12:001	05:00pm	1	12:00n			11:0Gam	08:0000		12:000	05:00pm		12:000	45:00pm			
	Start	Start			Start		Start	Start		Start	Sart .		Start	Start			
Dr	17603:50	02:00pm		123-10	12:001		09:00am	02:00pm	1	08:00am	02:000:00		09:00am	02300m		Br	De
5 Selvaraj	Finish	Finish		Off	Finish.		Finish	Finish		Finich	Finish		Finish	Finish		On-call	Dn-ca
əli	12:00a	05:00cm	1. AN		mo00:80		12.00n	05:00pm	1 - 1	12:00	04:Mpm		12:001	45:00am		00.000	0.00
-	Start	Start	-	Start	Start		77898577	Starr		Start	Start	-	Start	Start	-		
DrC	US:00am	02:00pm	2 1	09.0039	02:000m		-	02:00pm		09:00am	02:001		09535am	023Gam		Dr	Dr
Ajaero	Finish	Finish	3 8	Finish	Finish		Off	Finish		Finish	Finish		Finish	Tinia		0n-cell	On-ca
dien	12:001	05:00pm	5	12:005	05:00pm			05:00pm		12:060	05:00pm	1 a 1	12:501	02:50(am)		senar	1966
-	Start	Start		Start	Start		Start	start	-	Start	Start		Start	Start	-	-	-
6 4 - S			S (1		10000		09:00am	02:00pm					09:00um	62:30am		-	- 22
Dr Mor Thu	19:00am	02:00pm Finish		09:00am	02:00pm Finish	1 3	Finish	Finish		09:00am Finish	02:30011		Finish	Finish		Dr	Dr
1990	Finish		Sec. 1	Finish			12:000	05:00pm			Finish		12:601	65:00pm		05-68	Dit-ca
	12:00n Start	Start	-	12:00h Start	05:00pm Start		Start	Start	-	12:00n Start	03:36pm Start	-	Start	Start		-	-
D- D			2 1		1.51.52.01		09:00am	02:00om		12231 224			09000em	\$2:30pm			~
ann ar dans	rt-lub	02:00pm	3 1	09:00am	02:00pm		Finish	Finish		09:00am	02:96pm		Finish	Finish		Dr	Dr
	Finish 12:00n	Finish 05:00cm	R	Finish 12:00n	Finish 05:00pm	22	12:00n	05:00pm	1 44	Finish 12:001	Finish 03:96pm	1 64	12000	45:00pm	1.0	09-GH	On-ca
CO Auto	12,000	ພາກອາມ	20.10	75104	manager	+	1000	asaayin	-	1000	operation	-	served	south (c)		dit antes	01.00.
GP Assist			#8:00pm			08:00pm		1	08:00pm		5	08:00pm	5		08:00pm	01:00pm	11109
and						1.4					3	*			-		+1
Dr On-call	a.,	- 121	08:00am	12	- 25	08:00476	- 23	126	08:86am	- 25	15	68:00am	122	2	(8:00am	eli:eCum	01:00a

		H FREIT,	X	WVB	925	аЦ																												
	34	wicerie N	5																											LogO	ut.			
							_	100	ATION	N1S	65			_	•	Voit	HAL.	RAUST	at s	•11	View R	OSTE	R	8						_				
				_	-	-	_	- 3	Duty	Ros	stor	of	N.1.5	sife	or ti	ie r	non	th o	FAU	GU	IST	201	3				-	_	_	-	-			
STA	FF.	DESIGNA	NON	1	2	1	4	5	6	7	8	9	10	ш	12	13	14	15	-16	17	18	19	20	21	22	23	24	25	26	27	28	23	30	31
METLIDA	ROBN	Sola/ Gra	D via		P	P.	OFF	9	P	Ρ.	P	OFF	Ρ.	011	P	P	P	OFF	P.,	P	011	P.	P.	P	(P)	.Р.	P	<b>CIF</b>	19	P	P	9	P	P
ASAW	HV3)	Setar Gra	cie II.	Q4F	1	8.	Þ.	1	017	a.	<b>P</b>	6	p:	U	φŝ	057	10	10		4	1.0			30				з,			14	OFF	8	12
RAVEONIA	e GURIA	Seter Gra	de II	₹.	A	QH.	-0	1	OFF	OFF.	N	- 11	N.	04	0	۸.	P.	OFF	All	P.	2	Ete	Q\$F	1000	Ŧ.	Ok:	- 15	. 0	3.	i A	的好	0	3	0
ALTAF	35.71	Sater Sea	1	舺	1	A	-E	7	10m	1	iA.	OFF	1000	Ľ.,	1	P	E	#	OFF	μ	<u>4</u>	1	-	OFF	-	N	N	*	01		· A :	A	OF	110
9,15451	-	Sister Gay	26	2	10	2	-OFF		FLOFF		, P.	4	<b>P</b> C	8	P.	Opt.	N	N	No	OFF	1	10	8	- CFF	8	ħ	Ott	1.1	04		OFF	101	ĊFI	9
(ASA ARAA	1. C.Y. 1.	Fister, Equ	111	1	财	P	N.	24	12	()中	0	(DEE	Ð.	A	ΙA.	P	아파	A	E	0	(OFF		11	11	OFF	. ^	011	ß		0##	00	a second	1	12
AAYID I		Setter Gra		ĸ	N.	N	0#		1	9	b.	()ee	1.1			100	p.	10	9	h.	011	ġ.	٨	<u>I</u>	OFF	OFF	A.	Qf=	N	n	- Br	OFF		
\$21.0		Stim Gra	-	A	1	P	QFF.	P.		E.	A	()FF	OFF.	#9		P.	-CH-	OFF.	2	11	N	-	OFF.	OFF	E.	1		N.	1	创行		7	1	0
SHENY TH	All and a second	State Gra	63.	281	R.	077	HO	10	A		H	OF7		Diff	1	<u>N.</u>	:077	OFF	-	1	P OFF	<u>RFE</u>		Р.	A	P	Off	Off	1	P		OFF OFF	C.F.	
TRAVED	No. No.	Sida-Cis						LIC.			OFF	A	1.4	201	100		- 1	OFF		ň	-	U			11-			SHE			1 Const	(det)		14
	STAFF	STAPP_ID	pesn	PLAT		1	100	-	- B	4		8	-0		7 - (1.) 41	ليبيدني	154	-0	11 Intil		-11	12	تمكيم	11	14		15	-16 lm7	(marked	17	18			
	NETION	ana l	2		зď	with:	14	27	int.	16	πĒ	euf.	10d		min.	10		100	74	1.76	10	im	21.	840.	Put		NOC	Hut		Inf.	16	£		
	CONN.	20448	Street	12100	10	1211	110	21-1	19417	PUN	C(+)	11	接	5	为辞	1	좌	UND	140		rúncii	曲		1717	, IE		UNCH	12	1	529	RIN	έθ)		
			-		-	10.0	1		1356	in9		11:05	-	÷	19.50	IND	101	-154		-	1115				18	+	-	P	+	P.	-	-		
	ASAATTI	( initial	-		1	un il	144	1	41.8	1	Ú.	od,	No	a É	uvti	au	A	.0.th	0.0	έÏ	July 1	102		161	the	2	NO.	160	63	10	190	6		
	10.065	22646	1.11	M177	110	011	20	111	20/16	-170		1640	PUN	11	10/50	14		2012	32	C 1	30/7	26-4	Ξþ	(ANICH	100 kg	CHIP	UNICH	10.54	SH P	ance	(C)Fi	01		
			-	-		n.9:10	444.77		-		-	114	-	+	<u>.</u>	140		018 (2)	1.1.		107-158	1	134	13.96	100	-	-	<b>Draft</b>	0 5	9.20	5-9	in.		
	MANTIN	10435	Galar	ànd	зň	0id	16	61	601	04	£1	6.8	No		NO:	1	21	04t	90		int I	in.		evit.	:041		ND:	m)	ê (1	19/C	010	Ê.		
	RE OLIFTA	all in				170	14	1	NINCH	20) 11		201	Public	Har	0ND:	X		20.4	20	11	61 0 (FF	-70-	1	107	349	P P	Jilici I	和		101	160	#16		
			-		+		24		Daf O	1621	-	111	-	t	-	In?	(56)		1		1117	-	-	6-26	1014	111	12-11	in	D		In7	51		
	ALTAFAL	19451	Siter	no.	al.	ND.	04		evt.	04		0.0	NG.		NO:	1	1.1	80	100		NO	08	5.12	evit.	COV!		0.00	10	S. 10	N/D	- 011			
	12/2/25	12/22	100			SNG	神.	100	A	200		1647; . p	PUNE	10	Utan	1	9 C B	UNCH	(IN)	Ct I	RONCH	Publi	De	027	2013	71 7	002	2030	245	170	15.A			
		1. · · · · · · ·	-		-	1.0	1.2		r.19:18		-	1	-	÷		1-1		111	tinte	-	(~110)	149	6	-	1-19	40 5	9-29	144	27 1	-9-30	Dr.16			
					110	0.95	14.00	110	1.1.2.18	10.4	- 44 - 1																							
	5,8251	10452	Sider	ând		047.55 044 17119	100	- 1	2019	94 178	£.	NO'	NO TON	1.1.1.1	60	0 第		001 2015	170		0,11 20:11	1000 1001	a 14	hib Unich	out tites		0411	out the		00 H	eur Mit			





### CRITICAL CARE EQUIPMENT IS AVAILABLE AND MAINTAINED- REFRIGERATOR, CRASH CART/DRUG TROLLEY, INSTRUMENT TROLLEY, DRESSING TROLLEY, VENTILATOR, INFUSION PUMP, C-PAP, TRAY, MONITORS, ELECTRICAL PANEL WITH A BED, BEDHEAD PANEL WITH AN OUTLET FOR OXYGEN AND VACUUM, X-RAY VIEW BOX, DEFIBRILLATOR

Equipment I tem	Location in Health Centre	Asset # or Serial #	Frequency of Service	Loan required for Backfill?	Last Serviced	Sent	Returned	Next Due	Comment
Air nebuliser			Annual	Yes		1		2	
Baby scales			Annual	Yes			h Ki		
Centrifuge			Annual	Yes					May be able to arrange a loan through Westerns
Defibrillator - ZOLL monitor			6 mthly	Yes				4	
Defibrillator - 20LL battery charger			Annual	No					
Defibrillator - HEARTSTART			6 mthly	Yes					
ECG machine			Annual	Yes					
Examination light 1 (Welch Allyn)			As required						
Examination light 2 (Weldt Allyn)			As required						
Foetal Doppler 1			Annual						
Foetal Doppler 2			Annual						
Haemoglobinometer Hemocue 1			Annual			r			
Haemoglobinometer Hemocue 2			Annual						
Haemoglobinometer Hemocue 3			Annual						
i-STAT analyzer			Six Monthly software upgrade	No					Coordinate with the PPN (CA) ph 5951 5945
IVAC infusion pump			Annual						
Oto/Opthalmoscope set 1			As Required						
Oto/Opthalmoscope set 2			As Required						
Oto/Opthalmoscope set 3			As Required	-		-			
Oxy flow meter 1			Annual						
Oxy flow meter 2			Annual				88		
Oxy flow meter 3			Annual		-		B S	3 8	
Oxy flow meter 4			Annual						
Oxy flow meter 5			Annual						
Oxy regulator 1			Annual	-					
Oxy regulator 2			Annual						





## AVAILABILITY OF ISOLATED AREA FOR INFECTIOUS PATIENT







## **ISOLATION AND BARRIER NURSING PROCEDURES ARE FOLLOWED FOR SEPTIC**

**CASES** 

# A Nurse's Guide To Isolation Precautions

- Contact Isolation Precautions
- Droplet Isolation Precautions
- Airborne Isolation Precautions
- Neutropenic and Radiation Precautions





## **Follow CONTACT ISOLATION**

- Used to prevent transmission of microorganisms spread by direct/indirect contact with the source
- examples:
- -MRSA
- -VRE

-C. diff

- contagious skin infections... Lice & Scabies



# Five major routes of transmission

What germs are on our hands ??

### 1. Contact:

- Direct (person-person) Indirect (through an object)
- 2. Droplet
- 3. Airborne
- 4. Common vehicle
- 5. Vector borne

Clashidum diffeile Hoolisa Networksmound Shopla-dashe Nebsislarwound infections E colindantes or unitary tract effections Staphylococcushol or Petutomotas aeruginosa-infectio Bacterization and you many intections rifuenza Angreumoria The same organism may be transmitted by more than one route





## CS 6 - OT COMPLEX SHOULD BE AVAILABLE AS PER THE REGULATORY REQUIREMENTS

**Interpretation** – The organization shall ensure that the operation theater has facilities for demarcated areas, separate changing rooms for males and females along with proper illumination and temperature.

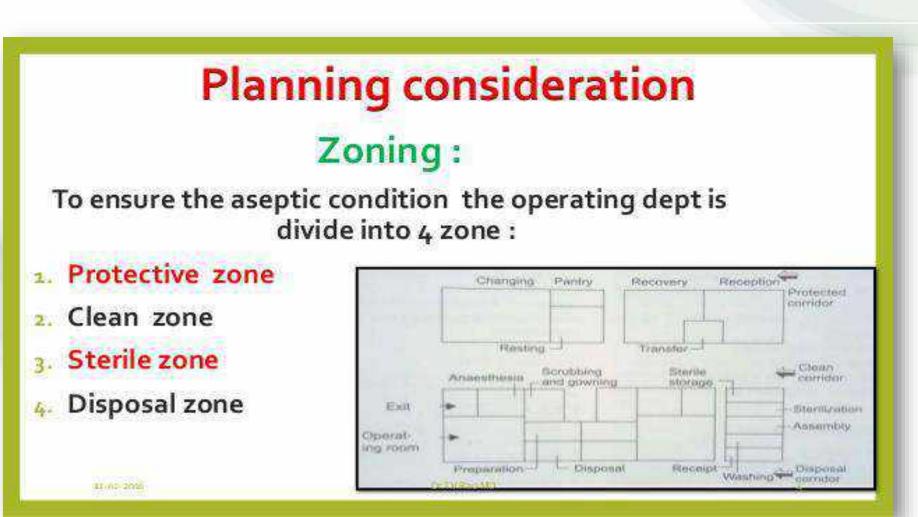
### **Means of verification:**

- 1. Proper demarcation of the following areas: protective zone, clean zone, sterile zone and disposal zone
- 2. Availability of signage stating that the entry to OT is restricted
- 3. Pre-operative and post-operative area should be well-lit
- 4. Change rooms are available for male and female staff; entry in OT should be allowed only after change in attire
- 5. Temperature and humidity are maintained and record of same is kept





## PROPER DEMARCATION OF THE FOLLOWING AREAS: PROTECTIVE ZONE, CLEAN ZONE, STERILE ZONE AND DISPOSAL ZONE



187





188

## AVAILABILITY OF SIGNAGE STATING THAT THE ENTRY TO OT IS RESTRICTED







## **PRE-OPERATIVE AND POST-OPERATIVE AREA SHOULD BE** WELL-LIT







## CHANGE ROOMS ARE AVAILABLE FOR MALE AND FEMALE STAFF; ENTRY IN OT SHOULD BE ALLOWED ONLY AFTER CHANGE IN ATTIRE











## **TEMPERATURE AND HUMIDITY ARE MAINTAINED AND RECORD OF SAME IS KEPT**

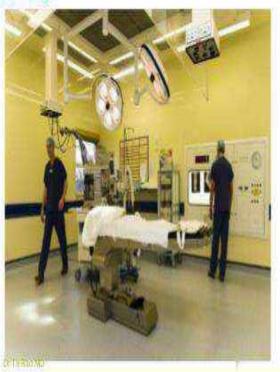
TIME OF DAY CLOCK	THEORELOSCOCIDEN
88.88.33	000000
TRAPERATURE HUNDRY	LIGHT COMPANY. PR. TER. STATUS
88 89 8 8 8 8	
	TELEPHONE

Maintaining the Operation theaters is a priority

Stress must be laid on

- Temperature
- Humidity
- Ventilation
- Temperature : 24-270 C
- Relative Humidity : 450 600 C for adult
- 550 650 C for infants

11-02-202







## CS 7 - LOOK-ALIKE AND SOUND-ALIKE MEDICINES NEED TO BE IDENTIFIED AND STORED SEPARATELY TO AVOID ANY DISPENSING AND ADMINISTRATION ERRORS.

**Interpretation** – The drug store should arrange the stock in alphabetic/ uniform/ standardised order and storage requirement of the drugs should be adhered to. The overall cleanliness and temperature of the storage area should be maintained. One look alike should be stored apart from its other look alike.

### **Means of verification:**

- 1. Product of similar name and different strength (look alike and sound alike drugs) should be stored separately.
- 2. Medicine storage shall be in a clean, well lit, and in a safe environment in accordance with the applicable laws and regulations.
- 3. Stock is arranged neatly in alphabetic order with the name facing the front and labels must have drug name, strength and frequency
- 4. Drug store has inventory management software





### PRODUCT OF SIMILAR NAME AND DIFFERENT STRENGTH (LOOK ALIKE AND SOUND ALIKE DRUGS) SHOULD BE STORED SEPARATELY

Store that water of the contract of the	in an a start all the s	State and Arristics	· Netwoor (C) (A) (B-2) (Crossella) in	A DOT OF CALLS
	A second	Annual Evel Coll Annual Evel Coll Annual C	And the second s	
	Alternative for first and the second	Control of the control Control of the control descent of the control of the control of the control of the control of the control of the contr		"Resultings"

INJ.SODADICARD	INJ.CALCIUM GLUCONATE
INI. METHERGIN	INJ.DIAZEPAM
INJ.PENTAZOCINE	INU.NOR ADRENALINI
INJ. METHERGIN	INJ. BUSCOPAN
TAB. PERACETAMOL	TAB. VITAMIN - C TAB. CALCIUM GLUCONATE
TAB.METROGYL	TAB. BRUFEN
TAB.CPM	TAB, DOMIPERIDOM



		INLDICYCLOMINE
INJ. DERIPHYLINE INJ. AMIONOPHYLIN	INJ. TRAMADOL	INFLEBETALOL
	INI. ADRENALIN	NO ADRENALIN
LAYDROCORTISONE INL DEXAMETHASON	INJ. DERIPHYLINE	INJ. AMIONOPHYLINE
	NI. HYDROCORTISONE	INJ. DEXAMETHASONE
INJ. GENTAMYCINE INJ.AMIKACINE	INJ. GENTAMYCINE	INJ.AMIKACINE
TAB.LEVODOPA TAB.METHYLDOPA	TAB.LEVODOPA	TAB.METHYLDOPA







## MEDICINE STORAGE SHALL BE IN A CLEAN, WELL LIT, AND IN A SAFE ENVIRONMENT IN ACCORDANCE WITH THE APPLICABLE LAWS AND REGULATIONS















## STOCK IS ARRANGED NEATLY IN ALPHABETIC ORDER WITH THE NAME FACING THE FRONT AND LABELS MUST HAVE DRUG NAME, STRENGTH AND FREQUENCY









## DRUG STORE HAS INVENTORY MANAGEMENT SOFTWARE

XY	' <mark>Z</mark> i	dWhere I	nvento	ory Mana	ngeme	mt.	Syste	m					hepices	
come	COMPANY	Hate ST	Reports In		Externel Elevis		istative S	siyn Out		ļ		Replo	nistimo	nt
_		1124 updated 01/04	-412	in the second second			_							- 1
lannac	y MED		Order Period:	tyşakı)		racity	V DEA#:			10	61/11/11 193	A sace	£	F
ddress	E NEONATAL	INTENSIVE CARE LINI	Form Type:	Phannesy Order Fo		Serial	A:			F	129471-11/20	APPT	202	
ttentio treet:	IL HEAD NUES 1711 SECON	Alexandre de la construcción de	Directions	Repinnen	-						dose cri	der 👘		
treets			Quarantined: Order Urgent:	달						CS	TORAGE		•	
ity: tat <del>e</del> :	WOODBR1D NJ	u.	and the grant	releases (1)							estako	rder		
ip Code		al another a		print						100				
	lave	pharmacy		audits										
atou-dh	ek comfort curve	stips-12-YAHLDARY, 0 5-2-YAHLDARY, 01/02												-
nivsisia de Re	sk comfart durve Stilprinter ribbon Hei	5-2-1A-LDAR1.0102	2011 13:57		[F][Q][R	] [3] [	τ) [μ] [v]	(w) [x	(r)[z][4		Tu	tal Ces	u \$35/205	146
accu-ch nivsis la des The	sk comfart durve Stilprinter ribbon Hei		2011 13:57		Qty / Purchased	) ( <u>a</u> ) ( Uvit	т) (µ) (х) 917	(w) x	(Y) (Z) (4 Released / Due	e () Par Mas	Tv Carrent Stock	Rar Par Plin		146
accu-ch rivste la des Re	ek comfart aurve sel brinter dibban nus	s-2 - 14-LDAST, 01/02	2011 1957 H (2) (2) (4	s = (m) (n) (a	Qty/				Released /	Par	Carrent	Par	u 935,205 ⊡iœ0 Par	146
attu-di nivsis la die The	sk comfort aurve sel printer dibbon dies L. (.e.) (.g.) (.g. Cal.#	s - 2 - 1A-LDARY, 01.02 (a) (b) (c) (c) (a) (a) Catalog Description MitOlDPDE schutz gris maximum ( two urb)	2011 1457 n 1 1 1 1 1 1 1 1 1	E L (M) (N) (O Description M-LOD/IINE EXSTLATE 3 MS	oty / Purchased 2.0000	Unit 100	Qty	Unit	Released / Due 0	Par	Current. Stock	Par	u 935,205 ⊡iœ0 Par	146
amu-di nysis b ule III- A S 2	ek confort arree xel prater ribbon (iib) ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) Cat # 202407387	S - 2 - 14-LD487, 01.02 Catalog Description Mito(I)/I/I/E DEST/LATE IN/S (I)CHARGE TAB U/D) III(CHARGE TAB U/D) III(CHARGE TAB U/D)	2011 1857 n 1 2 2 2 new# 5:079045120	E L (M (N G Description M-LOS/IT/E ESSILATE 3 MS TAS GMLDOS/IT/E ESSILATE 10 MG	0ty / Purchased 2.0000 3	Unit 100 TA 100	QLY 200.0000	Unit. TA	Released / Due Q 2	Par	Cament. Stock 27 / 27	Par	u 935,205 ⊡iœ0 Par	146 Ies: 0
atou-dh nivsis la Um File A S 2 3	ek confort arrive sel printer ribbon (col.# 202407367 202407368	S - 2 - 1A-LDARY, 01.02 Catalog Description MitODIPPE 2071/ATC 3MS 905/047C 3MS 9	2011 1457 H (J) (J) (J Rem# 51079945120 300540:0228	C (M) (M) (A) (A) Description AHLODCITHE DESILATE 3 MS TAC SHLDDEFINIT EESILATE 10 MS TAC AMODELIDA 500	989 / Purchased 2 0000 3 1 0009 3 2 0000	Unit 100 TA 100 TA 100 TA	QLY 200 0000	Unit. TA TA	Released / Due 2 3 1 3 0	Par	Current. Stock 27 / 27 274 / 275	Par	u 935,205 ⊡iœ0 Par	146 1452 0

#### (A) Stock Control Card

Essential Drug Stor	ck Control Card
NAME OF FACILITY: CHIPUNOA RHC	DISTRICT: CHAMA
ITEM DESCRIPTION: Actometer liniefamilie	CODI
CNIT Asphini	STRENGTH 20/120-

DATE	ISACID TO DR. BECEVIER PROM	401337430 10	001.025	LOSSES and ADJUNTHINGS	AND AND	REMARKS	SXINATURA
111/2010	Phone Date				-		OCE
ALCOURT	(Pearton)		. 36.		80.		1.0.1.
101(2)(9)	28-				2.96		1.000
1012008	Tharmer		20	-	-		11000
1950010	Address of the owner.	1.1465			1.000		C.B.
2010/2010	Dimer-op		300		1.140		O C.E.
Norther.	Trainest		- 16C				0.8.
31/0/2018	Depresent		36		- 1 P		1.000
10.040	Physical Contemport				-		0.81
24/2/2010	Physical Course						C.8.
nered when	(Band Deck				P		0.00
SWIME	Malaret Berger	201			- 300		0.000
1907010	3Northern		39		210		1/030
sister-	Togersey .		30.		240	S 10	×. a.

#### (B) Report and Requisition Form

BARRY LEWISCHURG

REPORT AND REQUISITION FOR ESSENTIAL DRUGS

-----

Thermony Date

\* #Maste

Minimum Rock Lorent.

Reparent Point From 1/1/2007 in 1/1/2007 Previner LATTING

And Annual Control of the second

Homes 131AMA Emergence Under Prose 8.5 Months

Brig Protect		Restanting starts in	ille ille	Take Quality Data da data da data da	1411	Physical Countries descharing the descharing the station and of the month		15.4 15.4 Freedom 2 months Instal + - 3	Stations Quality	Onder Questile
	10.18.10.1	42		- <b>B</b> , 201	F	0		- F	ded ada	R-0.84
matcheducter, mild, spike Milling	1000 Tatlance		36.	- H C I		1.00	100	10	1.040	1.70
Aparton Degled	Last Responde	- A		3.0	-		- 23	- 201		1.96
Annount the United and United and United and United Services and U	DESCRIPTION OF	- M.	- 10	-			-	10.1	1.58	- 100
Atoma inter (Tribushan) Capoliti. Dhing	1000.044			- H2		1 (Au. 1	-		1.0	100
Adventual Castallations, UArt 129(20Art)	41400	1.24	- 81	- 100	1.1		1.040	1.081	. 400	Stam.
Annachaif, an allantas, 1850	12 Tables	1.10		1.0			-	1.00	540	1.48
Cooperate Currenteenal Uniter	STAND.	12.64		int?			1.08	-	Crimer 1	1.00
Annuether Case Robins addet	Di Teller	100	int in	bi -	100	1.048	-	100	/ per	1.1.100





## CS 8 - POLICIES AND PROCEDURES FOR IDENTIFICATION, SAFE DISPENSING AND ADMINISTRATION OF ALL HIGH-RISK MEDICINES SHOULD BE DOCUMENTED AND IMPLEMENTED

**Interpretation** – Clear policies to be laid down for dispensing of high-risk medicines and the list of such medicines should be available at the drug store. The narcotics drugs should be stored in secure manner.

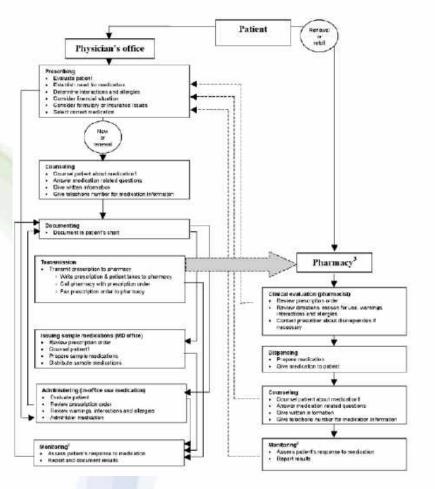
### **Means of verification:**

- 1. Documented procedure incorporating storage, prescription and dispensing of medications
- 2. Narcotic medicines are kept in double lock
- 3. Pharmacy has a list of high-risk drugs available with it



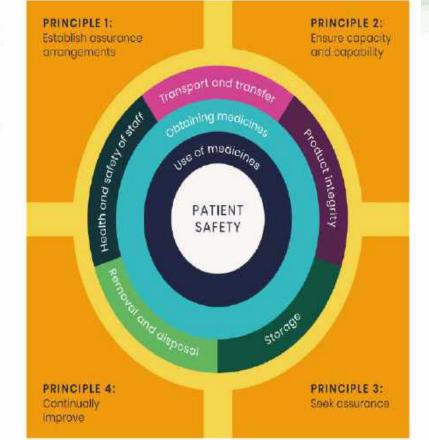


## DOCUMENTED PROCEDURE INCORPORATING STORAGE, PRESCRIPTION AND DISPENSING OF MEDICATIONS



Framework for the safe and secure handling of medicines

FIGURE 3:







## NARCOTIC MEDICINES ARE KEPT IN DOUBLE LOCK











## PHARMACY HAS A LIST OF HIGH-RISK DRUGS AVAILABLE WITH IT

WHOOL THERE				_		0-22-2		
theet	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	PER PAR	No Co	5 In. 10	LUTION	7.5700	n Chronian	Her:
OSE					19.40	-	TRAKA	TORKO
Sugragions.		0.48	0.00	11.77	1176	Cf. Sec.	1.00	1.75.1
3 superground	1.18	1.44	1.32		198	- 1.547	7.1A 1.28	0+ 5
Aller Portage	7.44	1.112	2.45	12.00	3.36	3.94	+ 32	5.00
A D D TO MAKE	3.20	2.40	3.00	0.40	2.45	4.83	2.43	6.02
In Sprin	- 14	2.22	2.00	1.111	5.54	1 12	P.3.0 Y.5m	3.00
1 Sec. 10.	2.8.6	10.04	4.00	1.16	3.75	7 8.8	8.24	9.90-
LT sup Reported	8,24	4.35	0.000	8.42	57.ME	26.054	8.22	10,002
ND BROWN	1.95.K	4.8.0	8.00		3.40	9.61	TURE	942.000
SOMAMINE	11111		CHILE I	CUV16	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIII Diana		
to using to one gain	30 K/g							
in since	0.26	68 H.G.	88.50	81 NO 5 72	TH 440	0.05	10.00	3.20
and the particular	10.34	272	OH UP	3,455	1 7.25	1 44	3 5 2	1.50
and the property of the	0.95	1.20		3.40	2.10	2.47	2.73	3.00
E yo kamin	1.35	7.80	2.25	272	3.12	3 50	429	8.00
12 Sugaran	2.52	8.00	3.75	# 50	9.85	6.50	6.76	7.50
12 Urg/Trainelyt	2.70	- 3.40 + 90	4,20	3.45	8.84	2,20	# 100	A.372
25 µg/kgrade:	3.00	4,93	8,20	13.22	8.41	4.63	1 30.300	1200
DOGUTAMINE 1 A	man 22/00-1110	106 2011	MISON S	S. BODE LT	LAU AGO	a maimi	Crossage in	MARCHEN
Accurated to programme	intral	1.00	4.451			_		ne.7 5.2
La paramin		0.72	0.00	19-10-1	2.44	1.98	Way and	10 5 5 4 1
7.3 2018017075		1.08	4.64	1.2 5	2.18	2.32		
123093000	-	4.44	- 1.92	7.4		2.36		14 18
11.7 pp?spinn		2.18	2.62	3.4	15	124		42 7.2
15 up kprinter 17.6 up up retire		2.32	1,36	4.2	0.04	5.85	570 B	34 9.4
20 00 807 14		4.52	3.344	43			TT -	14 . a.e.I
NORASHENCILINE	A PORT OF A LOT	10.00 X 100	14.20 m	Concerning in	S.C. LITT	(104 ) (b-117	100TE	Summer I
Origania an ann farhaid	August States and	LINE STREET	CT-B-1		1.74 845	-		THERO
DORE	39 KG	AR NO	\$0 ×0	10.89	1			24
S.Deppermus	0.0	1.0	24	2.0	10.0	1	4.3	4.8
Azagagagmin 3.47.20 Agroom	2.2	2.8	2.5	4.3	1.0	1		12
A TR LOCK BALLY	2.8	-1.8	4.4			1.		80.8
S-ETERCEPTION	2.8		2.0			83.3		34.3
5.54 portamin	4.5	-4.7	17	900.1	29.0	12	1	10.8
8.17 pig 5 gimmen	3.4			61.8	134	12 /		
			10.8	23.0	10 12.7		21.8	
Lin yorkamin Linguritarini	2.5	1.1	12.0	58.4		15-		









## CS 9 - THE FACILITY HAS DEFINED AND ESTABLISHED ANTIBIOTIC POLICY

**Interpretation** – The Hospital must have an established antibiotic policy ensuring rational use of antibiotic/drug.

### **Means of verification:**

1. Facility should ensure the rational usage of antibiotics/ drugs and policy for the same is in place and implemented.





## **FACILITY SHOULD ENSURE THE RATIONAL USAGE OF ANTIBIOTICS/ DRUGS AND POLICY FOR THE SAME IS IN PLACE** AND IMPLEMENTED



Antimicrobial resistance happens when bacteria and other microorganisms change after being exposed to antimicrobial drugs. Antibiotics are among the most common antimicrobial drugs used in humans and animals. The overuse and misuse of antibiotics is speeding up the development of resistance and putting us all at risk.

Antibiotic resistance can affect anyone, of any age, in any country. It is a threat to human health, food security and sustainable development.

#### WHAT YOU CAN DO

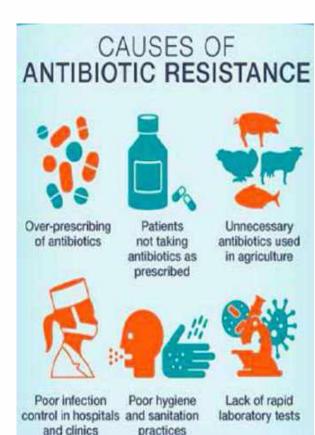


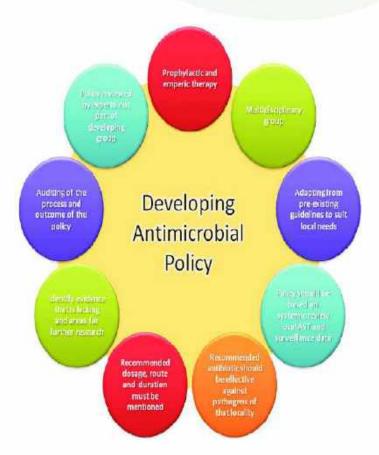
www.antibioticawarenessweek.org

> Keeping vaccinations up to date



World Health Organization Western Pacific Region









### CS 10 - PRE-OPERATIVE, INTRA-OPERATIVE AND POST-OPERATIVE ASSESSMENT SHOULD BE DONE AND DOCUMENTED BY APPROPRIATELY QUALIFIED STAFF IN STANDARDIZED FORMAT

**Interpretation –** All the patients undergoing surgery should be assessed pre-operative, intraoperative and post-operative by the trained staff, which should be documented in a standardized format. Also, a documented procedure should be available for preventing adverse like wrong site, wrong patient and wrong surgery.

### **Means of verification:**

- 1. There is a procedure for pre-operative and intra-operative assessment Physical examination, result of lab investigation, diagnosis and proposed surgery (3 samples)
- 2. Patient reports with post-operative notes that should contain vital signs, pain control, urine and gastrointestinal fluid output, other medications and Laboratory investigations (3 samples)
- 3. Documented procedure to address the prevention of adverse events like wrong site, wrong patient and wrong surgery.





