



NOTICE

Sub: Inputs on Draft of Standards and Measurable Elements of AAM-PHC and CHC

Ensuring Quality in delivery health care services is important for improving the health status of the population. For meeting the requirements, the MoHFW launched the National Quality Assurance Framework & Standards (NQAS) for District Hospitals (DH) in 2013. Subsequently, the standards for Community Health Centre (CHC) and Primary Health Centre (PHC) were launched in 2014, Urban Primary Health Centre (UPHC) in 2016 and Sub Centre, now known as Ayushman Arogya Mandir – Sub Centre (AAM-SC) in 2020.

After the launch of Ayushman Bharath PM-JAY, the services at the Primary Health Centre were expanded to include other dimensions of comprehensive care services. Subsequently, the release of Indian Public Health Standards 2022 and the revision of National Health Program guidelines brought out a need for revision of current Standards and measurable Elements of AAM-PHC and CHC.

Therefore, an Expert Group was constituted for the review of draft of revised Standards and Measurable Elements of AAM-PHC & CHC and the group had its first meeting on 12th February 2024 at NHSRC.

After the consultation, final draft of the Standards and Measurable Elements of Ayushman Arogya Mandir-Primary Health Centre (AAM-PHC) and Community Health Centre (CHC) are being shared in the public domain for inputs.

Inputs if any may please mailed at dr.annapoornakn@nhsrindia.org by 15.03.2024 5:00 PM

February 21, 2024

Standards & Measurable Elements of Ayushman Arogya Mandir - PHC (24*7)

Area of Concern A: Service Provision

| Standard A1 | The facility provides Comprehensive Primary Healthcare Services |
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| ME A1.1 | The facility provides care in Pregnancy & child birth services |
| ME A1.2 | The facility provides Neonatal & Infant Health services |
| ME A1.3 | The facility provides Childhood & Adolescent health services |
| ME A1.4 | The facility provides Family Planning services |
| ME A1.5 | The facility provides services for promotion, prevention and management of communicable diseases as mandated |
| ME A1.6 | The facility provides services for promotion, prevention and management of Non-communicable diseases as mandated |
| ME A1.7 | The facility provides services for common eye ailments |
| ME A1.8 | The facility provides services for common ENT ailments |
| ME A1.9 | The facility provides service for oral health ailments |
| ME A1.10 | The facility provide elderly, palliative & rehabilitative care services |
| ME A1.11 | The facility provides services for Screening & Management of Mental Health illness |
| ME A1.12 | The facility provides services for Management of Common Ailments |
| ME A1.13 | The facility provides emergency care, including for trauma and burn |
| ME A1.14 | The facility provides Medico-legal services as per state/local prevalent guideline |
| ME A1.15 | The facility provides the Inpatient Services |
| ME A1.16 | The facility provides services for health promotion & wellness activities |
| ME A1.17 | The facility provides services for Sickle Cell Anemia Elimination programme |
| ME A1.18 | The facility provides preventive & curatives services for the health problems and diseases, prevalent locally. |

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| ME A1.19 | Services are available for the time period as mandated |
| Standard A2 | The facility provides drugs and diagnostic services as mandated |
| ME A2.1 | The facility provides pharmacy services as per mandate |
| ME A2.2 | The facility provides laboratory services as mandated |
| ME A2.3 | The facility provides other diagnostic services as per National/ state mandate |
| Standard A3 | The facility provides Support services as mandated |
| ME A3.1 | The facility provides auxiliary services |
| ME A3.2 | The facility provides managerial, monitoring and supportive supervision to linked Ayushman Arogya Mandir - Sub Health centre and primary healthcare team |
| ME A3.3 | The facility provides teleconsultation services |
| ME A3.4 | The facility provides community-based services, including outreach and campaign |
| Area of Concern B: Patients Right | |
| Standard B1 | The facility provides information to care seeker, attendants & community about available services & their modalities |
| ME B1.1 | The facility has uniform & user friendly signage system |
| ME B1.2 | The facility displays its services and entitlements available in its departments/sections |
| ME B1.3 | Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches |
| ME B1.4 | Information is available in local language, and it is easy to understand |
| ME B1.5 | There is established procedure for taking the informed consent before treatment & procedure |
| ME B1.6 | Information about treatment is shared with patient or attendant regularly |
| ME B1.7 | The facility ensures access to the clinical records of the patient to entitled personnel |
| ME B1.8 | The facility has defined and established procedure for grievance redressal |

