

Quality of Health Care Services in RSBY



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Subject: Quality of Health Care Services in the RSBY

1 Introduction

The objective of RSBY is to protect below poverty line (BPL) households from major health shocks that involve hospitalization. Specifically, the BPL families are entitled to coverage of up to 30,000 rupees per annum for a nominal registration fee of 30 rupees. Pre-existing conditions are covered and there is no age limit. Coverage extends to the head of household, spouse and up to three dependents.

The scheme is designed to cover all districts in a phased manner, starting with FY 2008-09. Towards the end of January 2012, more than 264 lakh BPL families have been enrolled under the scheme in 387 districts of the 24 States/UTs where the enrollment process has started. Service delivery has also started in all of the 387 districts through 6147 Private and 2537 Public hospitals.

2 RSBY as a tool to introduce quality

Rashtriya Swasthya Bima Yojana (RSBY) is a national level initiative and its objective is to provide quality health care to the beneficiaries. However, the current level of quality of services in the empanelled public and private providers needs much strengthening. To add to this, there is no consistent nationally applicable quality improvement process which has been adopted by these providers. Keeping these things in mind RSBY provides an excellent opportunity for developing a consistent and nationally applicable quality improvement process, both in the public and private sector hospitals which will help RSBY in providing quality and consistent services through its network hospitals.

3 Objectives of Quality Improvement Process

The aim of a quality improvement process is to enable the provision and coordination of health services which are:

- **Equitable:** health care is accessible, affordable and timely, and is provided to all who need it regardless of gender, ethnicity or socioeconomic status
- **Patient-centered:** health care will be responsive to and respectful of the patient's values and choices to promote patient satisfaction at every health care encounter.
- **Safe:** health care ensures that the patients and staff do not suffer undue harm from the treatment itself and from the manner it was given.
- **Effective:** any form of treatment or patient care will be based on guidelines that follow current scientific evidence.
- **Integrated:** services are organized to provide continuity over time (for instance within one hospital) and between providers (for example, referral to and from secondary care)
- **Efficient:** waste is avoided and resources are used appropriately to ensure optimum benefits for patients and the population.

4 Continuous Quality Improvement

Quality Management systems provide the basis for enrolment of qualified health care providers in any Health Insurance System. Rather than establishing a system that attains static levels, it is important to have a quality management model which leads to continuous improvement in service quality. Such an approach creates a culture for quality improvement, which is a pre-requisite to sustain any quality management process. A continuous quality improvement process is implemented through periodical and systematic revision of the standards, self-assessments, peer reviews, along with the provision of a “body of knowledge” that helps the healthcare organizations in achieving these evolving standards.

Thus, it becomes important for any Health Insurance model to gradually make a shift from using Quality Management concepts only for enrolment to a more evolved mechanism which can assist in the following:

- Increased resource utilization
- Improved client satisfaction
- Gap Identification and Bottom up planning
- Improved health indicators
- Compliance with prevalent legislation
- Accreditation of the health facilities
- Performance based financing / funding

5 Operational Plan for introducing continuous quality management system in RSBY network hospitals

The MoLE, Government of India has taken a decision to start a continuous quality management system from 2012. The operational plan for implementation of this system is as follows:

A. Empanelment cum grading criteria

The ‘Empanelment cum grading criteria’ in the form of a 5 point scale has been prepared. This will be used for the assessment of the network hospitals. The entry level criteria in the ‘Empanelment cum grading criteria’, is exactly similar to the existing empanelment criteria, but has been strengthened using explanatory notes etc, to ensure higher assessor objectivity.

The ‘Empanelment cum grading criteria’ has been finalized in consultation with all stakeholders and a detailed reference manual (for hospitals) and assessor manual (for assessors of SNA/insurance companies) is being prepared based on the same

B. Grading mechanism

As per the system, all the hospitals empanelled in the districts will be categorized into different grades and all the hospitals in the lowest grades will be provided one year time to improve and move to the next higher grade. Hospitals which are not able to do so will be de-empanelled from the scheme. In the subsequent years, the stages in the quality improvement process will be raised to higher level, in accordance with the concepts of continuous quality improvement. The steps to be followed for this are as follows:

a. Step 1

The scheme would be notified by the selected Nodal agencies for piloting in few districts. After identification of district and willingness of State Nodal Agency to participate in QA programme: discussions will be held with all empanelled network hospitals of the selected district. These hospitals would be provided with a set of the “Empanelment cum grading criteria” (Annex A) and a detailed reference manual, consisting of all details and explanations.