## THERE IS A PROCEDURE FOR PRE-OPERATIVE AND INTRA-OPERATIVE ASSESSMENT - PHYSICAL EXAMINATION, RESULT OF LAB INVESTIGATION, DIAGNOSIS AND PROPOSED SURGERY

	CHECKLIST BEFORE S	IRCERY	
	of the patient :	MRD Number	÷.
	of the doctor :	Datet	
		Ward	Recovery
Sr. No.	Have you checked ?	NA	Room
1	Patient NBM since		
2	Any known allergy/DM/HTN/Asthma		
3	Surgery Side marked		
4	Surgery Side : OD OS OU		
5	Surgery Consent		
6	Guarded visual prognosis consent (if required)	NA	
7	HIV consent		
8	Anaesthesis concent		
9	Anaesthesia fitness done		
10	Physician/Paediatrician fitness done		
11	Amniotic membrane graft ordered/Not ordered		
12	Concent for disposal of clinical histopathology samples		
13	Any pre-medication/ Inj. Manitel given		
14	BP		
15	Lab investigations		
18	A-Scan		
17	Final IOL power decided by surgeon	NA	
18	IOL BRAND	NA	
19	Eve Dilated		

REMARK : CASH PAID / TPA / ECHS / CGHS / FREE / WEAKER / BEFORE DISCHARGE / AMOUNT TO BE PAID TOMORROW MORNING

#### Identify high-risk surgical patient

Shoemaker/Boyd criteria, P-POSSUM Establish functional capacity

Ensure optimum management of chronic disease and acute physiology

Refer to ACC/AHA guidelines

#### SURGERY

Institute flow monitoring and goal-directed fluid therapy pre-operatively and intra-operatively if possible

Admit to intensive care unit post-operatively

Institute flow monitoring Ensure adequate oxygenation and haematocrit

#### Target oxygen delivery/tissue perfusion goals

i.e. DO<sub>2</sub>i ≥ 600ml/min/m<sup>2</sup> and CI ≥ 4.5l/min/m<sup>2</sup> using fluids initially until no longer preload responsive Add inodilators e.g. dopexamine up to 1 microgram/kilogram/minute if goals not achieved

#### Maintain monitoring and goals

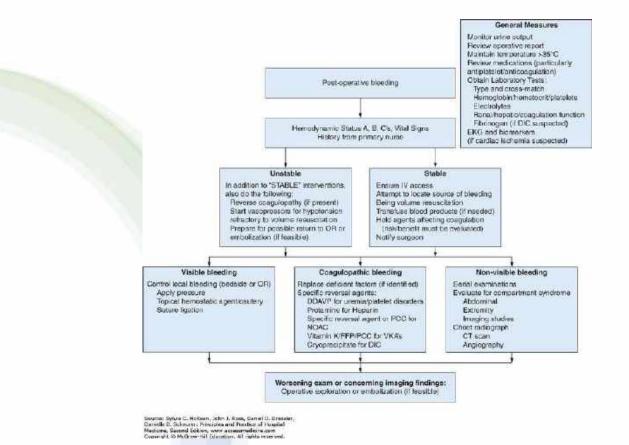
#### For up to 8 hours

Adapted from Lees et al (2009) Clinical review: Goal-directed therapy in high risk surgical patients *Critical Care*, **13**:231 CI = cardiac index,  $DO_2i$  = oxygen delivery index





### PATIENT REPORTS WITH POST-OPERATIVE NOTES THAT SHOULD **CONTAIN VITAL SIGNS, PAIN CONTROL, URINE AND GASTROINTESTINAL** FLUID OUTPUT, OTHER MEDICATIONS AND LABORATORY **INVESTIGATIONS**



#### World Health

#### Postoperative care

#### Post-operative nots and orders

The jet an around he discrete part to the sound with comprehensive orders for the latening.

- Vite night
- Paia control
- · Haid and type of a maximum field · Unive and goststantestmol \$1.4d data.it
- Offer raedications
- Laboratory mand activity
- The publicity progress should be manifored and should evolute all teach
- Nonmentan medical and subing observations. A specify commutant for the mound or operators are
- Any managerics have
- Nov sharger hade in monovert

#### Aftercare: Prevention of complications

- · Encarge sets mublication
- Deep brust ing and outpilling
- Active daily scoretise Joint rango of motion
- Number overstanding
   Make weiting activities at an encoded at the second at the
- and provide in the stations for they use
- · Engradegalenanten
- Prevent skie breekdown and pressure some Turn Secreter Deperty
- Parage same and filecols off elds
- Provide adaptaine balls control

#### Discharge role

- On discharging the appoint they the ward, record in the receiv.
- Description in all second and discharges Gummony at course in hospital
- restation about father insregerent including drigs presented.
- details of any follow spopporthosi

WINDOWN PROVIDENT Surgeal Central the Diserted Magnetic 589





### DOCUMENTED PROCEDURE TO ADDRESS THE PREVENTION OF ADVERSE EVENTS LIKE WRONG SITE, WRONG PATIENT AND WRONG SURGERY

Before entering OR	Before inducing anesthesia	Final pause before incision	Before leaving OR	Postoperative destination
Patient check-in	Upon entry Stretcher/table locked for transfer	All staff review critical events before incision	Nurse verbally reviews with the team	Upon arrival
Patient states name and 0.0.5.      Patient confirms ID band/consent      Patient states procedure, site, side      Patient names his/her surgeon      Patient asked when they last ate      Determine need for interpreter      Allergies reviewed/recorded      Verify with or board      Site marked if applicable and confirmed*      H & P updated and in chart	Strotcharrtable locked for transfor     Safety beit in place     Team members introduced     Patient identity confirmed     Confirm record labeling     Allergies verbalized     Confirm procedure(s) being performed     Patient positioning confirmed     Emergency equipment available     Special equipment available	Attending surgeon reviews critical/additional steps and anticipated blood loss     Anesthesia provider reviews patient specific concerns/issues     Circulator reviews sterility and equipment issues     Tissue and implants checked and verified     Neutral zone established	Final count pause Instrument, sponge, needle counts performed per policy Specimens reconciled by RN Final diagnosis confirmed and recorded Name of procedures(s) Wound classification verified with surgeon	Team members introduced      Vital signs and temperature      Or nurse/surgeon review     concerns for recovery      Orders by surgeon      Anesthesia report      Allergies verbalized      Patient history      Last or vital signs      Drugs administered
Consents up-to-date/signed Anesthesia preop/consent done ASA status verified/documented Antibiotic ordered if applicable VTE prophylaxis if applicable Precautions identified Preop RN/circulator briefling Preop RN/circulator briefling Determine potential need for unit bed Confirm B blocker usage and document if applicable Steroid protocol if applicable	Imaging displayed and reviewed      Review prior to induction      Pulse eximeter on/functioning      Risk of difficult airway/aspiration      Surgeon reviews duration,     Irrigation fluids and risk of     retained foreign body      Blood available if applicable      All drugs/solutions labeled      Compression boots if applicable      Antibiotics doee/redoeing      B-blocker/glucose control      Temperature control measures      Fibid menagement stretery	Final pause  Stop all activity  Attending surgeon present  Prep dried  Surgeon site marking visible and confirmed alter prep and drape and prior to incision when applicable  Remark site and redo timeout if initials not visible Incision time confirmed and recorded  For additional surgeons OR timeout	Attending surgeon Date:Time: RN: Date:Time: Date:Time: Commode/sysys) Review critical events Aneethesia provider, nurse and surgeon review the key concerns for recovery and management of the patient Discussion of post	Unine output/blood loss     Fluids/blood products     Prior to final sign out     Procedure note in chart     Anesthesia drug/discharge     orders     Need for consults/x-rays/labs     Post anesthesia progress note     Timing of antibiotics if applicable     Final disposition     RN: Date:Time:
Hand off         Preop RN:         Circulator:         Date:       Time:         (mmvdd/vyyy)	Fluid management strategy     Perform or timeout     Patient, procedure, site, side, level,     implants, structure, position and     consents reviewed and verified     Stop all activity     Attending surgeon     Attending anesthesiologist:     Circulator:     Time:	Patient, procedure, site, side, level, implants, structures, position and consents reviewed and verified Attending surgeon Attending anesthesiologist Circulator: N/A	Discussion of positive analyseia/block     Procedure note by surgeon     Determine if there were any     equipment issues     Steps to exit initiated     Call postop destination with     any precautions and equipment	(mm/dd/yyyy)

Source: Gerard M. Doherty: Current Diagnosis & Treatment: Surgery, 14th Edition www.accessmedicine.com Copyright © McGraw-Hill Education, All rights reserved.







**Interpretation** – The pre-anesthesia, post anesthesia and type of anesthesia should be monitored and documented in a standardized format. Also the patient records must contain regular and periodic monitoring records of patients who are under observation Post Operative/Anesthesia for the purpose of taking corrective and preventive actions.

### **Means of verification:**

- 1. Department has documented procedure for pre-operative anesthesia checkup
- 2. Anesthesia plan is documented before entering into OT
- 3. Post anesthesia status is monitored and recorded
- 4. Post-Operative/Anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency



on mark MG



## **DEPARTMENT HAS DOCUMENTED PROCEDURE FOR PRE-OPERATIVE ANESTHESIA CHECKUP**

CHECK YES, NO OR NA FOR ITEMS 1 THRU 20	AND	11515	080	INITIAL S	i
				INTIALS	
1. 2 ID bands applied (different extremities)					
<ol> <li>3 Blood bands applied # Astelegous/donor directed blood avail galiferant extremities)</li> </ol>					
3. Blood consent signed and white sed and on shart					O.R. PRE-OPERATIVE CHECK LIST CHECK VES NO DEINA FOR ITTOK LITRAUA
4. If no blood concent, blood relase! form signed					AND RECORD INITIALS
and on chart			-		VES NO N/A INITIAL
5. Advance directives signed and on chart		<u> </u>	-		1 Wearing two I D Bands that are legible
<ol> <li>Consent signed and witnessent and on ichart.</li> </ol>	-		-		2 Blood Bank two I.D. Bands in place
7. Laterality identified on the concent form.			111		3 Consont Signod and Witnessed
Surgery will be an the foireld and: Right Lett Stateral Middle					A Laterality on the consent form is
			1	1000	consistent with:
<ol> <li>Latensity on the consent form is consistent with the patients response</li> </ol>	- 1				patient response
9. Allergies NKA					- the pro ap enocidies
Later		-			5 Alfergica
			1.0		
10. NPD arrop					5. Time Arrived in Pre-op Holding
11. Pro-op medicali de	-				
Time					7 Charl Checked for Completences
Medication					II IV Fluida Amount
12. Vital Signs		-	+	100	Gignatura: Initials:
BP HA	1				
TempResp					NOTE
13. Voided Time	-	-	-		
14. Height Wi					
		-	-		STATEMENT OF PATIENT COMPLIANCE
<ol> <li>Patient personal balangings domunas</li> </ol>					LAM AWARE OF THE DANGER TO ME OF FOOD OR LIQUID (INCLUDING WATER, COFFEE, OR TEA) IN MY STOMACH DURING.
contective termines	1.1	1.1			ANESTHESIA AND LOCITIEV THAT LHAVE HAD NOTHING TO EAT
hearing ald jewelry elevelry					OR DRINK BINCE
other		I .			EXCEPTIONS
Disposition		L .			I CERTIFY THAT I HAVE AN EBGORT HOME WHOSE NAME IS:
C Admission Services	1.1				
Famoson Service     Famoson     Famoson     Pamoson     Remotos w/Patient	1.12	1			PATIENT
Other	-	L		<u> </u>	WITNESS: DATE
15. Nail Polish Removed	_	1	1.1.8		Not the set
17, Isstation "Sae isolation Guidelines on opposite side.			1		Isolation Precaudione Guide mea
Туре		-	-	-	May go to Pre-op May go to PACU
18. H & P on crian					Arbonie No No Bocorstory (Crocket No No
19. Previous Medical record with chan		-	-	-	Propagatory (Encoder) No No
20. Addressograph plate on chart					Correct No Yes in delation rooms
N 502 5 5 5 0 5 2 5 4	Sugar.	Sec.	30-2	20/	Special Handling (CJD) Yes Yes Yes
• Segnature *	let	lish.			Protocilico No No

AGE	SEX: M F		E MED:	a u						43	ά
PT.IDED		NP	and and a second second	CHART R		OPOSED S					
OPERATION PER		PED	-	CHART R	EVIEWED	SURG	EON				
PRE OP: EP.		10			Hot		LLENGIES	S			
OMG	100	300	- 20	-			-00-00-00-00			W-SI-S	TOTALS
NTROOS ONDE											
ALCO ENPL/BOTL/	DEDIDEVO										
			11111								
CMP		- 1									
RANE		-		THEFT.						HILL	
LUBS/BLOOD											
v +		210			VIDADORES	International State	10000000			0000004	I MONITORED
V ====	000	229									ARESTHEEN CARE
BP / 100	PIO3 E1003	204									CENERAL
PERSON +	GaO,	1 100									OLADE
PRINT & ANALLY	n Da	100									005
ONITORS:	orrest Temp	140									CUFF
MADERAL PED	Disks Steens										CITAMMANTA C
ORNETCH	LISSOCS AR	129									
Jon Site.	C rice	100				100000					COMMENTE
Trees waters	Dining .	99									
Tenecontine	[]umuu ztaa	- 00								3	EVE PROTECTION.
TIME	Dott	10									
HUNDONE	1 + 1.4m	20									DESCRIPTION OF ANT
DELASHIEF	LINC CATHODOR								2 2 2 2 2 2 2		SURVENTANT
VENT ANNAY					CILLE					3 1 1 1	etime entre
				111111	111111	TTTTT					AND THE CALL
POGITICII REMARKS				TITTT	TITTT		111111		CT TT TT		Concertor 1919
CEMER-PAGE											
ICOVERY ROOM	A 8.P	_	. íð.		88.		TIME		O. SAT	1	
INDITION.			0, 5						- 2. 	2	
							(				
LIGNED (TEGICENT							M.D. 17	ATIENT			
Contraction of the local data	2						MD.	Азле			
DISTINCT (NETWORK)							100000				
ATE								*			
AGE 01											

Source: Butterworth JF, Mackey OC, Wasnick JD: Morgan & Mikhaif's Clinical Anesthesiology. EU. Cliffort toron and an and intervention

Copyright © The McGraw-Hill Companies. Inc. All rights reserved.





## ANESTHESIA PLAN IS DOCUMENTED BEFORE ENTERING INTO OT

### Anesthesia Care Plan Development:

DOS

- ✓ Review current lab data
- $\checkmark$  Review medical & surgical history with the patient
- ✓ Perform physical assessment for anesthesia
- $\checkmark$  Discuss plan with supervisor
- ✓ Revise the plan as needed

✓ Discuss plan with patient and obtain consent

The anesthetic care plan is based on:

- · A review of the medical record available
- Medical history
- Prior anesthetic experiences
- Drug therapies
- Medical examination and assessment of any physical conditions that might affect the decision about the preoperative risk management
- A review of medical test and consultations that might reflect on the anesthesia administration
- An appropriate preoperative medications needed for the conduct of anesthesia
- Providing appropriate preoperative instructions and other preparations as needed

## 3 Stages of Plan Development

#### Prior to Day of Surgery (DOS):

- Patient / nursing completes a health assessment including pre-anesthesia
- Old medical records, including anesthesia, may be reviewed Develop a care plan based on this information

#### DOS:

Conduct patient interview Perform anesthesia physical assessment Review current lab data Revise the preliminary plan if needed

#### Intraoperative:

Provide vigilant care Continually assess the plan and prepare to revise as needs arise



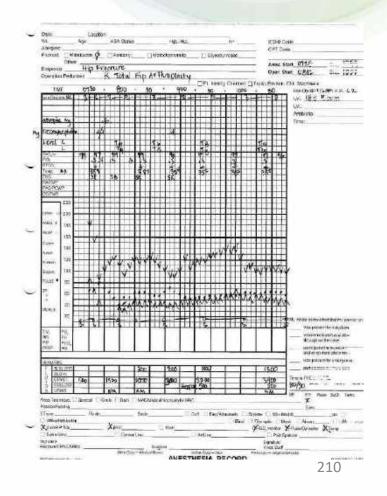




## POST ANESTHESIA STATUS IS MONITORED AND RECORDED

	and the second	2010/06/08/2012		2010/04/2010/06/	
	HH.				
ter ter fan inge he	Form .				
a second second second	-	Prington - Tenant			
and the second second	- Maria	10000			
Contractories					
owners.					
Standby	Shame		1.000	100 - CO.14	
C DeMalbin					_
C Anglone C					
Context.					-
2 An experience 2 Second participation					
- THE second designed and	-	1000	00	30 200	
- Teleford Stations		110	100	1 1	110
Autor V	the best of the				
Distantia Contraction	INVALUE AND A	in in mont	of the second	11 10 10 10 10 10	mmicor
Division of the second section.	0.111.03				1121121
CONTRACTOR OF A	TOH:	- Autor - Constraints			
9999 (C. ) (C. ) (C. )	Anna Yes				<u>m mm</u>
[ fannes ]	S. S. 18	1.114-040-0414-0414-			
Children .	Second 3	;			
a serie state	Book X. 18				21121010
Cardena and	10000				
Chieferst milities -	500 ( <b>8</b>				
10 per	- 3	211-111-111-111	-11-01-07-0-11		
Second Ve	N 8	CITED IN LODIE	102021010		20111100
Consciences.	<ul> <li>Market P.J.</li> <li>Market P.J.</li> </ul>				
al in		and the states	4.1.1.1.1		and solved
at a lot the shares when					_
M-71		1.1.1.1.1.1	1111	A Property in	
Montdove	Augusta and				
Collinguation of the second	1010/02/09/				
Constant.	Statistics.				
Will state \$50 success	2000-53				
Addates and a	1 2				
CANADA PARAMETER	tion of	C. L. L. L. L.	- Andre Andre	- La da	-
Contractory and states	1.000	A PONDA A PA	1940-1940-19		22.00
The Part of Station					246
å öter i					
2194 V	U				
					Sec.
					10.64
655	- 2640	2002			
beet	increase in the second		·		
C. O. C. State	. Same	Million ( )	36	14. H	2

NUESTHEREOLSDIAT     PURCEDNI       Arr     VII.     Pre-Bo-3F     C.V. Molecular       NuE     VII. Pre-Bo-3F     C.V. Molecular     Independent       NuE     Pre-Bo-3F     Molecular     Independent       Ortication     Pre-Bo-3F     Molecular     Independent       Mask     ETT     LIMA     Trace-     Epideurial       Ortication     Mask     ETT     LIMA     Trace-       Ortication     Mask     ETT     Mask     Execution   <	CUTRUT NUR APPLICATION TOP VIDO HERT BORNIE ENERSIS EN
RATERY - 1930047	CUTRUT NURR         AVPEARANCE         TOTA           VIDO         HILERY         TOTA           HILERY         BRANN         EVENSS           EVENSS         EVENSS         EVENSS           HELOND LOSS IN CR         CARC MINIMUM         HUMMARY
Attp:// High: Attacrime Succingionative Tyrend PR Batapase Proposition Branchine Succingionative Decedior Batagese Proposition Branchine Cases Cartise Branchine Branchine Cases Cartise Branchine Branchine Cases Cartise Branchine Branchine Cases Analysis Branchine Cases Cartise Branchine Cases Analysis Branchine Cases An	CUTRUT NURR         AVPEARANCE         TOTA           VIDO         HILERY         TOTA           HILERY         BRANN         EVENSS           EVENSS         EVENSS         EVENSS           HELOND LOSS IN CR         CARC MINIMUM         HUMMARY
No.0     Arracution     Succession     Tyrenel PR       Halothare     Prebristial     Wiscontum     Deservini       Halothare     Prebristial     Wiscontum     Deservini       Halothare     Prebristial     Arrisenetic       Halothare     Preprint     Arrisenetic       Ortactin     Resoligative     Arrisenetic       Mask     ETT     LMA     Triceh       Calific     Happen     MSo     Entricetor       Calific     Happen     MSo     Ketentine       Versed     Litilization     Calific     Litilization       Or Sector     Colored     Colored     Calific       Ortaction     MSo     Ketentine     Versed     Litilization       Arracy     Ortaction     Ortaction     Ortaction     Ortaction       Or Sector     MSo     Colored     Ortaction     Ortaction       Arracy     Ortaction     Ortaction     Ortaction     Ortaction       Year     MSo     Ortaction     Ortaction     Ort	CUTRUT NURR         AVPEARANCE         TOTA           VIDO         HILERY         TOTA           HILERY         BRANN         EVENSS           EVENSS         EVENSS         EVENSS           HELOND LOSS IN CR         CARC MINIMUM         HUMMARY
Perint State     P	CUTRUT NURR         AVPEARANCE         TOTA           VIDO         HILERY         TOTA           HILERY         BRANN         EVENSS           EVENSS         EVENSS         EVENSS           HELOND LOSS IN CR         CARC MINIMUM         HUMMARY
Perint State     P	CUTRUT NURR         AVPEARANCE         TOTA           VIDO         HILERY         TOTA           HILERY         BRANN         EVENSS           EVENSS         EVENSS         EVENSS           HELOND LOSS IN CR         CARC MINIMUM         HUMMARY
Perint State     P	VDD HERE HG GRANN EXENSIS HE.COOLICSS IN CRE HE.COOLICSS IN CRE HERE HARTES
Arrandorm     Manak     Gride	HART MC ORAN EMESIS BLOOKILOSSIN OF MCREASING NOTES DI CARE UNINNET
Arrandorm     Manak     Gride	NG OFAIN EMESIS IL DOOLISSE IN GR MORSING WOTES IT CARE IN MITTAT
Orsecretiant     Robinst     Rescoles       Office     Cascal     Cascal       Mask     ETT     LBAA     Triceh       Cascal     Cascal     Cascal       Cascal     Cascal     Cascal       Cascal     Cascal     Cascal       Cascal     Rescal     Cascal       Per     Rescal     Cascal       Rescal     Cascal     Cascal       Per     Rescal     Cascal       Rescal     Cascal     Cascal       Rescal     Cascal     Cascal       Rescal     Cascal     Cascal       Rescal     Cascal     Cascal    <	DRAIN EMERS IN CORFLOSS IN CH MORSENS MOTES CARE ON INTERT
Mask     ETT     LMA.     Twich.     Bolout.     Faidurer       Askbackice     Casadi     Iscali     Iscali     Iscali       Casadi     Heperin II MSOr.     Ketemine     Versed     Istimutering       Or Severation     Iscali Casadi     Iscali Casadi     Iscali Casadi       Period     Heperin II MSOr.     Ketemine     Versed     Istimutering       Or Severation     Istimutering     Istimutering     Istimutering       Period     Masker Coccut Assert/	REDOLLOSSIN DR
Antibiotics     Cartinic Heppein   M2Cr. Ketemine   Versed   Litilization     Array     Or Severation     Browney     Restart Crocket A status     Concel A statu	ORSING NOTES D CARE IN MITHT
Antibiotics     Cartinic Heppein   M2Cr. Ketemine   Versed   Litilization     Array     Or Severation     Browney     Restart Crocket A status     Concel A statu	
Openantial         MSO         Returning         Utrand         Libbustne           Anwary	
Arway         Arway           O. Secretion	Initial Pain Score:
O: Severalm D: % Per mover easist Critical sealant water material moves and critical sealant water material moves and critical	
O: Severalm D: % Per mover easist Critical sealant water material moves and critical sealant water material moves and critical	
Dr.         Racrosov          Racrosov <th< td=""><td></td></th<>	
Per         Autor / Autor / COULT         Autor / CO	
Ferge	
Tm	
2011 201 - 202 100 100 100 100 100 100 100	
2005 A 99	
100 100 201151 00 0	
2)1 12 499	
PILE 49	
<u>i</u>	
NUN	
Patte	
1007	Diselse D.L.D.
ASSESSMENT	Discharge Pain Score:
	THE GROUPANEET OF DEDWARDE
- Contract of the second se	TIME OF DEPARTURE
t containes	10
DUILOBELL .	MANSPORTED W/M
	CHE CHE WOWTON
	ED 0 - SK? WOHROW ED TRACH KOK

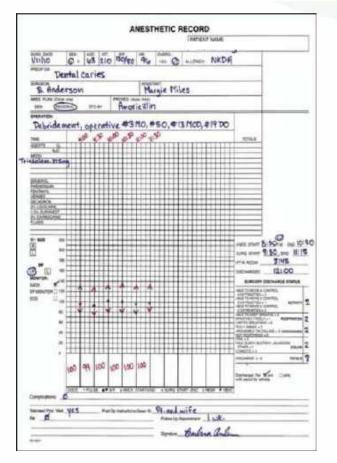






### POST-OPERATIVE/ANESTHESIA MONITORING INCLUDES REGULAR AND PERIODIC RECORDING OF HEART RATE, CARDIAC RHYTHM, RESPIRATORY RATE, BLOOD PRESSURE, OXYGEN SATURATION, AIRWAY SECURITY AND PATENCY

1		F G H I J DF PATIENTS DURING AN					GSI -	
2			in the second		/		IPD-FF-	
1 2 3							20	
5 Name of Patient	<u>.</u>			Date: /	/20 UHI	D.No.:I.F	D. No.:	
6 Unit/Ward:				Diagnosis:		15		
7 Procedure/ Ope	ration:							
10 Crystalloids								
11 Colloids								
12 Blood								
13 Reg Anaesthesia- D	rug Catheter							
14 KEY	250							
15 Pulse/min °	240							
16 Systolic BP 🗸 🗸	230							
17 Diastolic BP ∧ 18 Respiratory rate r	220							
19 SpO2 % •	210							
20 EtCO2 🛛 🖯	200							
21	190							
22 Temp. 🛛	180							
23 CVP 🔹	170							
24	160							
25	150							







## CHAPTER 3: SUPPORT SERVICES (OVERVIEW)

Support services are fundamental foundation of every healthcare facility and helps 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.



**CHAPTER 3: SUPPORT SERVICES** 



SS 1	Hospital should be clean and have well managed flooring
SS 2	Temperature control and ventilation should be maintained in patient care and nursing area
SS 3	The hospital should have 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 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	Hospital should ensure Bio-Medical Waste management practices as per the statutory norms (BMW (Amendment) Rules, 2018)
SS 9	Hospital should ensure that services i.e. (Laundry, Housekeeping, Dietary, security, Ambulance, Mortuary, Central Sterile Supply Department (CSSD) etc. are available (in-house or outsourced).
SS 10	Sexual harassment and grievance handling procedure should be available.





## SS 1 - HOSPITAL SHOULD BE CLEAN AND HAVE WELL MANAGED FLOORING

**Interpretation** – The flooring of the hospital should be well managed and have adequate cleaning processes like mopping, scrubbing etc. conducive for the infection control.

### **Means of verification:**

- 1. The floor should be non-slippery and dry
- 2. The floor surface should be smooth enough for effective cleaning and walking
- 3. The facility should be cleaned at least twice in the day with a wet mop and are also rigorously cleaned with scrubbing at least once in a month. Check cleaning records for regular and frequency of cleaning





## **THE FLOOR SHOULD BE NON-SLIPPERY AND DRY**









## THE FLOOR SURFACE SHOULD BE SMOOTH ENOUGH FOR EFFECTIVE CLEANING AND WALKING













### THE FACILITY SHOULD BE CLEANED AT LEAST TWICE IN THE DAY WITH A WET MOP AND ARE ALSO RIGOROUSLY CLEANED WITH SCRUBBING AT LEAST ONCE IN A MONTH. CHECK CLEANING RECORDS FOR REGULAR AND FREQUENCY OF CLEANING







# SS 2 - TEMPERATURE CONTROL AND VENTILATION SHOULD BE MAINTAINED IN PATIENT CARE AND NURSING AREA

**Interpretation** – Arrangement for comfortable work environment in terms of temperature control should be available in patient care areas and work stations.

### **Means of verification:**

1. Availability of fans/ air conditioning/ heating/ exhaust/ air vents as per the requirement and weather condition.





### AVAILABILITY OF FANS/ AIR CONDITIONING/ HEATING/ EXHAUST/ AIR VENTS AS PER THE REQUIREMENT AND WEATHER CONDITION







# SS 3 - THE HOSPITAL SHOULD HAVE ARRANGEMENT OF WATER STORAGE AND SHOULD BE TESTED PERIODICALLY AS PER REQUIREMENT

**Interpretation** – The hospital shall ensure that there is sufficient water supply to meet the requirements at all point of use round the clock. Alternate source of water should be available as backup for any failure or shortage and same should be tested on regular basis. The results of the tests should be documented.

### **Means of verification:**

- 1. At least 200 liters of water per bed per day is available on a daily 24x7 basis. Adequate backup for continuous water supply should be available (check alternate sources also)
- 2. Water is available at all points of use for hand washing, OT, Labor room, wards, Patients toilet & bathroom.
- 3. All water tanks are kept tightly closed to ensure safety
- 4. Check the records for periodic tests of the quality of water from the source (municipal supply, borewell, etc.) for bacterial and chemical content as per the guidelines





### AT LEAST 200 LITERS OF WATER PER BED PER DAY IS AVAILABLE ON A DAILY **24X7 BASIS. ADEQUATE BACKUP FOR CONTINUOUS WATER SUPPLY SHOULD BE AVAILABLE (CHECK ALTERNATE SOURCES ALSO)**

According to WHO guidelines, the **minimum water** requirement of **a hospital** is about 50 litres per person per day. Normally, the water requirement is 115 litres per person per day. A district hospital with about 100 patients and 200 personnel, or a total of 300 people, will need at least 34,500 litres of water per day. **Examples of alternative water sources** 



Hospital has a unctional rain water harvesting system

include:

- Harvested rainwater from roofs
- Harvested storm water
- Reclaimed wastewater
- •Gray water
- Captured condensate
- Additional alternative water sources
  - **Atmospheric water generation**
  - **Discharged water from water** purification processes
  - Foundation water
  - **Blowdown water**
  - **Desalinated water.**





# WATER IS AVAILABLE AT ALL POINTS OF USE FOR HAND WASHING, OT, LABOR ROOM, WARDS, PATIENTS TOILET & BATHROOM







# ALL WATER TANKS ARE KEPT TIGHTLY CLOSED TO ENSURE SAFETY







# CHECK THE RECORDS FOR PERIODIC TESTS OF THE QUALITY OF WATER FROM THE SOURCE (MUNICIPAL SUPPLY, BOREWELL, ETC.) FOR BACTERIAL AND CHEMICAL CONTENT AS PER THE GUIDELINES



Parameter	Drinking water quality as per			
	EQS standard	WHO standard	EC standard	
pН	6.0-8.5	6.5-8.5	6.5-8.5	
TDS (mg/l)	1,000	1,000	1,000	
Iron (mg/l)	0.3-1.0	0.3	0.20	
Sodium (mg/l)	200	200	175	
Chloride (mg/l)	150-600	250	250	
Sulphate (mg/l)	400	400	25	
Fluoride (mg/l)	1.0	1.5	1.5	
Arsenic (mg/l)	0.05	0.05	0.05	
Ammonium (mg/l)	0.5	1.5	0.5	
Nitrate (mg/I)	10	10	10	
Phosphate (mg/l)	6.0	-	5.0	
Potassium (mg/l)	12.0		10	
Endrin (mg/l)	0	0.2	0.2	
Heptachlor (µg/l)	0	0.1	0.1	
DDT (ug/l)	0	1.0	0.1	

		HALKIN	un cu		
	. NO 175 Y 48201 (CRU20) B1011 NOV 1 PRESEDEN	A CONTRACTOR OF A CONTRACT OF		A	M431L0F9
				14	-
	EXEMPT:	MC 234	-STELE	CHRONE CHRONE	(D)
	REALWARD BEALT	Ored has Dirite		12,00,00 Linearial Strategy	- tor Web like I
		integration and 1964 phile with the proceed all Salim	No Sea II. Karada M.I	gias actoprarted at Index Spins (0, 30)	
		All			
	MINGU'E THO ONE	14Franto 201			
	RTMUT	Tit wear at			
	A same and a result of the				
×	PANTER	VEDID LIF.N.	001	1003	INPRESENTION AND TRANSME
	116125	Timotes	31	3.0	151-80
1	05002	2010/0228	н.	- 82	
1.)	III IOB	2010.3338	10.	30(1)	0
ŧ,	an ana a	distance	141	00(43.)	62311
ł.	noncontract_	ationetro	300	1.0	30
i,	INVESTIGATION AND P	MACHINE.	900	я.	938
r.	000011+0	2016-1010	346	12	397
	BREAKSON A		- 191	4.66	3000
	INDEFENSION	AP.6-410	mi	101	30
ñ	acres .	2016-010	- 44	110	00
i.	(nomfs)	398.170	10	1.196	134.1
ß.	NO. SPORTS AND	SHOT	inf.	Car.	300
н.	AUNDRESIDA	496.001	10	125	42
u.	1406-2055-44.	491.321	in	60	31
	mathan	LEATER	241	Spragae	041

ADDELT T	WATER CULT	a statement of the	CHILDEN CMERS
	Regel Halomanagas a	A STREET, STRE	
a constant	ECTIVINO: 11/11/17		
ENUT:			
e 1492	Site of	MPN count	interpretation/Duality of displaying water in .
	GampicA (Books)	~1NdF16/180mJ	
	SampleR (Bkn/s2)	11050/10001	Switt factory
	SempleC (Block31/05004)	<111/100mi	Excelated
	SampleD (Block41/mSidt)	<3309.00(300/au)	15117 - 115
	Ground Houri	-1WHH/100W	Loolent
- A-	14.14.1		

Source [10]





# SS 4 - THE HOSPITAL SHOULD HAVE 24 HOURS SUPPLY OF ELECTRICITY, EITHER THROUGH DIRECT SUPPLY OR FROM OTHER SOURCES

**Interpretation** – Hospital should have availability of power back up in the form of emergency lights, DG sets, solar energy, UPS, noiseless generators or any other suitable source. The staff involved in maintenance of electricity must have rubber mats, gloves and boots for safe working and prevention from any mis happening.

### Means of verification:

- 1. Check the availability of power back up, availability of UPS, emergency lights or noiseless generators
- 2. Rubber mats are available in the electrical room below the panels and rubber gloves, boots and safety gears are provided to the electrical staff





# CHECK THE AVAILABILITY OF POWER BACK UP, AVAILABILITY OF UPS, EMERGENCY LIGHTS OR NOISELESS GENERATORS





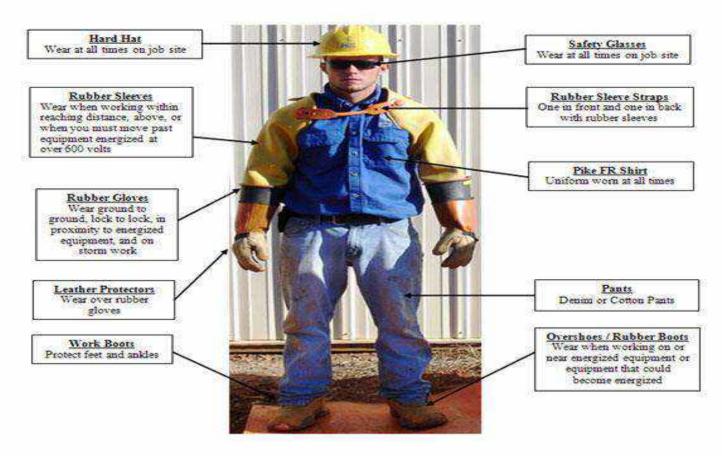






# RUBBER MATS ARE AVAILABLE IN THE ELECTRICAL ROOM BELOW THE PANELS AND RUBBER GLOVES, BOOTS AND SAFETY GEARS ARE PROVIDED TO THE ELECTRICAL STAFF









### 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.

**Interpretation** – Manifold room should be accessible and have adequate back up of oxygen cylinders. Availability of central oxygen and vacuum supply should especially be assessed in critical area like OT and ICU with standardized colour coding of cylinders and pipelines. A prompt replacement procedure and alarm system should be available to indicate any abnormal pressure change in the room. The instructions for operating different equipment's in manifold room should be displayed clearly.