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| Standard B2 | Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of physical, economic, or social reasons |
| ME B2.1 | Services are provided in a manner that is sensitive to gender, religious and cultural needs of patient and their attendant |
| ME B2.2 | Access to facility is provided without any physical barrier & it addresses the needs of 'differently abled (Divyang)' |
| ME B2.3 | There is no discrimination on basis of social & economic status of patients. |
| ME B2.4 | There is affirmative action to ensure that vulnerable and marginalized sections can access services |
| Standard B3 | The facility maintains the privacy, confidentiality & dignity of the patient, and has system for guarding patient related information |
| ME B3.1 | Adequate privacy is provided at every point of care |
| ME B3.2 | Confidentiality of patients' records and clinical information is maintained |
| ME B3.3 | The facility ensures behaviours of its staff is dignified and respectful, while delivering the services |
| ME B3.4 | The facility ensures privacy and confidentiality of every patient, especially of those conditions having social stigma, and also its safeguards vulnerable groups |
| Standard B4 | The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services |
| ME B4.1 | The facility provides all the services free of cost to its users |
| ME B4.2 | The facility provides cashless services to pregnant women, mothers, neonates as per prevalent Govt. schemes |
| ME B4.3 | The facility ensures implementation of Health Protection Scheme and other insurance schemes as per National/state mandate |
| ME B4.4 | The facility ensures that prescribed drugs are available in the pharmacy & ward |
| ME B4.5 | The facility ensures that prescribed investigations are available in the Lab or through designated hubs |
| Area of concern C: Inputs | |

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| Standard C1 | The facility has adequate infrastructure for delivery of assured services as per prevalent norms and it provides safe and comfortable environment to patient & staff |
| ME C1.1 | Departments have adequate infrastructure, space and amenities available as per work load |
| ME C1.2 | Departments have layout and demarcated areas as per their functions |
| ME C1.3 | The facility ensures availability of information & communication technologies |
| ME C1.4 | The facility ensures comfortable environment for patients and service providers |
| ME C1.5 | The facility has security system in place at patient care areas |
| ME C1.6 | The facility has established measure for safety and security of female staff |
| Standard C2 | The facility has adequate qualified and trained staff required for providing the assured services as per current case load |
| ME C2.1 | The facility has adequate medical officers as per service provision and work load |
| ME C2.2 | The facility has adequate nursing staff /Paramedic as per service provision and work load |
| ME C2.3 | The facility has adequate frontline health workers and support staff as per requirement |
| ME C2.4 | The facility has duty roster and system in place for the deputation to different departments/areas, including outreach |
| ME C2.5 | Availability of job description as per govt mandate |
| ME C2.6 | The facility ensures the adherence to dress code as mandated by its administration / the health department |
| Standard C3 | Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff |
| ME C3.1 | Competence assessment and performance evaluation of all staff is done as per predefined criteria |
| ME C3.2 | The staff is provided training as per defined core competencies and training plan |
| ME C3.3 | The Staff is skilled/ competent as per job description |

