



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 Community Health Centre (Urban & Rural)

Area of Concern A: Service Provision

Standard A1	The facility provides Curative Services
ME A1.1	The facility provides General Medicine services
ME A1.2	The facility provides General Surgery services
ME A1.3	The facility provides Obstetrics & Gynaecology Services
ME A1.4	The facility provides Paediatric services
ME A1.5	The facility provides Ophthalmology Services
ME A1.6	The facility provides Dental Treatment Services
ME A1.7	The facility provides services for OPD procedures
ME A1.8	The facility provides Accident & Emergency Services
ME A1.9	The facility provides Blood Storage & transfusion services
ME A1.10	The facility provides Inpatient services
ME A1.11	Services are available for the time period as mandated
Standard A2	The facility provides RMNCHA Services.
ME A2.1	The facility provides Reproductive health Services
ME A2.2	The facility provides Maternal health Services
ME A2.3	The facility provides Newborn health Services
ME A2.4	The facility provides Child health Services
ME A2.5	The facility provides Adolescent health Services
Standard A3	The facility Provides diagnostic Services
ME A3.1	The facility provides Radiology Services
ME A3.2	The facility provides Laboratory Services
ME A3.3	The facility provides other diagnostic services, as mandated
Standard A4	The facility provides services as mandated in the National Health Programmes /State scheme(s).
ME A4.1	The facility provides services under the National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under the National Tuberculosis Elimination Programme as per guidelines
ME A4.3	The facility provides services under the National Leprosy Eradication Programme as per guidelines
ME A4.4	The facility provides services under the National AIDS Control Programme as per guidelines

ME A4.5	The facility provides services under the National Viral Hepatitis Control Programme as per guidelines
ME A4.6	The facility provides services under the National Rabies Control programme as per guidelines
ME A4.7	The facility provides services under the National Programme for Non Communicable Diseases (NP-NCD) as per guidelines
ME A4.8	The facility provides services under the National Programme for control of Blindness and Visual Impairment (NPCB&VI) as per guidelines
ME A4.9	The facility provides services under the National programme for prevention and control of deafness as per guidelines.
ME A4.10	The facility provides services under the National Oral Health Programme as per guidelines.
ME A4.11	The facility provides services under National Programme for the health care of the elderly and National Programme for Palliative Care as per guidelines
ME A4.12	The facility provides services under Mental Health Programme as per guidelines
ME A4.13	The facility provides services as per Rashtriya Bal Swasthya Karykram as per guidelines
ME A4.14	The facility provides services under Universal Immunization Programme as per guidelines
ME A4.15	The facility provides services under National Tobacco Control Programme as per guidelines
ME A4.16	The facility provides services for Anemia Mukh Bharat including Sickle Cell Anemia Elimination programme
ME A4.17	The facility provides services under Integrated Disease Surveillance Programme/Integrated Health Information Platform as per Guidelines
Standard A5	Facility provides support services and Administrative services.
ME A5.1	The facility provides dietary services
ME A5.2	The facility provides laundry services
ME A5.3	The facility provides security services
ME A5.4	The facility provides Housekeeping services
ME A5.5	The facility ensures maintenance services
ME A5.6	The facility provides pharmacy and store services
ME A5.7	The facility has services for Medical Records
ME A5.8	The facility provides administrative services for the Block
Standard A6	Health services provided at the facility are appropriate to community needs.
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally
ME A6.2	There is process for consulting community/or their representatives when planning or revising scope of services of the facility

Area of Concern B: Patients Right

Standard B1	The facility provides information to care-seekers, attendants & community about available services, and their modalities
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available in its departments
ME B1.3	The facility has established citizen charter, which is followed at all levels
ME B1.4	Information is displayed and communicated to patients effectively
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC/BCC approaches
ME B1.6	The facility ensures access to clinical records of patients to entitled personnel
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.
ME B2.1	Services are provided in manner that are sensitive to gender
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with differently abled (Divyang)
ME B2.4	There is no discrimination on basis of social and economic status of the patients
ME B2.5	There is affirmative action to ensure that vulnerable and marginalised sections can access services
Standard B3	The facility maintains privacy, confidentiality & dignity of patients, and has a system for guarding patient related information.
ME B3.1	Adequate privacy is provided at every point of care
ME B3.2	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services
ME B3.3	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making
ME B4.1	There is established procedures for taking informed consent before treatment and procedures
ME B4.2	Patient is informed about his/her rights and responsibilities
ME B4.3	Information about the treatment is shared with patients or attendants, regularly
ME B4.4	The facility has defined and established grievance redressal system in place
Standard B5	The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.

ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility
ME B5.4	The facility provide all services free of cost as per prevalent Govt. schemes/norms
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients
ME B5.6	The facility ensure implementation of Health Protection scheme/Programme as per State/National mandate
Area of concern C: Inputs	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms
ME C1.1	Departments have adequate space as per patient or work load
ME C1.2	Patient amenities are provide as per patient load
ME C1.3	Departments have layout and demarcated areas as per functions
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law
ME C1.5	The facility has infrastructure for intramural and extramural communication
ME C1.6	Service counters are available as per patient load
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes
Standard C2	The facility ensures physical safety including fire safety of the infrastructure.
ME C2.1	The facility ensures the seismic safety of the infrastructure
ME C2.2	The facility ensures safety of electrical establishment
ME C2.3	Physical condition of buildings are safe for providing patient care
ME C2.4	The facility has plan for prevention of fire
ME C2.5	The facility has adequate fire fighting Equipment
ME C2.6	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation
ME C2.7	The facility is resilient to climate and environmental changes
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services at the current case load
ME C3.1	The facility has adequate specialist doctors as per service provision.
ME C3.2	The facility has adequate general duty doctors as per service provision and work load
ME C3.3	The facility has adequate nursing staff as per service provision and work load
ME C3.4	The facility has adequate technicians/paramedics as per requirement

ME C3.5	The facility has adequate support/general staff
ME C3.6	Roles & Responsibilities of Clinical and Administrative staff are determined as per govt. regulations and guidelines
Standard C4	The facility provides drugs and consumables required for assured services.
ME C4.1	The departments have availability of adequate drugs at point of use
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	The facility has equipment & instruments required for assured list of services.
ME C5.1	Availability of equipment & instruments for examination & 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 and for providing intensive and critical care to patients
ME C5.5	Availability of functional equipment and instruments for storage and support services
ME C5.6	Departments have patient furniture and fixtures as per load and service provision
Standard C6	The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
ME C6.1	Competence assessment of all clinical and Paraclinical staff is done on predefined criteria at least once in a year
ME C6.2	Performance Evaluation of all Clinical and Paraclinical staff is done on predefined criteria at least once in a year
ME C6.3	Competence assessment and performance evaluation of support & administrative staff is done on predefined criteria at least once in a year
ME C6.4	Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan
ME C6.5	The staff is provided training as per defined core competencies and training plan
ME C6.6	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision
ME C6.7	Feedback is provided to the staff on their competence assessment and performance evaluation
Area of Concern D: Support Services	
Standard D1	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.
ME D1.1	The facility has established system for maintenance of all equipment including critical Equipment
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment
ME D1.3	Operating and daily maintenance instructions are available with the users of equipment

Standard D2	The facility has defined procedures for storage of drugs, inventory management and dispensing of drugs in pharmacy and patient care areas
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables
ME D2.2	The facility has establish procedure for procurement of drugs
ME D2.3	The facility ensures proper storage of drugs and consumables
ME D2.4	The facility ensures management of expiry and near expiry drugs
ME D2.5	The facility has established procedure for inventory management techniques
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.
ME D3.1	The facility provides adequate illumination level at patient care areas
ME D3.2	The facility has provision of restriction of visitors in patient areas
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers
ME D3.4	The facility has security system in place at patient care areas
ME D3.5	The facility has established measure for safety and security of female staff
Standard D4	The facility has established Program for maintenance and upkeep of the facility
ME D4.1	Exterior of the facility building is maintained with landscaping in open area.
ME D4.2	Patient care areas are clean and hygienic.
ME D4.3	Hospital infrastructure including open areas is adequately maintained.
ME D4.4	The facility has policy of removal of condemned junk material
ME D4.5	The facility has established procedures for pest, rodent and animal control
Standard D5	The facility ensures 24X7 water, power backup and medical gas supply as per requirement of service delivery, and support services
ME D5.1	The facility has adequate arrangement for storage and supply of portable water in all functional areas
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply
Standard D6	The facility ensures availability of Diet as per nutritional requirement of the patient and clean Linen to all admitted patients.
ME D6.1	The facility has provision of nutritional assessment of the patients
ME D6.2	The facility provides diets according to nutritional requirements of the patients

ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients
ME D6.4	The facility has adequate sets of linen
ME D6.5	The facility has established procedures for changing of linen in patient care areas
ME D6.6	The facility has standard procedures for handling , collection, transportation and washing of linen
Standard D7	The facility has defined and established procedures for promoting public participation in management of hospital transparency and
ME D7.1	The facility has established process for management of activities of Rogi Kalyan Samitis or equivalent
ME D7.2	The facility has established procedures for community based monitoring of its services
Standard D8	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government
ME D8.1	The facility has requisite licences and certificates for operation of hospital and different activities
ME D8.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D8.3	The facility ensure relevant processes are in compliance with statutory requirement
Standard D9	Hospital has defined and established procedures for Financial Management
ME D9.1	The facility ensures the proper utilization of fund provided to it
ME D9.2	The facility ensures proper planning and requisition of resources based on its need
Standard D10	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations
ME D10.1	There is established system for contract management for out sourced services
ME D10.2	There is a system of periodic review of quality of out sourced services
Area of Concern E: Clinical Services	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has a established procedure for OPD consultation
ME E1.3	There is established procedure for admission of patients
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility
Standard E2	The facility has defined and established procedures for clinical assessment and preparation of the treatment plan
ME E2.1	There is established procedure for initial assessment of patients
ME E2.2	There is established procedure for follow up/reassessment of Patients
ME E2.3	There is established procedure to plan & deliver appropriate treatment or care to individual as per the needs to achieve best possible results
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral

ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.
ME E3.3	A person is identified for care during all steps of care
Standard E4	The facility has defined and established procedures for Nursing care
ME E4.1	Procedure for identification of patients is established at the facility
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens
ME E4.4	Nursing records are maintained
ME E4.5	There is procedure for periodic monitoring of patients
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.
ME E5.1	The facility identifies high risk patients and ensure their care, as per their need
ME E5.2	The facility identifies vulnerable patients and ensure their safe care
Standard E6	Facility ensures rationale prescribing and use of medicines
ME E6.1	The facility ensured that drugs are prescribed in generic name only
ME E6.2	There is procedure of rational use of drugs
ME E6.3	There are procedures defined for medication review and optimization
ME E6.4	Facility ensures easy access and use of Standard Treatment Guidelines & implementation tools at point of care
Standard E7	The facility has defined procedures for safe drug administration
ME E7.1	There is process for identifying and cautious administration of high alert drugs
ME E7.2	Medication orders are written legibly and adequately
ME E7.3	There is a procedure to check drug before administration/dispensing
ME E7.4	There is a system to ensure right medicine is given to right patient
ME E7.5	Patient is counselled for self drug administration
Standard E8	The facility has established procedure for regular risk safety assessment in its clinical process
ME E8.1	The hospital has an established mechanism to reduce the risk of errors for general clinical care
ME E8.2	The hospital has an established mechanism to ensure safety in Reproductive, Maternal, Newborn, Child, and Adolescent Health
ME E8.3	The hospital has an established mechanism to ensure safety in speciality clinical services

Standard E9	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage
ME E9.1	All the assessments, re-assessment and investigations are recorded and updated
ME E9.2	All treatment plan prescription/orders are recorded in the patient records.
ME E9.3	Care provided to each patient is recorded in the patient records
ME E9.4	Procedures performed are written on patients records
ME E9.5	Adequate form and formats are available at point of use
ME E9.6	Register/records are maintained as per guidelines
ME E9.7	The facility ensures safe and adequate storage and retrieval of medical records
Standard E10	The facility has defined and established procedures for discharge of patient.
ME E10.1	Discharge is done after assessing patient readiness
ME E10.2	Case summary and follow-up instructions are provided at the discharge
ME E10.3	Counselling services are provided during discharges/whenever required
ME E10.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management
ME E11.1	There is procedure for Receiving and triage of patients
ME E11.2	Emergency protocols are defined and implemented
ME E11.3	The facility has disaster management plan in place
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement
ME E11.5	There is procedure for handling medico legal cases
Standard E12	The facility has defined and established procedures of diagnostic services
ME E12.1	There are established procedures for Pre-testing Activities
ME E12.2	There are established procedures for testing Activities
ME E12.3	There are established procedures for Post-testing Activities
Standard E13	The facility has defined and established procedures for Blood Storage Management and Transfusion.
ME E13.1	There is established procedure for Transport of blood from parent blood bank.
ME E13.2	There is established procedure for storage of blood
ME E13.3	There is established procedure for Cross matching of blood
ME E13.4	There is established procedure for issuing blood
ME E13.5	There is established procedure for transfusion of blood