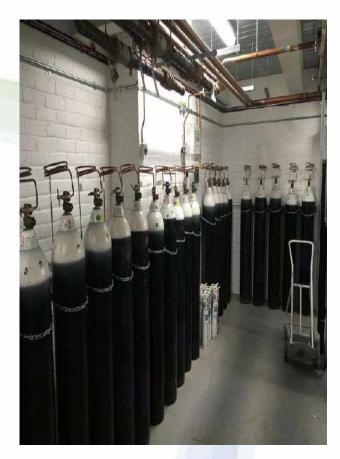
### **Means of verification:**

- 1. The manifold room should be located on the ground floor and entry to the room is prohibited for the unauthorized people.
- 2. The manifold room should have at least 3 days of oxygen and other medical gases stock, that is chained appropriately
- 3. Colour of the gas pipeline (if applicable) and the gas cylinder has to be as per the standards
- 4. The alarm system should be operational to indicate any abnormal pressure change
- 5. Adequate back-up of B-type cylinders in critical areas like ICU, OT and for patient transfer purpose
- 6. The procedure being followed for prompt replacement of empty cylinders with filled cylinders
- 7. Instruction for operating different equipment in the manifold room should be clearly displayed





# THE MANIFOLD ROOM SHOULD BE LOCATED ON THE GROUND FLOOR AND ENTRY TO THE ROOM IS PROHIBITED FOR THE UNAUTHORIZED PEOPLE



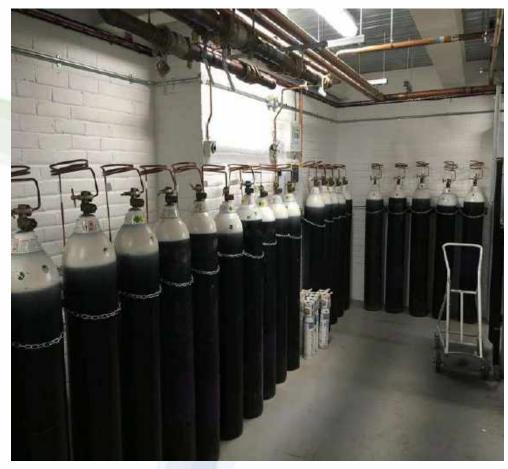








# THE MANIFOLD ROOM SHOULD HAVE AT LEAST 3 DAYS OF OXYGEN AND OTHER MEDICAL GASES STOCK, THAT IS CHAINED APPROPRIATELY

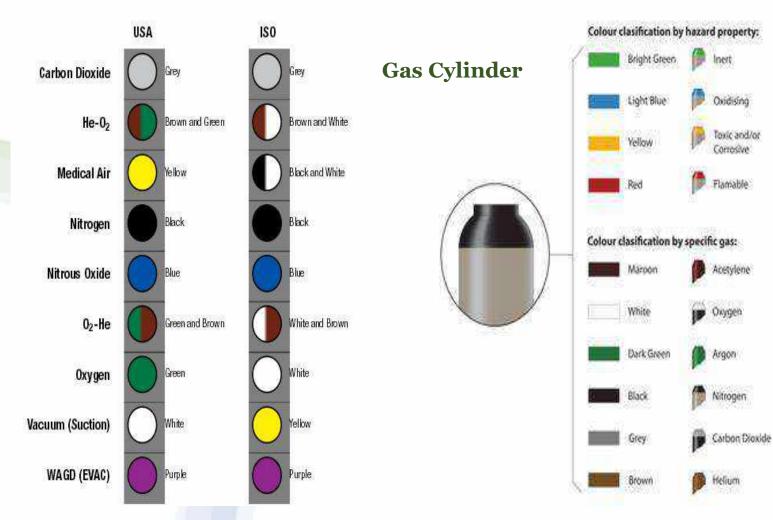








### COLOUR OF THE GAS PIPELINE (IF APPLICABLE) AND THE GAS CYLINDER HAS TO BE AS PER THE STANDARDS Gas pipeline



Material Property	Letter Color on Field Color	Example
Single Gases		2
Oxygen USP <sup>†</sup>	White on Green	⇒ OX YGEN 50-55 PSI ⇒
Carbon Dioxide <sup>†</sup>	White on Gray	⇒ CARBON DIOXIDE →
Nitrous Oxide <sup>†</sup>	White on Blue	♦ NITROUS OXIDE ♦
Cyclopropane <sup>‡</sup>	Black on Orange	
Helium USPt	White on Brown	🔿 HELIUM 50-55 PSI ♦
Nitrogen NF <sup>+</sup>	White on Black	→NITROCEN 160-200 PSI→
Medical Air USP <sup>†</sup>	Black on Yellow	♦ MEDICAL AIR ♦
Instrument Air†	White on Red	⇒INSTRUMENT AIR →
Waste Anesthetic Gas Disposal <sup>†</sup>	White on Purple	➡ WASTE ANESTHETIC ➡
Laboratory Air <sup>†</sup>	Black on White/Yellow Checkerboard	→ LABORATORY AIR →
Laboratory Vaccum <sup>†</sup>	Black on Black/White Checkerboard <sup>2</sup>	LABORATORY VACUUM
Medical-Surgical Vaccum <sup>†</sup>	Black on White	MEDICAL VACUUM





# THE ALARM SYSTEM SHOULD BE OPERATIONAL TO INDICATE ANY ABNORMAL PRESSURE CHANGE



232

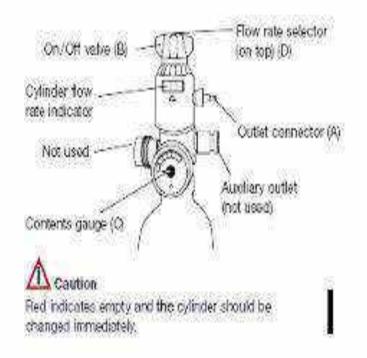




# ADEQUATE BACK-UP OF B-TYPE CYLINDERS IN CRITICAL AREAS LIKE ICU, OT AND FOR PATIENT TRANSFER PURPOSE



Cylinder valve (some B10 cylinders)









### THE PROCEDURE BEING FOLLOWED FOR PROMPT REPLACEMENT OF EMPTY CYLINDERS WITH FILLED CYLINDERS

### **Cylinder Safety**

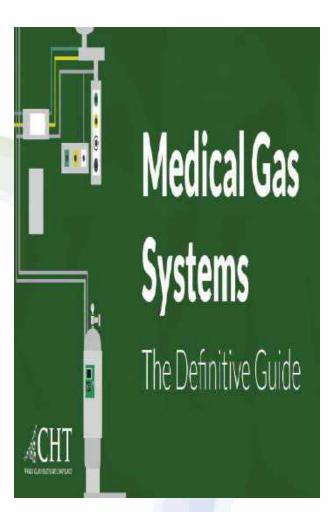
Below is a summary of the **DO's/DON'Ts** when working with gas cylinders

			<u> </u>
Storage and Handling of Gas C	ylinders Guidelines Contents	DO	DON'T
Background	Sogragata Incompatible	Ensure a regulator is fitted before use	Repaint a cylinder
Scope	Segregate Incompatible Gases and Dangerous Goods	Ensure cylinder is firmly secured	Change the markings on a cylinder
Definitions	Heat and Ignition Sources	Ensure connections are tight and suitable	Use oil or lubricants on cylinder valve
Types of Gases Types of Gas Cylinders	Safe Handling Practices Using Gas Cylinders	Ensure cylinders are stored and used away from ignition sources	Tamper with the gas cylinder test tag
Classes of Gases dentification and Labelling	Manifest of Hazardous Chemicals	Store full and empty cylinders separately	Tamper with or remove the barcode from a gas cylinder
Cylinder Valves and Regulators Cylinder Valves	Transporting Gas Cylinders Transport within Buildings	Ensure valve guards or caps are fitted when cylinders are not in use	Roll cylinders along the ground
Regulators Risks and Hazards from Gas	Transport with Vehicles Troubleshooting	Use mechanical assistance when handling cylinders	Attempt to fight a fire involving a gas cylinder
Cylinders Hazard Management	Cylinders in a Fire Leaks	Ensure adequate ventilation is available for the gas in question	Transport gas cylinders in the passenger compartment of a vehicle
Storing Cylinders Bulk Cylinder Storage	Cylinder Safety Related Documents and	Ensure exposure limits are not exceeded	Use a cylinder that shows evidence of damage or corrosion
Laboratory Specific Storage	References	Read the SDS	Fill cylinders with any material at all
Requirements – Cylinders in	Version Control Table	Follow appropriate SWP	
Use		Have gas detection devices installed if required	





# INSTRUCTION FOR OPERATING DIFFERENT EQUIPMENT IN THE MANIFOLD ROOM SHOULD BE CLEARLY DISPLAYED



### 4. GAS MANIFOLD

Gas manifolds are designed to supply the pipeline system with sufficient quantity of gas by cylinders and/or tanks.

The typical manifold for medical gases usually consists of a two-sided cylinder supply with automatic changeover between the empty and full side, and an additional third source for emergency supply.

### MANIFOLD ROOM

- Consists of a cylinder manifold and a control panel
- Manifold can be of 2 banks of 2 cylinders each or 2 banks of 20 cylinders each.
- Control panel: primary and secondary pressure regulations: warning lamp.











## SS 6 - THE FACILITY SHOULD ADHERE TO THE PRACTICES SPECIFIED UNDER STATUTORY COMPLIANCES AS PER THE SCOPE OF SERVICES - LICENSES WITH CERTIFICATE NUMBER, DATE OF ISSUE AND DATE OF EXPIRY

**Interpretation** – Hospital should adhere to the statutory norms/ compliances laid down by government as per the scope of services and must provide certificates/ licenses for the same. **Means of verification:** 

- 1. Fire Department Clearance Certificate
- 2. NOC from Pollution Control Board for air and water pollution
- 3. Lift License (if applicable)
- 4. Hospital Registration Certificate
- 5. Bio-Medical Waste Management
- 6. PCPNDT Act Registration
- 7. AERB
- 8. Pharmacy License & Narcotics Drugs License (if applicable)
- 9. Ambulance Registration Certificate, insurance Policy, pollution control and Driver License (if in house or outsourced) 236





### FIRE DEPARTMENT CLEARANCE CERTIFICATE

6	1.00	MED/A		-	-
		INDEX			
Se. Warmit of the Porty	Valid In:		1. Harbaile	Bernark	Pep No.
1 M/L Menators & Apertra Scratter 2 M/L Neorigidae Mait Income	10.06-204				- 1
8 Mitt fol Muniprised Small II: Publicity	95.94.285	P III. EI JEN	For Mesoners services		
Any Arrange Addates Investment     Any Marine Careful Investment	101.84 (B) 42.84 (B)	STREET, STREET	The Cardian Service		1
R. McCELDenders 7 June Office Proc Constitution	12.04.012				1
······································	118-87 7188	10.007.027	Fac providing that take set		1
a Note Care Contrar	al example	1140-000	Balaks Burlaid Sector		. 0
IN MUSTIC AUTOMOUSE IN SHARE IN	0000300	4043-007	The Buchdelater, water Reportal		111
In Arts Income States Provident	11004011	elen-m2i	De Paulas Se dissiliada al Davias (basis) accelhant bete		17702
C. P. CTANAL COLUMN STREET, INC.	222.181.0120	10.00-200	An Include Harris Cardle		15
D POTRA-Lan Anthone Downer	110.2 mill	0833.0071	Fei Claginerni briling (auto- perfiring)		파
<ul> <li>M'L tur #Jos NetWorks Constant</li> </ul>	J 64-11 2018	#\$17,2875	Pro Diego anti Fost e g		- HAL
AVA DA LANDA TOTALA TOTAL	E-C-21279	11112-2018	Par Pansage Servers		- H.
Any house reging farmer	35-29-2111	10.00.000	Per Partengent 18-488		14
Also Gra Bul Augurtupe	824+411	1101-1011	Et antider address and		
Mal James Measure Chingston	H 10 2217	Bin 201	tor 1. Educ (Frankrad, Phanasa (Phan 11 Barri		in'
And the second second second	and drive	THE MONTH	ler and par Verlage New Jones der werdt it: 2. mart 1		al.
1473 (ret) Waters Danmet Benies	11,00,000		of product in the separate		31
National Manual States	410/240 CR		er Pringered an anti-Californi anglern		0.

प्रोफार्मा-अ पुरुष अभिग्रमग अधिकारियों हारा आसी फिस्में आने काला फासर एक्साटिस्यूलरां की सामयेकील्फ्सा का साथिक दम्मण-भन्न कार्यालय मुख्य अग्निशमन अधिकारी जनपद-गोरखपुर उत्तर प्रदेश। TENTIE- RENTER, ES2049 นธ. สาสสา - สาวารระดา (สาวารรณีสาวารรณีสาวารรณ) / 2018 - 2018 सेवा में

विषय - प्रतिष्ठान में स्थापित प्रनयर एक्सटिप्युसर्ग को कार्वशीलवा / रिकसिंग / हाईद्रोलिक टेस्टिंग के प्रमाणीसरण के सम्बन्ध में-

संदर्श- आपने प्रार्थमा पत्र संख्या-निन विनोक-25.12.2018

उपरांक्त सरभित विश्वक आपके प्रार्थना पत्र को कम में आपके संस्थान में उपलब्ध-20 अपट फायर एक्साटिंग्यलरों की टेरिटेंग हेत सासनावेश लंख्या -११२०(१) / आठ, विनाक- २७ १२ १९४२ में दिये गये सिर्वजी के अनुसार निर्धारित आशा समया-200 / -भारतीय श्टेल वेक शाखा वेक रोज. ालगात-गोरकार, में पालान सहया- LE46366 जिनाम 27.12.2018 दारा जमा कपाया मया। प्रापित रसीह पास होने के उपरास 20 जबह कायर एक्सरियरास का वरीक्षम किया गया. जिसका विवरण निम्नवग है-

- dan at famm-25 12.23 18
- पूर्व बीकेम का दिनांक व बीक्रेम वाविकारी का नाम- रविएफठअंठ
- संख्यान का विवरण- हारिपटन 4.
- संख्यान में लगाये गये फायर एल्शटिव्यक्षरों भी संख्या-20 5-
- परीक्षण किये गये जायर एक्सटिंग्यासरों की रहिया-20 5-

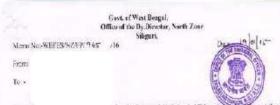
B मेक किये गये फायल एक्सटेरंग्युशर ताग्रंशीलात / दिवलिंग / दाई-टोलिक टेस्टिन का चित्रहण ।

· (1)	फायर एक्सटिम्यूशन का प्रकार	ALANILI.	नाख्या	कार्यशील/अकार्यशील
1	एवबीवसीठ- कायर एक्सॉडिंग्यूशर	तम चित्रमगत	14	कर्त्यवील
2	सीठकोठटू-फायर एक्सटिग्युशर	4.5 10010	16 E	वनवंशील
3	पारयर बबोत	9 लोटर	94	कार्यशील

आगर्क संस्थान में उपलब्ध फायर एक्सटिप्प्रश्चों की कार्यशीलता / रिप्राटिंग / हाईडोलिक

देरितन अपसंकलनुसार प्रमाणित जी जाती है। National building code and UP Building Byelaws ye Uttar pradesh fire prevention and fire safety Act/Rules-2005 if निर्धारित मानकों के अनुसार शेष सुरक्षा व्यवस्थाव वाछनीय होगी। मारतीय मानक जुरो के निर्धारित मानकों वे जनुसार प्रतिवर्ष कार्यणीलना / दिपालिग / डाइड्रोलिक टेस्टिंग प्रमाणित जराये जाते का उत्तरदायित्व भवन प्रस्तभाक/ भवन स्थामी का होगा





Sales-Fire Safety Recommendations for the Propused G+2 Shorted Educational handing at the place an captioned aboved Plot no. 247,248, Khuo 732, Jino 74, Mouze Kushmundi P.S. Kushmundi, Dist-Dalehin Dinkipur.

Ref. > 1) Application no-

Sit

With reference to the letter noted above regarding the Provisional NOU for the G+I Storied Educational building, you have submitted different documents inter alls the Building Plan. After sentimizing the same from fire and fife selety points of slow, the fire safely recommendation 3 here by issued as per the direction of the authority subject to the compliance of the same within three month from the date of issue of this recommendation.

Recommendations-

As Construction Part-I] The whole summation of the proposed building shall be carried out as par represent plan & conforming all the relevant building rules of local authority.

(i) The floor area exceeds 500 separities shall be satisfied compartmented by separation walls up to celling. level having at least two lost fire resisting conscity. iii) The interior finish decombos of the building shall be made of low flagre spread materials conforming 18

Seconcation.

b) All construction materials should be of four lars. Fire resisting type-

with Door and windows should be of at least 2 law first rea sting type.

vi) All opening of service dutts, word, gap, and joints should be scaled with for check mercelab.

#### v) Parking area should not used for any storage. B) Electrical Installation: 1946:1982:-

itAl) electrical mataliation should be done in accordings with National Electrical code & part VIII-Building Service "section -2 "Electrical Installation" good practice[4(10)].

If All earlie should be of FRLS type and all wiring should be done by the support wire along with appropriate gauge such as 1.2 squam for light, bulls, far etc.2.5 squam for freeze, TV& 4 squam for gryser, washing machine ev-

in) Electrical institution shall be used periodically by the licensed electrician where as 85% of firm originated from electrical source of energy.

C) Alternate power supply :-Arrangement shall be made to sumb power with the bein of a Generator to operate at least the free pump, pump for data tube-well. Fire alarm spaces, "Illumination of states, considers, means of example, exc. In case of numual power failure.

#### D) Fire Fighting Water:

)The building should be provided with \$2000 liters capacity of underground stand water with rescarsionage analgement of 1000 liters of which per miniates mcRaubly fives two different sources. The beight of the exerviti should not be exceeding 30 an from the ground lovel. Fire water reservoir shall have overflow and connected with the domestic water reservoir as well as to owild sugnancy of water. The water reservoir shall by kept full at all times.

iothe location of the underground water reservoir should be such so that fine service vehicles easy got access to the sale of the reservoir with a view to draw the water from the said reservoir.

F) Internal hydrant system IS 3844-1989;-





# NOC FROM POLLUTION CONTROL BOARD FOR AIR AND WATER POLLUTION

the advanced way and reasonable

shell be and early with the

weeding the second

Constructions of Construction

1.1

HARVANA STATE POLLUTION CONTROL BOARD C-11, SC/TOR-6, PARCHULA Pt. 25\*\*\*770\*\*\*\* Swall: hearthfulgeneilisen Office Onler

STATE OF

Whereas the Board had assure a policy motor unit Erdst. No. 10355-10216 dated C7.00.2014 published in the Harbanes Overnmens generation (15.94.2014) specifying the procedure for obtaining tomest to establish and content in operate uncertainty to which all the means of contents to oscillation and content to operate uncertainty to which all the means of the second second and content to operate uncertainty to which all the means of the field and authoritation under Harbanized Water MH/6/201 Roles, 2005 are origin feedbal in the level of the Chairmon of the Broard through Online Coment Maxagement and Moritating System.

Morrose powers of deciding CTE and CTU applications in some specified cances were decigated in Wegonal. CFD/res for deciding the applications who order Russis Ro, 377-1674 calend 20.11 SUUS is view of the fermion taken by the Board in its 171% meeting held on 29.09 2015.

Whereas the Howston Orientmust, Industries & Construct Dispersion and article Howeves, Enterprises Promotion Weisey, 2015 and "Cochoic 2015 for facilitating state of about inno District Level vide no. 40(Sel/2005 ±11) date 0.0122/1016 to provide single working working multi-provide the antidated 0.0122/1016 to provide single working service multi-provide the time found characteristic for the projects and for accelerating the pairs of investment in the fault.

A matching of influent was hed on 22.40, 2016 under the likelihood of Charman HERCH without it was desided that the newers in Regional Offeren he deligned in view of above and northizations dowed 01.10 Initia and 03.02, 2016 mixed by Orthermmit of Harrison, influences & Carmenere Department, being as et also members all the Delicit Lever Campuser function by Orthermet of Harrison, influences of the Delicit Lever Campuser function of the Delicit Lever Campuser function of 10.10 (10

In view of above, all Regional Officers are being dragated powers for gradient of community of control of obtaining Act operate applications under Water Pherenticus & Control of obtaining Act, 1975, Are (Prevention & Control of pertition) Act, 1981, and to grant authentiation under Harandens Waste (EdNATA) House, 2006 in their requestion area of juncedution for red and strange entregary of industries with an invostment upto He. 10 errors we ULE cover upto 1 area in contoning week. These entres shall cover under the unrediate effort.

Datad Panchimia, the 14 March, 2016	Anurag Resteri, 148 Chairman
Eacht, No. HSPCS/FLG-130/2016/ 54/9-5259	Dated Alsthe
A copy of the above is forwarded to the inform	ing for information and
mene salary actions	
1. All Branch licharpen in Wend Office.	

All Branch Incharges in Head Office.
 KS 17 to make measuring changes in the OCMMS.

- All Regional Officers in the field.
- 4 JH to Chanman? PA to Member Secretary for information of 154
- , all losss,  $\mathcal{O}_{\rm A}$  . Notice (15) for upstating the orders on the website of the band.

Sr. Environmental Pagineer-1 HQ) For Chairman

Access to a transmission of the second secon	ACCOUNT OF A DECISION  OF A DECISIO OF
All Lawrence Party of Control of	Applement of the second particle of the secon
Processing the second behavior to the Solid Processing and the second se	na a traumerena (1976-1979) na a traumerena (1976-1979) na a traumerena (1976-1979) offense a traumerena (1977-1979) fan en etter a traumerena (1977-1979) fan en etter a traumerena (1977-1979) fan etter a traumerena (1977-1979) fan etter a traumerena (1977-1979) fan etter a traumerena (1977-1979)
<ul> <li>Mill Connection Account of Con- Million Contract of Con- Account of Contract of Con- Account of Contract of Con- Account of Contract of Con- Contract of Con- Contract of Con- Contract of Con- Contract of Con- Contract of Con- Contract of Con- Con</li></ul>	An and a second property of a second
	ninelysions hadron hadron

Dedine pairs to \$1.00 in 1947 in the sector

beneficiaries profil? process

GeC.

	Personality	the new of the Cartin and	Se au diversitie aus				
1	All Pannay - Science X - All da	For a 20 $\neq$ [ Grap (perdict linker Scholar Kolthe Imp) and numeric Act (540	NZS LARO TIGONIA	120721K#Te49073835	807209		
1		AERE (Atomic Tarray Regulatory Tarrat) ExcHelogy Endery Decision					
	A-Rey - HEFE ( Beginterstool and Constant of	L Marpho 158	Can Field 39 25 2 - 89 - 89 - 40 , Commun Ba 16 1/62 (1998)				
<ol> <li>Netud Dagewic City Tarpanez</li> </ol>	Mədicəl Düğəsədir. Cələr Equipmentağı	2 Stannola	Case The Rev 35: 25:52 - 65 - 35-476, Cocument No. 16 1265, 179554	1145206/w311/52821	305282		
		1 statinschie 31	Cast File No. 78/1985) - 49-49-493, Encoment No. 15-10(2) 19968		10 J		
ŧ,	fin KE	ra ya dan sag	5437,4457204	194200 n 1535 N 18	25.85.2019		
	SSI Jolday Lineze	Avra (D-55:Hapita) Lucines	923/2316	14.06.2016 to 13.06.2035	0186.2819		
ï	1996 - Sua	Real B (Uta Soud Stat)	PM(308;301	15122015 w G-122121	55,12,2,600		
1	50-50	25. Grifbather E0 9611 2015	171584RAG	19122007 to 19123039	98:12.2400		
i	SSI-UN	Form F-Looner In Works Lift	05,535,63,93,8394	08.052019 in 40.052022	01052102		
b	559-578H	Fr Acceditation Entry Level Centilination of SS Heighted	W#107862016030,1-03	07.002.016 to 96.05.0218			
I	\$21-100C	Fora KUPK	Red X 12/91/71/2019	01.043019 >= 31.03.0518	MLAS ENVI		
2	931 - THE VersionNa	Sursing Wenne and Prospitale Rose & 100 <sup>77</sup> 74	1M 23CH	119/20/10/11/2/32	31.41.2020		
1	StR-24EntineGates	Tanil Nets Pelatica Control Distri	Commun Order No: 5706295745500; 30.012007 Proceeding or: 70020790/0550EE200920/799,4220170; 0462017	MOR.2017 or H.05.2011	313223		
6	Nit Planuty (210) (2),21)	Certificate of removal of Removies and Lincole evolution infer for rate, or new new drogs	96/5127/1606/3021 dc.36422882	RODANT & BRIDER	201202		
ś	SamyGerficine	Desitory Certificatedous Mask goldy	Reciliat 5548, 2019	1548.209	15342/20		



# LIFT LICENSE (IF APPLICABLE)



217070

GAC/2592	Linear No. (2000/00/00/001	
GOVERNENT OF CUJARAT GOVERNENT OF CUJARAT LICENSE TO	Licence No.: 5089000006351 Form C GOVT. OF N.C.T OF DELHI LABOUR DEPARTMENT (ELECTRICAL SECTION) DISTRICT: SOUTH . DELHE LICENCE FOR WORKING A LIFT	Regi No.0E . 02 . 25 . 002654 AA/ 230 / 04 / 2024 महाराष्ट्र ज्ञासन [ दिवा अभिरतस्त ] उद्योग, उत्पां व कामगार विमाग ाुख्य विद्युत निरिद्यक 3री मजाला प्रशासकर्यीय इमारल रामकृष्ण प्रेश्तकर मार्ग वेषुर (पूर्व) मुंबई 200 084
ELECTRICAL CONTRACTORS	CICERCE FOR WORKING & LIFT	ade (Ac). Ant soc our
Authorized by Govt. Notification, E & P Deptt., No. GU/2013/37/ELA/11-2012/2401/K, dated the 22ad APRIL 2013 M/s.1 is hereby authorized to carry out Electrical Installation Works in the Gujarat State, subject to the conditions mentioned in the Regulations issued the Government of Gujarat under Government Notification, Energy Petrochemical Department, No. GU/ 2013/ 37/ ELA/ 11/ 2012/2401/K, Dated 22nd April 2013. Energy & Petrochemicals Dept. Gujarat State, Gandhinagar. Issue Date:02/03/1998 President Usensing board Gandhinagar Sectoriary	In 1997 is tare hereby authorised to work the lift no. 1 installed in the premises owned by Sh/Smt/M/s GARRY LAKHANPAL and situated at E-16, GEETANJALI ENCLAYE, NEW DELHI - 110017 subject to the terms & conditions mentioned below as per the Delhi Lifts Rules, 1942. Terms & conditions - Evely owner(s) of the place, where the lift is initiated, shall be responsible to make increases by transportents to as to maintain the lift as per the requirements set forth in the First Schedule to the Demi-Lifts Rules, 1942. Reference EP No.: 50880000007865 Dated: 22/04/2019	उद्याहम वालविष्याची अनुहार्थी । १९२२ २०२० २०२० घररायर स्वाप्त स्वाप्त २६.जे. प्रेस्टर - भ, द्यारघर, स्वी मुंबई - वरणान्मारक बाना पूर्वइ उदवहन विषम, १९२५ व्य निवन ५ (२) व्या बहाुवीनुतार खातीक अतीव्या लोग राहुन नमूट कंडले ल्ट्याहन वालविष्णार्था अनुहार्त्र वाहण् मजुन सन्यथल के आहं छत्यहम अश्वतंत्र्या जमीभा चना व स्वाम उद्दहारन क. र द पोल्ठ केंदर, प्लीट व. ५, रीस्टर - केंन २, ताखे, नवी मुंबई - उद्याहनगाया तपशील DETAILS OF THE LIFT (!) Make of hit - शिवलस (६) श्वत्व्व विष्ठलस् (२) कि. त. (३) श्वत्व्य विष्ठलस् (२) कि. (३) श्वत्व्य विष्ठलस् (२) कि. (३) श्वत्व विष्ठलस् (२) कि. (३) श्वत्व्य विष्वलस्य (२) कि. (३) श्वत्व्य विष्वलस् (२) कि. (३) श्वत्व्य विष्वलस् (२) कि. (३) व्य त्व्य विष्वल
Licensing board Gondhinagar	Digitally signed by MUKESH GUPTA, Deputy Electrical inspector, 2019.04.22 16:22:35	(High arguing was a senire fation) for Chief Electrical Inspector Electrical Inspector (Sector I Lectrical Descent) Manipa
Dato of Renowal Date of Exploy Secretary's initials	This Candidate is called as per lifetimeson Technology Art 2000 as amenado hom ana to the.     The Annu-Key of the accument Moule by writed at Angle additional technology Art 2000 as annual for the accument when to the article and the article of the accument when to the article and the accument of the accument o	Conditions : 0 5 EET 2016 (1) Chungs of Name of the Owner or Soviety shall be concentrated to this effice to modify the likeness averagingly. (2) It will be the responsibility of the Owner to give the Maintenance of the Lift to the Repotent iff, Contractor. (3) Owners and the Lift Contractor are fully responsible to keep the lift in safe working condition.





# **HOSPITAL REGISTRATION CERTIFICATE**

Pittvisional registration No.3564000123 Coversment of this **GOVERNMENT OF ANDAMAN & NICOBAR ISLANDS (UT)** District Registering Authority SOUTH ANDAMAN CERTIFICATE OF PROVISIONAL REGISTRATION No. 59 CR1 (Regolitation and Regulation) Act, 2010. The Clinical Establishment is registered for providing medical services us a Hoigital Polyolise, Haenatology,Biochemetry, Xray Center, HCG Contro, Ulrealound Center under Allophathy System of Medicine. This Certificate is valid for a period of one year from the date of issue Nursing Home) DRA: South Andaman Designation of the lesuing Authority nursing home. Place South Anduman Office Port BA Date of Issue 27/11/2015 1. The holder of this Certificate of Registration shall comply with all the provisions of Clinical Establishment Act (Registration and Regulation) 2010 and the Rules made there under. 2. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place in a part of the promotes open to the public. 3. Any change of ownership or change of category or change of management or on reasing to function as a clinical establishment, the coefficients of implatiation and he surrendoed to the authority and application for Mesh registration sobmitted.

"Additional forms and conditions are as elemented by the appropriate registering automati-

In the company work of the standard group of a program of the standard of

AHMEDNAGAR ZILLA PARISHAD AHMEDNAGAR.

FORM 'C'

(See Rule 5)

Certificate of Registration under section 5 of the Bombay Nursing Homes

Registration Act. 1949

This is to certify that Sphismt Dister Julima Disoura Administrator has been registred under the Bombay Nursing Homes Registration Act. situated at AlP -1949, in respect of -Sheugaan Bl Sheugaan (Hear insert the name of the 989. A. Nagar Nitra Seva right end has been authorised to carry on the said Registration No. Ab/59 Date of Registration. 31/8/07 Piace: A.Nagar Date of issue of Certificate: 13/9/07 This Certificate of registration shall be valid upto 31st March,200 2010 Signature of the registering authority The Perished, A'nagar







### **BIO-MEDICAL WASTE MANAGEMENT**

ave.	BY/COLOR DATA	a supervised and the second se	In the second	2
<section-header><section-header><section-header><section-header><section-header><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header>	<text></text>	<section-header><section-header><section-header><section-header><section-header><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></section-header></section-header></section-header></section-header></section-header>	<list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item>	<list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item>
Claus outers on ers offer and an and			California (California)	







# **PCPNDT ACT REGISTRATION**



### Government of Karnataka





State PC and PNDTCell Directorate of Health & Family Welfare Services, Anand Rao Circle, Bangalore-560009

### **Certificate of Registration**

#### This is to Certify that

#### "34/1347-

A. Florican Road, Malaparamoe, Calcut-673009 Karala is registered with Stata Appropriate Authority constituted under socian 17 of Pre Conception and Pre Natal Diagnostic Techniques Act 1994 to soll, buy back or repair Ultresonography / Imaging Machines in Kamataka as per rule 3A of PC & PNDT Rules-1996

Registration No. : PCPNDTMMKAR 0004 Date of Registration: 26-09-2016

> Authorized signatory For State Appropriate Authority, PC & PNDT Dept. of Health & Family Welfare Services





SPATEMENT (CHORNER)

A TONE INSIDE BESIDENTS SHOW SHOW

Samural Barry Mulding

Xearly Eater 15/040001

Rational Lancence (Review at

Address and a start

and the second sec

Index Index 13

1 A Varina . Deireis

S. A. Walt

Loties Ville?

60.000

# **ATOMIC REGULATORY ENERGY BOARD (AERB)**



LICENCE FOR HANDLING AND OPERATION OF INDUSTRIAL RADIOGRAPHY EXPOSURE DEVICES

1. In exercise of powers conferred under Section 16 of the Atomic Energy Act, 1962 read in conjunction with Rule 3 of the Atomic Energy (Radiation Protection) Rules (AER/R). 2004, the Atomic Energy Regulatory Board (AERB) hereby issues the amendment to the Liennes in respect of Industrial Radiography Exposure Device(s), IREDs), in favour of the Preprinter, Mrs National Radiographic Inspection Co., Chennal to present and use the following IREDs containing radioactive material and X-ray muchines for industrial radiography at authorised site(i):

No	Model of IREDs	Que ntity	Sr. No. of IREDs	Source /X-ruy	Mas. Capacity (TBq / Ci)/ Mas. kV, mA
1	SPEC 2T	03	1202,1318, 1251	100 lt	7.4 TBq (200 Ci)
2	Roli-3	02	09073, 09048	192 jr	0.74 TBg (20 Ci)
3	Delta-880	01	136202	142 ]k	5.55 TBq (150 Ci)
4	Roli-I	03	09625,091010,03475	190 jr	1.3 TBq (35 Ci)
5	Gammanad-TI	02	666,1439	192 hr	1.48 TBg (40 Ci)
6	Dang Dong XXQ2502	01	9367	X-ray	250kVp_5mA
7	Dang Dong XXH2505	01	9120	X-ray	250kVp.5mA

2. The Proprietor, M/s National Radiographic Inspection Co., Chennai shall ensure that the functional performance of their IRFDs containing radioactive material / X-ray source are satisfactory during useful life of the IREDs.

3. The Proprietor, M/s National Radiographic Inspection Co., Chennal shall comply with the provisions of the AE(RP)R,2004, applicable surveillance procedures and Codes (AERB Sefety Code on Industrial Radiography AERB/SC/IR-1 and on Transport of Radioactive Motorial AERB/SC/TR-1) issued by AERB from time to time. Any unusual incident involving loss / theft / damage to the IREED / source or overexposure to indiation workers shall be immediately reported to AERB.