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| Standard C4 | The facility provides Medicines and Consumables required for assured services |
| ME C4.1 | The departments have adequate drugs available at point of use as per EML |
| ME C4.2 | The departments have adequate consumables at point of use |
| ME C4.3 | Emergency drug trays are maintained at every point of care, where ever it may be needed |
| Standard C5 | Facility has adequate functional equipment and instruments for assured list of services |
| ME C5.1 | Availability of equipment and instruments for examination and monitoring of patients |
| ME C5.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the facility |
| ME C5.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility |
| ME C5.4 | Availability of equipment and instruments for resuscitation of patients. |
| ME C5.5 | Availability of functional equipment and instruments for storage, support & outreach services |
| ME C5.6 | The facility have adequate furniture and fixture as per load and service provision |
| Standard C6 | The facility ensures the physical safety including fire safety of the infrastructure. |
| ME C6.1 | Physical condition of buildings are safe for providing patient care |
| ME C6.2 | The facility ensures the seismic safety of the infrastructure |
| ME C6.3 | The facility ensures safety of electrical establishment |
| ME C6.4 | The facility ensures fire safety measures including functional fire fighting equipment |
| ME C6.5 | The facility is resilient to climate and environmental changes |
| Area of Concern D: Support Services | |
| Standard D1 | The facility has established facility management Programme for maintenance and upkeep of the Equipment and Infrastructure |
| ME D1.1 | The facility has system for maintenance and calibration of critical and non critical Equipment |
| ME D1.2 | Operating, daily maintenance & trouble shooting instructions are available with the users and followed |

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| ME D1.3 | The facility has established system for infrastructure maintenance |
| ME D1.4 | The facility has established system for maintaining sanitation and hygiene |
| ME D1.5 | The facility maintains the landscaping and open areas inside & outside the boundary wall |
| ME D1.6 | The facility has established system for removal of condemned/ junk material |
| ME D1.7 | Facility has established procedures for pest, rodent and animal control |
| Standard D2 | The facility has defined procedures for storage, inventory management and dispensing of drugs |
| ME D2.1 | There is established procedure for estimation, indenting and procurement of drugs and consumables as per requirement |
| ME D2.2 | The facility ensures proper storage of drugs and consumables |
| ME D2.3 | The facility ensure management of expired and near expiry drugs |
| ME D2.4 | The facility has established procedure for inventory management techniques |
| ME D2.5 | The facility has established a procedure for periodically replenishing the medicines |
| ME D2.6 | There is process for storage of vaccines and other drugs, requiring controlled temperature |
| ME D2.7 | There is defined procedure for storage of narcotics & psychotropic drugs |
| Standard D3 | The facility has defined and established procedure for clinical records and data management with progressive use of digital technology |
| ME D3.1 | The facility has defined and established procedures for maintaining, updating of patients' clinical records |
| ME D3.2 | Information regarding outreach, public health and managerial functions are recorded and updated through IT platforms. |
| ME D3.3 | Adequate forms, formats and registers are available and maintained as per guidelines |
| ME D3.4 | The facility ensures safe storage, maintenance and retrieval of information & medical records |
| Standard D4 | The facility has defined and established procedures for hospital transparency and accountability. |

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| ME D4.1 | The facility has established procedure for the management of activities of Jan Arogya Samiti / equivalent as per state guidelines |
| ME D4.2 | The facility has established mechanisms to enhance the ownership of the community through social accountability |
| ME D4.3 | The facility has established procedure for supporting and monitoring activities of Primary Healthcare teams |
| ME D4.4 | The facility ensures the proper planning and Utilization of fund provided to it based on its need |
| ME D4.5 | There is established system for contract management and periodic review of Out-sourced services |
| Standard D5 | The facility ensures health promotion and disease prevention activities through community mobilization |
| ME D5.1 | The AAM-PHC facilitate planning & implementation of health promotion and disease prevention activities through community level interventions |
| ME D5.2 | The facility has Patient Support Groups(PSG) as per the issues/ diseases in its catering population |
| ME D5.3 | The facility ensure multisectoral convergence for health promotion and primary prevention |
| Standards D6 | The facility is compliant with statutory and regulatory requirement imposed by local, state or central government |
| ME D6.1 | The facility ensures its processes are in compliance with statutory and legal requirement |
| ME D6.2 | The facility has requisite licences and certificates for operation of hospital and different activities |
| ME D6.3 | Updated copies of relevant laws, regulations and government orders are available at the facility |
| Standards D7 | The facility has defined procedures for diet, linen, water & power backup as per requirement of service delivery & support services norms |
| ME D7.1 | The facility has established procedures for the management of diets according to the nutritional requirements of the patients and state guidelines |
| ME D7.2 | The facility has established procedure for providing clean and adequate linen as per the requirement |