ME E13.6	There is a established procedure for monitoring and reporting Transfusion complication
Standard E14	The facility has established procedures for Anaesthetic Services
ME E14.1	The facility has established procedures for Pre-anaesthetic Check up and maintenance of records
ME E14.2	The facility has established procedures for monitoring during Anaesthesia and maintenance of records
ME E14.3	The facility has established procedures for Post-anaesthesia care
Standard E15	The facility has defined and established procedures of Surgical Services.
ME E15.1	The facility has established procedures for OT Scheduling
ME E15.2	The facility has established procedures for Pre-operative care
ME E15.3	The facility has established procedures for Surgical Safety
ME E15.4	The facility has established procedures for Post operative care
Standard E16	The facility has defined and established procedures for end of life care and death
ME E16.1	Death of admitted patient is adequately recorded and communicated
ME E16.2	The facility has standard procedures for handling the death in the hospital
ME E16.3	The facility has standard operating procedure for end of life support
ME E16.4	The facility has an established procedures for conducting/referring for post-mortem, its recording and meeting its obligation as per law
Standard E17	The facility has established procedures for Antenatal care as per guidelines
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.
ME E17.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E17.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age
Standard E18	The facility has established procedures for Intranatal care as per guidelines
ME E18.1	The facility staff adheres to standard procedures for management of second stage of labour
ME E18.2	Facility staff adheres to standard procedure for active Management of third Stage of labour (AMTSL)
ME E18.3	Facility staffs adheres to standard procedures for routine care of new born immediately after birth

ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.
ME E18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia
ME E18.6	Facility staff adheres to standard protocols for identification and management of PPH
ME E18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn
ME E18.8	Facility staff adheres to standard protocols for identification and management of preterm delivery
ME E18.9	Staff identifies and manages infection in pregnant woman
ME E18.10	There is established protocol for newborn resuscitation is followed at the facility
ME E18.11	Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice
Standard E19	The facility has established procedures for postnatal care as per guidelines
ME E19.1	The facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care
ME E19.2	The facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding
ME E19.3	The facility staff adheres to protocol for ensuring care of newborns with small size at birth
ME E19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications
ME E19.5	The facility ensure adequate stay of mother and newborn in a safe environment as per standard protocols
ME E19.6	There is established procedure for discharge and follow up of mother and newborn.
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines
ME E20.1	The facility provides immunization services as per guidelines
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines
ME E20.3	Management of Low birth weight newborns is done as per guidelines
ME E20.4	Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines
ME E20.5	Management of children presenting with fever, cough/breathlessness is done as per guidelines
ME E20.6	Management of children with severe Acute Malnutrition is done as per guidelines
ME E20.7	Management of children presenting with diarrhoea is done per guidelines
ME E20.8	The facility ensures optimal breast feeding practices for new born & infants as per guidelines
ME E20.9	The facility provides services as per RBSK
Standard E21	The facility has established procedures for abortion and family planning as per government guidelines and law
ME E21.1	Family planning counselling services provided as per guidelines
ME E21.2	The facility provides spacing method of family planning as per guideline
ME E21.3	The facility provides limiting method of family planning as per guideline
ME E21.4	The facility provide counselling services for abortion as per guideline