NAME / THE POSSIBLE - WILLING AND THE COURSESSOR mont / P.A.H. - 15-199 Jones These Plan Story, 23.88 12192



Crybic Salts of a revealed the appopert. Quillighters and expression of the presented and the work processions adjusted on the Stotopinghy Laboratory. Department at Number Centers, Sri Harvashandra Markos College and Blasser's Mitthine (SPACH). Greens, we more lively highly heart (Alth) foldy grant rerewal of anneolistics in fliptourway Laboratory Department of rainon General, 1980/201-Depring for management of personnel solution registures by tensors only fully some Heat Separation of Human Deletic, \$55450. Oversel with Lit Happende fro invitation and the standard bedapteers' hitsening

Ten Ananopoon in pupped in the approach constraints by the Restautiony Lanuary Construct of Human Country, SOMON, Charged to 24, contribute provided in the ACRE Cashelines, prototy Very solitelity of the dampet's Lateratives for Amount of Personal Had 201 (Speer res. March 2007)

This could have been been been at one

Reporting in Hurst Grant at an Rectartantive Method Cology and Present-3-Mate Wind King Standblock (19) M Bacardarshi Wiyothi 200-100 - 000000 No. is give I wanted in the second below Advances of Manufacture and American school Intellig bellighter maders, market with

watching on earlier that the set of the local And TAXABLE & AND PERSON IN



10.00% diam'r. Dis Eringsing nodiges weigt allarmer nehr verannen gev/kel in an bill 8 dansen, annie? Sinligenar A "arstning spectral approximation between the factor of the propagation and back the provider of intelling y and the article for malicour of gyr, the definition and last of the Cardynaw of the agencies confects made a frequency is to a build the most, he with minimal door and not be carded Page According of a root a 2042101

599007	100			
Urrents Maps		a contra	ATO :	
anreas	anao	and	±11	
carabard, Nati	0.00	11140		
0.55				

alter in the

NOATTOADIC INTEGRATION MOL

shared to Californithis phased parties

to article the party

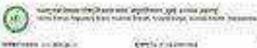
Defending

Night Sales

11212-0.6

TO BE SOLDER NOT STOLEN

Makely + Links









# PHARMACY LICENSE & NARCOTICS DRUGS LICENSE (IF APPLICABLE)

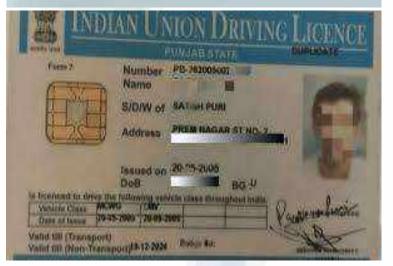
DRUG	Form U (7.6)	GOVERNM MINISTRV (Departmen Central Bure	INT OF INDIA OF FINANCE for Revenue of Revenue au of Narcotics root or records chemicals
		14. NOC number and date :	911. WEBS UPID :
NATIONAL AUTHORITY	THE PHARMACY AND POISONS ACT (Cap. 244)	2. Exporter (nerre, abbres, telephone 8 fer number)	${\bf R}_{\rm c}$ , reporter in the country of destination (norm ${\bf R}$ actions( )
The National Drug Policy and Authority (Issue of Licences) Regulations 1995	THE PHARMACY AND POISONS (REGISTRATION OF DRUGS) RULES	Linned to operative number : 4. Other operative registration number :	5. (Jitmate consignee (anno 8 addresse )
Licence to Operate a	REGISTRATION OF DRUGS CERTIFICATE		
Retail Pharmacy	Number It is benefity certified that the drug as described hereunder, has been regulared subject to the conditions indicated hereunder.	Na. Import Continents ( NCC, No. & Liven )	62. milling Authority Insme & potness) :
This is to certify that the business trading under the name of	I Trade name under which marketed     Z Approved name		
	3. Form of preparation	Ta: Means of transport:	Th: Point of east from India :
is licensed to operate a retail pharmacy	4. Active ingredients and quantices per unit	To. Point of unity into importing country	70. Risule
		Description of controlled published to be exponent:	
at the Physical Location.	UNCONDITIONAL	and the second second second	tr / Volkame Wrunt ZAS remaine 145 sumber Buchtling Centered
and Postal Address K*LA with Supervising Phannacist having Registration No : FIN: * Licence No. Valid up to <b>31-Dec-16</b>	Condition(s) under which medicine is registered     A name and business address of manufacturer	Specim	en Copy
Fee Paid Ushs 300,000 House Date Date 09-Dec-16	7. Registered in the same of	3 Percentegs of Mistane	10. mole since:
LIGENCLA	Business address	TTA Rember of packats / contras :	TITL Weight / Volume of each packet / carton :
(Secretary to the Authority)	B. Date of Registration 1710 DECEMBER 2015     TO BE RETAINED ANNUALLY     P. Expiry date of Registration	10. Desphation and Adams of the Consumer Radius Automic Neutral Domesia. And Anticonica Destrol Danas of Records. The Mark, Neutral Destro-176.000 Vachys Procesh, NDA	13 CORFINATION OF EXT FIELD STRAFTING COUNTRY (For consisting for the Databas Autouth, at the point of ext) Data of ext Actual calantity appendix Services of the DRCer
This Licence must be prominently displayed in the premises to which it refers	DateRegulator. Pharmacy and Polizon: Boord	Oten Tearst Pe- Isain Million	Desgrateo : Bitemp
		Autorient Signatory Parmient Description of the Authentiant Officer	



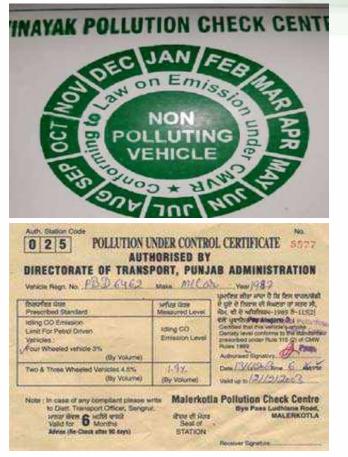


### AMBULANCE REGISTRATION CERTIFICATE, INSURANCE POLICY, POLLUTION CONTROL AND DRIVER LICENSE (IF IN HOUSE OR OUTSOURCED)

	Regn. Number XXXXXXXXXX	Date of Regn. DD-MM-YYYY	Regn. Validity* DD-MM-YYYY
	Chassis Number XXXXXXXXXXXXXXX Engine / Motor Ni XXXXXXXXXXXXXXXX	umber	Owner 🕅
	Owner Name	****	XXXXXX
Fuel		hter of (in case of indiv XXXXXXXXXXXXXXXXXX	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	******	XXXXXXXX



() ICICICI - Interio		188A
	Conference of the second	
FRI GLADHE	An own Parking the UNITY OF DATA BALL AND	nes) 9-4000 3-5 Sector (Sector)
	Attack (100 - 101	
	an an and arts and	in the set of the
to be been	August and	
	Execution in the later line part of the	55
	27時間 311505 11575 2	(P.15-1
ENDO BRIMINE	California prostational prostant	(AC#)
Constraint a space	the material and the second	
Contraction of the second	- Horney and the second	1722
Contraction and Contraction and Contraction of Cont	Name and Address of the other	1444
astra tar os		
		weiweit foor anger weisen gebeuren weisen eit de sent en weisen eit de sent en
		a Second and and a second and a
		a Second and and a second and a



245





### SS 7 - THE HOSPITAL SHOULD ENSURE THAT APPROPRIATE INFECTION CONTROL PRACTICES ARE BEING FOLLOWED ALONG WITH HAND HYGIENE PRACTICES

**Interpretation** – The hospital infection control and prevention process should be documented which aims at preventing and reducing risk of healthcare associated infection. The organsiation shall also adhere to hand hygiene, cleaning, disinfection and sterilization guidelines.

### Means of verification:

- 1. Availability of wash basin near the point of use along with antiseptic soap with soap dish/ liquid antiseptic with dispenser
- 2. Availability of alcohol-based hand rub
- 3. Availability of disinfectant/cleaning agent as per requirement
- 4. Check if infection control manual showing periodic update and surveillance activities available/ monitoring takes place
- 5. The facility should follow standard practices and materials for disinfection and sterilization of instruments/ equipment
- 6. Staff should be trained for all infection control practices, hand hygiene guideline, occupational risk and its prevention.





# AVAILABILITY OF WASH BASIN NEAR THE POINT OF USE ALONG WITH ANTISEPTIC SOAP WITH SOAP DISH/ LIQUID ANTISEPTIC WITH DISPENSER







**Alcohol-Based Hand Sanitizer** 

and water as soon as you can.

- Before and after visiting a friend or a loved one in a hospital or nursing nome, unless

the person is sick with Clostridium difficile

(if so, use soop and water to wash hands).

alcohol-based hand sanifizer that contains

at least 60% alcohol, and wash with soap

Do NOT use hand confider if your hands are visibly

dirty or greasy: for example, after gardening,

playing outdoors, or after fishing or camping

judiess a handwashing station is not available). Wash your hands with scap and water instead,

If soap and water are not available, use an

# **AVAILABILITY OF ALCOHOL-BASED HAND RUB**



### When should I use?

#### Soap and Water

- Before, durino, and after preparing food
- · Before eating food . Before and after paring for someone
- who is sick
- · Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom.
- After blowing your nose, coughing. or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- · If your hands are visibly dirty or greasy



### C DC

### How should I use?

#### Soap and Water

- Wet your hands with clean running water (warm or cold) and apply soap.
- Lather your hands by rubbing them. together with the scap.
- Scrub all surfaces of your hends, including the palms, backs, fingers, between your fingers, and under your neits. Keep scrubbing for 20 seconds. Need a timer? Hum the "Happy Birthday" song twice.
- · Rinse your hands under clean, running water.
- Dry your hands using a clean towel or air dry them.

#### Alcohol-Based Hand Sanitizer

Use an alcohol-based hand sanitizer that contains at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and ohlidsare facilities.

- · Apply. Put enough product on hands to cover all surfaces.
- . Rub hands together, until hands feel dry. This should take around 20 seconds.

Note: Do not rinse or wipe off the hand sanitizer before it's dry, it may not work as well against germs.





# AVAILABILITY OF DISINFECTANT/CLEANING AGENT AS PER REQUIREMENT

### **Cleaning and Disinfectant Agents**

- Hospital Grade Disinfectants
- · Alcohols (60-90% ethyl or isopropyl)
- Chlorine sodium (bleach) and calcium hypochlorite
- Phenolics
- Quaternary Ammonium Compounds (Quats)
- lodophors
- · Accelerated Hydrogen Peroxide (AHP)







Infection Prevention and Control

An Inglementation Handbook for Public Health Replicies in



### CHECK IF INFECTION CONTROL MANUAL SHOWING PERIODIC UPDATE AND SURVEILLANCE ACTIVITIES AVAILABLE/ MONITORING TAKES PLACE

	SOLATION PRECAUTI	ons.
١	0	Ô

Covernment 42.6 50 Span Institute

**Unarticles** 

Telouat-2017

Separtment of Health and Samily Meridan

Sectment of Select.

Silver	A second s
Gura	Castell .
	Messages
	From the Contributors Deck
	Lot of Tables
	Data of Fragment
	Aim of the Hand Social
	Now its use the like id doub
	Abenatero
	Section 11: Infertion Provention & Control Programme
	t1 insiste
	1.2 Prpor
	13 Scott al die Pepidemetatien Handback
	1.4 mild on Provident and Events Registrine
	1.5 Chiperwood Infection Presentee and Castral Regnamme
	<ol> <li>Concerns d'interior Privation and Dartic Population</li> <li>Unagement d'Interior Revention and Council Programme</li> </ol>

TABLE OF CONTENTS

Section 7, 2 fee	dané Propietovo
2	winduction:
22	Hind Hupleter

-373	Represerv	12/14/24	
	Contract of	134	

- 24 Provid Indeplie to premi
- 25 Silvington Racios 20 Octopologi Rechard Englisher Silvy
- 21 Comprises Personal Explorer Sitely 27 Pail Econore Meragement
- Z Marchander Metagenett
   Z Marchander Metagenett
- 21 Examera Ertis
- 2.19 Anne Flammet and Assessment of Messar Rol. 2.11 Patient Resolution 2.12 Line

### Section 3 Additional Precautiens

Prinkder
 Stanssen Bass Broadon
 Stanssen Gas Broadon
 Stanssen Gas Broadon
 Stanssen Gas
 Stanssen Gas

Control		Page Val.
ntes4: Cis	interture and Stephinston	646
61		30
43	Disarrention - Affecting Factors	菊
.6.3	Environmental Galaring	55
4.4	Feet Cornel	10 55 53 75 75 75
-63	Fampatan	75
- ×	Gamyerlamceett ad Incoment	17 73
43	Deviceion and Serilization of Insteinents and Epsements	73
28	t technico	32
20	<ul> <li>Quilty Countries of Stirlinitia Privilians</li> </ul>	В
Marsh No.	manual of Ristory family:	17.10

imadi.	Namque	ent of Dis	tary Sen	ins	

XOII

15-0

- 51	FOR FREE VICTORS
52	Foot Handling Reactions
53	Road The space from and Distribution
51	Dietary Toninas Staff
55	Ret Control - Diebry Services
55	Quality Assumes to Desary lacket

### Sentin n &: I'urpital Weste Vanagement

1	1921103	ata nune voorgewent	- 4
	- 61	(ministration)	
	62	Dismedical Webr Webegener (Repairies)	
	53	Schott Natures of Dismedia Wate Management Pulse, 2016	
	64	Categories of lite medical Water	
	55	Support on of Lio modes! Where	
	65	Collection of Bio-medical Waste	
	67	Harding and Tampert of The names Water	
	58	Stangent Bie-medical Wester	
	63	Transet and Emoral of Hopital Water	
	53	1 3 woment and Daposa Cyllical	
	61	Parenterio by Treament and Discout of Flourout An Washing	
	<b>市</b> 1	Perne and Jornets Te-methol Weets-Management tubes 2016	
	新語	Selev Pleaston	
	6.14	Code of Reduce for Weller Adversement	
	÷.E.E	5-Spill Management	
	5.1	e Guality Associate for Bornetica (West Management	

ctica 7 Health Con Associated Intections	184
73 Areductus	10
12 SciebrestHeim Gir Associativeses	B
7.3 Voltarizadulte: Intelan Investion Inc. (arra)	
Programme (Plant (P)	38
7.2 Examinate Scoulines	- 18
7.5 Intensive Care Units and Marsle	- 37
18. Rodination	1
77 Drilling Water	
28 Hand Nytere	19
75 Ergenzing Gettels	13
7.30 Quality Advantation School areas of House Advanced Infor	tes 9
the R. Kaland R., Alterbacie & Andrew Lefts	107.42

#### indexed: Europai bie of Autibioties is a Healthcare Facility

約初

18

1.8

114

134

124

125

116

istine II Ba

11 (restrict)
42. Stangesfor Research and environment of the states
13 Antibels Rela
14 Sensioned Reproductions
85 Samlanood Antricolai Sanaratan
82 Artbogur
17 Suranboshenes
4.8 Devisioner col Bandor: Texney Coderves
ATE: X respector Provides Sciented Archivers Pressions
4.30 Sensit Wittple Ra Good Print Edu Reseptor
8.51 Actinic solid Seneral ApTropressive (AST

111.165

樹

151

に

152

12

61-124

Eliliperaty

i£1	5ni	n and Launity Ros agrees at
1	h.	lehoketer
- 9	17	Tipecollana
3	ú,	Salei Lees Manageven
1	ιź	Coan la ses Managerant
1	÷	Sarapectures
ð	ić.	Prefaction of Lacoby Victims
- 24	iř.	Column of Markori 1944

#### NE Performation and Conservations NT Colours of Watchington NE College Account in one conflict the Department

ting and	Development	

21 Windowski	.15
NJ Skynor Of Male Flannig	15
Fe Guides Assesses of Kaning Arophones	72
and the second	

	34-		uge Ne.
1973	5		115-199
	Anist!	Hand Hypote Aulit Terl	177
	Anese?	VHD Rend-tig eterObseration From	178
	Athins 3	Swelle Strik many Reporting form	179
	Annues	Environment Autor Ital	(B)
	ATTRUES	Staffinition Audit Checkler - CSD	182
	Athres	Depuy leaves with lock	83
	All BUET	Exercical Warre Management Cherdina	151
	ANDIER	Infector Control Overliet	193
		Health Gale Associated Inflations (HGR) Montoring Party Galetice Associated Union Tract Inflation (GALTO	190
		Rate Capturing Format	172
		Vertiliter Recorded Pseuvona NAU Ara Geturng Formal Gental Line Recorded Ricci Traver Infection (TLAE II)	199
		Rate Geptizing Formal	194
	Atribute 15	Resolveral Line: Associated Electric System (Hindian (HISES)) - Rate Capitology Primat	195
	Alteure 14	Surgest Site infection (SSI) Rate Calcium g formut	196
	Annual 15	Art bote Usige Form	197
	Annuella	Surgical Prophylanis Montening Renn	109
	Abbure17	usen Management Auth Tool	199





### THE FACILITY SHOULD FOLLOW STANDARD PRACTICES AND MATERIALS FOR DISINFECTION AND STERILIZATION OF INSTRUMENTS/ EQUIPMENT

The organisation provides adequate space and appropriate zoning for sterilization activities.

Documented procedure guides the cleaning, packing, disinfection and/or sterilization, storing and issue of items.

**Reprocessing of instruments** and equipment are covered.

Regular validation tests for sterilization are carried out and documented.

There is an established recall procedure when breakdown in the sterilization system is identified.

### GENERAL HOSPITAL

#### OBJECTIVE:

To reassemble the instrument sets in a standard way, received from OT and other consume departments and units, make care that the astruments and aneithry equipment are in good condition.

#### INDICATION:

This step applies to any instruction poing back into a set. Instrument sets should be neasestabled as soon inspeciable after drying the automotors, to avoid recontamination by the AE, is the CSSD picelaging area, by CSSD Technician.

#### EQUIPMENT

- · Lagework surface.
- Working tables
- Good lighting.
- Magnifying glass
- Silcon tiblog
  Labricert spray, silcon fier.
- Satis is asserting a process, each up to -date
   Spare, extra instruire its, implants;
- bpare, extra intranente
   Wire biskets
- Instruments box, containers, and any iterilization genr with specific iterus, and likey equipment, enternal likeling, or other orthopodic equipment.

#### TECHNIQUE:

- Wash hamla
- + Make sure that the instruments are dry
- Check the instanton one by one using magnifying gloss if necessary and make size they see all in good condition and is working order.
- If they are not functioning properly, lubineate them with about tree labreaut oil or spraysreplace them if that does not correct the problem.
- Replace any instruments marked earlier with a string "damaged instruments".
   Business Med the analysis the following the two and which a lists are for both a business.
- Rationamblective and, strictly following the pro-established lots: refer to the hinder hidding the sheets with reference name and in some cases, images of instruments, equipment.
- Amonge the instruments in a wise baslert in surgical order, aligned in the same direction, or in their proper place in special mays, bases. Put the humanitations mitigate in the battom of the basicat.
- Cover the ends of sharpinsymmetric with a near 1 pixe of silicon tabing to prevent them from
  plencing the so-collector paper during to calling of wrapped packs, and also protocolemn from
  transping
- · Close keiling foreeps of the first notels.
- Plose bools, lidney mays upside down to prevent from collecting condensed water in the weiliter.
- · The instrument sole are now ready for packaging.

#### IMPORTANT REMARKS

· Check all insurances was by 12 CSSD Technicians, suprepared by and set checked by

### GENERAL HOSPITAL

#### COLLECTING INSTRUMENTS FROM OPREATION THEATRE

#### OBJECTIVE

To collect well-distinguish for inspects of XS-0 cleaning, decontamination area, while exacting start safety and microsofty, the fact of speciality genus in the contraction

#### INDICATION

Any unwarged network (RDD) is an operation therite, whether each or encoder on the code to the each procedure,  $\Rightarrow$  (pickly as provide, by the sender once directing mass or OTT technician in operation busits.

#### EQUIPMENTS

- Pasticities in commute with its cover and availability for two spectra and appropriately for the anomal of contend to be addressed.
- + A performed plastic backet, smaller than the tak, who placed into the tab to make it cannot be
- masse fie noiseals
- Usler coasedfags,
   Gamma Manager,
- Discouble messarile glows.

#### TECHNIQUE:

- · Date an starily global.
- · Resurcede hi fran De ab.
- · Colocitle astractions
- Whe the instruments with compressive to remove the arguing mater, this procedure should have feer-done throughout the output investigably to hoppe.
- Prior of indemnets trader waved operand dimential us will be an ensemble term by back matter these datherers back also are diff. *Annutrans, powership define* and dening the procedure, in the one performed backwart in factor that the shifts tax.
- The procedure, in the time performance based on tasking that, in the plastic fact,
   Close the table with its idle with a new set if to the CSSD, documentation area.
- Take if glowes and watchbards with doin tection solution and water
- Dec of physics and washingth with down octure volumes and

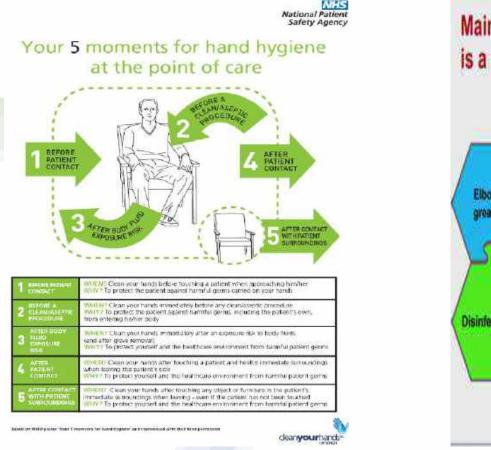
#### IMPORTANT REMARKS:

- Parcenul parts from demarked instructers in a bool or likely may or better (it, it as null an lost - to prevent transition protections when the sit is enabled
- Plete heavy instruments in the holling of the basket.
- Factor and sector in the sector and sector and sector.
   Mathematical and the information solid is influence for distance. Some sample, ... for applicament siterable and a machine Meth.
- · Be new set to put compresses, pages, efforter derelection tokation, receipers
- · Be are to depose of any tot-resuch durps suggraphite scorpacies
- · Take care no to contaminate the stasile of tab with wild given

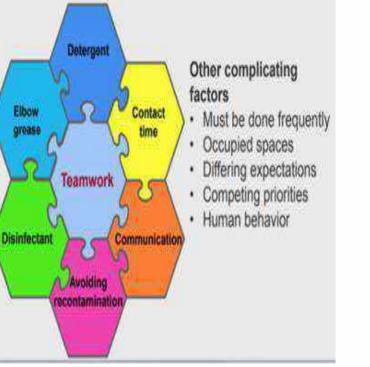




### STAFF SHOULD BE TRAINED FOR ALL INFECTION CONTROL PRACTICES, HAND HYGIENE GUIDELINE, OCCUPATIONAL RISK AND ITS PREVENTION



# Maintaining a clean and safe environment is a very complex process.



### How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUS Duration of the entire procedure: 46-63 seconds





of figet interfacies;



Fluid manufacture to control

Right pains over left domain with Pains to pain with Engens investaged, intercased import and vide varias

Apply enaugh sector to power

Basics of forgars to opposing pathwi with langers approach



R-chatmal roboting, hardwards and Execute with darped Drigen of sight rand a lettower and was verso.



Bry Rando theroughly with a single use towell

Rotational tutting of left fluers

chaped in full train and due years

Use taxed to tark off facest

Your hands are new sole







#### SS 8 - Hospital should ensure Bio-Medical Waste management practices as per the statutory norms (BMW (Amendment) Rules, 2018)

**Interpretation** – The organization shall be authorized by the appropriate authority for management of bio-medical waste. The waste should be segregated and collected in different color coded bags and containers as per statutory norms and same should be available at all the point of waste generation. Management of biomedical waste including its segregation, transportation, management and disposal of waste should be done by an authorized agency with a designated place for waste collection and segregation near the premises.

#### Means of verification:

- 1. Availability of color-coded bins at the point of waste generation along with the display of work instructions for segregation and handling of Biomedical waste
- 2. The waste should be handed over to an authorized agency and not discharged in any drain. If outsourced, check the contract document of outsourced services. Register with the weight of waste collected from different colored bags should be maintained
- 3. Facility has secured designated place for segregation and storage of Bio-Medical waste before disposal at the waste collection site
- 4. Transportation of bio-medical waste should be done in a closed container/trolley





#### AVAILABILITY OF COLOR-CODED BINS AT THE POINT OF WASTE GENERATION ALONG WITH THE DISPLAY OF WORK INSTRUCTIONS FOR SEGREGATION AND HANDLING OF BIOMEDICAL WASTE











#### THE WASTE SHOULD BE HANDED OVER TO AN AUTHORIZED AGENCY AND NOT DISCHARGED IN ANY DRAIN. IF OUTSOURCED, CHECK THE CONTRACT DOCUMENT OF OUTSOURCED SERVICES. REGISTER WITH THE WEIGHT OF WASTE COLLECTED FROM DIFFERENT COLORED BAGS SHOULD BE





					MARAR	ASSET	a Post	arrien	CON	1100	BOAR	0 CT	un - 2	nin:7 -	Ainta - 1	2.0.023	
Handin Galar Bandinas (HCAY) ar or tribular VI ar or tribular ar or tribular	Wood are of 1000	Tyline and of the de-	Carter Ly (Yhouse a Assaria) Inclusion Inclusion Assaria	This of TACI scherch and scherch and catological catological	March 1997 ( Berning) - Child Hand and Children Hand Balance Agendistant	144. 18 19815	Kin of 1014 Charried	terie Milita	5 mm 1	al. Ald read Drug doald's	and the second second	-		Salah Managara Managara Managara Managara Managara	Tatal secondly second registry)	The off birth and a Transferrer and basis plants distant	Table File Addition Events Front for State of the State o
			hoadaa HEW2					12444	-100								
A CONTRACT OF A	000	1996	202	(199)	L EC.	1999)	0.000	1	1	W:	-	2		-	360.00		
Constant Automation													T.				
<ul> <li>and the second se</li></ul>	11142	0.000	1.0	1000	1.00	18.00	1.0404		1.0	1.049	÷.,	14	-8-9	111112	2010	(414)	- 17
In and the last and mean for the transform	190	0.00	- 00	196	in.	-34((	100	. 91	-	- 23	×.		199	(with)	(9)(9)		
<ul> <li>and the back of t</li></ul>	1992	1.1444	-	185		1775	111	a.		.0	R		19	may	(init)	- 99	100

Common Biomedical Waste Treatment Facility –Process of Treatment







# FACILITY HAS SECURED DESIGNATED PLACE FOR SEGREGATION AND STORAGE OF BIO-MEDICAL WASTE BEFORE DISPOSAL AT THE WASTE COLLECTION SITE









# TRANSPORTATION OF BIO-MEDICAL WASTE SHOULD BE DONE IN A CLOSED CONTAINER/TROLLEY













# SS 9 - HOSPITAL SHOULD ENSURE THAT SERVICES I.E. (LAUNDRY, HOUSEKEEPING, DIETARY, SECURITY, AMBULANCE, MORTUARY, CENTRAL STERILE SUPPLY DEPARTMENT (CSSD) ETC. ARE AVAILABLE (IN-HOUSE OR OUTSOURCED).

**Interpretation** – The services like laundry, housekeeping, dietary, security, mortuary, ambulance CSSD etc. should be available in-house or out-sourced. The hospital shall ensure that they establish adequate controls by having a policy to monitor/ audit these services. If these services are outsourced, then they should have MoU/ agreement for the same. **Means of verification:** 

- 1. Checklist for Desktop Assessment Availability Yes/No & If outsourced, MoU should be available for the same.
- 2. Internal audits of the services to be conducted on regular intervals





# CHECKLIST FOR DESKTOP ASSESSMENT - AVAILABILITY YES/NO & IF OUTSOURCED, MOU SHOULD BE AVAILABLE FOR THE SAME

#### AREAS TO BE CLEANED

S.NO.	AREA/ ITEM	<b>DISINFECTION METHOD</b>	FREQUENCY
1.	Floor	Cleanser	3 in each shift/ week
2.	Walls	Pesticide Spray 2% Glutaridehyde + Formaldehyde	Once daily/ Once in two weeks
3.	Fans	Wet Mopping	One in two weeks
4.	AC	Vacuum Cleaning	Once in two weeks/ once a week
5.	Refrigerator	2% Gluterdehide Defrost cleaning with soap	Once in two weeks
6.	Sinks	Clean so	Daily Once
7.	Buckets	Soap Water	Daily
8.	Windo pans	Mopping	Daily
9.	Doors/ pale mates	Mopping	Daily
10.	Toilets Mirror, Basin Pots	Cleaning with detergent	Three times daily
11.	Machine Cleaning	Scrubbing	Once Week

Broom	Air Freshener	Old Rags
Dustpan	All Purpose Cleaner	Old Toothbrash
Vacuum Cleaner	Antibacterial Cleaner	Garhage Bags
Sponge/Cotton Mop	🔲 Baking Soda 🛛 🚺	Paper Towels
Extendable Duster	Bleach	
Bucket	Distrivashing Liquid	
Supply Caddy	Disinfecting Wipes	
Toilet Brush	Fabric Cleaner/Spray	]
Scrub Brush	Fabric Softener Sheets	
Hand Duster	Floor Cleaner	
Microfiber Cloths	Furniture Polish	
Sponges	Glass Cleaner	]
Scour Pads	Laundry Detergent	
Rubber Gloves	Mild Abrasive Cleaner	
Spray Bottle	Oven Cleaner	
Squeegee	White Vinegar	

**Cleaning Supplies Checklist** 

	Out Soursed Services			
i kallekulvan .	la holeicaintur 113	Dampinger for HHBABADT	° 01109631239	11.2319
2 LAR-HOL-Hold	Vedal-Terg Jgnemest	3 in	611201816-6112323	11.2202
3 103-10200EU/NC	THE MUNC	50157574/1506200	CERCEPTO SALES	16.14.202
4 (UE-MIL VesnirBedflaik	Vasui Bodiai Bry Spenet 🔹		441202	
S W-MC Brinze/Apodeliste	Esloary Degovic Cente-Terry Attentiant		15012001	
6 NOATANII	CREPANE TREESLAG	68855671/06(4209	NEAR-HIS TO GOALDER	604203
1 NUSITANI	VEREN SOLVELAN	689 5677/06(4302)	EXISTO EXCEL	150213
8 (M))-Jeh Napasii Cate	10 - WE - Arth Tagossic Center Chemai	UH3,64.96	LAZIONRAJI	02.06203

259





## **INTERNAL AUDITS OF THE SERVICES TO BE CONDUCTED ON REGULAR INTERVALS**

	Protocol Selection (confirmed by Director of HPC, or QA team leader)		Items No	t in C	Com	plian	ice a	and	Aud	lit Fr	equ				TREAL		
Sample Internal Audit Agenda	Inform the investigators		DEPARTMENT: Plant wide				5		MINO	-B of	0000			U AUU	T RESL	LIS	
			I IEM	1.11	-		1.		NUMBR	RUF	UCCUM	RENCE	-	-	- 1 -	1.1	-
Internal Austi: Agencia - Best Bet Laborauries	Opening meeting		SPC CHARTS and INSPECTION DOCUMENTATION 55 REDURENETS, NEAT AND CLEAN AREAS PART LEBURENIG AND CLEANLINESS	M	T	WI	F	5	M	W		+ 5	M	T.		F	5
Audi: Objectives:	Conducting audit with TMF (Trial Master File)	→ Screening audit	ROVING INSPECTION DOCUMENTATION MACHINE (COOLANT, TODLING AND CLEANLINESE) JOB CENTRICATION (Rodord, poetator tags)	to fee	dings for	ts week			no finding	s for the	west		10	) FINDINGS			
<ul> <li>to monitor compliance of the labor secury to current queby management system</li> <li>to monitor compliance to 1800 15088</li> </ul>	Source document verification		INSPECTION TO DUING LOG OUT AND RETURN INSPECTION APPROVAL STAMP AND SIGN OFF GAGE SETTINGS and CALBRATION PROPER LABELING ON BOXES AND PACKAGES								SHOP	LOSED			CLOSE		
Audi Cherka The onten have even colored in the choosed them Wester – Immed Audi Best Eest Laboratories. The principle interesce document in SCHEC. ISSNE 2007 Medical Laboratories.—Perfordance purements for quality and compression.	If necessary, quality control status of facilities, equipment, investigator product management can be reviewed		SAFETY REDUREMENTS (GLASSES, SPILLS, EXC.) PRODUCTION LOF CONTROL														
Auch Scope The audit will encompose all inner of Bos Bet Laboratories that perform metical informativy techniq and there are and incomwine quality apport. All Bos Bos saids segment to be available for discussion and to associate autoics in fording the exceeds metion.	Closing meeting																
esos un manos o un g a e resulta vestora.	Report the audit finding to the investigator					8											_
Data (s) of insend Audit		7	Operator Supervisor	24	Week#	50 WT	E	S	Wee		i ITI	FS	M	Week#	52 N T	F	S
Ten Lade (Adits 1)	Feedback from investigator with written response		separate constraint			<u> </u>		0	N.	10			el lasti				1
Mdxr2	Refer to the IRB		Manager		1								1	Ĩ			
Auditor 3 Auditor 4	Final decision of IRB with recommendations (If necessary, further actions can be made on the institution level, report to FDA, NIH, and/or sponsor)	,	WEINIGGI	ļ		Site	e Leac	der					12				
	Inform the investigator		Form Number						<u>1</u>								





# SS 10 - SEXUAL HARASSMENT AND GRIEVANCE HANDLING PROCEDURE SHOULD BE AVAILABLE

**Interpretation** – There should be disciplinary and grievance handling procedures in place with a dedicated committee/team established to handle cases against sexual harassment and various other grievances.

#### **Means of verification:**

- 1. Committee against sexual harassment is constituted at the facility
- 2. Documented disciplinary and grievance handling procedure





#### COMMITTEE AGAINST SEXUAL HARASSMENT IS CONSTITUTED AT THE FACILITY



## MEMBERS OF THE COMMITTEE FOR PREVENTION OF SEXUAL HARASSMENT

Please reach out to any of the Members of the Committee for Prevention of Sexual Harassment whose names are placed below in case you have any concerns or complaints.

Name	Committee Designation	E-mail 10	Contact Number
	Chairperson		
	Member		
	Member		
	Member Secretary		
Martine Line Line Line	Member		





## DOCUMENTED DISCIPLINARY AND GRIEVANCE HANDLING PROCEDURE

**DISCIPLINE AND GRIEVANCES:** Discipline and Grievances are each one side of the same 'complaints coin's.

**DISCIPLINE AND GRIEVANCES:** Discipline is a 'Management's Complaints' against an employee. • Grievance is an 'Employee's complaint' against management.

WHY DISCIPLINING EMPLOYEES: Employees experience conflict at work and sometimes break the rules. • It then becomes your job to minimize the conflict and get things going back on track. • Disciplinary policies and actions play the prime role in prohibiting unwanted employee behaviors.

**DISCIPLINARY POLICY GROUND RULES:** Employees should know what they can and can't do. • You should clearly communicate the discipline that will take place if employees break your rules. • For this reason, company need to have a good disciplinary policy in place and well communicated to everyone.

**DISCIPLINARY POLICY:** The policy must be communicated to employees by periodically providing a copy, posting it, or including it in an employee handbook. • Employees should be required to sign an acknowledgment that they have received and read the policy. • The policy also should be covered in new employee orientation.

**CORRECTIVE DISCIPLINE:** The purpose of discipline is to assist employees in changing their unwanted behavior. • Absenteeism • Poor Performance or • Inappropriate Behavior • Employees should have adequate information about their current performance versus the desired performance. • This will also decrease your legal risk!

**DISCIPLINARY SYSTEMS:** There are many systems available for disciplining employees. • One system, called progressive discipline, is very popular. • It requires the employer to progress through each step before proceeding to the next.





## DOCUMENTED DISCIPLINARY AND GRIEVANCE HANDLING PROCEDURE

TYPES OF DISCIPLINARY ACTIONS: 1. Verbal counselling 2. Written warning 3. Suspension 4. Termination

 Verbal counselling: This is generally the first step. However, for a serious problem, skip this step. Verbal warnings should always be done privately. Verbal counselling sessions should be documented by a formal memo or informal note in the employee's personnel file.
 Written Warning: Should include, at a minimum, the following elements: • The date of the warning • The employee's name • The name of the supervisor administering the warning • A description of the misconduct or inadequate performance • The date of the misconduct or poor performance • A signature line for the supervisor • A signature line for the employee, indicating his receiving only! • A signature line for the witness. • An action plan to fix the behavior in a given time frame!

Suspension: This may range from one day to two weeks or more, depending upon the circumstances, and is almost always unpaid.
 Next step may be suspension of increasing length or directly go to termination.
 Whatever it is, should be stated in the suspension letter!
 Termination: Before termination, the personnel file and all relevant documents must be reviewed to ensure that the termination is appropriate and defensible in a subsequent lawsuit
 Some behavior warrants automatic dismissal, like:
 Violent behavior or threats of violence;
 Drug and alcohol use on duty;
 Carrying a weapon on company property;
 Theft, destruction of company property - Insubordination;

Other forms of discipline: Demotion, • Transfer and • Reduced raises or bonuses. • Many employees can be very satisfactorily managed by economic concerns, such as bonuses and raises.