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| ME D7.3 | The facility has adequate arrangement for storage and supply for potable water in all functional areas |
| ME D7.4 | The facility ensures adequate power backup in all patient care areas as per load |
| ME D7.5 | The facility has established procedures for the management of oxygen, medical gases and vacuum supply |
| Standards D8 | The facility has defined and established procedures for monitoring and reporting of National Health Programme as per guidelines |
| ME D8.1 | The facility provides monitoring and reporting services under National vector borne disease control programme as per guidelines |
| ME D8.2 | The facility provides monitoring and reporting services under National Tuberculosis Elimination programme as per guidelines. |
| ME D8.3 | The facility provides monitoring and reporting services under the National leprosy eradication programme as per guidelines |
| ME D8.4 | The facility provides monitoring and reporting services under the National AIDS control programme as per guidelines. |
| ME D8.5 | The facility provides monitoring and reporting services under the National Viral Hepatitis Control Programme as per guidelines. |
| ME D8.6 | The facility provides monitoring and reporting services under the National Rabies Control Programme as per guidelines. |
| ME D8.7 | The facility provides monitoring and reporting services under the National Program for Non-communicable Diseases as per guidelines. |
| ME D8.8 | The facility provides monitoring and reporting services under the National programme for control of Blindness and Visual Impairment as per guidelines |
| ME D8.9 | The facility provides monitoring and reporting services under the National programme for prevention and control of deafness as per guidelines. |
| ME D8.10 | The facility provides monitoring and reporting services under the National Oral Health Programme as per guidelines. |

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| ME D8.11 | The facility provides monitoring and reporting services under the National Program for elderly, Palliative & rehabilitative care as per guidelines. |
| ME D8.12 | The facility provides monitoring and reporting services under Mental Health Programme as per guidelines. |
| ME D8.13 | The facility provides monitoring and reporting services under Rashtriya Bala Swasthya Karyakram as per guidelines. |
| ME D8.14 | The facility provides monitoring and reporting services under Universal Immunization Programme as per guidelines. |
| ME D8.15 | The facility provides monitoring and reporting services under the National Tobacco Control Programme as per guidelines. |
| ME D8.16 | The facility provides monitoring and reporting services under Anemia Mukh Bharat including National Sickle Cell Elimination Programme as per guidelines |
| ME D8.17 | The facility provides monitoring and reporting services under the IDSP/IHIP as per guidelines. |
| ME D8.18 | The facility reports data through various IT portals as per State/National guidelines. |
| Area of Concern E: Clinical Services | |
| Standard E1 | The facility has defined procedures for registration, consultation, admission & clinical assessment of the patients |
| ME E1.1 | The facility has established procedure for the empanelment & registration of individuals and families |
| ME E1.2 | The facility has established procedure for OPD registration & consultation |
| ME E1.3 | The facility has established procedure for admission of patients |
| ME E1.4 | The facility has established procedure for initial assessment of patients |
| ME E1.5 | The facility has established procedure for follow up/ re-assessment of patients |

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| Standard E2 | The facility has defined and established procedures for the continuity of care of patients through two-way referral |
| ME E2.1 | The facility has established procedure for continuity of care |
| ME E2.2 | The facility provides appropriate referral linkages with higher or lower centres (HWC -SC/ SC) to assure the continuity of care. |
| ME E2.3 | The facility has established procedure for providing consultation using tele medicine |
| Standard E3 | The facility has defined and established procedures for nursing care. |
| ME E3.1 | Procedure for identification of patients is established at the facility |
| ME E3.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility |
| ME E3.3 | There is established procedure of patient hand over, whenever staff duty change happens |
| ME E3.4 | Nursing records are maintained |
| Standard E4 | Facility has a procedure to identify high risk and vulnerable patients. |
| ME E4.1 | The facility identifies high risk patients and ensure their care, as per their need |
| ME E4.2 | The facility identifies vulnerable patients and ensure their safe care |
| Standard E5 | The facility ensures rational prescribing and use of drugs |
| ME E5.1 | There is established procedure of rational use of drugs |
| ME E5.2 | The facility ensures that drugs are prescribed in generic name only |
| ME E5.3 | Drugs are prescribed according to Standard Treatment Guidelines |
| ME E5.4 | There is established system for reporting of medication errors, near miss errors & adverse events |
| Standard E6 | The facility has defined procedures for safe drug administration. |
| ME E6.1 | Facility follows protocols for safe drug administration |
| ME E6.2 | There is process for identifying and cautious administration of high alert drugs |
| ME E6.3 | There is a system to ensure right medicine is given to right patient |