From 1 March 2012 till 30th April 2012, all existing network hospitals in selected Districts would be re-assessed to ensure conformance to at least the detailed empanelment criteria (refer formulation of “Empanelment cum grading criteria, in the section above) by Insurance agencies along with State Nodal Agencies , with the following possible outcomes

- a) Hospitals not meeting detailed empanelment criteria would be place in the lowest level and given 2 months’ time to improve failing which they will be de-paneled
- b) Hospitals meeting just the empanelment criteria will be placed in the lowest grade E. These hospitals would continue to be empanelled providers but would be advised to work towards achieving next higher grade within next 10 months failing which it will be de empanelled.
- c) Hospitals meeting and exceeding the empanelment criteria would be graded from Grade A-D. .

It is envisaged that the entire re-assessment and grading process, would be completed by April 30, 2012

b. Step 2

Assessor training modules prepared by MoLE based on the “Empanelment cum grading criteria” will be used for “training of trainers” at insurance companies level. These trainers, which would be employees of the insurance companies, would be responsible to ensure that adequate number of trained assessors are available to ensure assessment of all network hospitals in a timely manner (i.e. between March 1, 2012 – April 30, 2012, as discussed in Step 1, above)

c. Step 3

Hospitals would be provided technical support through State Nodal Agencies and will be encouraged to improve and move to next grade.

6. Role of Stakeholders for implementation

Different Stakeholders will have following role in the implementation of the continuous quality management system:

MoLE

- Review and finalize the criteria for grading the quality levels in network hospitals

- Review and finalize the reference manuals for the hospitals and assessors
- Prepare / formulate the scheme for empanelment of (independent) assessors, including training curricula, identification of the institutions for imparting the training.
- Review the feedback on the progress of implementation and modify the relevant parts of the scheme based on the feedback
- The HC would also identify suitable national and state level training partners for assessor training.
- Provide technical support to the State Nodal agency/s and RSBY Network hospital/s for this initiative.

State Nodal Agency

- Identify districts with sufficient number of Public and Private Hospitals.
- Undertake re-assessment of the empanelled Hospitals to ensure conformance to at least the revised empanelment criteria
- Facilitate and coordinate training of assessors and other stake holders.
- Provide technical support to the Hospitals.

Insurance Company

- Provider assessors for Training of Trainer
 - Organise training of assessors at the district level
 - Organize workshop with hospitals to explain the concept of quality management and the grading system
 - Survey of all the empanelled hospitals and grading
 - Inform the hospitals which are in the lowest grade so that they can work towards moving into next grade over next twelve months
 - Reassessment of hospitals after twelve months
 - Inform the hospitals about their status
 - De-empanelment of hospitals which are not eligible after 12 months
 - Empanel fresh hospitals
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7. Timeline for Activities

Activity	Timeline	Who will do
Review and finalize the criteria for grading the quality levels in network hospitals	February 2012	MOLE
Review and finalize the reference manuals for the hospitals and assessors	February 2012	MOLE
Prepare / formulate the scheme for empanelment of (independent) assessors, including training curricula, identification of the institutions for imparting the training.	February 2012	MOLE
Identify districts with sufficient number of Public and Private Hospitals.	February 2012	SNA and IA
Provide technical support to the State Nodal agency/s and RSBY Network hospital/s for this initiative.	March 2012- June 2013	MOLE

