



NOTICE

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

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 Urban 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-UPHC.

Therefore, an Expert Group was constituted for the review of draft of revised Standards and Measurable Elements of AAM-UPHC and the group had its first meeting on 14th February 2024 at NHSRC.

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

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

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Standards & Measurable Elements of Ayushman Arogya Mandir - UPHC

Area of Concern - A Service Provision

Standard A1	The facility provides Comprehensive Primary Care Services
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 and Reproductive Health Care 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 Diagnosis & Management of Mental Health illness
ME A1.12	The facility provides services for Diagnosis & Treatment of Common Ailments
ME A1.13	The facility provides emergency care, including for trauma and burn
ME A1.14	The facility provides services for health promotion & wellness activities

ME A1.15	The facility provides services as per local needs/ state specific health programmes as per guidelines
ME A1.16	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
ME A2.2	The facility provides diagnostic services
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 Public Health Function as per mandate
ME A3.2	The facility provides Administrative services as per state/local prevalent guideline
ME A3.3	The facility provides teleconsultation services
ME A3.4	The facility provides auxiliary services
Area of Concern B: Patients Right	
Standard B1	The service provided at facility are accessible
ME B1.1	The facility has uniform & user friendly signage system
ME B1.2	The facility displays its services and entitlements
ME B1.3	Patients & visitors are sensitized and educated through appropriate IEC / BCC approaches
ME B1.4	The facility has defined and established procedure grievance redressal

ME B1.5	Information about treatment is shared with patient or attendant and consent is taken wherever required.
ME B1.6	The facility ensures access to the clinical records of the patient to entitled personnel
ME B1.7	Access to facility is provided without any physical barrier
Standard B2	The service provided at facility are acceptable
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	Adequate visual privacy is provided at every point of care
ME B2.3	The facility ensures privacy and confidentiality of every patient, especially of those conditions having social stigma
ME B2.4	Confidentiality of patients' records and clinical information is maintained
ME B2.5	The facility ensures behaviours of its staff is dignified and respectful, while delivering the services
ME B2.6	There is no discrimination on basis of socio-economic status of patients.
ME B2.7	There is affirmative action to ensure that vulnerable and marginalized sections can access services
Standard B3	The service provided at facility are affordable
ME B3.1	The facility provides all the services free of cost as per prevalent government schemes/ norms.
ME B3.2	The facility provides cashless services to pregnant women, mothers, neonates as per prevalent Government schemes
ME B3.3	The facility ensures that prescribed drugs are available in the pharmacy
ME B3.4	The facility ensures that prescribed investigations are available in the AAM-UPHC & through designated hubs
Area of Concern C: Inputs	

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	Facility has adequate infrastructure, space and amenities available as per work load
ME C1.2	Facility has defined layout and demarcated areas as per their functions
ME C1.3	The facility ensures availability of information & communication technology
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
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 areas, including outreach
ME C2.5	Availability of job description as per government 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

Standard C4	The facility provides drugs and consumables required for assured services
ME C4.1	The facility has adequate drugs available at point of use
ME C4.2	The facility has 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 functional equipment and instruments for storage, support & outreach services
ME C5.5	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 system for maintenance & upkeep of equipment & infrastructure
ME D1.1	The facility has system for maintenance and calibration of critical & non-critical Equipment
ME D1.2	The facility has established system for infrastructure maintenance
ME D1.3	The facility has established system for maintaining sanitation, Cleanliness & hygiene
ME D1.4	The facility maintains the landscaping and open area inside & outside the boundary wall
ME D1.5	The facility has established system for removal of condemned / junk material
ME D1.6	The facility has established procedures for pest, rodent, and animal control
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy
ME D2.1	The facility has established procedures 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 ensures management of expiry and near expiry drugs
ME D2.4	The facility has established procedure for inventory management techniques
ME D2.5	The facility has established procedure for periodically replenishing the medicines
ME D2.6	There is process for storage of vaccines and other drugs, requiring controlled temperature & storage environment
ME D2.7	The facility has established procedure for dispensing of 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
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 community participation, hospital transparency and accountability.
ME D4.1	The facility has established procedure for the management of activities of Jan Arogya Samiti or equivalent as per national/state guidelines
ME D4.2	The facility has established procedures for community based monitoring of its services
ME D4.3	The facility has established procedure for supporting and monitoring activities of community health work –ASHA and ANM
ME D4.4	The facility has established procedure for supporting and monitoring activities of Mahila Arogya Samiti & RWAs or equivalent
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization
ME D5.1	The UPHC 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
Standard D6	The facility has defined procedures for Governance and Work Place Management
ME D6.1	The facility ensures the proper planning and Utilization of fund provided to it based on its need
ME D6.2	There is established system for contract management for Out-sourced services
ME D6.3	The facility has requisite licences and certificates for operation of hospital and different activities
ME D6.4	The facility ensures its processes are in compliance with statutory and legal requirements