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| ME E6.4 | Patient is counselled for self drug administration |
| Standard E7 | The facility has defined and established procedures for discharge of patient. |
| ME E 7.1 | Discharge is done after assessing patient readiness for the discharge |
| ME E 7.2 | Case summary and follow-up instructions are provided at the discharge |
| ME E 7.3 | Counselling services are provided during discharge/whenever required |
| ME E 7.4 | The facility has established procedure for patients leaving the facility against medical advice, absconding, etc. |
| Standard E8 | The facility has defined and established procedures for Emergency Services and Disaster Management |
| ME E 8.1 | There is procedure for receiving, triaging & stabilisation of patients |
| ME E 8.2 | Emergency protocols are defined and implemented |
| ME E 8.3 | The facility has disaster management plan in place |
| ME E 8.4 | The facility ensures adequate and timely availability of ambulances services |
| ME E 8.5 | There is procedure for handling medico legal cases |
| Standard E9 | The facility has defined and established procedures of diagnostic services. |
| ME E9.1 | There are established procedures for Pre-testing Activities |
| ME E9.2 | There are established procedures for testing Activities |
| ME E9.3 | There are established procedures for Post-testing Activities |
| ME E9.4 | There are established procedures for laboratory diagnosis of disease conditions under National Health Programs as per service mandate. |
| Standard E10 | The facility has established procedures for Antenatal care as per guidelines |
| ME E10.1 | There is an established procedure for registration and follow up of pregnant women. |
| ME E10.2 | There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility. |
| ME E10.3 | The facility ensures of drugs & diagnostics are prescribed as per protocol |
| ME E10.4 | There is an established procedure for identification of High risk pregnancy and appropriate & timely referral. |

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| ME E10.5 | Counselling of pregnant women is done as per standard protocol and gestational age |
| Standard E11 | The facility has established procedure for intranatal care as per guidelines |
| ME E11.1 | Facility staff adheres to standard procedures for management of second stage of labour. |
| ME E11.2 | Facility staff adheres to standard procedure for active management of third stage of labour |
| ME E11.3 | Facility staff adheres to standard procedure for active management of fourth stage of labour |
| ME E11.4 | Facility staff adheres to standard procedures for routine care of new-born immediately after birth |
| ME E11.5 | There is an established procedure for identification ,stabilization & referral of obstetric Emergencies as per scope of services |
| ME E11.6 | Facility staff adheres to standard protocols for identification, stabilisation & referral of Pre Eclampsia / Eclampsia |
| ME E11.7 | Facility staff adheres to standard protocols for identification, stabilisation & referral of PPH. |
| ME E11.8 | Facility staff adheres to standard protocol for identification stabilization and of preterm delivery. |
| ME E11.9 | There is established protocol for newborn resuscitation is followed at the facility. |
| ME E11.10 | Facility ensures Physical and emotional support to the pregnant women by means of birth companion of her choice |
| Standard E12 | The facility has established procedure for post natal Care |
| ME E12.1 | Facility staff adheres to the protocol for assessment of the condition of the mother and baby and providing adequate postpartum care. |
| ME E12.2 | Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding |
| ME E12.3 | Facility staff adheres to protocol for ensuring care of newborns with Low BirthWeight |
| ME E12.4 | The facility has established procedures for stabilization/treatment/referral of newborn & post natal complications |
| Standard E13 | The facility has established procedures for care of new-born, infant and child as per guidelines |