**DISCIPLINE: THE UNION CONTEXT:** If a union represent your employees, your disciplinary system is most likely governed by your collective bargaining agreement or CBA. • All of your managers and supervisors are well trained on how to follow the disciplinary procedure in the CBA. • The CBA will most likely have progressive discipline steps and provide that the employee can grieve any disciplinary action. • Disputes that are not resolved through the grievance process end up in the hands of an arbitrator!

**FACTORS TO CONSIDER:** Mitigating factors • long service with the company • history of satisfactory appraisals • prior commendations or awards • Aggravating factors • short length of service • history of unsatisfactory performance • prior instances of performance/conduct/attendance problems • Once you have made the choice, stick with it and remember to document all of your steps!





### DOCUMENTED DISCIPLINARY AND GRIEVANCE HANDLING PROCEDURE

EMPLOYEE GRIEVANCES: A method for employees to use to resolve conflicts when they feel they have been treated unfairly by management.

**EMPLOYEE GRIEVANCES Typical procedure:** • Discuss problem with manager • Discuss problem with manager's superior • Superior may refer problem to grievance committee or CEO • Union employee grievances are handled differently...

**UNION EMPLOYEE GRIEVANCES:** Union grievances are often resolved through: • Arbitration - A hearing before someone empowered to resolve the dispute. • Mediation - Negotiation between two parties, using a neutral intermediary to assist in settling a dispute.

**GRIEVANCE IDENTIFICATION TECHNIQUES:** Observations, Grip Boxes, Exit Interview & Open Door Policy

**1. OBSERVATION:** Knowledge of human behavior is requisite quality of good manager. From the changed behavior of any employee, he should snuff the causes of grievances, without its knowledge to the employee.

**2. GRIP BOXES:** The suggestion boxes, for instance are placed at easily accessible spots to most employees in the organization. The employees can file anonymous complaints about their dissatisfaction in these boxes.

**3. OPEN DOOR POLICY:** Most of the organizations still don't practice this but open door policy demands that the employees, even at the lowest rank, should have easy access to the Chief Executive to get his grievances redressed.

4. EXIT INTERVIEW: These interviews are conducted to know the reasons for leaving the job. Properly conducted exit interviews can provide significant information about the strengths and weaknesses of the organization and can pave way for further improvements.

**BENEFITS:** Enables the management to know the pulse of its employees. grievances. Provides clues about the behavior and attitude of the managers and supervisors towards their subordinates. Gives an assurance to the employees about the existence of a mechanism for the prompt redressal of their grievance. Keep up the morale of the employees.

**CONCLUSION:** Managers must use judgment, empathy, consistency, and fairness when administering employee discipline. • All disciplinary actions should be documented in a factual, nonjudgmental way. • Employees can use the grievance procedure to resolve conflicts with management.





### **CHAPTER 4: PATIENT CARE (OVERVIEW)**

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 PM-JAY 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, 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.



## **CHAPTER 4: PATIENT CARE**



PC 1	Hospital should have uniform and user friendly signage system in English and in 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	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 anesthesia/ 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	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.





#### PC 1 - HOSPITAL SHOULD HAVE UNIFORM AND USER-FRIENDLY SIGNAGE SYSTEM IN ENGLISH AND IN THE LOCAL LANGUAGE UNDERSTOOD BY PATIENT / FAMILY AND COMMUNITY.

**Interpretation** – Adequate signage should be displayed at all strategic locations which are permanent in nature. The services, departmental and directional signage, and list of departments should be prominently displayed at all strategic locations in a uniform color scheme. Also the essential information like list of emergency contact numbers, list of doctors, patient rights and responsibilities etc. should be displayed within the hospital premises. It is preferable that the signage is displayed in bilingual language for the ease and understanding of patients.

#### Means of verification:

- 1. Name of the hospital and entry-exit should be clearly displayed outside the hospital. Entry to the emergency department should also be defined and displayed strategically
- 2. Hospital has directional signage with a uniform color scheme.
- 3. List of departments (as per scope of services) should be displayed in bilingual language
- 4. The scope of services should be displayed in the waiting area/ OPD/ Emergency/ Reception in bilingual language
- 5. All the services registered under AB PM-JAY are clearly defined & displayed in prominent places in understandable language.
- 6. Display of floor layout at each floor
- 7. Display of patients' rights and responsibility & other related IEC material (outdated and torn posters/wallpapers etc. should not be put on display)
- 8. Hospital has IEC specific to AB PM-JAY.
- 9. List of doctors (as per scope of services) with their departments and availability
- 10. No smoking signage to be present within the hospital premises
- 11. Display of hand washing instruction at the point of use (5 moments and 7 steps of hand hygiene)
- 12. Display of emergency numbers including ambulance, blood bank, police and referral centers





#### NAME OF THE HOSPITAL AND ENTRY-EXIT SHOULD BE CLEARLY DISPLAYED OUTSIDE THE HOSPITAL. ENTRY TO THE EMERGENCY DEPARTMENT SHOULD ALSO BE DEFINED AND DISPLAYED STRATEGICALLY







## HOSPITAL HAS DIRECTIONAL SIGNAGE WITH A UNIFORM COLOR SCHEME







## LIST OF DEPARTMENTS (AS PER SCOPE OF SERVICES) SHOULD BE DISPLAYED IN BILINGUAL LANGUAGE

Scope of Servic	es उपलब्ध सेवाएं				
Clinical Services नैदानिक सेवाएं	Laboratory Services लेबोरेटी सेवाएं	- # 			
1. Urology & Lithotripsy पुरोलाजी एवं लियोट्रिपसी         2. Laproscopy लेप्रोसकोपी         3. General Surgery ()         जनरल सर्जरी         Diagnostic Services हायग्नांस्टक सेवाएं	1. Clinical Pathology क्लीनिकल पंथोलॉजी         2. Clinical Biochemistry क्लीनिकल बायोकॅपिस्ट्री         3. Hematology हेमाटोलॉजी         4. Serology सेरॉलॉजी	Trings are mission of the bogolar alfreen frace wal First a life may frace wal First a transmission task data protocomender are refer that have a set station of the weak of table of a set of the set	ECTAT SUBSET :- • Effective viewices stream • Effective viewices stream • Effective viewices stream • Effective viewices stream • Effective viewices at • Effective viewices at • Effective viewices • Effective vie		ECA STRUCTURE SALES - CAR Strad over ande sold med have disson what distantion - Bar, with which dee proves the sale over the med annext suppose - Balviese data traditional structures the Barters of the distantion over structures the Barters of the distantion over structures the - Balviese data distantion over structures the - Balviese structures over some shared - Balviese structures over some some some some some - Balviese structures over some some some some - Balviese structures over some - Balviese some
1. X-Ray (Fixed) एक्स-रे (फिक्सड)	5. Histopathology हिस्तोपेधोलाजी	Gyntrad krost. ang Shari i Ado at nghao ng Khikemaland pana ng san ang pila bido adol pano ng b nghi ng yaon gant ang abandé ang ng	MODE TO PERFIT A UNEDMODE     OPERATURE TO ANOTHER RELATED TO     STORE TO ANOTHER RELATED TO     STORE TO AN OPERATOR OF TRADEST     UNEDWOODS OF T	્યુ પેલ્ડ અંદ એસ. પ્રતરક ફોસ્પિટસ, હિંમતનગર ખાટે કર્યક જન્મ અને મરશના અનવોની નોંધણી	<ul> <li>Hana Net WAXXXXX</li> <li>Hi Falazi And Falazi Andrea Hana (Hanazi Andrea)</li> <li>Hi Falazi Andrea XXXXX, Hende Mit Hende XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</li></ul>
2. Ultrasound	Professions Allied to Medicine व्यवसायी चिकित्सा के लिए अन्य सेवाएं	Masser, "Frend Selfmer de salver gale Technique sondiq, possibil eriche "salvers af for affekte" inscheringer auf derent insuremeinstechten." und finst. spens ywei fin og solge solge sone.	KOCK ADMANT     KOSKATKANGOTOLICOLUTENKE     KOSTANGER CAKA ROVE      KOSTANGER CAKA ROVE	માંદ લેવલ ૧૮ન ચત્ર સ્ટ્ટાના બનાવના માંઘટા હડીલોલ ગ્રામ પશાધલ ખાતે થતી કોરો પ્રત્ય અને મરાટના પ્રત્ય ભપત્ર ઠડીલોલ ગ્રામ પંચાયત ખાતેથી પ્રેશની લેવાના દેશે.	<ul> <li>Recently to the self Houtes sume for events.</li> <li>The self-self houtes with houtes summarized and the self-self-self-self-self-self-self-self-</li></ul>
3. Uróflowmetry यूरोफ्लोमेट्री	1. Dietetics डायटेटिक्स	क के के लग कर पर के प्राप्त को साल की को साथ हुआ के की को कि को कि पुल्सा की कबल देखेंगुंच पुल्ला हुए स्वीते काल किसी राज्ये हुई बाथ हुएत.	ALSO DEPENDENTIALSON     ANTONIORSVERIMETALSON     ANTONIORSVERIMETALSON     VERIELINGENERAL	The state and ages of the state	edFix. + traditional: Parte Lookshier Service egyme. + Traduotise Cardinal advisitione
Gynaecologist Services Available on Call	Note : We do not serve any other medical energencies	Contraction of the local division of the loc			2/1





### THE SCOPE OF SERVICES SHOULD BE DISPLAYED IN THE WAITING AREA/ OPD/ EMERGENCY/ RECEPTION IN BILINGUAL LANGUAGE

Scope of Servic	es उपलब्ध सेवाएं
Clinical Services नैदानिक सेवाएं	Laboratory Services लेबोरेट्री सेवाएँ
1. Urology & Lithotripsy युरोलॉजी एवं लियोट्रिपसी         2. Laproscopy लेप्रोसकोपी         3. General Surgery ())         जनरल सजी	1. Clinical Pathology क्लीनिकल पंथोलॉजी         2. Clinical Biochemistry क्लीनिकल बायोकीयस्ट्री         3. Hematology हेमाटोलॉजी
Diagnostic Services हायग्नोस्टिक सेवाएं	4. Serology संरोताजी
1. X-Ray (Fixed) एक्स-रे (फिक्सड)	5. Histopathology हिस्तोपैधोलाजी
2. Ultrasound अल्टासाउंड	Professions Allied to Medicine व्यवमायी चिकित्मा के लिए अन्य मेवाएँ
3. Urôflowmetry gitvelitý	1. Dietetics डायटेटिक्स
Gynaecologist Services Available on Call	Note : We do not serve any other modical emergencies

	Eld Maria		<b>CA wardsto</b> of the an advected to be a set
•	<ul> <li>dennisklyn</li> <li>dennisk Vaj</li> <li>dennisk Vaj</li> <li>dennisk vaj</li> <li>dennisk vaj</li> </ul>		<ul> <li>An of bit strainsy sociality preserved with strainsyspice</li> <li>Alson bits was in presentational large solution start become strained registering.</li> </ul>
Verant skine i be beglat. Sfora fase vielføre	entereiseinen paide entereiseinen entereisen aus entereisen aus soll eine et die al		<ul> <li>Alfred weder tilte Meditte af volwedenik</li> <li>Alfred vor view del soit opt Manarysigned</li> </ul>
ing . To the order that all before and on the other states of the other states of the other states of the other matches all before and the other states of any states of	AMERICA REFES		n ni volegi "mushadini i Kotest" i Herokotetini " Trop con" mu mu mu korecetti
ngine de aufors dos els ne e un la Cite neire d décipie prin rectérie d ne "Antennetrat blag ne dans de ministrat	<ul> <li>HERDARD MEDIAL SAFARES</li> <li>DESTRUCTIVE MEDIAL SAFARES</li> <li>MERICANI</li> <li< td=""><td>પુરુષાદાંક્ટ કેંગ પ્લક્તું કેંગ્ર ફિલ્મ્સ પાંતુ કેંગ્ર પ્રત્ય એ પ્રદાન અન્યત્વે તેવાં પ્રવાર કર પ્રાપ્ત પ્રતિ કરે પ્રત્ય પ્રત્ય ના અં બ્રાહ્ય ત્રાપ્ત કોંગ્રેન ક્લ પ્લાન નાવેથી</td><td><ul> <li>Sinuch in terms named to consider your well as it is not regarded.</li> <li>Sati and in terms to the over regarded.</li> <li>Sati and in terms to terms of the model of the over terms of the over the over the terms of the over /li></ul></td></li<></ul>	પુરુષાદાંક્ટ કેંગ પ્લક્તું કેંગ્ર ફિલ્મ્સ પાંતુ કેંગ્ર પ્રત્ય એ પ્રદાન અન્યત્વે તેવાં પ્રવાર કર પ્રાપ્ત પ્રતિ કરે પ્રત્ય પ્રત્ય ના અં બ્રાહ્ય ત્રાપ્ત કોંગ્રેન ક્લ પ્લાન નાવેથી	<ul> <li>Sinuch in terms named to consider your well as it is not regarded.</li> <li>Sati and in terms to the over regarded.</li> <li>Sati and in terms to terms of the model of the over terms of the over the over the terms of the over /li></ul>
ging speen het de de ine ngel de de generatie de en generatie de de de generatie n beig proper de ser me afgeneratie	<ul> <li>BETHER DOLARDA</li> <li>MED REED FRU</li> <li>MED REED FRU</li> <li>MED REED FRU</li> <li>MED REED REED REED REED REED REED REED R</li></ul>	ieriene 29. p. 1946 on die 1948 (fran feren) Onere ein gestatung gester ofder Theore ein gestatung gester ofder	<ul> <li>Transferrer for a lower production of any sector of the ending of the sector of the end of the sector of the sector of the sector of the end of the sector of the sector of the sector of the end of the sector of the sector of the sector of the end of the sector of the sector of the sector of the sector of the end of the sector of the sector of the sector of the sector of the end of the sector of</li></ul>

	ചികിത്ത നൽകുന്ന അശുപത്രികളാടെ കടങ്കൾ
	(ความโลส 150% สมของสม สาขายการ และสิงการสาขายการระดาสาขายการ NASP /AB PM- IAY สาขายการและสาขารสาขายการระดาสาขายการ เป็น PM- IAY สาขายการและสาขารสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระ เป็น PM- IAY สาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสา เป็น PM- IAY สาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสาขายการระดาสา
ľ	-penovo- messadi masalanta.
ł	spin; mean; mode partility pages managements
	ആതുപത്രിലെ പറത്തില് നിന്നും സസ്പെതസ് പെയ്യുകയോ ഡിലീസ്റ്റ് ചെയ്യുകയോ പലത്താൽ ആ വിവാം മോഗിയെ ആദ്യത്തേക്ക അറി യിക്കണം, ഈ അറിയില് കാണനിന് പ്രാദ്ധിവിച്ചിടിക്കണം.
	അണിപ്പോകോട് നിക്കുകളിൽ ഉൾശ്യൊത്ത ചികിന്തകൾ റേണ്ട്. സന്താൻ അതിനുള്ള അനുമതി പോട്ടേൺ വഴി ഇർക്കുറൽസ് ഹസ്തീയിൽ നിന്നും തോക
	സാരേഷിക കൊറു കാരണം രാധികളെ മടക്കി അതംബുത്. ഇക്കാര്യം ബന്ധങ്ങെ ഇൻകുറൻസ് കമ്പൺയെ അദിമിച്ച മാരുവയായി ഡ്രാസന് അതേണമാണ്.
	second moving another or statement and moving
	incernance average and second and a second of the second second and the second se
	ട്ടെസ്റ്റാകളും നാരാന്യമാലി ചടിക്കോണ്. ഡിസ്പ്പാടത് നടത്തത് 5 ദിവസംതാക്കുള്ള കുന്നുകൾ സൗജന്യമായി. രേഗികൻക്ക് നൽമകണ്ടരാണ്.
	നട്ടുട്ടുകളും തടങ്ങളും പെടുതുകൾ തടങ്ങുടെത്ത്. തീത്യൂട്ടകളും തടങ്ങളും പ്രത്യാക്കുള്ള കുന്നുകൾ തടങ്ങുടെത്ത്
	പ്പെടുത്തെ സമര്യമായി മണ്ടക്കാണ്. ഡിസ്പ്പാർഗ് സമ്പഞ്ഞ് 3 ട്രിവാശതോക്കുള്ള കെറ്റനുകൾ സമയുമായി രോധികൻക്ക് നൽകണ്ടൊണ്. കാർസ് ആരുപ്പോളിയുടെ കൈവയം സുക്കിക്കുന്നത് കുറ്റകളൊണ്. ബിസ്പാര്ഗ് സമയത്ത് കാർഡിലെ ശേഷിക്കുന്ന യുക യോഗിയെ
	പ്പെടുത്തെ സമര്യമായി മണ്ടക്കാണ്. ഡിസ്പ്പാർഗ് സമ്പഞ്ഞ് 3 ട്രിവാശതോക്കുള്ള കെറ്റനുകൾ സമയുമായി രോധികൻക്ക് നൽകണ്ടൊണ്. കാർസ് ആരുപ്പോളിയുടെ കൈവയം സുക്കിക്കുന്നത് കുറ്റകളൊണ്. ബിസ്പാര്ഗ് സമയത്ത് കാർഡിലെ ശേഷിക്കുന്ന യുക യോഗിയെ
	പ്പെടുത്തെ സമര്യമായി മണ്ടക്കാണ്. ഡിസ്പ്പാർഗ് സമ്പഞ്ഞ് 3 ട്രിവാശതോക്കുള്ള കെറ്റനുകൾ സമയുമായി രോധികൻക്ക് നൽകണ്ടൊണ്. കാർസ് ആരുപ്പോളിയുടെ കൈവയം സുക്കിക്കുന്നത് കുറ്റകളൊണ്. ബിസ്പാര്ഗ് സമയത്ത് കാർഡിലെ ശേഷിക്കുന്ന യുക യോഗിയെ
	പ്പെടുത്തെ സമര്യമായി മണ്ടക്കാണ്. ഡിസ്പ്പാർഗ് സമ്പഞ്ഞ് 3 ട്രിവാശതോക്കുള്ള കെറ്റനുകൾ സമയുമായി രോധികൻക്ക് നൽകണ്ടൊണ്. കാർസ് ആരുപ്പോളിയുടെ കൈവയം സുക്കിക്കുന്നത് കുറ്റകളൊണ്. ബിസ്പാര്ഗ് സമയത്ത് കാർഡിലെ ശേഷിക്കുന്ന യുക യോഗിയെ
	പ്പെടുത്തെ സമര്യമായി മണ്ടക്കാണ്. ഡിസ്പ്പാർഗ് സമ്പഞ്ഞ് 3 ട്രിവാശതോക്കുള്ള കെറ്റനുകൾ സമയുമായി രോധികൻക്ക് നൽകണ്ടൊണ്. കാർസ് ആരുപ്പോളിയുടെ കൈവയം സുക്കിക്കുന്നത് കുറ്റകളൊണ്. ബിസ്പാര്ഗ് സമയത്ത് കാർഡിലെ ശേഷിക്കുന്ന യുക യോഗിയെ
	ອາດາຍອາດາ ຄະແລະກາງລະ ລູຍສະດາຍອາດາ ພດສະກາງລະ ໂຫລາຍເຫຼົາ ພດດູ ເປັນ ເຫດຍາຍອາດາ ຄະແລະກາງລະ ລູຍສະດາຍອາດາ ແລະ ສະດາຍອາດາ ໂດຍເລະ ໂກຍເລຍາຍອາດາ ແລະ ກາງລະດາຍອາດາ ໂດຍເລຍາ ແລະ ສະດາຍອາດາ ໂດຍເລຍາຍີ່ ແລະ ແລະ ແລະ ແລະ ແລະ ແລະ ແລະ ແລະ ແລະ ກາງລະຫາຍອາດາ ໂດຍເລຍາຍີ່ ແລະ
	പ്പെടുന്നും സ്വത്ത്യമായി മണ്ടക്കാണ്. ഡിസ്പ്പാർഗ് സമ്പഞ്ഞ് 3 ട്രിവാശതോക്കുള്ള കെറ്റനുകൾ സൗജയ്യമായി രോധികൻക്ക് നൽമകണ്ടൊണ്. കാർസ് ആരുപ്പോളിയുടെ കൈവയം സുക്കിക്കുന്നത് കുറ്റകളൊണ്. ബിസ്പാരന് നാതത്തത് കാർഡിലെ ശേഷിക്കുന്ന ആക മോഗിയെ
	ασχελεχε ποσοπροσμί μήτεροποστι". προχελεχε ποτοσοπροσμί μήτεροποστι". προτή μοτά τη πατολιτική το τη μοτοροποίο μαρατικό ποι παρατικό ποι προτοποίο ποτομοσματικό προτοποίο πο στο μοτοποίο ποι μοτοροποίο μαρατικό ποι προτοποίο ποι πατοποίο ποι ποι ποι ποι ποι ποι ποι ποι ποι πο
	ອາດາຍອາດາ ຄະແລະກາງລະ ລູຍສະດາຍອາດາ ພດຍະເຫດຍາຍ ແລະ ເຊຍ ແລະເຊຍ ແມ່ນ ໂຫຍລາກເຂົ້າມີຄະດາຍເຫດີຍ ລະເຊຍ ແມ່ນ ໂຫຍລາກເຊຍ ໂດຍເຊຍ ແມ່ນ ເຫຍດີແດຍ ແລະ ແມ່ນ ເຫຍດີແດຍ ແລະ ແມ່ນ ເປັນເປັນ ແລະ ເປັນເປັນ ເປັນເປັນ ແລະ ເປັນເປັນ ແລະ ເປັນເປັນ ແລະ ເປັນເປັນເຮັດ ເປັນເປັນເປັນເປັນ ແລະ ເປັນເປັນເປັນ ແລະ ເປັນເປັນເປັນ ເປັນເປັນເປັນເປັນເປັນເປັນເປັນເປັນເປັນເປັນ

W 14 come point & calculateditie formilies with as per NECC

will be provide accord to

The cap on family also or app



### THE SERVICES REGISTERED UNDER PM-JAY ARE CLEARLY DEFINED & DISPLAYED IN PROMINENT PLACES IN UNDERSTANDABLE LANGUAGE



			GOVT TRIPAL OPPOINT
VAILABLE SERVICES	ઉપલબ્ધ સેવાઓ	SERVICES NOT AVAILABLE સેવાઓ ઉપલબ્ધ નથી	GOVT. TRIBAL SPECIALTY HOSPITAL
<ol> <li>ORTHOPAEDIC (SPINE) RELATED</li> <li>O.P.D. DEPARTMENT</li> <li>I.P.D. DEPARTMENT</li> <li>OPERATION THEATRE</li> <li>X-RAY DEPARTMENT</li> <li>LABORATORY (SAMPLE COLLECTION CENTRE)</li> <li>NURSING SERVICES</li> <li>PHYSIOTHERAPY DEPARTMENT</li> <li>OCCUPATIONAL THERAPY DEPT.</li> <li>PROSTHETIC &amp; ORTHOTIC DEPT.</li> <li>MEDICAL SOCIAL DEPARTMENT</li> <li>SPEECH THERAPY /AUDIOGRAPH SERVICES</li> <li>CLINICAL PSYCHOLOGY DEPT.</li> <li>VOCATIONAL TRAINING CENTRE</li> <li>PSYCHOMOTOR LABORATORY</li> <li>JAIPUR FOOT CENTRE</li> <li>SAFARI - FOLLOW-UP PROGRAMME AND CAMPS INRURAL AREAS</li> <li>AMUBULANCE SERVICES</li> <li>CANTEEN SERVICES</li> <li>CANTEEN SERVICES</li> <li>CANTEEN SERVICES</li> <li>CANTEEN SERVICES</li> <li>C.M. SETU YOINA</li> </ol>	<ul> <li>આેથોપેડિક (સ્પાઇન) ને લગતી સુવિધાઓ</li> <li>ભલરના દર્દીઓનો વિભાગ (ઓ.પી.ડી.)</li> <li>અંદરના દર્દીઓનો વિભાગ (આઇ.પી.ડી.)</li> <li>આંધરેશન થીચેટર</li> <li>એક્સ-રે વિભાગ</li> <li>લેબોરેટરી વિભાગ (સેમ્પલ કલેક્શન સેન્ટર)</li> <li>નર્સિંગ સેવાઓ</li> <li>ફિઝીચોચેરાપી વિભાગ</li> <li>ફિઝીચોચેરાપી વિભાગ</li> <li>અંક્સ સે વિભાગ</li> <li>ક્રિઝીચોચેરાપી વિભાગ</li> <li>અંક્સ સે વાઓ</li> <li>અંક્સ સે વાઓ</li> <li>અંક્સ સે વિભાગ</li> <li>પર સેક્કલ સો શ્યલ વિભાગ</li> <li>પર સંપર્ક વિભાગ</li> <li>સ્વીચ ચેરાપી / ઓડિયોગ્રાફ સેવાઓ</li> <li>સ્પીય ચેરાપી / ઓડિયોગ્રાફ સેવાઓ</li> <li>કલીનીકલ સાચકોલોજી વિભાગ</li> <li>વપ્ત વોકેશનલ ટ્રેનિંગ સેન્ટર</li> <li>શ્ક સાચકોમોટર લેબોરેટરી</li> <li>જ્યપુર ફૂટ સેન્ટર</li> <li>જયપુર ફૂટ સેન્ટર</li> <li>જયપુર ફૂટ સેન્ટર</li> <li>અધ્યુલન્સ સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> <li>અમ્બ્યુલન્સ સેવાઓ</li> <li>કેન્ટી સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> <li>અમ્બ્યુલન્સ સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> <li>કેન્ટીન સેવાઓ</li> </ul>	(A) Clinical :       (અ) 중엽/허용역 :         Emergency Services       siszsnélon સેવાઓ         General Medicine       ਅਰਟਕ ਮੀ5 ਡਿ         General Surgery       सामाठ्य सर्थरी         Obstetrics &       प्रसुतिशास्त्र &         Gynecology       स्त्रीरोगविज्ञान         Pediatric Surgery       બाળકोला सर्थरी         Pulmonary Medicine       प्रक्षोनरी दिवा         Psychiatry       भलीखिडिल्सा         Medical Oncology       संदिक्ष ओन्डवोछ         Eye       आंख         Dentistry       इंन्डिस्ट्री         Homoeopathic       बीमिथोपेथिङ         Ayurvedic       आयुर्विडिक         USG,CT Scan, MRI       USG, सीटी स्डेल,         Nuclear Medicine       येमआरथाई         Bone Marrow       बुक्तियर ਮीडिसिन         Densitometry       બोन मेरो         Serielal ਮੁੱਢੂ       अन्तियर भीडिसिन	Principality       Service Reserves         Principality       Service Reserves         Bitterio Reserves       Bitterio Reserves <t< th=""></t<>







#### DISPLAY OF FLOOR LAYOUT AT EACH FLOOR







# DISPLAY OF PATIENTS' RIGHTS AND RESPONSIBILITY & OTHER RELATED IEC MATERIAL (OUTDATED AND TORN POSTERS/WALLPAPERS ETC. SHOULD NOT BE PUT ON DISPLAY













## HOSPITAL HAS IEC SPECIFIC TO AB PM-JAY







## LIST OF DOCTORS (AS PER SCOPE OF SERVICES) WITH THEIR DEPARTMENTS AND AVAILABILITY

CARDIOLOGIST	Onya.	Timing
Dr. Prem Aggarwal Dr. K. K. Srivastava Dr. D.S. Mathur Dr. Javed Dr. Sarita Gulati	Mon to Sat Mon to Sat Mon to Sat	01:00pm-04:00pm 11:00am-01:00pm 12:00pm-02:00pm On Cal On Cal
CHEST, TB & BROM	CHOSCOPIST	
Dr. Ajay Kochhar Dr. Mohit Garg Dr. Chaku Gorge	Mon,Wed,Fri Mon to Sat	08.00am-10.00am 11.00am-03.00pm On Call
CONSULTANT SUR	GEON	
Dr. A.N. Srivastav Dr. P. N. Sinha Dr. Ajay Scod	Mon, Wed, Fri Mon to Sat Tue, Thurs, Sat	01.00pm-03.00pm 06.00pm-08.00pm 06.00pm-08.00pm
DERMATOLOGIST		
Dr. Ratan Singh Dr. Amit Vij Dr. R. K. Bhatia Dr. Kamlender singh	Mon.Wed,Fri Mon to Sat Mon to Sat Mon.wed,Fri	11:00am-01:00pm 01:00pm-02:30pm 04:00pm-06:00pm 07:00pm-08:00pm
ENDOCRINOLOGIS	а <b>т</b>	
Dr. S. S. Rastogi	Sunday	10.00am-12.00noon
ENT SPECIALIST		
Dr. Adarsh Tarwar Dr. K. B. Puri Dr. Sanjay Gupta Dr. Rakesh Kumar	Mon to Set Mon to Set	02:00pm-05:00pn 03:00pm-05:00pn On Cal On Cal
GASTROENTROLO	GIST	
Dr. R. C. Mishra Dr. Deepak Lohati Dr. P. S. Gupta Dr. Munish Sachdev	Mon.Wed.Fn	06:00pm-07:00pm On Call On Call On Call
GASTRO SURGEO	N	
Dr. Dinesh Singhal		On Cal
GENERAL PHYSIC	IAN	
Dr. Manav Aggarwal Dr. Sanjay Sachdev Dr. 8. 8. Aggarwal Dr. Vinay Kumar Dr. Ashish Rontagi	Mon to Sat Mon to Sat Mon to Sat Mon to Sat	09:00am-11:00am 11:00am-01:00pm 11:00am-01:00pm 01:00pm-03:00pm On Call

DDDD	r. S. M. Kazim r. A. S. Dave r. M. M. Mittal r. Sarvesh Kumar r. Virendera Jain r. D. K. Chauhan		On Call On Call On Call On Call On Call On Call
	GYNECOLOGIST &	OBSTETRICIA	N
	r, Alka Vohra r. M. Khera	Mon to Sat Mon to Sat	09:00am-11:00am 11:00am-01:00pm 06:00pm-08:00pm
DDD	r, Deepika Rastogi r, Anjali Srivastava r, Hamrah Siddiqui r, Sarla Mukherjee r, Shalini Pal	Mon to Sat Mon to Sat Mon to Sat	11:00am-01:00pm 11:00am-01:00pm 12:00nbon-02:00pm On Call On Call
	NEPHROLOGIST		
D	r. Uma Kishor r. S. N. A. Rizvi r. Pradeop Chhatree	Mon to Sat Mon to Fri Mon to Sat	09:00am-11:00am 05:00pm-07:00pm 04:00pm-06:00pm
	NEUROLOGIST		
	r, B. C. Bansal r, Guru Bax Singh	Mon to Fri	03:00pm-05:00pm On Call
	NEURO SURGEON		
D	r. V. K. Rajoria r. K. K. Chawdhri r. Dhruv Chaturvedi		On Call On Call On Call
-	ONCOLOGIST		
D	. Ajay Mehta		On Call
1	ONCO SURGEON		
D	r. Sanjeev Chibbar	Mon Thur	01:00pm-03:00pm
1	ORTHOPAEDIC		— — — W
D D	r, Harvinder Singh r, Anmol Maria r, Vivek Aggarwał R, Sachin Yadav	Mon to Sat Mon to Sat Mon to Sat	11 00am-01.00pm 01.30pm-03.00pm 06.00pm-08.00pm On Call
	PEDIATRIC		
D	r. Girish Srivastava r. Sanjeev Sehgal r. Dinesh Rustogi	Mon to Sat	10:00am-12:00noon On Call 03:00pm-05:00pm
1.3	o muleziu konzio@i	Tue, Thurs, Fri	11:00am-01:00pm

Dr. K. K. Jain Dr. Sumit Jain Dr. P. Jain		On Call On Call On Call
PEDIATRICS SURGI	EON	Ortean
Dr. B. D. Diwedi		On Call
PLASTIC SURGEON	Ŕ	11,203,203
Dr. Pradeep Bhargava Dr. Charan Jeev sobli	Mon,Wed,Fri	09:00am-11:00am On Call
PSYCHIATRIST		
Dr. M. Mandhekar Dr. Dutta Ray Dr. Vikas Singhal	Mon to Sat Tue, Thurs, Sat Mon to Sat	03.00pm-05.00pm 05.00pm-07.00pm 04.00pm-08.00pm
RADIOLOGIST		
Dr. Nidhi Bhatnagar	Mon to Sat	10.00am-02.00pm
THYROID SPECIALI	ST	
Dr. Rejeev Sharma	Mon.Wed.Fri	09:00am-11:00am
URO SURGEON		
Dr. P. Gulati Dr. S.N. Bodhiraja Dr. Atul Bhatnagar Dr. Shilpi Tiwan	Mon,Wed,Fri	09:00am 11:00am 11:00am 01:00pm 12:00pm-02:00pm On Call
VASCULAR SURGE	ON	
Dr. Shohel Bukhari		On Cal
DENTAL SURGEON	00	
Dr. S. K. Dua Dr. Dilip Sukla Dr. Mahesh Chowhan Dr. Sameer Sachdeva Dr. A.S. Davey	Mon-Sat	11.00am-01.00pm 03.00pm-05.00pm On Cal On Cal On Cal On Cal
DIET & LIFE STYLE		
Ms. Upasna	Mon to Sat	10:00am-01:00pm
HOMEOPATHIC		
Dr. Kanchan Dr. Himani Jain		On Cal On Cal
PHYSIOTHERAPIST	d/	
Dr. M. M. Kumar Dr. Bharat	Mon to Sat Mon to Sat	09:00am-01:00pm 04:00pm-06:00pm





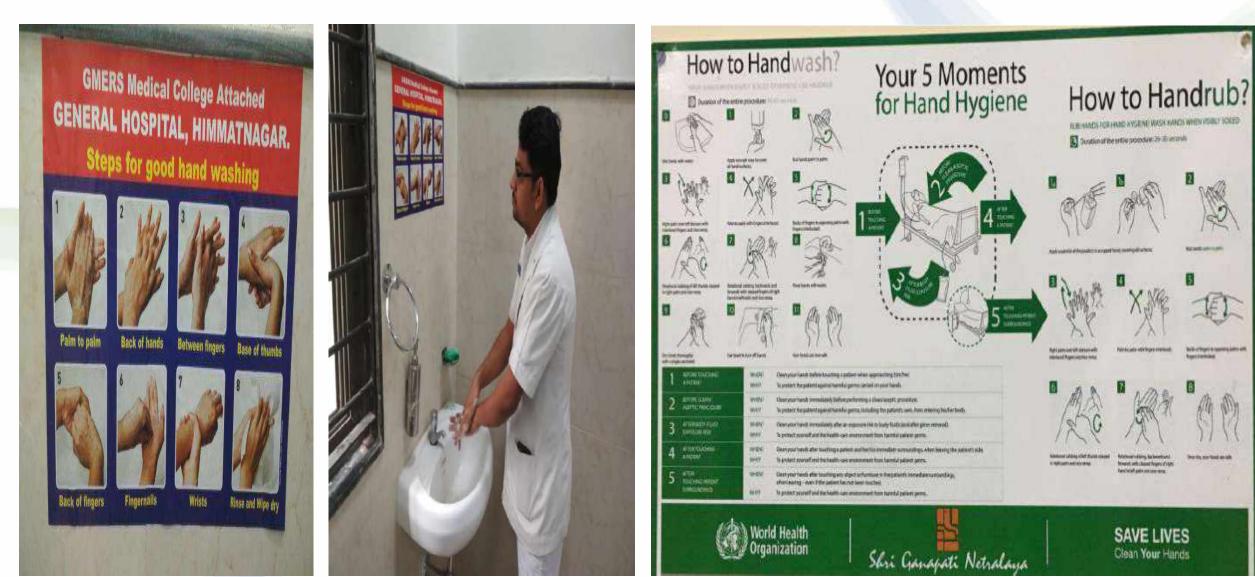
## NO SMOKING SIGNAGE TO BE PRESENT WITHIN THE HOSPITAL PREMISES





## DISPLAY OF HAND WASHING 44 INSTRUCTION AT THE POINT OF USE









## DISPLAY OF EMERGENCY NUMBERS INCLUDING AMBULANCE, BLOOD BANK, POLICE AND REFERRAL CENTERS

Emergency Phone No. Ambulance:-----Blood Bank:------Police:-----Referral Centers:-----





# PC 2 - ALL SIGNAGE'S THOSE ARE REQUIRED BY LAW SHOULD BE DISPLAYED AT ALL STRATEGIC LOCATION

**Interpretation** – All such signage which are compulsory by law for hospitals to display such as PC&PNDT Act, AERB and radian hazard, Bio hazard signage and Fire exit signage should be displayed in the hospitals at all strategic locations.