Activity	Timeline	Who will do
Facilitate and coordinate training of assessors and other stake holders.	March 2012	SNA and IA
Organize workshop with hospitals to explain the concept of quality management and the grading system	March 2012	SNA and IA with technical support of MOLE
Undertake re-assessment of the empanelled Hospitals to ensure conformance to at least the revised empanelment criteria	March April 2012	IA and SNA
Provide assessors for Training of Trainer	March 2012	IA and SNA
Organise training of assessors at the State and district level	March -April 12	SNA
Survey of all the empanelled hospitals and grading by trained assessors	March-April 12	IA and SNA
Review the feedback on the progress of implementation and modify the relevant parts of the scheme based on the feedback	April -May 2012	MOLE
Inform the hospitals which are in the lowest grade so that they can work towards moving into next grade over next twelve months	May 12	IA
Reassessment of hospitals after twelve months	April 13	SNA and IA
Inform the hospitals about their status	May 13	IA
De-empanelment of hospitals which are not eligible after 12 months	June 13	IA
Empanel fresh hospitals	April 13	IA
Provide technical support to the Hospitals.	May 12- March 2013	SNA , IA and MOLE

Criteria for empanelment and grading of RSBY network hospitals

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
ACCESS AND PHYSICAL FACILITIES	1	At least 10 inpatient medical beds for inpatient health care	√	√	√	√	√
	2	Apart from beds at least one suction machine for 20 beds (for 10 beds also) and one filled oxygen cylinder for three beds and one needle destroyer per ward are available		√	√	√	√
	3	The facility is accessible by a motorable road, allowing for patient movement		√	√	√	√
	4	Adequate sign postings at various strategic locations are posted, atleast 2 kms from the hospital				√	√
	5	All patient areas of the hospital are easily accessible by wheelchair			√	√	√
	6	There is a reception desk clearly sited within the department for patient registration			√	√	√
	7	There is adequate lighting and cooling (fans) facilities with provision of emergency electric supply			√	√	√
	8	Each bed has provision for screening around it whenever required				√	√
	9	Running tap water is available in all areas of the hospital					√
	10	Availability of 24 hours drinking water supply	√	√	√	√	√
	11	There is at least one toilet for every 12 in-patient beds	√	√	√	√	√
	12	Separate toilets and bathrooms available in Male/ females wards , Staff rooms. Additional toilets for OPD				√	√
	13	Each patient has access to an area in which to keep personal possessions.				√	√
	14	A telephone is available within the hospital premises and suitable for private use by patients.			√	√	√
	15	Floor surfaces are non-slip and even.			√	√	√
	16	Shower facilities are available, with warm water for winter months.				√	√
	17	The OPD area has - BP Apparatus, thermometer, torchlight, weighing machine, and an examination table in a chamber providing adequate privacy.	√	√	√	√	√
	18	Waiting area for patients with chairs and benches is available				√	√

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
	19	Washing facilities with a wash basin and mirror afford privacy			√	√	√
	20	24 hours pharmacy available for patients					√
	21	functioning Cafeteria for patients and relatives					√
	22	Telephone/Fax, 64KBPS connectivity and machine to read and manage smart card transactions.	√	√	√	√	√
MANAGEMENT	1	There are clear, documented lines of responsibility for all clinical and non-clinical services				√	√
	2	There are systems in place, which produce reliable financial information and proper accounting records.		√	√	√	√
	3	There are systems in place which produce reliable financial information and proper accounting records, including an updated cash book and annual external audits			√	√	√
	4	Each service within the hospital has an identified manager who is responsible for its organisation and management.				√	√
	5	Every doctor working regularly within the hospital has a written agreement with the management to do so. The general terms of this agreement have been formally adopted and documented by the medical staff and the management. This agreement is agreed and adopted by the staff and minutes recorded. GO incase of government hospitals.				√	√
	6	Where an external contractor provides services, a detailed service specification is available, where appropriate.					√
	6	There is a mechanism to regularly monitor, evaluate and review the contractor against the contract specifications and take actions against deviations/non-compliance, if any.					√
	8	There are clear lines of responsibility and accountability for the overall quality of hospital services (clinical and non-clinical) provided. A designated In charge Hospital is responsible for ensuring that a system for quality management is in place.					√
	9	Written and dated job descriptions are available for all posts, which specify at least the following: - Job title and grade - Job purpose and objectives				√	√