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| ME E13.1 | Post natal visit & counselling for new born & infant care is provided as per guideline |
| ME E13.2 | The facility provides immunization services as per guideline |
| ME E13.3 | Triage, Assessment & Management of newborns having emergency & danger signs are done as per the guidelines |
| ME E13.4 | Management of children presenting with fever, cough or respiratory distress is done as per guidelines |
| ME E13.5 | Management of children with severe Acute Malnutrition is done as per guidelines |
| ME E13.6 | Management of children presenting diarrhoea is done per guidelines |
| ME E13.7 | Facility ensures optimal breast feeding practices for new born & infants as per guidelines |
| Standard E14 | The facility has established procedures for abortion and family planning as per government guidelines and law. |
| ME E14.1 | Family planning counselling services are provided as per guidelines |
| ME E14.2 | The facility provides spacing methods for family planning as per guidelines |
| ME E14.3 | The facility provides limiting methods for family planning as per guidelines |
| ME E14.4 | The facility provides counselling services for Medical Termination of Pregnancy as per National /state guidelines |
| ME E14.5 | The facility provides abortion services for 1st trimester as per National /state guidelines. |
| Standard E15 | The facility provides Adolescent Reproductive and Sexual Health services as per guidelines. |
| ME E15.1 | The facility provides promotive & preventive services for adolescent |
| ME E15.2 | The facility provides curative & referral services for adolescent |
| Standard E16 | The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines |
| ME E16.1 | The facility provides services under National vector Borne disease control programme as per guidelines as per guidelines |

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| ME E16.2 | The facility provides services under National Tuberculosis Elimination Program (NTEP) |
| ME E16.3 | The facility provides services under National Leprosy Eradication Program as per guidelines |
| ME E16.4 | The facility provides services under National AIDS Control Program as per guidelines |
| ME E16.5 | The facility provides services under National Viral Hepatitis Control Program as per guidelines |
| ME E16.6 | The facility provides services under National Rabies Control Program as per guidelines |
| ME E16.7 | The facility provides services under Integrate Disease surveillance (IDSP/IHIP) as per guidelines |
| Standard E17 | The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines |
| ME E17.1 | The facility provides services for hypertension as per guidelines |
| ME E17.2 | The facility provides services for Diabetes as per guidelines |
| ME E17.3 | The facility provides services for cancer screening and referral as per guidelines |
| ME E17.4 | The facility provides services for COPD and Asthma as per guidelines |
| ME E17.5 | The facility provides services for de addiction, and locally prevalent health diseases as per guidelines |
| ME E17.6 | The facility promotes services for health & wellness |
| Standard E18 | The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines |
| ME E18.1 | The facility has established procedures for management of Ophthalmic ailments, including blindness and refractive errors |
| ME E18.2 | There is established procedure for management of ENT ailments |
| ME E18.3 | There is established procedure for management of oral health |

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| Standard E19 | The facility has established procedures for the management of the elderly, palliative & rehabilitative care patients as per guidelines |
| ME E19.1 | The facility provides services for elderly Care as per guidelines |
| ME E19.2 | The facility provides services for palliative Care as per guidelines |
| Standard E20 | The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines |
| ME E20.1 | The facility has established procedures for the identification and basic management mental health ailments |
| ME E20.2 | There is established procedure for timely referral to mental illness cases to appropriate centre |
| Area of Concern F: Infection Control | |
| Standard F1 | The facility has infection control Programme and procedures in place for prevention, control and measurement of Hospital associated infection |
| ME F1.1 | The facility ensures that staff is working as a team to monitor the infection control practices |
| ME F1.2 | There is Provision of Periodic Medical Check-up and immunization of staff |
| Standard F2 | The facility has defined and Implemented procedures for ensuring hand hygiene practices |
| ME F2.1 | Hand Hygiene facilities are provided at point of use |
| ME F2.2 | The facility staff is trained in hand-washing and hand rub practices and adheres to standard practices |
| ME F2.3 | The facility ensures standard practices and materials for antiseptics. |
| Standard F3 | The facility ensures standard practices and equipment for personal protection |
| ME F3.1 | The facility ensures availability of personal protection equipment as per requirement |