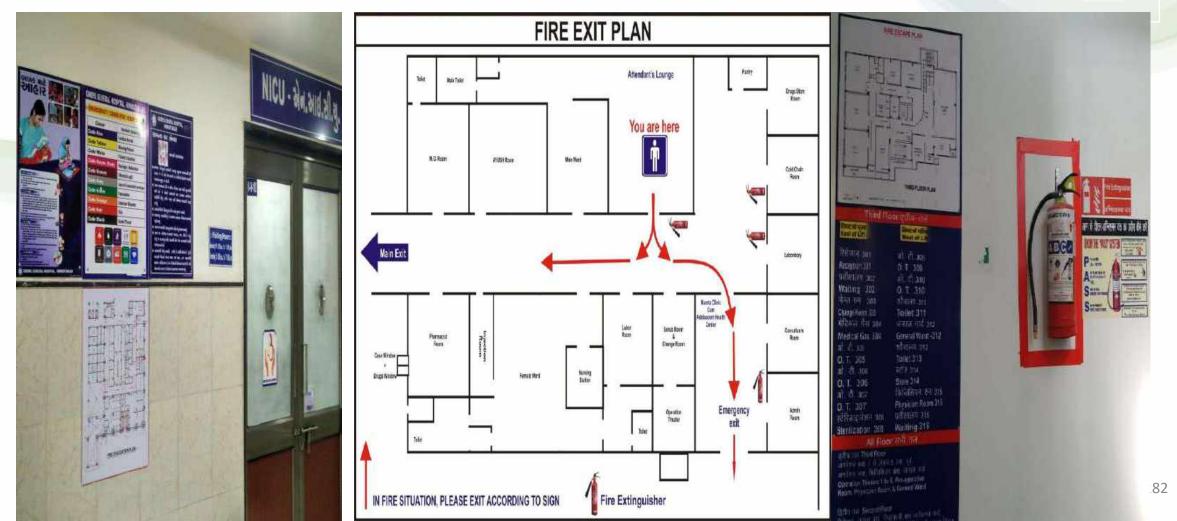
#### **Means of verification:**

- 1. Fire exit signage to be displayed at exit route plan along with the do's and don'ts in case of fire
- 2. PC&PNDT Act Signage board to be displayed at the waiting room and reception area
- 3. AERB and Radiation hazard signage
- 4. Bio-hazard signage to be present





## FIRE EXIT SIGNAGE TO BE DISPLAYED AT EXIT ROUTE PLAN ALONG WITH THE DO'S AND DON'TS IN CASE OF FIRE







#### FIRE EXIT SIGNAGE TO BE DISPLAYED AT EXIT ROUTE PLAN ALONG WITH THE DO'S AND DON'TS IN CASE OF FIRE







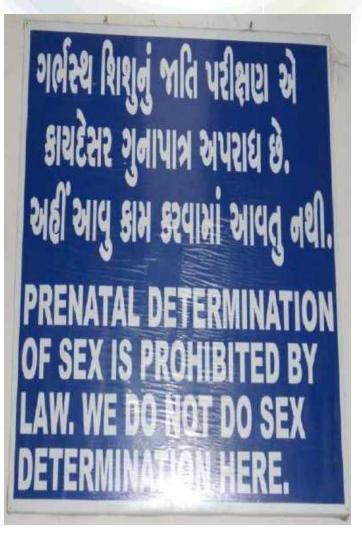
#### PC&PNDT ACT SIGNAGE BOARD TO BE DISPLAYED AT THE WAITING ROOM AND RECEPTION AREA



बेटियां आएंगी - खुशियां लाएंगी











#### **AERB AND RADIATION HAZARD SIGNAGE**

Radiation	Authorised
controlled	persons
area	only
X-rays and electrons Risk from external radiation	No entry when red light is on

**Radiation Protection Supervisor** 





**DO NOT X-RAY** 

# Warning Symbol of Radiation Hazards



Radiation hazard Where MPD>1 mR/h



Caution radioactive material

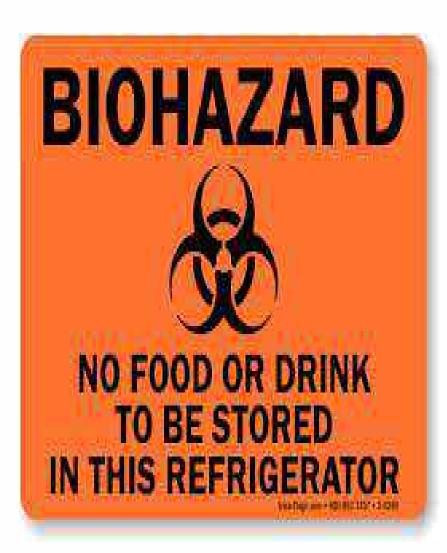
Telephone





### **BIO-HAZARD SIGNAGE TO BE PRESENT**













# PC 3 - CONTACT INFORMATION OF KEY MEDICAL STAFF AND SPECIALIST SHOULD BE READILY AVAILABLE IN THE EMERGENCY DEPARTMENT

**Interpretation** – The hospital must have accessible and readily available contact details of doctors and staff members. Also, a nurse call facility and at least one medical office should be available at all times in the hospital in case of emergencies.

#### **Means of verification:**

- 1. Check if the contact details (telephone or residence address) of doctors/staff are readily available
- 2. Nurse call facility should be available to address any patient emergency.
- 3. At least one medical officer and a nurse should be available all the time for the emergency cases.





288

## CHECK IF THE CONTACT DETAILS (TELEPHONE OR RESIDENCE ADDRESS) OF DOCTORS/STAFF ARE READILY AVAILABLE

S. No.	Name of Doctor / Staff	Telephone No.	Address
1			
2			
3			
4			
5			





### NURSE CALL FACILITY SHOULD BE AVAILABLE TO ADDRESS ANY PATIENT EMERGENCY







### AT LEAST ONE MEDICAL OFFICER AND A NURSE SHOULD BE AVAILABLE ALL THE TIME FOR THE EMERGENCY CASES







### 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

**Interpretation** – There should be a dedicated area for enquiry as per the number of patients that visits the hospital and dedicated kiosk for AB PMJAY manned round the clock. Hospital must make sure that every patient is given a unique identification number at the time of registration of the first interaction if the patient with the organisation. To ensure continuity of care these numbers shall be linked to the unique number.

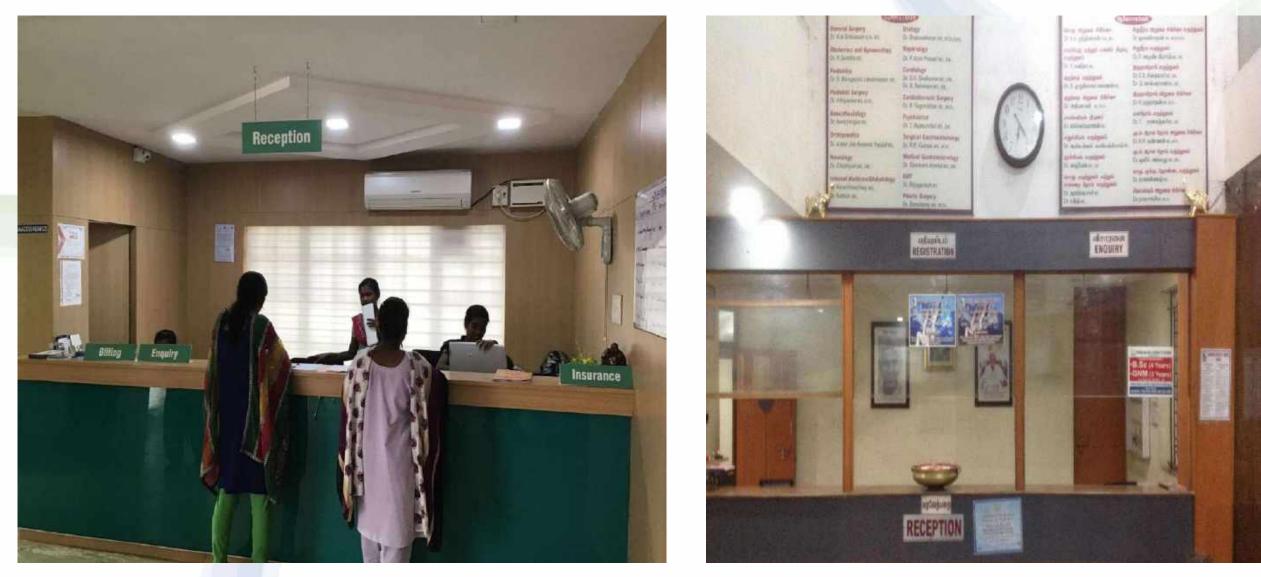
#### **Means of verification:**

- 1. Check availability of a dedicated enquiry area or reception
- 2. Unique identification number is given to each patient during the process of registration while also recording patient details such as name, age, sex, address and chief complaint etc.
- 3. Hospital has AB PM-JAY Kiosk manned 24\*7





#### **CHECK AVAILABILITY OF A DEDICATED ENQUIRY AREA OR RECEPTION**







#### UNIQUE IDENTIFICATION NUMBER IS GIVEN TO EACH PATIENT DURING THE PROCESS OF REGISTRATION WHILE ALSO RECORDING PATIENT DETAILS SUCH AS NAME, AGE, SEX, ADDRESS AND CHIEF COMPLAINT ETC.

T THE PARTY OF	man, St. Hon. St (aver c) avaar to t	A 24721- CCC		antes El Sel o
And Sector States	Billes war D - British - Politikation D Hory on Ditakation 1 - weigen Ditakation Al- an invited	Term (* 1	Assument and Advice - port at 20 and inste A At History, Louby D distanting closes, adviced adviced choice placemile	al conversion of a sing class soon are brown cost clang the mo mainted som in half dechested monade mon costat are we by constanting of the so
Secondaria (2008)	and the second s			The class way
			Ling - Like III 1 0 - 4 - Granden Ling June - Arden (Jul Same - Franklike -	of parties the





### **HOSPITAL HAS AB PM-JAY KIOSK MANNED 24\*7**







### PC 5 - HOSPITAL SHOULD HAVE ESTABLISHED PROCEDURE FOR ADMISSION OF PATIENTS

**Interpretation** – There should be documented procedures for registering and admitting the patient. All patients assessed in hospital shall be registered and all admissions must be authorized by a doctor. The policy should be defined with respect to documentation and intimation to police in case of Medico Legal Cases (MLC) as per statutory requirement.

#### **Means of verification:**

- 1. Admission is done by written order of a qualified doctor
- 2. There is an established criterion for admission through the emergency department
- 3. There is established procedure for admission of Medico-Legal Cases (MLC) as per prevalent laws and procedure to inform the police. Records for such patients are also maintained.





### ADMISSION IS DONE BY WRITTEN ORDER OF A QUALIFIED DOCTOR

#### Chapter: Admission and Discharge (AD) Section 1: Admission of Adult Patients

#### Policy

- Civilly committed patients admitted to Utah State Hospital are screened through a community mental health center to determine the appropriateness of referral. Referrals are to be made to the hospital's Admissions Liaisons in the Admissions, Discharge and Transfer Office (ADT).
- Onteria for admission to Utah Sate Hospital are defined in the Utah State Code Annotated 1953, Title 62A, as amended, and the Utah State Board of Mental Health Policies. These general policy guidelines are interpreted as follows in determining eligibility for admission to the Utah State Hospital.
  - 2.1. The patient must be suffering from a major mental illness.
  - 2.2. The patient normally has a chronic mental illness, even though the current episode may be an acute exacerbation of the illness.
  - 2.3. Community based facilities have been utilized first and found not adequate to the need, or do not exist in the area of the state where the patient is found.
  - A longer hospitalization is anticipated than what is normally considered for short-term acute care.
  - 2.5. The severity of the illness makes management and treatment at Utah State Hospital the most reasonable alternative.
  - Dangerousness or violence of behavior factors makes management and treatment at Utah State Hospital the most reasonable alternative.
  - The patient's needs may be best met by a specialized treatment program only available at Utah State Hospital.
  - Referrals are made based on the availability of bed allocation for each Community Mental Health Center (CMHC).
    - 2.8.1. If a CMHC wishes to loan or sell a bed to another mental health center, the appropriate approval forms are signed through the Admissions Office.
  - 2.9. The referred individual is an established client of a community mental health center and has been referred by that center. The referred individual may also be committed to another state institution, and meet the criteria for inter-institutional transfer as defined in Utah Code Annotated 62A-15-801.
  - 2.10. The patient may be either voluntary or meet the criteria for civil commitment as defined in Utah Code Annotated, Title 62A. Voluntary admissions are discouraged if it seems likely that the patient will request release before treatment has been completed.



#### Admission and Discharge Policy in the Intensive Care Unit

#### Introduction

Intensive care refers to care provided in a separate, specially-staffed and equipped hopital unit dedicated to the observation, care and treatment of patients with life threatening illnesses, injuries or complications from which recovery is generally possible. An intensive care unit (ICU) provides special expertise and facilities with the aim to reatore vital organ function to normal in order to gain time to treat an underlying cause.

#### Principles

- Critically ill patients with reversible medical conditions with a reasonable prospect
  of meaningful recoveryshould be admitted to an ICU. In the event of unavailability
  of ICU beds in the hospital, an ICU bed should be sourced from another neighbouring hospital.
- Priority of admission shall be based on the urgency of patient's need for intensive care.
- Withdrawal of therapy is advocated when continuing intensive care is deemed medically futile.
- Triaging is the strategy used to select patients for admission when unit capacity is reached.

#### Admission Policy

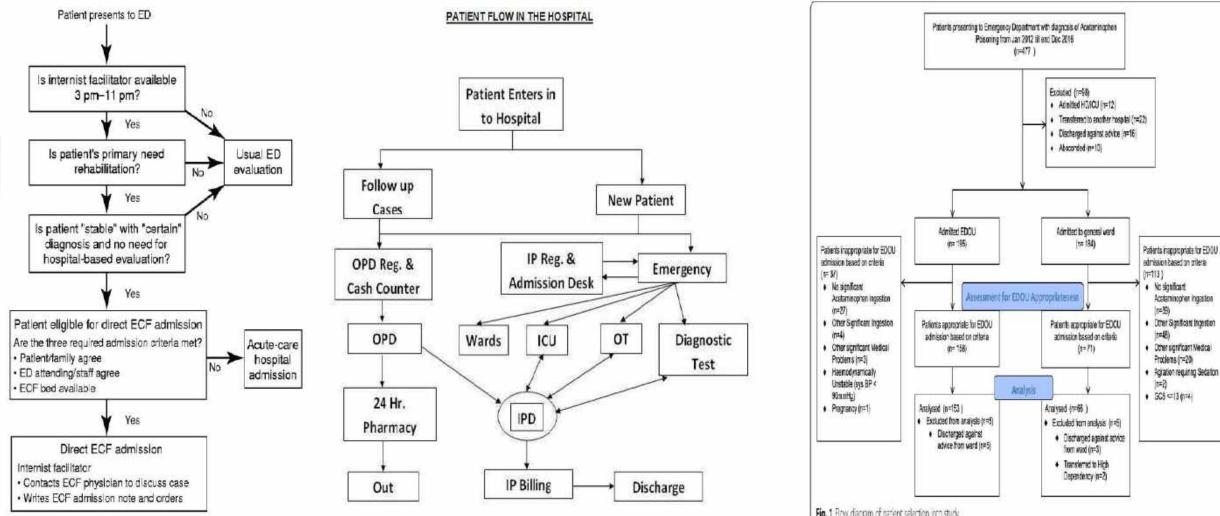
- It is the responsibility of the patient's attending clinician to request for ICU admission.
- b. It is the responsibility of the ICU specialist to decide if a patient meets eligibility requirements for ICU (refer to admission criteria for ICU).

10





### THERE IS AN ESTABLISHED CRITERION FOR ADMISSION THROUGH THE EMERGENCY DEPARTMENT







#### THERE IS ESTABLISHED PROCEDURE FOR ADMISSION OF MEDICO-LEGAL CASES (MLC) AS PER PREVALENT LAWS AND PROCEDURE TO INFORM THE POLICE. RECORDS FOR SUCH PATIENTS ARE ALSO MAINTAINED

#### ADMISSION AND DISCHARGE

#### TREATMENT OF MEDICO-LEGAL CASES

#### LAW AND MEDICINE

 Whenever a medico-legal case is admitted or discharged, the same should be intimated to the nearest police station at the earliest.

It is always better to inform the police through the casualty of the hospital where the medico-legal register is usually maintained and necessary entries can be made in it.
While discharging or referring the patient, care should be taken to see that he receives the Discharge Card/Referral Letter, complete with the summary of admission, the treatment given in the hospital and the instructions to the patient to be followed after discharge.

•Failure to do so renders the doctor liable for "negligence" and "deficiency of service" The patient should immediately be given treatment without waiting for the medico legal formalities of reporting.
Treatment to be started after examination and recording findings.

 First Aid to be given immediately without waiting for completion of MLC sheet

If specialist consultation is required, patient to be referred to concern specialist for further treatment

 All cases requiring constant observation and treatment to be admitted into the hospital. **1.Medical Jurisprudence** : It deals with legal aspects of medical practice of doctors.

**2.Forensic Medicine :** It deals with medical aspects of law and medico legal case management.





#### 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.

**Interpretation** – The documented procedure addressing the managing patients in case of non-availability of beds. Patients needing transfer including those who have come to the emergency but needs to be transferred after basic first-aid, the hospital shall have documented procedure for managing patients. The transferring/referring patients to another facility should be done through issuing referral slips. **Means of verification:** 

- 1. There is an established procedure for managing patients in case beds are not available at the facility
- 2. Patient should be referred while issuing a referral slip and should be bi-directional referral system. The record of the same should be maintained
- 3. Adequate emergency facilities should be available to provide basic first aid before transfer/referral
- 4. AB PM-JAY Benefices referred to AB PM-JAY empaneled Hospitals





### THERE IS AN ESTABLISHED PROCEDURE FOR MANAGING PATIENTS IN CASE BEDS ARE NOT AVAILABLE AT THE FACILITY

#### **BED MANAGEMENT POLICY - ADULT ACUTE WARDS**

#### 1. INTRODUCTION

This policy clarifies action to be taken at Bassetlaw Hospital, as bed occupancy nears or exceeds full capacity. It describes the internal escalation principles to be considered by the Ward teams and Clinical Site Management teams (CSM) and the communication cascade to Managers and Clinicians, as well as to other organisations.

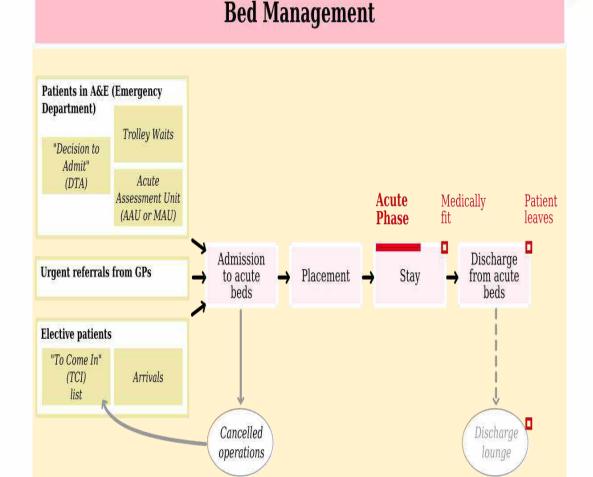
#### 2. PRINCIPLES OF THE POLICY

This policy defines:

- 2.1 the circumstances for transferring existing in-patients within the hospital to create beds in appropriate locations for anticipated new admissions
- 2.2 the requirement of the clinical teams to undertake additional review of those patients who may be deemed fit for discharge, in order to create additional bed availability
- 2.3 the use and function of the designated discharge lounge in order to create additional bed availability
- 2.4 the communication within the hospital to alert teams with regard to the bed status, which may inform the decision to cancel non-urgent elective admissions
- 2.5 the communication necessary with other organisations e.g. the PCT and the Ambulance Services
- 2.6 the communication with the Manager on Call teams

#### 3. MANAGEMENT RESPONSIBILITY

- 3.1 All adult beds within the Trust will be managed corporately under the direction of the Executive Team. The overall specialty bed allocation will be reviewed annually.
- 3.2 The 'bed holding' management teams are responsible for ensuring the efficient use of beds. This includes creating the capacity required to meet all elective and non-elective admissions and ensuring that all patients are regularly reviewed for discharge. The CSM is responsible for overviewing the appropriate use of the adult beds on site.







### PATIENT SHOULD BE REFERRED WHILE ISSUING A REFERRAL SLIP AND SHOULD BE BI-DIRECTIONAL REFERRAL SYSTEM. THE RECORD OF THE SAME SHOULD BE MAINTAINED

Take feedback of Patient condition from the Hospital where you refer and documented.





### ADEQUATE EMERGENCY FACILITIES SHOULD BE AVAILABLE TO PROVIDE BASIC FIRST AID BEFORE TRANSFER/REFERRAL

# Provide basic first aid before transfer/referral.





### AB PM-JAY BENEFICES REFERRED TO AB PM-JAY EMPANELED HOSPITAL

### AB PM-JAY Benefices referred to nearest AB PM-JAY empaneled Hospital.





#### PC 7 - GENERAL CONSENT AND INFORMED CONSENT SHOULD BE TAKEN DURING THE ADMISSION AND BEFORE ANY PROCEDURES /SURGERY AND ANAESTHESIA/ SEDATION.

**Interpretation** – Patients and family rights include that hospital shall take informed consent, preferably in bi-lingual and language they can understand, signed by patient/relatives/caretaker at the time of admission and before undergoing any surgery or procedure which discuss about all the risks and benefits. The informed consents should be taken at all specific steps pf patient care involved with responsibility. **Means of verification:** 

- 1. Consent forms available in bilingual language should be signed by the patients or any caretaker during admission and before surgery (separate forms)
- 2. All risks, benefits and alternatives about anaesthesia should be discussed and mentioned as part of the consent form signed by the patients or their caretaker.





#### CONSENT FORMS AVAILABLE IN BILINGUAL LANGUAGE SHOULD BE SIGNED BY THE PATIENTS OR ANY CARETAKER DURING ADMISSION AND BEFORE SURGERY (SEPARATE FORMS)

સરપ્રતાપ જનરલ હોસ્પિટલ, હિંમતનગર,	100
શસ્ત્રક્રિયા માટેનું સંમતિ પત્રક	0
metra: R - 4 - eorg	
j	1
selfting - The and the shine of the manual the	
જીએમદીઆરએસ મેદીકલ કોલેજ સંગ્રન્ન સરપ્રવાય જનરલ હોસ્પિટલ, ડિંગતનગર ખાતે પારી ઉપર /પારા ઉપર	
શરભદિયા થાટે અને ઔષધોપચાર / તપાસકોી માટે ખેટોશ કરવા તેમજ શસ્ત્રક્રિયા માટે નીચે પ્રધાણેની સંપતિ આપું છું.	
(૧) આ અરેપવોષપાલ / તપાસણો / ગસ્ત્રક્રિયા / ઇપપાર કરવાની યોગ્ય પ્રથ્વતિથી અને તેની આંડઅસરો અને તે પ્રક્રિયાની જરૂરિયાત કોવા છતાં ના કરવાથી ધનારા પરિણાય, સોયરેશન સિવાયના અન્ય ઉપચારો તથા તેનાથી થતું નુકશાન અને ભાષ વગેરે સર્વે બાબતોની મને સર્જન કૉકટર <u>Dhoved</u> <u>Post-vect</u> એ	
સમજવુ આવી છે.	
(૨) કોઇપણ ઓપરેલન અને એનેઓથીપા એપૂર્ટા રીતે સુરક્ષિત હોતું નથી અને એપણીપ્પાર / તપાસણો / સસ્વતિપા / ઇપ્પાર પ્રધ્યતિ અને બેહીલ કરવાની પચ્પતિને લીવે જીવને લપકે ઇજા પવાની શક્યતા તપાપ યોગ્ય અને જરૂરી પચલાં તેવા છતાં માર્ચ સાપાન્ય રીતે નીરોગી વ્યક્તિને પણ હોય છે. તેની પને યોગ્ય પાહિતી પણ આપવામાં આવી છે.	1
(૩) વધારે પડતો સ્ટતસ્પાલ, ચેપ લાગવો, શ્રદ્ધ બંધ પડવું, રેક્સામાં લોકીનાં માંડનું અટકવું આવી અને આના જેવી ઇતર અકલ્પિત આકસ્પિક બીજી કેટલીક તકલીક પરવક્ષિયામાંથી કે બેહોશ કરવાની દવા કાસ થઇ શકે છે અને તેની ભાણ મને ડોકટરે આપેલ છે.	
(x) ઔપધોષચાર / તપાસણી / શસ્ત્રાદિયા / ઉપચાર કરવાની પંચાતિ કરતી વખતે ડોક્ટરને કોઇ હારણચાર જરૂરી આધનોના	
ગ્રકાર તથા ઓપરેશનની પલ્યતિનું સ્વરૂપ બદલવું થયે તો, જરૂર થયે તો બીજી ડોકટરની મદદ લેવાની મંજૂરી આપું છું.	
જરૂર પડે લોકી ચડાવવાની સંપતિ આપું છું કે કેરણર કરવા માટે પણ મારી સંપતિ છે, અને તેની જાણ મને કરવામાં આવી છે. –	
પ) વધુ સુવિધા ધરાવતી મેડીકલ કોલેજ કલાની હોસ્પિટલમાં દ્રાન્સકર કરવાની જરૂર પડે તેની પણ હું સંઘતિ આપું છું.	
ઉપરની સર્વે વિચાલેને સંપૂર્ણ શાન, ભાન સાથે અને દબાણા વગરથી વાંચી છે. / મને વાંચી વિગતવાર સમજાવવામાં આવે (અને તે મળી સમજમાં આવી છે. તેપજ તે મને સંપૂર્ણ માન્ય પણ છે. તથા તમામ યોગ્ય અને જરૂરી સારવાર કરવા છતાં આવું ઇપણ થાય તો તે માટે ડોક્ટર, હોસ્પિટલાકે સ્ટાક જવાબદાર શકેરો નહીં.	
દીની મહીર	-
durantes BBP went (ufri)	
uni-i mgl : ( )	

	CONSENT FOR SURGICAL, INVASIVE, DIAGNOSTIC, MEDICAL, INTERVENTION PROCEDURE (To be taken by Doctor)		
Name of F Date:/_ Address:		Sex: Mole	/ Female
Diagnosis:	3	(	
Operative	Procedure/ Operation:		
The star	aesthesia: Local/ General/ Spirial/ Epidural/ Nerve Block		

L	Patient's name), give my full consent/authorisation as an act
of my own tree will to undergo	the following medical treatment operation or intervention
procedures	at Government Spine Institute, Ahmedabad, under
Dr.	and his team of assistants, nurses, and hospital staff as
supervision and guidance of Dr.	deemed necessary.

I have been explained in the language known and understood by me about the nature of the medical treatment operation or procedure being performed, its benefits and costs; risks associated with it; other alternatives and its prognosis.

I am aware that the practice of medicine and surgery is not an exact science and I have not been given any guarantees about results of this procedure. If I develop any complications I hereby authorize the surgical team to take decisions on my behalf.

I agree to allow Government Spine Institute to keep use or properly dispose of any fissues or parts of

1001 CHI, HHIT 2000-04-2017	જીએમઈઆરએસ મેડીકલ કોલેજ સંલગ્ન સરપ્રતાપ જનરલ હોસ્પિટલ, દિંગતનગર.
	એનેસ્થેશિયા માટેનં સંમતિ પત્રક
દર્દીનું નામ : 🔄 ઝ ૨૪૦. નં. : 🛛 જે	966 ઉપર / જાતિ : શ્હ / f
सर्थन : <u>DJ</u> .	Dhaved Proted as: 0-2.

હું નીચે સહી કરનાર સંપૂર્ણ હોંશમાં સાબૂત મનથી મારા પર કોઇપણ પ્રકારના એનેસ્થેશિયા માટે સંપૂર્ણ સંમતિ આપું છું. આ માટે જરૂરી હોય તેવા પ્રકારનો એનેસ્થેશિયા વાપરવાની પરવાનગી આપું છું. મને થયેલ બિમારીની સંપૂર્ણ વિગત જેવી કે ડાયાબિટીસ, બલ્ડ પ્રેશર, હૃદયની બિમારી, શોક (લોહીનું ઓછું દબાણ), ડિડનીની બીમારી, કેકસાની બિમારી વિગેરે…. ડૉકટરે મને સમજાવેલ છે.

મને એનેસ્થેશિયા અને તેની વિપરીત અસરો (હૃદય બંધ પડી જવું, કેક્સામાં લોહીની ગાંઠો પડી જવી, ચાસનળીમાં દુરબીનથી તપાસ દરમ્યાન ઓક્સિજન ઓછો પહોંચતા મગન પર સોજો આવી જવો અને આના જેવી બીજી ઇત્તર અકલ્પિત આકસ્મિક ગુંચવણો) બેહોશ કરવાની દવા દ્વારા થઇ શકે છે તેની જાણ કરવામાં આવેલ છે.

હું કોઇપણ એનેસ્થેટીસ્ટ, મદદનીશ ડૉકટરો દ્રારા તથા નર્સો દ્વારા મદદ લેવા સંમતિ આપું છું.

ુ ઓપરેશન દરમ્યાન મને એનેસ્થેશિયા માટેની કોઇપણ દવાઓ અને લોહી આપવાની સંમતિ આપું છું અને તેનાથી થતી વિપરીત અસરો મને જાણ કરેલ છે.

આ લેખિત મંજૂરી દારા અમે હોસ્પિટલ સ્ટાક તેમજ ડૉક્ટરોને કોઇપણ અકસ્માત, વિપરીત અસર, કોમ્પલીકેશન તેમજ શારીરિક મુશ્કેલી અથવા ખોડખાંપણ અંગે જવાબદાર ઠેરવતા નથી. પ્રાપ્ત સુવિધાઓના અનુસંધાને પુરી કાળજી લેવા છતાં કોઇપણ પ્રકારનું જોખમ થવાનો સંભવ છે. તે અંગે ડૉક્ટર દારા વિગતવાર જણાવ્યું છે.

ઉપરની સંપૂર્ણ વિગતો મેં વાંચી છે, અને સમજી છે, મારી ભાષામાં સમજાવેલ છે. તે પ્રમાણે ઓપરેશનમાં અને શીશી સુંઘાડવામાં :

000.....

: વિશેષ નોંધ :

(ufr)

ASA-I સામાન્ય પ્રકારનું જોખમ ASA-II ગણતરી પૂર્વકનું જોખમ ASA-III ગંભીર પ્રકારનું જોખમ

AS,

ASA-V ટેબલ પર મૃત્યુના ભવનુ જાળન-



દાના સહા

સરનામં

simt



#### ALL RISKS, BENEFITS AND ALTERNATIVES ABOUT ANAESTHESIA SHOULD BE DISCUSSED AND MENTIONED AS PART OF THE CONSENT FORM SIGNED BY THE PATIENTS OR THEIR CARETAKER

and stand of a	સરમતાપ જનરલ હોસ્પિટલ, હિંગતનગર.
1	એનેસ્થેશિયા માટેનું સંમતિ પત્રક
દીનું નામ :	2422, 272, 27, 20, 20 =
eoi. :	- GHZ / MA: 23 / -F
1.5.1 :	- ais : 02- & .
ત્રેનેસ્થેટીસ્ટ	
હું નીચે સહી !	રનાર સંપૂર્ણ હોંશમાં સાબૂત મનથી મારા પર કોઇપણ પ્રકારના એનેસ્થેશિયા માટે સંપૂર્ણ સંમતિ આપું છું.
સમજાવેલ છે. મને એનેરચી તપાસ દરમ્યાન ઓવિ બેહોશ કરવાની દવા હું ક્રીઇપણ એ આપરેશન દર આસરો મને જાણ કરેલ આ લેખિત શારીરિક મુશેલી અ	શર, હદયની બિમારી, શોક (લોહીનું ઓછું દબાણ), ઉડનીની બીમારી, ઢેફસાની બિમારી વિગેરે ડૉકટરે મને દોયા અને તેની વિપરીત અસરો (હદય બંધ પડી જવું, કેઠસામાં લોહીની ગાંઠો પડી જવી, ચાસનળીમાં દુરબીનથી સ્પેજન ઓછો પહોંચતા મગન પર સોજો આવી જવો અને આના જેવી બીજી ઇત્તર અકલ્પિત આકસ્મિક ગુંચવણો) દારા થઇ શહે છે તેની જાણ કરવામાં આવેલ છે. તેરથેકીસ્ટ, મદદનીશ ડૉકટરો દારુ તથા નર્સો દારા મદદ લેવા સંમતિ આપું છું. રુપાન મને એનેસ્થેશિયા માટેની કોઇપણ દવાઓ અને લોહી આપવાની સંમતિ આપું છું અને તેનાથી થતી વિપરીત સછે. બંજૂરી દારા અમે હોસ્પિટલ સ્ટાફ તેમજ ડૉક્ટરીને કોઇપણ અકસ્માત, વિપરીત અસર, ક્રોમ્પલીકેશન તેમજ થવા ખોડખાંપણ અંગે જવાબદાર કેરવતા નથી. માપ્ત સુવિધાઓના અનુસંધાને પુરી કાળજી લેવા છતાં કોઇપણ તે સંભવ છે. તે અંગે ડૉક્ટર દારા વિગતવાર જણાવ્યું છે. [વિગતો મેં વાંથી છે, અને સમજી છે, મારી ભાષામાં સમજાવેલ છે. તે પ્રમાણે ઓપરેશનમાં અને શીશી સુધાડવામાં :
ઉપરની સંપૂર્ણ	િવિગતો મે વાચા છે, અને સમજી છે, મારા પા
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ગ પ્રકારનું જોખમ
	રી પૂર્વકનું જોખાય
	પ્રકારનું જોખમ 
	ાંભીર પ્રકારનું જોખમ પર મૃત્યુના ભયનું જોખમ રહેલ છે.
ASA-V ZOLEL	

sologe / conta e





#### 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.

**Interpretation** – The list of user charges must be displayed at strategic places (Reception, waiting areas, lobby) in the hospital premises for better communication to patients and to maintain transparency. The list must be updated in case of any change in medical and surgical plan.

