



# QUALITY CERTIFICATE STANDARDS

FOR AB PM-JAY-KASP EMPANELLED HOSPITALS



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## INTRODUCTION

Central Government launched a new scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana on 23<sup>rd</sup> September 2018, to reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services. AB PM-JAY seeks to accelerate India's progress towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goal - 3 (SDG3).

Kerala signed the agreement with National Health Authority (NHA) on 31<sup>st</sup> October 2018 to implement the scheme in the State. Accordingly, the State decided to converge all the Government sponsored health insurance schemes namely RSBY (Central and State Government combined scheme, where the financial support is shared in the ratio 60:40), Comprehensive Health Insurance Scheme-CHIS (Kerala government fully sponsored scheme), Senior Citizen Health Insurance Scheme-SCHIS and Karunya Benevolent Fund-KBF along with AB PM-JAY and formulated Karunya Arogya Suraksha Padhathi (KASP). The scheme implementation task was temporarily assigned to Comprehensive Health Insurance Agency of Kerala (CHIAK) under Labour & Skills Dept.

Karunya Arogya Suraksha Padhathi (KASP) went on assurance mode from 1st July 2020 onwards. A dedicated State Health Agency (SHA) formed under Department of Health and Family welfare to manage the functioning of the scheme. State Health Agency appointed state officials and district officials. As an IT infrastructure change, Health Benefit Package (HBP) got upgraded from 1.0 to 2.0 and Transaction Management System (TMS) got upgraded from 1.0 to 1.5. Various training programs were conducted by the capacity building team for all the stake holders involved in the scheme.

Quality healthcare' is one of the core objectives of the scheme. Continuous efforts are being made by the authorities to set clearer guidelines that requires stringent enforcement in order to create a robust regulatory framework for the scheme. It, therefore, becomes critical to define a quality framework based on the basic principles of patient safety that enables to monitor and measure adverse events and take corrective and preventive measures as and when required. Since the treatment rates are fixed and healthcare providers varies based on the type of hospital and State regulations so high-quality treatment becomes a key focus area of the scheme. As an effort to improve the quality of healthcare, National Health Authority (NHA) has collaborated with Quality Council of India (QCI) to use their well-established systems, skill set and credibility to start a quality certification process. It will be used as a catalyst to enhance patient satisfaction and improve quality standards across AB PMJAY empanelled hospitals.



# **BRONZE QUALITY CERTIFICATION**

## **Overview**

Patient Safety has been a fundamental principle in implementing healthcare all over the world. There is a widespread global awakening around this principle. A patient safety movement, therefore, has to be created to achieve safe, high-quality and high-value care rooted in continuous quality improvement.

Bronze quality certificate is a pre-entry level certificate in AB PMJAY Quality Certification that intends to develop the necessary thrust to initiate quality practices in the health sector, especially in Small Health Care Organizations (SHCOs). It also aims to bring both private and public AB PMJAY empanelled hospitals at par in terms of quality of service provided by them since the standards remain the same for all kinds of hospitals irrespective of their ownership.

## **Process**

Hospitals need to login on the HEM portal and register themselves for the certification process by clicking on "Apply for Certification" button on the portal. They will then be redirected to another portal where application related required information has to be filled while uploading the relevant documents and then submitting the application along with the payment of nominal application fee. Once the application is submitted, it will go through 'Desktop Assessment Process, where the provided information and uploaded documents will be checked and verified. In case any deviations are found in the application during the 'Desktop Assessment Process, the Non-Compliances (NCs) will be raised and the hospital will be offered two chances for rectification of the same. Only after the application of the hospital clears the desktop assessment part, their application will be transferred to the 'Onsite Assessment Process. The hospitals will be allocated a date of assessment, under this process hospital premises will be physically verified by an assessor and data will be collected using the mobile based application. Later, the data captured will be reviewed and in case any deviations are found, Non-Compliances (NCs) will be raised and the hospitals will be given one chance to rectify it. Following the completion of the on-site assessment process, the result will be declared and digital quality certificate will be issued.