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| ME F3.2 | The facility staff adheres to standard personal protection practices |
| Standard F4 | The facility has standard procedures for disinfection and sterilization of equipment and instruments. |
| ME F4.1 | The facility ensures the availability of materials and adherence to Standard Practices for decontamination and cleaning instruments and procedure/ patient care areas. |
| ME F4.2 | The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment |
| Standard F5 | Physical layout and environmental control of the patient care areas ensures infection prevention |
| ME F5.1 | Layout of the department is conducive for the infection control practices |
| ME F5.2 | The facility ensures availability of standard materials for cleaning and disinfection of patient care |
| ME F5.3 | The facility ensures standard practices are followed for the cleaning and disinfection of patient care |
| Standard F6 | The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste. |
| ME F6.1 | The facility ensures segregation, on-site management and storage of Bio-Medical Waste as per guidelines |
| ME F6.2 | The facility ensures management of sharps as per guidelines |
| ME F6.3 | The facility ensures management of hazardous & general waste |
| ME F6.4 | The facility ensures transportation & disposal of Bio medical, Hazardous & General waste as per guidelines |
| Area of Concern G: Quality Management | |
| Standard G1 | The facility has established organizational framework for quality improvement. |
| ME G1.1 | The facility has a quality improvement team in place |
| ME G1.2 | The facility reviews quality of its services at periodic intervals |
| Standard G2 | The facility has established system for patient and employee satisfaction |

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| ME G2.1 | Patient & Employee satisfaction surveys are conducted at periodic intervals |
| ME G2.2 | The facility analyses the patient & employee feedback and undertakes the root-cause analysis. |
| ME G2.3 | The facility prepares the action plans for the areas, contributing to low satisfaction of patient & employee |
| Standard G3 | The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services. |
| MEG3.1 | Updated departmental standard operating procedures & work instructions are available with its users |
| MEG3.2 | Standard Operating Procedures adequately describes process and procedures |
| MEG3.3 | Staff is trained and aware of the procedures written in SOPs |
| MEG3.4 | The facility has established procedure to control its documents & records |
| Standard G4 | The facility has established system of periodic review of clinical, support and quality management processes |
| ME G4.1 | The facility conducts periodic internal assessment |
| ME G4.2 | The facility has established internal & external quality assurance programme |
| ME G4.3 | The facility conducts the periodic prescription, medical & death audits |
| ME G4.4 | The facility ensures non compliances are recorded adequately and action plan is made on the gaps found in the assessment/review process using quality improvement methods |
| Standard G5 | Facility has defined Mission, Quality Policy, and Objectives and approved plans to achieve them. |
| ME G5.1 | The facility defines & disseminate its mission, quality policy & quality objectives |
| ME G5.2 | The facility prepares a strategic plan to achieve the mission, quality policy and objectives |
| ME G5.3 | The facility periodically monitors and reviews its progress on defined quality objectives |

Area of Concern H: Outcome

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| Standard H1 | The facility measures productivity indicators and endeavors to meet its State/National benchmarks |
| ME H1.1 | The facility measures productivity indicators services on monthly basis |
| ME H1.2 | The facility endeavors to improve its productivity indicators to meet benchmarks |
| Standard H2 | The facility measures efficiency indicators and endeavors to meet its State/National benchmarks |
| ME H2.1 | The facility measures efficiency indicators on monthly basis |
| ME H2.2 | The facility endeavors to improve its efficiency indicators to meet benchmarks |
| Standard H3 | The facility measures clinical care & safety indicators and endeavors to meet its State/National benchmarks |
| ME H3.1 | The facility measures clinical care & safety indicators on monthly basis |
| ME H3.2 | The facility endeavors to improve its clinical care and safety indicators to meet benchmarks |
| Standard H4 | The facility measures service quality indicators and endeavors to meet its State/National benchmarks |
| ME H4.1 | The facility measures service quality indicators on monthly basis |
| ME H4.2 | The facility endeavors to improve its quality indicators to meet benchmarks |
| Standards H5 | The facility endeavors the regular monitoring of indicators & its use for decision making and quality improvement |
| ME H5.1 | The facility collect & analyse the Key performance indicators regularly |
| ME H5.2 | The facility endeavors regular monitoring of the indicators for decision-making & continuous quality improvement |