#### **Means of verification:**

- 1. Facility prepares a comprehensive list of user charges and display at strategic points in the hospital.
- 2. AB PM-JAY beneficiaries are provided cashless services





#### FACILITY PREPARES A COMPREHENSIVE LIST OF USER CHARGES AND DISPLAY AT STRATEGIC POINTS IN THE HOSPITAL

	E C LOUD HARD MARKED AND AND AND AND AND AND AND AND AND AN	सनी था।	N Share and A summer of the local division o			215	क सुची		
-	ant som estering direct	વેલાકના માટે ન ગામનું ભાવ ખાસું	ત કરવાના હેતુરી પરવામાં આવે છે	लेपाथ छे. -		टाइ रेपाओं का पालांग होस्पिटन के प्रति अपनेषन का जिस्तवा उपयोग रोगोजी के लिए स्	IN FIGH PUEL BUILT	ang and an an	rant Ba
a see a	String with	sa Binso	analise and the factor	QCI ES (affinit)	anim		CONTRACTOR OF STREET, S	or in the first last	an passing an
	મને. છે. ડો કેસ વેપર શાર્જ (Bushiles * મંદિના માટે)	TRAMMU.	Constant)			iljauud	scongt deale	witteday upwar	ages agests
*	waste der gus and		4.00	4.00	1	भी, भी, की कीम पंचय पानी (अपदाधिकता स अहिन्द के लिख)	(0.)	[=]	(11)
3	g. 33. 5g.		24.00	24.00	6	इन्डार कल पंपर बाज	+ +		5.00
*	6-wofe	24.00	24.00		3	ş. 1fr. 3fr.		25.00	25.00
N	aluan an ard	80.00	24.00	40.00	4	ज़ाना — रे	25.00	25.00	10.00
	พระมีแล้ว สมใหว้สมเส พระช		30.00	80.00	5	स्पेधयल हम चार्ज	40.00	20,00	50.00
-	सेषर सोपरेसन गार्थ		910.00		6	माइनर आयोगन वाले	The same	30.00	40.00
e .	and and and		400.00	140.00	7	मेत्रा ओपोगन वाले	1	150.00	150.00
	ma glaza urv	200.00	10.00	200.00	8	सोनोशुष्टी वार्ज	III	50.00	50.00
80	(5 av / wisis sv) much ness		20.05	20.00	9	मना युनिट वार्ज	200.00		200.00
22	also cerele direction	100.00		100.00	10	क्साल विभाग (प्रति सीटीम / प्रति हे)	1	20.00	20.00
.92	લેલોકેટરી સાલુંગ (પર સુનિટ)		10.00		11	झॅम् बाइट इंन्ड्रेक्सन	100.00	-	100.00
	WHILE WAR		10.00	90.00	12	लेकोर्स कार्म (अंग यूनिट)		10.00	10,00
33	BAD SHELVA	19.00	58.00		1 40	Britahill	1	1	1
38	พิสโดต อุโอลิยสเ นทเขเนทิ		<8400	80.00	13	THE OF LEVEL OF THE PARTY OF TH	16.00	24.00	40.00
	sed free	No. of Lot.	-		14	मेडीकल फीटनेस का प्रमाणमंत्र			
	antaling clus	1.00	20.00	24.00		प्राथमति दीवर	5.00	20.00	25.00
	OFWARTING WHITTICH	49100	51.00	90.00		माध्यमिक टीवर	16.00	24.00	40.00
	मादनीय प्रमाधापत्र, धावस	12	20.00	20.00	1	अपंगता का प्रमाणपदा		20.00	20.00
			50.00	50.00		सिकनेस का प्रमाणपत्र, अन्य		20.00	20.00
N.	धी क्षेत्र जोटली जन्दर	45.00	38.00	80.00	15	भी.जेम.नोट की लळल	16.00	24.00	40.00
15	अंग अंग तो तहींनी नवन	15.00	58.00	89.99	16	ऐम.जेल.सी सर्टीकीकेट की नकल	16.00	24.00	40.00
-	win invites				- VALLER	एम्प्रयुरोना वार्ज		- Commission	
	એક દિલોમીટર (ડીઝબ)	2.00	8.00	9:00	17	प्रति किलोमीटर (डीजल)	2.00	4.00	6.00
10	(ore and salar are 3.x)					(अप और डाउल पार्श क. 8]	and the second s		- Harris
	and and a state of the state of		1			गववाहिनी			
	कोत किर्णानीहर (डीमल) (साथ साले डार्गान वाल ३.प)	90.00		10.00	18	प्रति किलोमीटर (डीजल) (अप और डाउन चार्ज ठ.५)	10.00	3 -	10.00
	She sheep us for metallinees		2400.00	2400.00	19	एकडामीनेशन की देखा पामीट के लिए		250	0.00 2500

### AB PM-JAY BENEFICIARIES ARE PROVIDED CASHLESS SERVICES





#### BIMAR NAHI RAHA LACHAAR, HO RAHA MUFT UPCHAAR World's largest healthcare scheme PM-JAY will make India, 'Ayushman'.

For the first time in the history of India, crores of poor and vulnerable Indians will benefit through the Pradhan Mantri Jan Arogya Yojana, PM-JAY. Now every entitled family will have access to cashless and paperless healthcare coverage for all critical diseases.

Benefits to over 10 crore poor and vulnerable families and more than 50 crore beneficiaries across the country

Annual healthcare benefits of up to Rs. 5 Lakh for every entitled family Access to healthcare services in all government and empanelled private hospitals



309





#### PC 9 - PATIENT SHOULD BE PROPERLY EDUCATED ON ADDITIONAL CARE AS DEEMED REQUIRED AND ALL THE VITAL INFORMATION SHOULD BE RECORDED FOR CONTINUITY OF CARE.

**Interpretation** – Patient should be educated for additional care in respect to usage and effect of medication, diet and nutrition which can be done with the help of discharge summary and growth summary respectively. All the vital information must be recorded for reassessment of patients undergoing observation in the language the patient/ family members can understand.

#### **Means of verification:**

- 1. Patients should be educated for usage and effect of medication, diet and nutrition, immunizations and to prevent infections (as deemed appropriate)
- 2. Discharge summary should contain a diagnosis, history, physical examination, investigation details, treatment provided and instructions thereof in easy to understand manner (Check 3 samples)
- 3. There should be a fixed schedule for reassessment of patient under observation based on clinical need



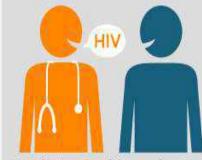


#### PATIENTS SHOULD BE EDUCATED FOR USAGE AND EFFECT OF **MEDICATION, DIET AND NUTRITION, IMMUNIZATIONS AND TO PREVENT INFECTIONS (AS DEEMED APPROPRIATE)**

### How can I stay healthy with HIV?



Take antiretroviral treatment every day, as prescribed



Stay in touch with my doctor and follow their advice







Eat a balanced and nutritious diet Exercise and keep fit



family and others with HIV







#### DISCHARGE SUMMARY SHOULD CONTAIN A DIAGNOSIS, HISTORY, PHYSICAL EXAMINATION, INVESTIGATION DETAILS, TREATMENT PROVIDED AND INSTRUCTIONS THEREOF IN EASY TO UNDERSTAND MANNER

#### 3. MEDICAL AUDIT COMMITTEE

- Chairperson : Medical Superintendent , GMERS General Hospital, Himmatnagar
- Member Secretary (AHA, GMERS General Hospital, Himmatinagar
- · Members:

Sr No.	Designation
1	RMO
4	Pathologist
5	Orthopedic Surgeon (Dr.Ambrish J Vyas)
6	AO
7	MO (Rajesh .K Varma)
8	Matron
9	Senior Head Nurse

#### Background

- Audit in the wider sense is simply a tool to find what you do now- often to be compared with what you have done in the past or what you think you may with to do in the future.
- Medical audit involves the study of some part of the structure, process and endrome of
  core clinical activities carried out by those personally engaged in the activity. It
  measures whether set objectives have been attained or not. It thus assessos the quality
  of care delivered.

#### Involves

- A systematic examination of performance parameters
- · Comparison of results against set criteria
- · Assessment of quality of care with a view to improvement

#### Why audit

- Educational value for participants
- Improve effectiveness and efficiency of care.
- Reassare Consumers.

#### How to audit

- Define standards you should realistically reach for the area which you intend to audit Standards should be
  - Realistic
  - Owned/Ownable
  - · Parallel to existing standards
- 2. Set the criteria by which you will measure those standards
- 3. Compare your results against your defined standard is change poeded
- 4. Review the results of any changes made

Objectives of the committees to use different performances parameters from various hospital departments to demonstrate that outcome are continuously being improved upon. All audits will be documented.

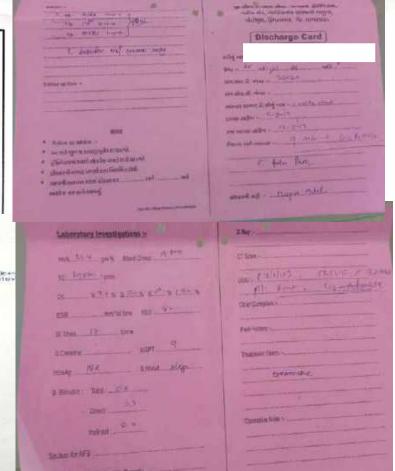
Meetings of the Committee: thrice in a Year, Minutes of the meeting will be maintained and form the basis for a) remedial actions b) new initiatives c) the creation of a cultures of continuous quality improvement in the various department of the hospital.



de ...

A DESCRIPTION OF DESCRIPTION OF THE REPORT O	
2 Availability and tabelling of chaines alleguise?	Mea -
	Ne.4
	n(eA -
5 Processors of sectoral as d haves of econols?	77.0%
a permanan per ted deflacet?	
AN MILLANCE SERVE	Cec-J
a minuter of in hundre containers of ambylance in morning condition	Octat.
3. Deriveral residution of cantulation	Near
a Availanting of an arguncy druge Daygen raffinder communables	vist get Tainde Int
4 Average number of trips made per day	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SCOLARTY AND SERVE	12
1 Number statety grants regulate	
2 First policity equipriments to staff after a and close band	****
2 Firs presty on mprovide the arts of the second	763
3. Has the facility get NGC from few measured?	Yes
a nony and calculated by converty mards measures FLAN	
AND THE ADDRESS OF TH	ADDS PRODE
* Treage area defined?	E. C. avante
a Digester path avoilable?	Cool mode
a second s	the second se
T PERSON AND A PROPERTY AND A PROPER	PIGA -
1 Avenue of variable of	that sal applied .
2 Sector of cold classic compromity?	Tunctur process

Q.







### THERE SHOULD BE A FIXED SCHEDULE FOR REASSESSMENT OF PATIENT UNDER OBSERVATION BASED ON CLINICAL NEED

Table 3.1 - Components of the comprehensive diabetes medical evaluation at initial and follow-up visits

		VISIT	FOLLOW-	ANNUAL
	<ul> <li>Height, weight, and BMI: growth/bubertal development in children</li> </ul>	~	~	~
	and adolescents	1.20	1.1	
	Blood pressure determination	1	*	-
	<ul> <li>Orthostatic blood pressure measures (when indicated)</li> <li>Fundoscopic examination (refer to eye specialist)</li> </ul>	× .		1
	Thyroid palpation	× 1		~
PHYSICAL	<ul> <li>Skin examination (e.g. acanthosis nigricans, insulin injection or insertion sites, lipodystrophy)</li> </ul>	1111	~	~
	<ul> <li>Comprehensive foot examination</li> <li>Visual inspection (e.g., skin integrity, callous formation, foot deformity or ulcer, toenails)</li> </ul>	-	~	~
	<ul> <li>Screen for PAD (pedal pulses; refer for ABI if climinished)</li> </ul>	1		1
	<ul> <li>Determination of temperature, vibration or pinorick sensation, and 10-g monofilament exam</li> </ul>	~		~
	AIC, if the results are not available within the past 3 months	~	-	-
	<ul> <li>If not performed/available within the past year</li> </ul>	392	1.1	100 m
	<ul> <li>Upid profile, including total, LDL, and HDL cholesterol and triglycerides#</li> </ul>	1		~^
and a second	Liver function tests	1		1
EVALUATION	<ul> <li>Spot urinary aloumin-to-creatinine ratio</li> </ul>	1		1
	<ul> <li>Serum creatinine and estimated glomerular fibration rate<sup>1</sup></li> </ul>	-		~
	<ul> <li>Thyroid-stimulating hormone in patients with type 1 diabetes<sup>#</sup></li> </ul>	1111		1
	<ul> <li>Vitemin B12 if on metformin (when indicated)</li> <li>Serum potassium levels in patients on ACE inhibitors, ARBs, or diurctics<sup>†</sup></li> </ul>	5		~
	Goal setting			
	<ul> <li>Set AIC/blood glucose target and monitoring frequency</li> </ul>	× .	1	-
	<ul> <li>If hypertension diagnosed, establish blood pressure goal</li> </ul>	× .	1.00	~
	<ul> <li>Incorporate new members to the care team as needed</li> <li>Diabetes education and self-management support needs</li> </ul>	× 1		× 1
	<ul> <li>Liabetes education and sets-management support needs.</li> </ul>	*		×
SSESSMENT	Cardiovascular risk assessment and staging of CKD	100	100	2
AND PLAN	History of ASCVD	× 1	-	1
Constantine Constantine of	<ul> <li>Presence of ASCVD risk factors (see Table 9.2)</li> </ul>		1	1
	<ul> <li>Staging of CKD (see Table 10.1)<sup>†</sup></li> </ul>	Y	*	
	Therapeutic treatment plan	2020	0.27	
	<ul> <li>Lifestyle management</li> </ul>	1	~	1
	Phermecologic therapy	1	~	~
	<ul> <li>Referrals to specialists (including distitian and diabetes educator)</li> </ul>	1	~	1
	as needed <ul> <li>Use of glucose monitoring and insulin delivery devices</li> </ul>	1	1	1

ABI, ericle-brechial pressure index; ABBs, angiotensin receptor blockers; ASCVD, stimscaderotic cordiovescular disease; CGM, continuous glucose monitoring; CKD, chronic kidney disease; PAD, peripheral atomial disease.

\*265 years:

Imay be needed more frequently in patients with known chronic kickey disease or with changes in medications that affect kidney function and serum potasskim (see Table 10.2).

fmay and need to be checked after itilitation or dose shanges of medications that affect these laboratory values (i.e., diabetes medications, blood pressure medications, chelesterol medications, or thyroid medications);

\*in acoste without dysfinidemia and not on cholesteral-lowering thermax testing may be less frequent.

		VISIT	FOLLOW-	ANNUAL
	Diabetes history - Characteristics at onset (s.g. age, symptoms) - Review of previous breatment regimens and response - Assest requency/cause/soverity or past hospitalizations	111		
2.722	Family history - Family history of diabetes in a first-degree relative - Family history of autoimmune disorder	1		
PAST MEDICAL AND FAMILY HISTORY	Personal history of complications and common comorbidities   Macroveroular and microvesoular  Common comorbidities  Presence of hemoglobinopathies or anemias  High blood preserve or abnormal lipids  Last clinated eye exam  Visit to specialists	111111	*	***
	Interval history     Changes in medical/family history since last visit		1	~
SOCIAL HISTORY	Assess lifestyle and behavior patterns • Eating patterns and weight history • Sieep behaviors and physical activity • Familiarity with carbodydrate counting in type 1 diabetes • Tobacco, alcohot, and substance use • Identify existing social supports	11111	11	**
	Interval bistory     Onanges in social history since last visit		1	~
IRDICATIONS AND SCCINATIONS	Medication-taking behavior     Modication Intolarance or side affects     Complementary and alternative medicine use     Vaccination history and needs	1111	111	****
ECHNOLOGY USE	<ul> <li>Assess use of health apps, online education, patient portals, etc.</li> <li>Glucose monitoring (mater/CGM); results and data use</li> <li>Review insulin pump settings</li> </ul>	111	5	***
	Psychosocial conditions • Sorteen for depression, anxiety, and disordered eating; refer for further assessment or intervention if warranted • Cansider assessment for cognitive impairment.*	1		* *
	Diabetes self-management education and support History of distitian/diabetes aducator visits Scrieen for barriers to diabetes self-management Refer or offer local resources and support as needed	111	1	111
	Hypoglycemia • Timing of episodes, awareness, frequency and causes	1	1	1
	Pregnancy planning • For women with childbearing capacity, review contraceptive needs and preconception blanning		~	~

Table 3.1 - Components of the comprehensive diabetes medical evaluation at initial and follow-up visits





#### PC 10 - HOSPITALS SHOULD ENSURE THAT ALL MEDICATIONS AND ASSOCIATED INSTRUCTIONS ARE WRITTEN IN THE PRESCRIPTION

**Interpretation** – The organization shall ensure that the at the minimum the prescription shall have the name of the patient, unique patient number, name of medicine with the frequency of administration, name and signature of the doctor. All hand written prescription should be legible, clear and understandable by the patient/ family member i.e. preferably in capital letters.

#### **Means of verification:**

- 1. Prescription should be legible, clear and be explained in the language understood by the patients and is comprehendible by the clinical staff
- 2. Every medical advice and procedure is accompanied with date, time and signature, unique patient number.





#### PRESCRIPTION SHOULD BE LEGIBLE, CLEAR AND BE EXPLAINED IN THE LANGUAGE UNDERSTOOD BY THE PATIENTS AND IS COMPREHENDIBLE BY THE CLINICAL STAFF

R	K Age Gender		Prescription Date 25-01-2010
Descri	ption ; gend anal Comments: None		
SI.No.	Prescribed Medicines	Dosage	Instructions
1.	CAPSULE NEXPRO L ESOMEPRAZOLE+LEVOSULPIRIDE(40)	0-0 t	TO Days Days; Before Meal;
2	SYRUP ULGEL ELAICHI FLAV MAGALDRATE+SIMETHICONE(10 ML)	1741-1	5 Days Days; Before Meal; After Meal;
LAB T 1. Bloc FOLLO 1 Woo	od Sugar - Fasting test(FBS) tsh. ugi an histopy OW UP		





#### EVERY MEDICAL ADVICE AND PROCEDURE IS ACCOMPANIED WITH DATE, TIME AND SIGNATURE, UNIQUE PATIENT NUMBER







## PC 11 - MEDICAL RECORDS SHOULD BE RETAINED AS PER THE POLICIES OF HOSPITAL BASED ON NATIONAL AND LOCAL LAW

**Interpretation** – Hospital must abide by the national and local laws for retaining medical records for each category of records: Out-patient, in-patient and MLC. The retention and destruction process should be included in the process to maintain confidentiality and security of both manual and electronic records system. Also, there should be a documented process for medical records of AB PMJAY scheme beneficiaries.

#### **Means of verification:**

- 1. Hospital has a policy of retention period with respect to different kinds of records and their disposal.
- 2. Confidentiality of patient records should be maintained by keeping them properly in the record room or digitally saved on a secure network
- 3. Hospital has process documentation for AB PM-JAY scheme





#### HOSPITAL HAS A POLICY OF RETENTION PERIOD WITH RESPECT TO DIFFERENT KINDS OF RECORDS AND THEIR DISPOSAL

		MRD CHECH	GSI -IPD- FF-32			
U of I	D Book o	nd its booklet no				
SR No	Form NO	Indoor Booklet	Mark (Yes-Y or N If yes Complete-C Incomplete-IC	io) Mark No- 27 N- if forms not present	Page No	
1	1	Information Form				
2	2	Registration Form				
3	3A	General Consent Form (English)				
4	38	General Consent Form(Gujarati)				
5	4	Initial assessment by Nurse				
6	5	Initial assessment by Doctor				
7	*	Initial assessment by physiotherapist & occupation therapist				
8	7	Initial assessment by p&o				
9	8	Initial assessment by dietician				
10	9	MSW assessment form				
11	10	Initial assessment by clinical psychologist				
12	11	Initial assessment by vocational				
13	12	Continuous sheet Reassessment by nurse				
14	13	Reassessment by Doctor				
15	14	Reassessment by Physiotherapist & occupational therapist				
16	15	physiotherapy Treatment				
17	16	Occupational therapy Treatment Sheet				
18	17	Pre anaesthesia assessment				
19	18A	moderate sedation form Anaesthesia consent form (English)				
20	18B	(English) Anaesthesia consent form (Gujarati)				
21	19	Pre induction Assessment by surgeon & anaesthesia				
22	20	Monitoring of patients during Anaesthesia				
23	21	Anaesthesia notes				
24	22	Recovery criteria				
25	23	Anaesthesia note for				

	<u>م</u>			
		epidural injection		_
26	24A	Consent for surgical, invasive, diagnostic, medical, intervention procedure		
27	248	Consent for surgical, invasive, diagnostic, medical, intervention procedure		-
28	25	Surgical check list		-
29	26	operation note by surgeon		1
30	27	Appliance Prescription P & O		-
31	28	Input out put chart		-
32	29	Nursing Modication Chart		-
33	30	discharge card		-
34	31A	Blood and blood products administration/ High risk medication menitoring form		-
35	318	Blood and blood products administration Consent form		-
36	32	MRD checklist		-
	arks of iture: e:	MRD:	Date: Tíme:	
Requ Purp Date	l of Ref est By: ose By: Of Issu iture of	ie:	Date Of Recived Signature of MRG	1
Signi	iture ol	MKU:	Signature of Siko	,

#### 3. MEDICAL AUDIT COMMITTEE

Chairporton : Medical Superintendent , CMERS General Hospitol, Himmatnagar
 Member Secretary ( AHA, GMERS General Hospital, Himmatnagar
 Members

Sr No.	Designation
1	RMO
4	Pathologist
5	Orthopedic Surgeon (Dr.Ambrish J Vyas)
6	60
7	MO (Rajesh K Varma)
8	Matron
9	Senior Head Nurse

#### Background

- Addit in the wider sense is simply a tool to find what you do now- often to be compared with what you have done in the past or what you think you may with to do in the future.
   Medical addit involves the study of some part of the structure, process and outcome of
- core clinical activities carried out by those personally engaged in the activity. It measures whether set objectives have been attained or not. It thus assesses the quality of tare delivered.

#### Involves

- A systematic examination of performance parameters
- Comparison of results against set criteria
   Assessment of quality of circ with a view to improvement

#### Why audit

- Educational value for participants
- · Improve effectiveness and efficiency of care.
- Reassure Consumers.
   How to audit
- Define standards you should realistically reach for the area which you intend to audit
  - Standards should be
  - Realistic
  - Owned/Ownable
  - Parallel to existing standards
  - Set the criteria by which you will measure those standards
     Compare your results against your defined standard is change needed
  - Compare your resells against your desired standard is chan;
     Review the results of any changes made

**Objectives of the committees** to use different performances parameters from various huspital departments to demonstrate that outcome are continuously being improved upon. All audits will be documented.

Meetings of the Committee: thrice in a Year, Minutes of the meeting will be maintained and form the basis for a) remedial actions b) new initiatives c) the creation of a cultures of continuous quality improvement in the various department of the hospital.



MILLION CONTRACTOR OF CONTRACT	Mc+.x
1 Is they'r reporte cores for med wat river fat	Dalla
V New Ingeneral options of the department)	Mag
7 Availability and talietting of enotice atternate?	Ne.4
4 Paut control done regularly?	n(e4 -
5 Processors of sectoral and have a freemed of	701 .
a pierconstances (red deflocal)	100
MIMILANCE WRYDE	( Geod ,
a manufact of in himster concatanced analylance in something condition	Genet .
a discorrel condition of an balance	Nes
a Availanting of on organity design Daygen tallacher.communities	West get Talays
A Anticipal appropriate of the post studie per day	1.1.1. 0
SUCH WITH AND SERVICE	18
1 Number servery generic symplicity	7411
2 Fire others we app around that alle d and cher had	Net
1 Has the facility per NOC from the department	No.
a la servicial estas la trata las contentes prior da	103
A leastly station that the state	Sopy monte
4 Tronger arms the filored?	tops mante
a Dispatre pain avoilable 1	Cal made
and the second se	a stort to recor
3 PERSONAL PRIME PRIME	Mea
A Avenuary of variables?	fort yes applied
2 Sector of additional accurate?	Suschi Departs
A lease a construction of	and prover
	al month.
Que	Berginst Bullerictwidtut
Ar	
Analyinging	Nimplifurgat, ILIC
Ghe	A CONTRACTOR OF A CONTRACTOR O
Attached and an annual	
Himuthagat, Cabarkantha	
A STATE OF A	
and the second sec	





#### CONFIDENTIALITY OF PATIENT RECORDS SHOULD BE MAINTAINED BY KEEPING THEM PROPERLY IN THE RECORD ROOM OR DIGITALLY SAVED ON A SECURE NETWORK

#### POLICY FOR SECURITY, PROTECTION FROM LOSS, TAMPERING OR UNAUTHORIZED USE

• The MRD shall apply various methods and tools to prevent any damage /tampering to the medical records occurring due misplacement, pests, fire or any other factor.

**Specific Information:** 

•No files will be taken out of department except for the conditions mentioned in the policy for access.

•Files are issued outside the department in accordance to process mentioned in the policy for access to

•medical record.

•A reminder dummy is placed in the filing cabinet.

•A retrieval process is in place to take care of files issued.

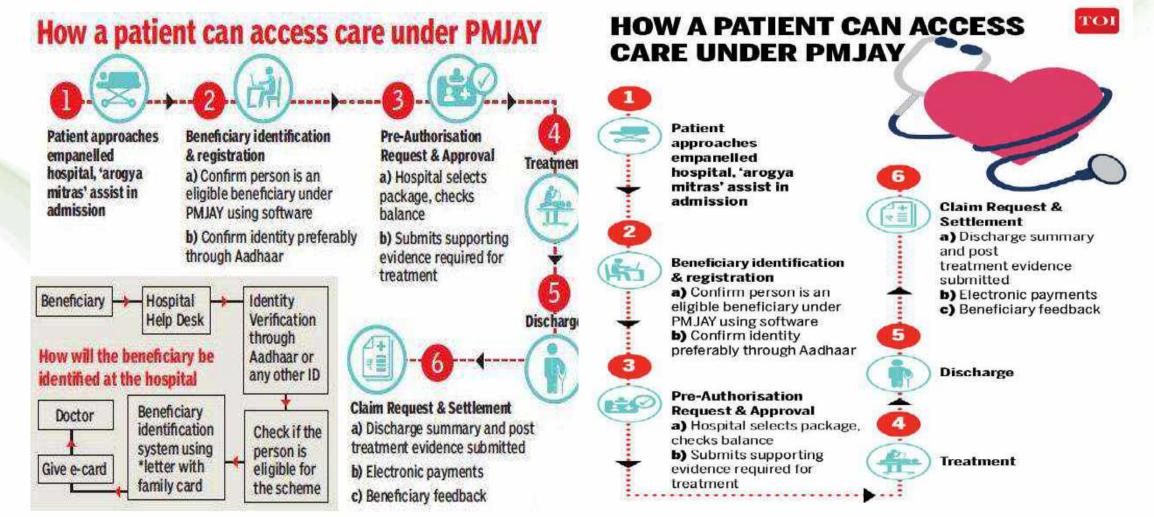
- A record issue slip is filled by the person taking out the file which includes the purpose as well as the expected
- date of return.
- - Telephone call is made to the person on the expected date of return and a request is made to return the file.
- If any extension is to be made, the same is noted down on the same issue slip.
- In case the file is still not returned and no extension has been sought, the medical record technician goes to the person to collect the documents.

1			-	and the second se				of IPD 8c	even Git				
			R	2	-				orm NO	Indoor Booklet	Mark (Yes-Y or If yes Complete Incomplete-19	-C / N- if	Page N
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		and the second second	MUL	no.	Cond.		1	1		Information Form		-	
1984		And the owner of the owner owner		-	1 Contra	NEED	2	2		Registration Form			
54 I .	LITER.	STITLES	No.	-		-	3	3A	\$	General Consent Form (English)			
	CAROLI	None and		Sector of the local division of the local di	-	100		38		General Consent Form(Gujarati)			
	Contraction of the local division of the loc	TAXABLE IN		C. Calling	COMPA.	TAXABLE IN	5	4		Initial assessment by Nurse			
AD	and the second s	and an	Prof.	and the second	1992		4 MAR 4	5		Initial assessment by Doctor			
	NARIAD	HADIAD	TRUE		-		7	6		Initial assessment by physiotherapist & occupation therapist			
10.000	1	• •		-	-	100	8	7		Initial assessment by p&o			
No.		Countration of the	100	1415	CORPORT	-	9	8		Initial assessment by			
	11100.	HUSE	No.	CONT.		100	10	9		dietician MSW assessment form			
	LOUPLI	V Manuel I			etta.	100	11	10		Initial assessment by clinical			
	ALL DE LE	-		CHINE !	11000	MALLS	12	11	_	psychologist Initial assessment by vocational			-
AD .	NADIAN	NADIAD		- Hime	-		13	12		Continuous sheet Reassessment by nurse			
-	and the second second	NADIAD		STORAGE ST	. and	1111	14	13		Reassessment by Doctor			
						-	15	14		Reassessment by Physiotherapist & occupational therapist			
BMA.	a film		100	Ciliana.	Maing	1000	16	15		physiotherapy Treatment sheet			
CW 🔍	LEATERN.	LANGE				-	17	16		Occupational therapy			
	ONDE	A DEND	<b>T</b> .	1MINED.	JULIE .	SHIRE .	18	17		Treatment Sheet Pre anaesthesia assessment			
	COLUMN STATE	ALC: NO	3	(IIII)	-	Land Land	19	18/	A	moderate sedation form Anaesthesia consent form			
45	NADIAD	NADIAD	AP 1	ALC: N	MINE	No.	20	188	в	(English) Anaesthesia consent form			
_	- and they	MALAAD	124 1	-			21	NG-	2	(Gujarati) Pre induction Assessment by			
	Charles and	Concession of the local division of the loca	1	1000	111		22	193		surgeon & anaesthesia Monitoring of patients during			
	Constant of the local division of the local		2	- mark		(in)		0.002		Anaesthesia			
an like	1111000	COLUMN.		-	10000	and a	23			Anaesthesia notes			
		Lan Martin	100	<b>HARDE</b>	THE REAL PROPERTY AND	Distanting .	24	22		Recovery criteria			





### HOSPITAL HAS PROCESS DOCUMENTATION FOR AB PM-JAY SCHEME







### CHAPTER 5: HEALTH OUTCOMES (OVERVIEW)

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 policy making process.





### **CHAPTER 5: HEALTH OUTCOMES**

HO 1	Monthly Out Patient Department (OPD) and In-Patient Department (IPD) census
HO 2	Mortality Rate and 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





### HO 1 - MONTHLY OUT-PATIENT DEPARTMENT (OPD) AND IN-PATIENT DEPARTMENT (IPD) CENSUS

**Interpretation:** A monthly Out-Patient Department (OPD) and In-Patient Department (IPD) census data can help to monitor how much OPD patients are converting into IPD, how many patients visited the OPD and IPD and track the trend of OPD to IPD conversion. The rate is generally affected by poor patient satisfaction, high cost of IPD or low motivation of doctors to admit OPD patient.

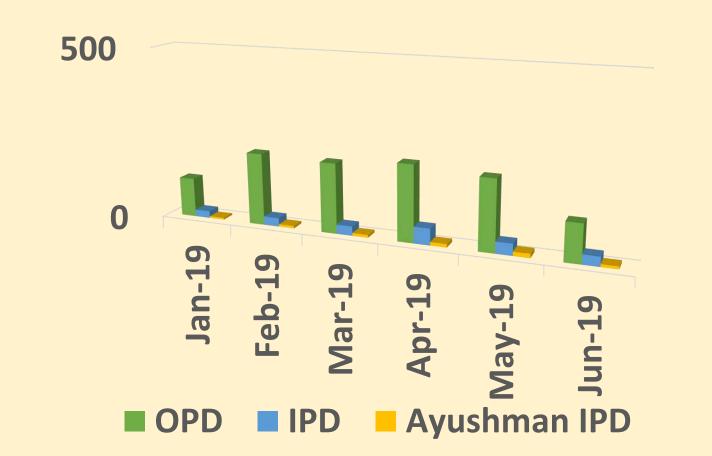
#### **Means of verification:**

- 1. Out Patient Department (OPD) census for last 6 months
- 2. In-Patient Department (IPD) census for last 6 months
- 3. AB PM-JAY In-Patient Department (IPD) census for last 6 months





### MONTHLY OUT-PATIENT DEPARTMENT (OPD), IN-PATIENT DEPARTMENT (IPD) AND AB PM-JAY IN-PATIENT DEPARTMENT (IPD) CENSUS



324





# HO 2- MORTALITY RATE AND AVERAGE LENGTH OF STAY (ALS)

**Interpretation:** Mortality statistics provide a valuable measure for assessing community health status. The importance of mortality statistics derives both from the significance of death in an individual's life as well as their potential to improve the public's health when used to systematically assess and monitor the health status of a whole community. ALS is a very common performance measure which is used not only important for hospital performance but also for clinical quality and infection control.

### **Means of verification:**

- 1. Mortality Rate (from the data of last 6 months)
  - = Number of Patient died/ Total number of patient admitted \*100 Average
- 2. Length of Stay (from the data of for last 6 months)
- = Sum of days spend by each patient/ Total number of patient admitted



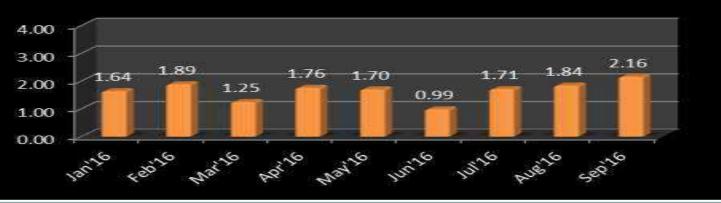
## **MORTALITY RATE**



Jan'16	1.64%	11/670
Feb'16	1.89%	13/688
Mar'16	1.25%	9/721
Apr'16	1.76%	12/682
May'16	1.70%	12/704
Jun'16	0.99%	7/709
Jul'16	1.71%	13/759
Aug'16	1.84%	15/814
Sep'16	2.16	21/974

# No of deaths X 100 No of discharges and death for the month





#### RCA –

1.Most of the deaths were associated with the multi-organ involvement / failure, supra added infection, pneumonia, septicaemia etc. 2.Sick patients being referred from near by RMP's & small nursing home/clinics who have very less chance of survival. given the short duration of treatment protocol to be followed in view of their deteriorating condition.

#### CAPA –

1. Prevention of hospital acquired infection.

2.Regular mortality meet to review the delivery of care/ adequacy of treatment or deficiencies so that remedial measures can be taken.