ME E21.5	The facility provide abortion services for 1st trimester as per guideline
ME E21.6	The facility provide abortion services for 2nd trimester as per guideline
Standard E22	The facility provides Adolescen Reproductive & Sexual Health services as per guidelines
ME E22.1	The facility provides promotive & preventive services for adolescent
ME E22.2	The facility provides curative & referral services for adolescent
Standard E23	The facility provides services as per National Health Programmes' Operational/ Clinical Guidelines
ME E23.1	The facility provides services under the National Vector Borne Disease Control Programme as per guidelines
ME E23.2	The facility provides services under the National Tuberculosis Elimination Programme as per guidelines
ME E23.3	The facility provides services under the National Leprosy Eradication Programme as per guidelines
ME E23.4	The facility provides services under the National AIDS Control Programme as per guidelines
ME E23.5	The facility provides services under the National Viral Hepatitis Control Programme as per guidelines
ME E23.6	The facility provides services under the National rabies Control Programme as per guidelines
ME E23.7	The facility provides service under the National Programme for Prevention and Control of Non Communicable Disease (NP-NCD) as per guidelines
ME E23.8	The facility provides services under the National Programme for Control of Blindness & Visual Impairment as per guidelines
ME E23.9	The facility provide services under the National Programme for prevention and control of Deafness as per guidelines
ME E23.10	The facility provides services under the National Oral Health Programme as per guidelines.
ME E23.11	The facility provides services under National Programme for the health care of the elderly and Palliative Care as per guidelines
ME E23.12	The facility provides services under Mental Health Programme as per guidelines
ME E23.13	The facility provides services under Rashtriya Bala Swasthya Karyakram as per guidelines.
ME E23.14	The facility provides services under Universal Immunization Programme as per guidelines
ME E23.15	The facility provide services under National Tobacco Control Programme as per guidelines
ME E23.16	The facility provides services under Anemia Mukh Bharat including National Sickle Cell Anemia Elimination Programme as per guidelines
ME E23.17	The facility provide service for Integrated disease surveillance Programme/Integrated Health Information Platform
ME E23.18	The facility provides services as per State specific health programme
Area of Concern F: Infection Control	
Standard F1	The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital
ME F1.1	The facility has functional infection control committee

ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas
ME F1.3	The facility measures hospital associated infection rates
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff
ME F1.5	The facility has established procedures for regular monitoring of infection control practices
ME F1.6	The facility has defined and established antibiotic policy
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis
ME F2.1	Hand washing facilities are provided at point of use
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices
ME F2.3	The facility ensures standard practices and materials for antisepsis
Standard F3	The facility ensures standard practices and materials for personal protection
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements
ME F3.2	The facility staff adheres to standard personal protection practices
Standard F4	The facility has standard procedures for processing of equipment and instruments
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures 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 ensure 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 areas
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas
ME F5.4	The facility ensures segregation infectious patients
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines
ME F6.2	The facility ensures management of sharps as per guidelines
ME F6.3	The facility ensures management of hazardous waste & general waste as per guidelines
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 team in place

ME G1.2	The facility reviews quality of its services at periodic interval
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 and employee feed back and do root-cause analysis
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients & employee
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.
ME G3.1	The facility has established internal quality assurance programme in key departments
ME G3.2	The facility has established external assurance programmes at relevant departments
ME G3.3	The facility has established system for use of check lists in different departments and services
ME G3.4	Actions are planned to address gaps observed during quality assurance process
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes & Support Services
ME G4.1	Departmental Standard Operating Procedures are available
ME G4.2	Standard Operating Procedures adequately describes process and procedures
ME G4.3	Staff is trained and aware of the procedures written in SOPs
ME G4.4	The facility ensures documented policies and procedures are appropriately approved and controlled
Standard G5	The facility has established system of periodic review of Prescription, Medical, Referral and Death audit
ME G5.1	The facility conducts periodic prescription audit
ME G5.2	The facility conducts the periodic audits
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately
ME G5.4	Action plan is made on the gaps found in the audit process
Standard G6	Facility has defined Mission, Quality Policy, and Objectives and approved plans to achieve them.
ME G6.1	The facility defines its Mission and Quality policy
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that
ME G6.4	The facility periodically monitors and reviews its progress on defined quality objectives
Standard G7	The facility seeks continual improvement by practicing Quality tool and method.
ME G7.1	The facility uses methods for quality improvement in services

ME G7.2	The facility uses tool for quality improvement.
Standard G8	Facility has defined and implemented Risk Management framework
ME G8.1	Risk management framework has been defined including context, scope, objectives and criteria
ME G8.2	Risk identified are analysed evaluated and rated for severity
ME G8.3	A risk register is maintained to record identified risks, there severity and action to be taken and updated regularly
Area of Concern H: Outcome	
Standard H1	The facility measures Productivity Indicators and endeavours to reach State/National benchmarks
ME H1.1	Facility measures productivity Indicators 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 endeavours to reach State/National Benchmarks
ME H2.1	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 endeavours to reach State/National benchmarks
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis
ME H3.2	The Facility endeavors to improve its clinical care & safety indicators to meet benchmarks
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmarks
ME H4.1	Facility measures Service Quality Indicators on monthly basis
ME H4.2	The Facility endeavors to improve its service quality indicators to meet benchmarks