ME D6.5	The facility has established procedure for providing clean and adequate linen as per the requirement
ME D6.6	The facility has adequate arrangement for storage and supply for potable water in all functional areas
ME D6.7	The facility ensures adequate power backup in all patient care areas as per load
Standards D7	The facility has defined and established procedures for monitoring and reporting of National Health Programme as per guidelines
ME D7.1	The facility provides monitoring and reporting services under National vector borne disease control programme as per guidelines
ME D7.2	The facility provides monitoring and reporting services under National Tuberculosis Elimination programme as per guidelines.
ME D7.3	The facility provides monitoring and reporting services under the National leprosy eradication programme as per guidelines
ME D7.4	The facility provides monitoring and reporting services under the National AIDS control programme as per guidelines.
ME D7.5	The facility provides monitoring and reporting services under the National Viral Hepatitis Control Programme as per guidelines.
ME D7.6	The facility provides monitoring and reporting services under the National Rabies Control Programme
ME D7.7	The facility provides monitoring and reporting services under the National Program for Non-communicable Diseases (NP-NCD) as per guidelines.
ME D7.8	The facility provides monitoring and reporting services under the National programme for control of Blindness and Visual Impairment as per guidelines
ME D7.9	The facility provides monitoring and reporting services under the National programme for control of deafness as per guidelines.
ME D7.10	The facility provides monitoring and reporting services under the National Oral Health Programme as per guidelines.
ME D7.11	The facility provides monitoring and reporting services under the National Program for elderly, Palliative & rehabilitative care as per guidelines.
ME D7.12	The facility provides monitoring and reporting services under Mental Health Programme programme as per guidelines.

ME D7.13	The facility provides monitoring and reporting services under Rashtriya Bala Swasthya Karyakram
ME D7.14	The facility provides monitoring and reporting services under Universal Immunization Programme as per guidelines.
ME D7.15	The facility provides monitoring and reporting services under the National Tobacco Control Programme as per guidelines.
ME D7.16	The facility provides monitoring and reporting services under Anemia Mukh Bharat including the National Sickle Cell Elimination Programme
ME D7.17	The facility provides monitoring and reporting services under the IDSP/IHIP as per guidelines.
ME D7.18	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 and 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'
Standard E2	The facility has defined procedures for primary management and continuity of care with appropriate maintenance of records
ME E2.1	The facility has established procedure for initial assessment and reassessment of patients
ME E2.2	The facility provides appropriate referral linkages with higher and lower centres (UHC-AAM) to assure the continuity of care.
ME E2.3	The facility ensures follow up of patients
ME E2.4	The facility has established procedure for providing consultation using tele medicine
Standard E3	The facility ensures rational prescribing and use of medicines
ME E3.1	There is established procedure of rational use of medicines