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
		- Responsibilities					
		- Accountability					
		- Review date.					
AVAILABILITY OF STAFF	1	At least 1 medical officer(RMP) & 1 nurse (RNP) available at all times	√	√	√	√	√
	2	Emergency department is manned by an MBBS doctor on 24x7 basis					√
	3	There is a system for calling specialists in an emergency				√	√
	4	At least 1 information provider is present (staff) at all times		√	√	√	√
	5	There is a first level registered nurse appropriately qualified and/or experienced who is responsible for the management of each ward.			√	√	√
EVALUATION AND CARE OF IN-PATIENT	1	All patients receive a physical examination and a full medical history is taken by a member of the medical staff before admission procedure and the assessments are recorded in the patient record; dated, timed and signed.		√	√	√	√
	2	A written informed consent is taken from all patients undergoing a procedure		√	√	√	√
	3	IPD patients are evaluated at least twice a day			√	√	√
	4	If patients are transferred to another hospital, copies of their clinical notes accompany them				√	√
	5	A copy of the Discharge summary / Death Summary (if applicable) is provided to the patient/attendant and explained to the patient / attendant by the treating doctor		√	√	√	√
	6	In case payment is called for, the patient should be properly guided					√
	7	After examining the patient, the doctor shall legibly endorse the course of action on the OPD card (to be kept by the patient) and direct the patient to the appropriate medical facility			√	√	√
	8	In cases where laboratory/radiographic investigations are required, the doctors shall completely fill up the respective requisition slip			√	√	√
OPERATING DEPARTMENT(IF	1	Adequate lighting, Air conditioning and Ventilation is provided in each OT		√	√	√	√

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
providing surgical treatment)	2	The OT complex is divided into sterile, clean, protective and disposal zones				√	√
	3	A height adjustable OT Table, and a cold, shadowless Operating light is available		√	√	√	
	4	sterilisation facilities functional.	√	√	√	√	√
	5	Sterilabels are used for maintaining the quality of autoclaving					√
	6	The anaesthetic induction room and operating theatre is equipped for its purpose and includes:					
		- Anaesthetic machine and ventilator					
		- Laryngoscopes (Adult / Paediatric)					
		- Endotracheal tubes/laryngeal masks					
		- Airways					
		- Nasal tubes		√	√	√	√
		- Suction apparatus and connectors					
- Oxygen							
- Drugs for emergency situations							
- Monitoring equipment including ECG, ETCO2 (where applicable), pulse oximeter and blood pressure							
7	Procedures are available and up to date for:						
	- Informed patient consent			√	√	√	
	- Pre-operative assessment						
8	- Post-operative care						
	functional annual maintenance contract for all major equipments.				√	√	
9	Emergency power supply connection is available for all OT equipment			√	√	√	
LABORATORY SERVICES(incase the service is outsourced, the outsourced agency should comply with these	1	There is a comprehensive, written, dated and signed operational policy for the department, which clearly identifies organisation, scope and objectives of the department.				√	√
	2	A system for registration of patients exists for					
		-Identification of samples					
	-Recording of type and no. of investigations		√	√	√	√	
	-Recording of personal data for identification						

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
norms)	3	Written, dated and signed procedures for the collection, reception, handling, abeled, storage, transportation and disposal of samples, including blood and body fluids are readily available to all appropriate staff.			√	√	√
	4	All laboratory equipment is subject to a planned inspection, calibration and maintenance programme which is recorded				√	√
	5	There are safe procedures for the disposal of clinical, toxic and LIQUID waste					√
	6	Staff are offered appropriate immunisations based on written policies or ad hoc recommendations of the public health expert					√
	7	Test results should be recorded not only in the Lab registers but also on the requisition slip of the patient and on the OPD card	√	√	√	√	√
	1	The services and facilities satisfy statutory requirements under the PNDDT Act	√	√	√	√	√
	2	There is an in-charge radiology/ or the radiologist identified with clearly defined responsibility for all aspects of the department.				√	√
RADIOLOGY / Diagnostic SERVICES (in case the service is outsourced, the outsourced agency should comply with these norms)	3	The services and facilities satisfy statutory requirements under the Atomic Energy Act of BARC, the PNDDT Act and guidelines from BARC regarding radiation policies and procedures.			√	√	√
	4	Arrangements are in place for dealing with out of hours or emergency requests.			√	√	√
	5	There is provision for a female attendant to accompany female patients during radiological procedures		√	√	√	√
	6	There are prominently displayed signs IN LOCAL LANGUAGE warning women of childbearing age of the dangers of radiation in pregnancy.				√	√
	7	There are records to suggest that Emergency drugs and equipment including all resuscitation equipment are functioning, in date and are readily accessible.				√	√
	8	Radio diagnostic facilities are accessible by wheelchairs from all parts of the hospital				√	√
	9	The protection of staff conforms to the BARC guidelines					√