**STEPS OF CERTIFICATION PROCESS ARE AS FOLLOWS:**

1. Login on HEM Portal

(<https://hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage> )

2. Click "Apply for certificate"

3. Fill the "Registration Form"

4. Fill-up the "Application Form"

5. Submit and pay the nominal Application Fee

6. Desktop Assessment

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



## CERTIFICATION CRITERIA

### Chapter 1: Key Inputs

<b>KI 1</b>	Physical facility of the building and hospital environment shall be developed and maintained for the safety of Patients, visitors, and staff
<b>KI 2</b>	Hospital should have adequate space for ambulance and patient movement
<b>KI 3</b>	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
<b>KI 5</b>	Basic amenities should be provided for all patients, hospital staff and visitors
<b>KI 6</b>	The hospital should ensure that all medical staff is adequately credentialed as per the statutory norms
<b>KI 7</b>	The facility has functional equipment & instruments as per scope of services
<b>KI 8</b>	Hospital should have fire detection and fire-fighting equipment installed as per fire safety norms along with staff training
<b>KI 9</b>	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
<b>KI 10</b>	Annual Training Plan should be prepared for all staff covering all training needs.

## Chapter 2: Clinical Services

<b>CS 1</b>	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 3</b>	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
<b>CS 5</b>	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 8</b>	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
<b>CS 10</b>	Pre-operative, Intra-operative and post-operative assessment should be done and documented by appropriately qualified staff in standardized format
<b>CS 11</b>	Pre-Anaesthesia assessments, type of Anaesthesia and Post Anaesthesia status should be documented.

### Chapter 3: Support Services

<b>SS 1</b>	Hospital should be clean and have well managed flooring
<b>SS 2</b>	Temperature control and ventilation should be maintained in patient care and nursing area
<b>SS 3</b>	The hospital should have arrangement of water storage and should be tested periodically as per requirement
<b>SS 4</b>	The hospital should have 24 hours supply of electricity, either through direct supply or from other sources
<b>SS 5</b>	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.
<b>SS 6</b>	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
<b>SS 7</b>	The hospital should ensure that appropriate infection control practices are being followed along with hand hygiene practices
<b>SS 8</b>	Hospital should ensure Bio-Medical Waste management practices as per the statutory norms (BMW (Amend-ment) Rules, 2018)
<b>SS 9</b>	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).
<b>SS 10</b>	Sexual harassment and grievance handling procedure should be available.

## Chapter 4: Patient Care

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

## Chapter 5: Health Outcomes

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

## **NEXT LEVEL OF CERTIFICATION**

### **SILVER QUALITY CERTIFICATE**

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 hospitals will get additional financial benefits over and above the „Hospital benefit plans“.

### **GOLD QUALITY CERTIFICATE**

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 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“.

## PROCESS

Hospitals seeking upgradation from Bronze to Silver Quality Certification or from Silver to Gold Quality Certification will need to follow a process similar to Bronze Quality Certification Process.

### **Steps of certification process are as follows:**

1. Login on HEM Portal
2. Click "Apply for certificate"
3. Fill the "Registration Form"
4. Fill-up the "Application Form"

Questions for AB PM-JAY Gold / Silver Quality Certification: -

### **Questions are divided in two parts-**

#### A. AB PM-JAY Specific Questions (25)

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. Is 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)?
3. Is the hospital staff aware of 'scope of services' registered under AB PMJAY?
4. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital?
5. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours (e.g. Arogya Mitra & its Duty list)?
6. Are required equipment's provided to Arogya Mitra for AB PMJAY beneficiary identification?
7. Does the hospital have a dedicated team for AB PMJAY? (Y/N)
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?
10. Does the nominated AB PMJAY team have a member from administration department?

11. Does the hospital have AB PMJAY specific IEC materials near hospital entry and at prominent areas?
  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 PMJAY scheme?
  14. Is hospital's scope of services mapped with hospital's Manpower/Human Resources?
  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?
  17. Does the hospital charge any extra money from AB PMJAY beneficiaries? (Y/N)
  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?
  22. Number of AB PMJAY beneficiaries referred to AB PMJAY hospitals in last 6 month (Only Number)
  23. Number of AB PMJAY In-Patient Department (IPD) census for last 6 months (Only Number)
  24. Does the hospital collect feedback during discharge from AB PMJAY beneficiaries?
  25. AB PM-JAY quality audit checklist filled regularly in HEM portal?
- B. Quality Audit Checklist Questions (20)

Have to be filled in HEM Portal as self-assessment on a scale of 10.





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