ME E3.2	The facility ensures that medicines are prescribed in generic name only
ME E3.3	Medicines are prescribed according to Standard Treatment Guidelines
ME E3.4	There is established system for reporting of medication errors, near miss errors & adverse events
Standard E4	The facility has defined procedures for safe drug administration
ME E4.1	There is a procedure to check drug before administration & dispensing
ME E4.2	Medication orders are written legibly and adequately
ME E4.3	There is a system to ensure right medicine is given to right patient
ME E4.4	Patient is counselled for self drug administration
Standard E5	The facility has defined and established procedures for the management of Common Ailments including Emergency Services
ME E 5.1	There is an established procedure for treating common ailments
ME E 5.2	There is procedure for Receiving, triaging & stabilisation of patients
ME E 5.3	Emergency protocols are defined and implemented
ME E 5.4	The facility has disaster management plan in place
ME E 5.5	The facility ensures adequate and timely availability of ambulances services
Standard E6	Facility has defined & establish procedure for Diagnostic Services
ME E6.1	There are established procedures for Pre-testing Activities
ME E6.2	There are established procedures for testing Activities

ME E6.3	There are established procedures for Post-testing Activities
ME E6.4	There are established procedures for laboratory diagnosis of disease conditions under National Health Programs as per service mandate.
Standard E7	The facility has established procedures for Maternal Health care as per guidelines
ME E7.1	There is an established procedure for registration and follow up of pregnant women.
ME E7.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E7.3	The facility ensures of drugs & diagnostics are prescribed as per protocol
ME E7.4	There is an established procedure for identification of High risk pregnancy and appropriate & timely referral.
ME E7.5	There is an established procedure for identification and management of Anaemia
ME E7.6	Counselling of pregnant women is done as per standard protocol and gestational age
ME E7.7	There is an established procedures for Postnatal visits & Counselling of Mother and child
Standard E8	The facility has established procedures for care of new-born, infant and child as per guidelines
ME E8.1	Post natal visit & counselling for new born & infant care is provided as per guideline
ME E8.2	The facility provides immunization services as per guideline
ME E8.3	Triage, Assessment & Management of newborns having emergency & danger signs are done as per the guidelines
ME E8.4	Management of children presenting with fever, cough or respiratory distress is done as per guidelines
ME E8.5	Management of children with severe Acute Malnutrition is done as per guidelines
ME E8.6	Management of children presenting diarrhoea is done per guidelines

ME E8.7	Facility ensures optimal breast feeding practices for new born & infants as per guidelines
ME E8.8	Screening & Referral of Children as per guidelines of Rastriya Bal Swasth Karyakram
Standard E9	The facility has established procedures for abortion and family planning as per government guidelines and law.
ME E9.1	Family planning counselling services are provided as per guidelines
ME E9.2	The facility provides spacing methods for family planning as per guidelines
ME E9.3	The facility provides IUCD services for family planning as per guidelines
ME E9.4	The facility provides counselling services for Medical Termination of Pregnancy as per National /state guidelines
ME E9.5	The facility provides abortion services as per guidelines
Standard E10	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.
ME E10.1	The facility provides promotive & preventive services for adolescent
ME E10.2	The facility Provides Curative & referral services for adolescent
Standard E11	The facility has defined & established procedures for management of communicable diseases as per operational/ clinical guidelines
ME E11.1	The facility provides services under National vector Borne disease control programme as per guidelines as per guidelines
ME E11.2	The facility provides services under National Tuberculosis Elimination Program (NTEP)
ME E11.3	The facility provides services under National Leprosy Eradication Program as per guidelines
ME E11.4	The facility provides services under National AIDS Control Program as per guidelines
ME E11.5	The facility provides services under National Viral Hepatitis Control Program as per guidelines