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
		- Staff working with radiological equipment wear radiation monitoring devices					
		- These devices are assessed and maintained in accordance with statutory regulations					
		Records of these tests are kept for the working lifetime of staff employed by the service					
	10	Test results should be recorded not only in the x-ray registers but also on the requisition slip of the patient and on the OPD card	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	11	Request Forms contain:					
		- Patients name					
		- Identification number					
		- Address					
		- Age					
		- Examination requested					
		- Previous examinations					
		- Clinical diagnosis				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		- Information relating to the pregnancy rule in women of childbearing age					
		- Identity of requesting physician					
		- History of allergy in red ink.					
		- For medico legal cases mark of identification of the patient and name of police official bringing the patient					
		Fee to be charged/not to be charged					
INFECTION CONTROL PRACTICES	1	Documented Infection control protocols in place				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Mopping of all areas at least twice a day with hypo chloride solution or any other disinfectant (documented)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	Carbolisation of the OT, Labor Room after every procedure (documented)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4	Shredders / needle destroyers are available in all clinical areas			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5	Mechanisms to ensure toilet sanitation (verified from duty rosters for sweepers)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	6	Regular documented autoclaving of instruments & linen				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOSPITAL WASTE MANAG	7	The waste disposal is in accordance with the Biomedical waste management & handling rules 1998				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	8	Collection of waste done as per guidelines in wards, OPD,OT, labour room.					<input checked="" type="checkbox"/>

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
EMENT	9	Availability of colour coded Bin in each ward					<input checked="" type="checkbox"/>
		Red					<input checked="" type="checkbox"/>
		blue /white					<input checked="" type="checkbox"/>
		yellow					<input checked="" type="checkbox"/>
		Black					<input checked="" type="checkbox"/>
	10	waste treated with bleach or any solution before disposal					<input checked="" type="checkbox"/>
	11	The health facility has a valid license from the PCB				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUPPORT SERVICES	1	Dietary services are made available to patients.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	Hygiene delivery in place to the IPDs					<input checked="" type="checkbox"/>
	3	fresh clean bedsheets given on admission and changed every 3rd day or as and when required for the same patient.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4	Bed mattresses of the patients are in good shape	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5	Clean bedpans and urinal pans and dustbin are available .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	6	Laundry system in place				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	7	There are clear arrangements for the provision of mortuary services, whenever required and these are readily accessible to hearses and from the hospital			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ACCESS TO BLOOD BANK BLOOD BANK (IF THE HOSPITAL HAS ONE)	1	The health facility has mechanisms in place to ensure that patients requiring blood get safe blood , as mentioned in National Blood transfusion policy ,in adequate quantity without loss of time.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	The Blood Bank/ Blood storage center meets the licensing requirement of the Drugs and Cosmetic Act and Supreme Court rules				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	Blood collected is labeled appropriately with the donors name, registration number, blood group, date and time of collection and date of expiry, tests carried out.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4	The Blood Bank / Storage center maintains records of procurement, issue and transfusion of blood, cross-matching and any issue related to blood and blood components. The records are kept for at least 5 years.					<input checked="" type="checkbox"/>
PATIENT RIGHTS	1	Rights and responsibility of the patients/ Information for patient education are displayed at prominent places in the health			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
		facility.					
	2	Information explaining implied consent is prominently displayed at various places in the Hospital.			√	√	√
	3	The facilities available and the services being provided and the charges are also prominently displayed			√	√	√
	4	There is evidence that there is a documented grievance redressal mechanism which is practised					√
	5	There is adequate provision for patient privacy in the form of screens and curtains etc				√	√
	6	In case a male doctor is attending a female patient, there is provision for a female attendant to be present during such an event			√	√	√
	7	There is a mechanism to obtain patient feedback on a regular basis				√	√
	8	There are mechanisms to ensure that confidentiality of patient records / information is maintained				√	√
MEDICAL RECORDS	86	Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative / Government / Nodal Agency as and when required.	√	√	√	√	√
	87	There is evidence that the hospital has a documented policy on creation and maintenance of medical records which is practiced					√
HEALTH & SAFETY	88	All emergency telephone numbers concerned with Health and Safety are displayed prominently.			√	√	√
	89	Pictograms indicating fire exits and escape routes are properly illuminated, clearly visible, unobstructed and are conspicuously displayed at appropriate locations				√	√
	90	The hospital has been inspected for fire safety and there is evidence that recommendation made during inspection are being implemented.				√	√
	91	Relevant safety information is available including: - Safety regulations - Fire precautions				√	√