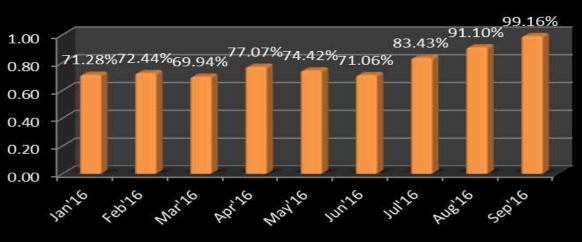


### **AVERAGE LENGTH OF STAY (ALS)**

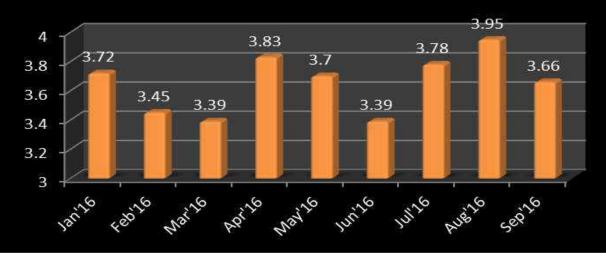


	BOR	ALOS
Jan'16	71.28%	3.72
Feb'16	72.44%	3.45
Mar'16	69.94%	3.39
Apr'16	77.07%	3.83
May'16	74.42%	3.7
Jun'16	71.06%	3.39
Jul'16	83.43%	3.78
Aug'16	91.10%	3.95
Sep'16	99.16%	3.66

BOR



ALOS





# **HO 3 - INFECTION RATES**



**Interpretation:** An infection rate is the probability or risk of infection in a population. It is used to measure the frequency of occurrence of new instances of infection within a population during a specific time period. It will help to identify if any recurrent infections persist and improve infection control in the hospital. **Means of verification:** 

- 1. Surgical Site Infection (from the data of for last 6 months)
  - = Number of surgical site infections/ Number of patients operated \*100
- 2. Urinary Tract Infection (from the data of for last 6 months)
  = Sum of Urinary Tract Infection Complaints/ Total Number of patients admitted \*100
  3. Blood Stream Infection (BSI) (from the data of for last 6 months)
  = Number of Catheter related BSI/ Number of patients on IV line \* 100
- 4. Ventilator Associated Pneumonia (VAP)/ Hospital Acquired Pneumonia (HAP) (from the data of last 6 months)
  - = Sum of Ventilator Associated Pneumonia/ Number of patients on ventilator \*100



# **SURGICAL SITE INFECTION**

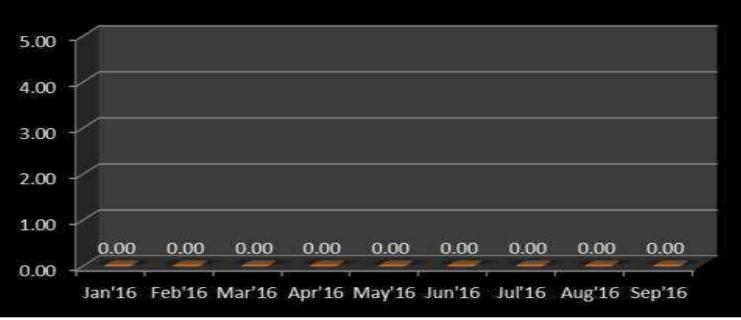


# Bench mark

1	Criteria		Target	
2	% of Compliance		Not > 4.2 %	
Jan'16		0.00%	0/168	
Feb'16		0.00%	0/173	
Mar'16	~	0.00%	0/193	
Apr'16		0.00%	0/216	
May'16		0.00%	0/204	
Jun'16		0.00%	0/187	
Jul'16		0.00%	0/153	
Aug'16		0.00%	0/175	
Sep'16		0.00%	0/180	

### No of surgical site infections in a given month X 100 No of surgeries performed in that month

### **Surgical Site Infection**



**Observation** – No incidences of SSI was observed during Jan'16 to Sep'16. CAPA:-



**URINARY TRACT INFECTION** 

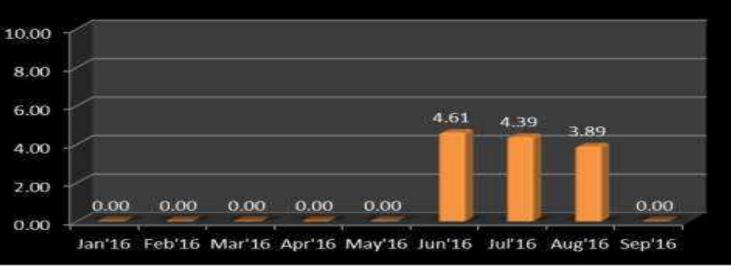


# Bench mark

1	Criteria	Target
2 % c	f Compliance	Not > 6.5%
Jan'16 0.00%		0/269
Feb'16	0.00%	0/320
Mar'16	0.00%	0/229
Apr'16	0.00%	0/272
May'16	0.00%	0/281
Jun'16	4.61%	1/217
Jul'16	4.39%	1/228
Aug'16	3.89%	1/257
Sep'16	0.00%	0/239

### No of urinary catheter associated UTIs in a month X 1000 No of urinary catheter days in that month

#### **Catheter Associated Urinary Tract Infection Rate**



RCA – Reasons for incidences of CAUTI might have been–

- 1. Proper catheter care might not given in each shift
- 2.Prolonged catheterization

**CAPA** - changing of Antibiotics & foleys catheter done as corrective actions and training of staff regarding Catheter care is being imparted regularly.



# **BLOOD STREAM INFECTION**

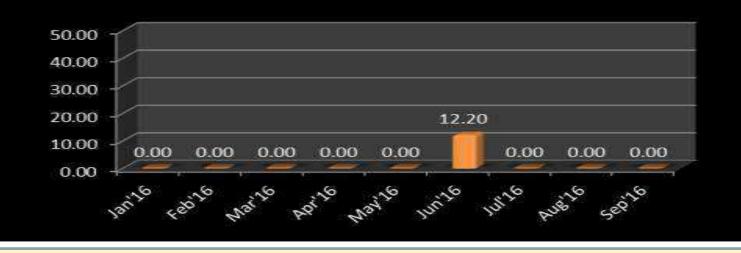


Bench mark
------------

1	Criteria	Target	
2 %	of Compliance	Not > 6.1%	
Jan'16 0.00% 0/159			
Feb'16	0.00%	0/107	
Mar'16	0.00%	0/94	
Apr'16	0.00%	0/94	
May'16	0.00%	0/39	
Jun'16	12.2%	1/82	
Jul'16	0.00%	0/121	
Aug'16	0.00%	0/129	
Sep'16	0.00%	0/86	

### No of central line associated blood stream infections in a month X 1000 No of central line days in that month

#### **Central Line Associted Bloodstream infection rate**



- RCA most possible causes of the same found to be as -
- 1. Underlying heart & lung disease ARDS, Septic Shock & AKI.
- 2. Proper sterile techniques were not followed and emergency insertion was done
- 3. Prolong catheterization
- **CAPA** antibiotic changed according to the sensitivity pattern and training of staff on preventive bundle





# VENTILATOR ASSOCIATED PNEUMONIA (VAP)/ HOSPITAL

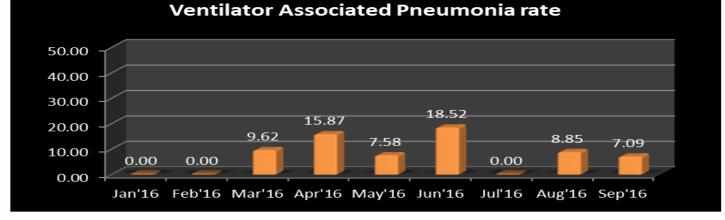
### Bench mark

1	Criteria	Target
2	% of Compliance	Not > 19.5%

Jan'16	0.00	0/108
Feb'16	0.00	0/152
Mar'16	9.62	1/104
Apr'16	15.87	2/126
May'16	7.58	1/132
Jun'16	18.52	2/108
Jul'16	0.00	0/128
Aug'16	8.85	1/113
Sep'16	7.09	1/141

#### No of Ventilator Associated pneumonias in a month X <u>1000</u>

### No of ventilator days in that month



RCA – Most possible causes of VAP were found as -

- 1. underlying debilitating disease / neurologic disease or trauma
- 2. Asepsis not followed during insertion.
- 3. Prolonged duration of ET/tracheal tube.

**CAPA** - Antibiotic was changed according to the sensitivity pattern





**Interpretation:** They are responsible for completing blood request forms, administering blood, monitoring transfusions and being vigilant for the signs and symptoms of adverse reactions. These guidelines are intended to enhance the implementation of standard clinical transfusion practices for improved patient safety.

# **Means of verification:**

1. Number of Transfusion Reactions in last 6 months





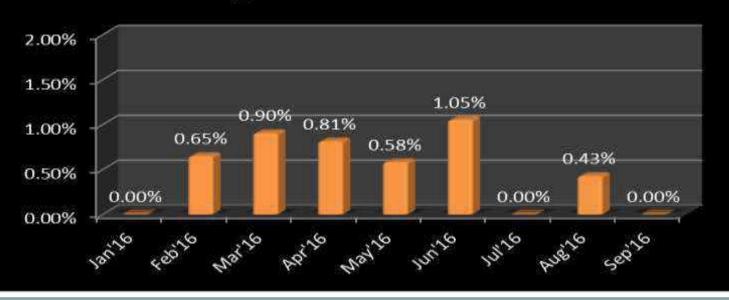
# **REPORTING OF TRANSFUSION REACTION**

1	Criteria		Target
2	% of Compliance		Not > 2.0%
Jan'16		0.00%	0/208
Feb'16		0.65%	1/154
Mar'16	~	0.90%	2/221
Apr'16		0.81%	1/123
May'16		0.58%	1/172
Jun'16		1.05%	2/190
Jul'16		0.00%	0/222
Aug'16		0.43%	1/234
Sep'16		0.00%	0/234

**Bench mark** 

### No of transfusion reactions X 100 Total no of transfusions

### **Percentage of transfusion reactions**



**RCA** – In most of the cases, minor reactions were observed as Itching, redness & in a few of cases severing has also been observed which might have occurred cause of inadequate temperature of blood unit and irregularity to antigen & antibodies of human body. **CAPA** - Continuous supervision & adequate monitoring of patients & regular training of staff regarding transfusion reactions are being done.



**HO 5 - BED OCCUPANCY** 



**Interpretation:** A good hospital management includes an effective allocative planning for beds in a hospital. Bed-occupancy rates and length of stay are the measures that reflect the functional ability of a hospital.

## **Means of verification:**

1. Bed Occupancy = Inpatient days of care/ Total number of beds available \*100

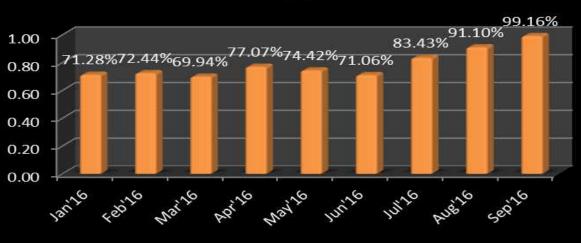


### **BED OCCUPANCY**

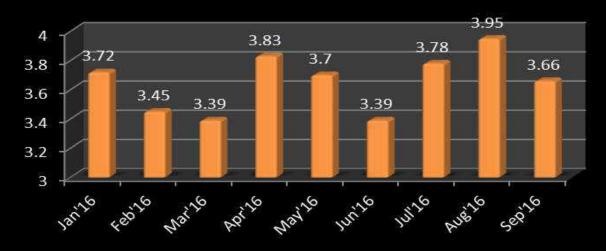


	BOR	ALOS
Jan'16	71.28%	3.72
Feb'16	72.44%	3.45
Mar'16	69.94%	3.39
Apr'16	77.07%	3.83
May'16	74.42%	3.7
Jun'16	71.06%	3.39
Jul'16	83.43%	3.78
Aug'16	91.10%	3.95
Sep'16	99.16%	3.66

BOR



ALOS





# HO 6 - PERCENTAGE OF PATIENT SATISFACTION



**Interpretation:** Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. A measure of care quality, patient satisfaction gives providers insights into various aspects of medicine, including the effectiveness of their care and their level of empathy.

### **Means of verification:**

1. Copy of the filled feedback form clearly showing the questions asked (at least 5 samples)

2. Patient Satisfaction = Number of patients responding extremely satisfied/ Total number of patients surveyed \*100





### COPY OF THE FILLED FEEDBACK FORM CLEARLY SHOWING THE QUESTIONS ASKED

#### [Your Clinic Name Here]

**Patient Satisfaction Survey** 

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age:	Your Race/Ethnicity:	Asian
Your Sex: Male		Pacific Islander
Native		Black/African American
		American Indian/Alaska
Hispanic or Latino)		White (Not
Female		Hispanic or Latino (All

Please circle how well you think we are doing in the following areas:	GREAT	4 4	э	FAIR 2	POOR 1
Ease of getting care:		h			
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	з	2	1
Convenience of Center's location	5	4	з	2	1
Prompt return on calls	5	4	3	2	1
Waiting:				1	
Time in waiting room	5	4	3	2	1

#### Patient Satisfaction Survey

Dear Palvert .-

beathrouse. We are interested in knewing what you think about our services. You performance by completing the bird (Sinsha) a svey regarding you visit.

Thank you for taking time to share your experience with us.

Cate of your Pascedure \_\_\_\_\_

Alative process Appendiated

ι.	Capital Capital	1000	10	goore	140
Ĭ.	If you spoke to the fielding of prone, how helpful was the person your spoke with	÷9		1	
4	Kale of edystulies your providure	1.	*	- 82	
2	The case of the check is pricess.	1	33	- 80	
6	The bondort, cloanifacts, and amondary of the facility	1.0	5	- <b>\$</b> 20	
i,	Open and sufficient instructions on what is do and what is report before your priorders	30 E	4		
ć	The set limit in the index step (ref, compared to your ) repertation	2.1	2	\$	
•	The courtery and carrierof your physicaes	1.1	-	10	
e :	The councily and caring of the runsing and support staff	1	3.	- <b>\$</b> / -	
ŝ,	factor of persisting post, for extense when starting your N	1	3	- 53	
0	Comfort level within the protecture users	1	3	5	
ù,	Unduring sour precedure	300	2	12	
-	Cover and a disconstructures and what to do and what to implicit after your procedure	32	3	183	
ē.	Over all browned all you rate the tears with between the doctor, respectively, all of an electronic states.	11	2	2	
14	One all hern selected more you with the procedure experience	1.3.	3	5	



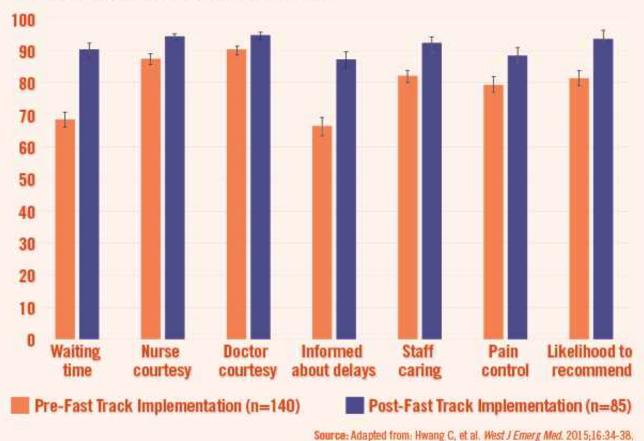
# **PATIENT SATISFACTION**





### Figure 1 Assessing Satisfaction Before & After Fast Track Implementation

The figure below compares patient satisfaction scores before and after implementation of an ED Fast Track program:



### SAMPLE EXECUTIVE HEALTHCARE DASHBOARD

- Drill down into a specific questions (e.g., amount of time the care provider spent with you and overall rating of care received)
- Filter the question by date, campus, service type, location or section
   Analyze performance of selected questions side by side, trended over time





**Interpretation:** Strong employee satisfaction is linked with significant improvements in patient care and satisfaction therefore it becomes crucial to study the percentage of employees who are satisfied and perform to their best of efforts in the hospital.

### **Means of verification:**

1. Copy of the filled feedback form clearly showing the questions asked (at least 5 samples)

2. Employee Satisfaction = Number of employees responding extremely satisfied/ Total number of employees surveyed \*100





# **COPY OF THE FILLED FEEDBACK FORM CLEARLY SHOWING THE QUESTIONS ASKED**

Satisfaction Survey Template

#### **Employee Satisfaction Survey**

This is a survey for the employees of [Write Name of Company Here]. This survey is intended to give the management of the company guidance to improve the workplace environment. This survey is to be answered anonymously.

#### Ratings:

Please give your assessment of the Company on the following matters by circling one the numbers from one to ten where one is for awful and then for being great.

Compensation to Employees	1	2	3	4	5	6	1	8	9	10
Opportunity for Advancement	1	2	3	1	5	6	7	в	9	10
Benefits	1	2	3	4	5	6	1	8	9	10
Friendly Environment Work	1	2	3	4	5	6	7	8	9	10
Training	1	2	3	4	5	6	7	8	9	10
Performance Evaluation	1	2	3	4	5	6	7	8	9	10
Supervision	1	2	3	4	5	6	7	8	9	10
Culture	1	2	3	4	5	6	7	8	9	10
Job Security	1	2	з	4	5	6	7	8	9	10
Flexibility in Job Performance	1	.2	3	4	5	6	7	8	9	10
Overall Satisfaction with Job	1	25	3	4	5		Z	8	9	10

#### Employee Morale:

Describe general employee morale:

Any recommendations to improve employee morale:

Guidance:

Are you given proper guidance to perform your job?

#### Employee Satisfaction Survey Sample<sup>1</sup> [2.1.2.b.1] NOTE: Personalize the list of programs, job positions, shift, or departments to be surveyed and

checked by respondent.

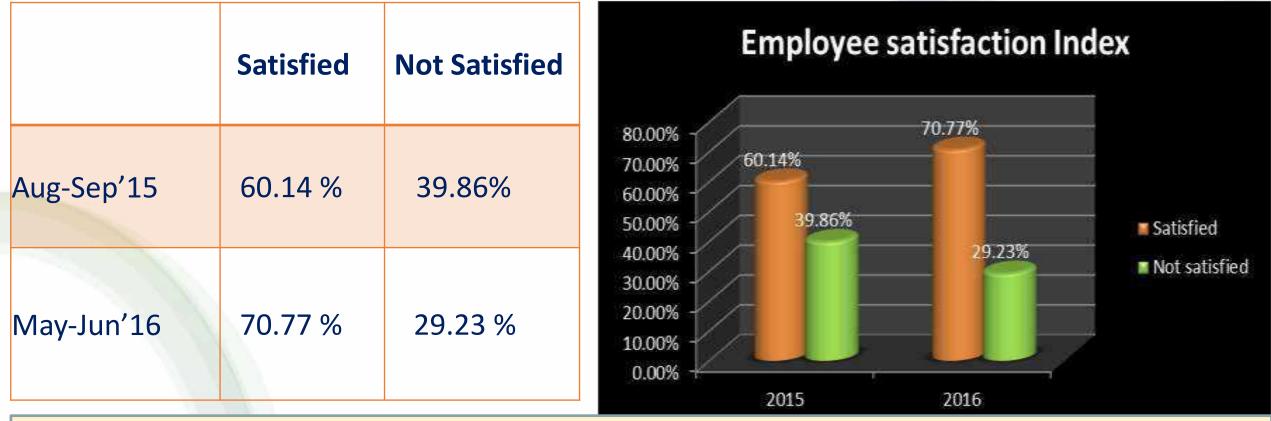
Division	© X Program	Administration	D Prevention staff	Destra:	
Program	U Y Program	Management	D Treatment staff	FOR OFFICE USE	
Position	D Z Program	Professional	Mental health staff	Respondent number:	

Evaluation Component Please circle your level of agreement with the following:	Strongly	Disagree	Agree nor Disagree	Agree	Strongh
I believe management encourages and recognizes new ideas.	1	2	3	4	5
I am committed to staying at the organization for the next 12 months.	1	2	3	4	5
I am satisfied with the opportunities for growth within the organization.	1	2	3	4	8
I am satisfied with the product or service I provide.	1	2	3	4	5
I am satisfied with the products or services the organization provides.	1	2	3	4	5
I believe clients/consumers are treated with respect by staff.	1	2	3	a	5
Members of my team pull logether to complete a task.	1	2	3	4	5
My team will utilize constructive suggestions or criticism.	1	2	3	4	5
Management's expectations are consistent with the level of resources given.	1	2	3	4	5
I am satisfied with how the organization addresses external issues impacting our services and products.	1	2	3	4	5
I am satisfied with how the organization addresses internal issues impacting our services and products.	1	2	а	4	5
The organizational lines of communication flow easily.	1	2	3	4	5
If I share my work problems with my direct supervisor he/she would respond appropriately.	1	2	3	4	5
am satisfied with the level and amount of supervision I receive.		2	3	4	5
I am satisfied with how my supervisor has worked with me to identify strengths and development areas.	1	2	3	4	5
My supervisor provides me resources to improve my work:	1	2	3	4	5
My supervisor encourages high achievement by reducing the fear of failure.	1	2	з	4	5
receive fair and honest performance evaluations.	1	2	3	4	5
I believe that I receive the recognition I deserve for my contribution.	1	2	3	4	5
I am satisfied with the amount of training I receive to do my ob.	1	2	3	4	5
My work environment is comfortable and adequate to the needs of the program/department.	1	2	3	4	5
My team utilizes appropriate problem solving skills.	1	2	3	4	5
am given the tools I need to provide the services or products assigned to me.	1	2	3	4	5
The salary is competitive to similar organizations providing similar services.	1	2	э	1	5
The benefite are competitive to similar organizations providing similar services.	1	2	3	4	5



### **EMPLOYEE SATISFACTION**





**Observation** – Satisfaction level of employee was found to be higher than previous survey.

**PA** –Suggestions made in the survey have been considered by the management as the same is in process.





# HO 8 - WAITING TIME - OUT PATIENT DEPARTMENT (OPD) AND DISCHARGE

**Interpretation:** Delay in discharge of the patient increases the pressure on beds of the hospital and delay in discharge is bad for both hospitals and the patients. Thus it becomes important to calculate the waiting time in the hospital in order to decrease the waiting time and increase patient safety by providing prompt services. **Means of verification:** 

- 1. Out-Patient Department Waiting Time = Sum of time from when the patient entered the outpatient clinic to the time the patient actually leaves the OPD/ Total Number of Out-Patients
- 2. Discharge Waiting Time = (Total time taken for medical record to reach the billing department from the ward + Total time taken in the billing department)/Total Number of Inpatients





### **OUT-PATIENT DEPARTMENT WAITING TIME**

	Dept:	Dept: Ortho	Dept: Int.	Dept:	Dept. Resp.
	Cardiology		Medicine	Cardiology	Medicine
	(Dr A)			(Dr B)	
Benchmark	(20 mins )	(20 mins)	(20 mins)	(20 mins)	(20 mins)
Jan'16	21.01	9.62	18.85	-	-
Feb'16	19.53	9.45	16.14	16.92	-
Mar'16	17.50	9.53	16.12	14.07	-
Apr'16	15.59	10.78	17.14	15.19	12.35
May'16	18.27	15.35	18.02	23.38	11.76
Jun'16	15.56	15.38	17.26	14.04	12.72
Jul'16	16.81	11.27	34.61	14.12	13.73
Aug'16	17.00	10.00	32.23	15.02	16.56
Sep'16	17.23	8.98	38.56	16.20	17.45

**Observation** – Average waiting time for Medicine Speciality was found to be in higher side due to increased number of patient during last 3 months however waiting time for other speciality was found to be within satisfactory range.

Jan'16	18.79
Feb'16	17.4
Mar'16	19.57
Apr'16	17
May'16	19.30
Jun'16	18.28
Jul'16	19.24
Aug'16	18.00
Sep'16	18.28

**Observation** – Average waiting time for ultrasound was found within the limit.

•Some case are excluded from the data which have taken more time to maintain the pressure for the requisite procedure however they were already informed for the preparation.

**PA** - counselling of patient for the same is being reinforced along with written preparation guidelines in the dept.



### **DISCHARGE WAITING TIME**



	Cash (3 - 4 hrs.)	TPAs (5 – 6 hrs.)	Others (4 - 5 hrs.)
Jan'16	4	5.76	4.21
Feb'16	3.14	5.24	4.05
Mar'16	4.11	6.35	4.52
Apr'16	2.37	6	4.23
May'16	3.37	6.18	4.03
Jun'16	3.51	6.29	3.52
Jul'16	4.06	6.4	4.35
Aug'16	3.31	6.5	4.06
Sep'16	3.56	5.57	4.15

### Discharge Time (in Hrs)



Observation –
Time for discharges were found to be little high in cash patients fron
the period of Jan '16 to Sep'16; most possible reasons for the same
were :
1.Time taken in billing activity.
2.Bill after being ready is sent to respective departments i.e. lab,
imaging and pharmacy to verify the same.
3.Refund of medicine from pharmacy takes time

#### CAPA-

Concept for planned discharges is followed strictly, summary of the potential discharges is prepared by the Duty doctor in night and typed by the night MT /early morning so that the same can be available to the consultant during morning rounds.,
 Reduction of discharge TAT due to introduction of Apex (HIS) as entry of all investigations are made directly when the requisition is raised, which ensures early billing and reduced billing errors; leading to early preparation of accurate bill.
 Refund of medicines in during night hrs.





# HO 9 - REPORTING OF ADVERSE EVENTS

**Interpretation:** Adverse events are usually defined as an unintended injury or complication resulting in prolonged hospital stay, disability at the time of discharge or death caused by healthcare management rather than by the patient's underlying disease. A substantial part of these events are avoidable and it is important to report them in order to prevent such events in future.

### **Means of verification:**

1. Data for last 6 months

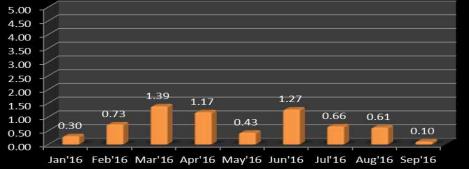




# **REPORTING OF ADVERSE EVENTS**

	Bench ma	rk	No. of adverse drug reactions X 100
1	Criteria	Target	No. of discharges and deaths
2	% of Compliance	Not > 2.0%	<ul> <li>RCA – on analysing it was found that most of the medications errors were due to :</li> <li>1.In most of the cases Rights of medication were not followed :</li> </ul>
Jan'16	0.30	2/670	a.wrong time
Feb'16	0.73	5/688	b.wrong dose c.wrong route
Mar'16	1.39	10/721	d.wrong documentation
Apr'16	1.17	8/682	1.delayed documentation
May'16	0.43	3/704	2.early documentation 3.missed documentation i.e. medicine given but not documented
Jun'16	1.27	9/709	4.Patient refused but not documented.
Jul'16	0.66	5/759	2.Wrong transcribing due to lack of cross checking.
Aug'16	0.61	5/814	3.4. In a few cases – prescription error by doctor.
Sep'16	0.10	1/974	4.Non – availability of drugs in pharmacy lead to delayed administration.
	Adverse drug re	actions	CAPA –

### Adverse drug reactions



# 1. Staff was counselled to follow the rights of drug administration and cross check the doctor's orders while transcribing and administration of drugs.

2.Staff was instructed to follow the right procedure of drug administration and to document after administration.

3. The pharmacy was told to ensure the availability of the drugs at right time.

4. Checking & updating of drugs as required.

5. Training regarding "Management of Medication" in order to prevent such medication errors are reinforced as preventive

action.





# HO 10 - REPORTING OF THEFTS / SECURITY RELATED INCIDENTS

**Interpretation:** Thefts of medical equipment or medical records is a major concern in hospitals. Health records are being digitized and hence there is the danger of health information becoming compromised or stolen outright. It is important to decrease the number of such incidents by enhancing security in the facility.

### **Means of verification:**

1. Data for last 6 months



# REPORTING OF THEFTS / SECURITY RELATED INCIDENTS



OYes ONo

OYes ONo

#### SECURITY INCIDENT REPORT

Tim	e of Incident:
	·
DTheft	DDamage
	20 CW-0.438
	UTheft

#### CAMPUS SECURITY INCIDENT REPORTING PROTOCOL

#### Objective

The Campus Security Incident Report Form should be used to record details of serious incidents that occur on the UL campus. Examples of serious incidents include activities that result in significant damage to property, physical assault, theft, riotous behaviour or any incident that causes serious distressibilisruption to others.

A formal mechanism for reporting of incidents is currently used by campus security staff. However, security staff might not have been requested to attend, or alerted to, all serious incidents that occur on campus. The attached form is intended to address this and it provides a standard procedure for the recording of serious incidents. This process is to be adopted by stafflma ragers of campus facilities in order to ensure that the University is officially advised, in a timely manner, of all serious incidents that occur on campus.

#### Submission

Staff/managers are required to complete this form within 24 hours of the occurrence of a serious incident. Hard copies of this form to be submitted as soon as possible to UL Security (Vistors Car Park) where it will be logged and circulated to the relevant personnel for information and/or action.

Electronic copies of this form should be to be sent to: UniversitySecurity@UL.ie

In addition to the above all incidents resulting in accidents involving injury to people or dangerous occurrences (i.e. near -misses) should also be reported to the UL Health and Safety Department.

Bias Relat	ed Event	
Definition	Bias Related Events can be reported online. A bias related event is "A criminal offense committee property which is hate/bias based on race, national or ethnic origin, language, color, religion, sex, disability, sexual orientation or any other similar factor. Bias Related Event-RCW: To see Washing click: <u>here</u>	age, mental or physica
Examples	A swastika symbol spray painted on your front door.	
Confirm Q	uestion(s)	HIAN
Are you fan	niliar with: Bias Related Event-RCW.	OYes ONo
s this situa	tion still in progress?	OYes ONo
Did the dan	nage or mischief involve the use of a gun (including BB gun, pellet gun, paintball gun, etc.)?	OYes ONo
understan	d that filing a false police report is a criminal offense.	OYes ONo

#### Identity Theft

Discord Descel Fromt

#### Identity Theft

- Definition Obtaining someone else's personal identifying information and using it to obtain credit, goods or services.
- Examples Someone obtains a credit card using your S.S.N. or obtains phone service using your personal information.

#### Confirm Question(s)

Reports may only be filed where there are no known suspects or security video. Are there any suspects or any security video?

Reports may not be filed by a third party. Falsely reporting an incident or pretending to be someone else in order to file a report can be investigated and charged as a criminal offense. Are you filing this report for yourself?

Start Report





# HO 11 - REPORTING OF NEEDLE STICK INJURIES

**Interpretation:** Needle stick injury is defined as a penetrating wound typically induced by a needle point or other sharp instrument or object which could be infected with another person's secretion. These injuries can lead to transmission of blood-borne viral infections. A continuous follow-up and reporting of needle stick injuries in surgeons is important to prevent future events of needle stick injuries for higher patient safety.

### **Means of verification:**

1. 6 months at least or annual



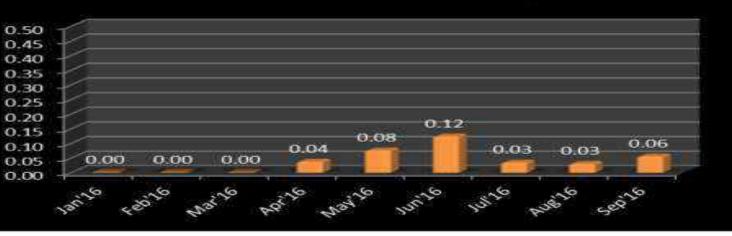


# **REPORTING OF NEEDLE STICK INJURIES**

Cr	it and a	
	riteria	Target
2 % of Compliance		Not > 2.0%
	0.00	0/2497
	0.00	0/2374
	0.00	0/2450
	0.04	1/2613
	0.08	2/2607
1	0.12	3/2409
	0.03	1/2871
	0.03	1/3223
	0.06	2/3570
		% of Compliance           0.00           0.00           0.00           0.00           0.00           0.00           0.012           0.03

No. of parenteral exposures x 100 No. of in-patient days

#### Incidence of needle stick injuries



RCA – Reasons for the same were found as –

1. Recapping of needles.

2. Improper handling of sharps material

3. Accidental prick after sample collection.

CAPA – Measures taken as per NSI protocol

Education & regular training regarding NSI protocol and prevention of NSI.

Training on Bio Medical Waste Management.







# **AB PM-JAY QUALITY CERTIFICATION**

S. No.	Name of The Hospital	Type of Certificate (AB PM-JAY Gold/Silver/Bronze)	Name of State	S. No.	Name of The Hospital	Type of Certificate (AB PM-JAY Gold/Silver/Bronze)	Name of State
1	U. N. Mehta Institute of Cardiology & Research Centre	AB PM-JAY Gold Quality Certificate	Gujarat	14	Shri Balaji Aarogyam Hospital	AB PM-JAY Gold Quality Certificate	Haryana
				15	Sterling Hospital, Vadodara	AB PM-JAY Gold Quality Certificate	Gujarat
2	Cygnus Super specialty Hospital	AB PM-JAY Gold Quality Certificate	Haryana	16	Sal Hospital, Ahmedabad	AB PM-JAY Gold Quality Certificate	Gujarat
3	Government Spine Institute	AB PM-JAY Gold Quality Certificate	Gujarat	10		Ab FINISAT Gold Quality certificate	Gujarat
4	Sanjiv Bansal Cygnus Hospital	AB PM-JAY Gold Quality Certificate	Haryana	17	MGM Hospital & Research Centre	AB PM-JAY Silver Quality Certificate	Madhya Pradesh
5	Kashyap memorial Eye Hospital	AB PM-JAY Gold Quality Certificate	Jharkhand	an Aroga 18 84	SKR Hospitals & Trauma Centre Pvt. Ltd.	AB PM-JAY Silver Quality Certificate	Punjab
6	VK Neurocare and Trauma Research Hospital	AB PM-JAY Gold Quality Certificate	Haryana		GCS Medical College Hospital, Ahmedabad	AB PM-JAY Silver Quality Certificate	Gujarat
7	Apollo Hospitals International Ltd	AB PM-JAY Gold Quality Certificate		20 JAY	Geetanjali Hospital, Hisar	AB PM-JAY Silver Quality Certificate	Haryana
8	Felix Hospital	AB PM-JAY Gold Quality Certificate	Uttar Pradesh	21	Jaspal Nursing Home	AB PM-JAY Silver Quality Certificate	Haryana
9	Cygnus Super Specialty Hospital, Kurukshetra	AB PM-JAY Gold Quality Certificate	Haryana	22	Advanta Super Specialty Hospital	AB PRI-JAY Silver Quality Certificate	Haryana
10	Sidharth Hospital	AB PM-JAY Gold Quality Certificate	Haryana	23	Thakur Eye and Maternity Hospital	AB PM-JAY Silver Quality Certificate	Haryana
11	Leelawati Hospital	AB PM-JAY Gold Quality Certificate	Haryana	24	Sterling Cancer Hospital, Vadodara	AB PM-JAY Silver Quality Certificate	Gujarat
12	Saraswati Nethralaya	AB PM-JAY Gold Quality Certificate	Haryana	25	Ambujanagar Multispecialty Hospital	AB PINI-JAY Silver Quality Cert/ficate	Gujarat
13	Neelam Hospital	AB PM-JAY Gold Quality Certificate	Punjab	26	Balaji Hospital, Karnal	AB PM-JAY Silver Quality Certificate	Haryana

Total Application:- 61 Total Certified:- 0

Total Application:- 52 Total Certified:- 16 Total Application:- 62 Total Certified:- 10





# LINKS FOR ACHIEVE AB PM-JAY BRONZE / SILVER / GOLD QUALITY CERTIFICATE:-

- 1. <u>http://www.pmjay.qcin.org/tools</u>
- 2. <u>http://www.pmjay.qcin.org/assets/img/nha-img/docs/Bronze%20Quality%20Certificate%20Standards.pdf</u>
- 3. <u>http://www.pmjay.qcin.org/assets/img/nha-</u> <u>img/docs/Guideline%20for%20How%20to%20Achieve%20Bronze%20Quality%20Certificate.pdf</u>

4. <u>http://www.pmjay.qcin.org/assets/img/nha-img/docs/Guideline%20for%20Self-Assessment%20Quality%20-</u> %20Checklist\_V2.pdf

- 5. <u>http://www.pmjay.qcin.org/assets/img/nha-img/docs/Silver%20Quality%20Certificate.pdf</u>
- 6. <u>http://www.pmjay.qcin.org/assets/img/nha-img/docs/Tech%20FAQs%20for%20bronze%20certificate.pdf</u>

7. <u>http://www.pmjay.qcin.org/assets/img/nha-</u> <u>img/docs/Tech%20FAQs%20for%20already%20certified%20Hospitals.pdf</u>





# THANKS

"Want your support for Improvement"