ME E11.6	The facility provides services under National Rabies Control Program as per guidelines
ME E11.7	The facility provides services under Integrate Disease surveillance (IDSP/IHIP) as per guidelines
Standard E12	The facility has defined & established procedures for management of non-communicable diseases as per operational/ clinical guidelines
ME E12.1	The facility provides services for hypertension as per guidelines
ME E12.2	The facility provides services for Diabetes as per guidelines
ME E12.3	The facility provides services for cancer screening and referral as per guidelines
ME E12.4	The facility provides services for COPD and Asthma as per guidelines
ME E12.5	The facility provides services for de addiction, and locally prevalent health diseases as per guidelines
ME E12.6	The facility promotes services for health & wellness
Standard E13	The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/ clinical guidelines
ME E13.1	The facility has established procedures for management of Ophthalmic ailments, including blindness and refractive errors
ME E13.2	There is established procedure for management of ENT ailments
ME E13.3	There is established procedure for management of oral health
Standard E14	The facility has established procedures for the management of the Elderly, palliative & rehabilitative care patients as per guidelines
ME E14.1	The facility provides services for elderly Care as per guidelines
ME E14.2	The facility provides services for palliative Care as per guidelines
Standard E15	The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/ clinical guidelines

ME E15.1	The facility has established procedures for the identification and basic management mental health ailments
ME E15.2	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 defined and Implemented procedures for ensuring hand hygiene practices & asepsis
ME F1.1	Hand Hygiene facilities are provided at point of use
ME F1.2	The facility staff is trained in hand-washing and hand rub practices and adheres to standard practices
ME F1.3	The facility ensures standard practices for maintaining asepsis.
Standard F2	The facility ensures standard practices and equipment for personal protection & follow standard precautions
ME F2.1	The facility ensures availability of personal protection equipment as per requirement
ME F2.2	The facility staff adheres to standard personal protection practices
Standard F3	The facility has standard procedures for disinfection and sterilization of equipment and instruments
ME F3.1	The facility ensures Standard Practices and materials for decontamination and cleaning of instruments and procedures areas
ME F3.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
Standard F4	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.
ME F4.1	The facility ensures segregation, on-site management and storage of Bio-Medical Waste as per guidelines
ME F4.2	The facility ensures management of sharps as per guidelines
ME F4.3	The facility ensures management of hazardous & general waste

ME F4.4	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 a Quality improvement programme as per state/National guidelines framework for quality improvement.
ME G1.1	The facility has a quality improvement team in place
ME G1.2	The facility has defined mission & quality policy and it has been disseminated
ME G1.3	Quality objectives have been defined, and the objectives are reviewed and monitored
ME G1.4	The facility reviews quality of its services at periodic intervals
ME G1.5	The facility has established internal quality assurance programme
ME G1.6	The facility has established external assurance programme
ME G1.7	The facility conducts the periodic prescription audits
ME G1.8	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 G2	The facility has established system for patient and employee satisfaction
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 lowest performing attributes
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services.
ME G3.1	Updated standard operating procedures & work instructions are available with its users

ME G3.2	Standard Operating Procedures adequately describes process and procedures
ME G3.3	Staff is trained and aware of the procedures written in SOPs
ME G3.4	The facility has established procedure to control its documents & records
Area of Concern - H: Outcomes	
Standard H1	The facility measures productivity indicators and endeavours to meet its State/National benchmarks
ME H1.1	The facility measures productivity indicators services on monthly basis
ME H1.2	The facility endavours to improve its productivity indicators to meet benchmarks
Standard H2	The facility measures efficiency indicators and endeavours to meet its State/National benchmarks
ME H2.1	The facility measures efficiency indicators on monthly basis
ME H2.2	The facility endavours to improve its efficiency indicators to meet benchmarks
Standard H3	The facility measures clinical care & safety indicators and endeavours to meet its State/National benchmarks
ME H3.1	The facility measures clinical care & safety indicators on monthly basis
ME H3.2	The facility endavours to improve its clinical care & safety indicators to meet benchmarks
Standard H4	The facility measures service quality indicators and endeavours to meet its State/National benchmarks
ME H4.1	The facility measures service quality indicators on monthly basis
ME H4.2	The facility endavours to improve its service quality indicators to meet benchmarks

Inputs Sheet of AAM-UPHC

Name:

Designation:

Organisation & Place:

Date:

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