		OBJECTIVE ELEMENTS	LEVEL				
			E	D	C	B	A
		- AIDS/HIV/Other guidelines					
	92	There should be a clear written, dated signed procedure for the reporting of clinical incidents for all medical specialties and clinical support departments. The procedure should allow for the reporting of adverse or "near miss" incidents and adverse drug reactions.				√	√
	93	Hospitals records should be maintained on all:					
		- Accidents					
		- Errors					√
		- Incidents					
		- Near misses					
		- Violent episodes.					
	94	There should be evidence of management action arising from incident reporting i.e. each case is individually investigated, evaluated and acted upon.					√
LABOUR ROOM If providing Maternity services	95	The Labour room should have					
		Delivery table which can be turned to Trendelenberg position	√	√	√	√	√
	96	There is a suitably experienced and qualified doctor responsible for the day to day management of the unit.	√	√	√	√	√
	97	A trained mid-wife/nurse is present at every birth .	√	√	√	√	√
	98	Records kept after discharge include the combined:					
		- maternity notes (including care plans)	√	√	√	√	√
		- birth registration					
	99	An emergency power system provides heat and light in the event of a mains power failure.			√	√	√
	100	The hospital has 24 hour on-site cover from qualified medical doctors (including anesthesiologist or M.O who has received 6-month orientation course in anesthesiology).		√	√	√	√

Draft Assessor Guide

Criteria No	1
Criteria Description	At least 10 inpatient medical beds for primary inpatient health care
Assessment Mechanism	Physical verification
Specific Details	<p>Each patient bed is constituted of, a bed, a saline stand, an attendant seat, 2 changes of linen (bed sheet, pillow, pillow cover) a mattress, a blanket, a dustbin and a bedpan. A lockable storage space may also be provided.</p> <p>Also basic amenities like toilets, bath areas, wash areas, lighting, drinking water (10 liters/bed/day) water storage (50 liters/bed/day) electricity and electricity back-up, fans and heaters (for winters) are mandatory requirements</p>
Criteria No	27
Criteria Description	Fully qualified doctors and nursing staff under its employment round the clock.
Assessment Mechanism	Physical verification with personal files, and verification through the financial reports suggesting payment of wages
Specific Details	<p>At least one medical officer (MBBS or AYUSH) should be available within the hospital 24x7. Any one MO should not be serving more than 12 hrs a day> Doctor to patient ratio should not exceed 1:20. Out of all the MOs on rolls, at least half should be MBBS</p> <p>At least one staff nurse (B.Sc(nursing)/GNM incase the hospital has an OT, or ANM incase the scope of services is limited to OPD + Maternity Services) should be available within the hospital 24x7. Any one staff nurse should not be serving more than 12 hrs a day. Nurse to patient ratio per shift should not exceed 1:16</p>
Criteria No	86
Criteria Description	Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/Government/Nodal Agency as and when required
Assessment Mechanism	Physical verification, and a sample of records of last six months
Specific Details	The mandatory records should include IPD admission register, OPD attendance register. The In-Patient records should contain, the demographic details of the patient, the diagnosis, operation and anesthesia notes (if applicable) and a discharge summary which is dated and signed. A sample of patient records for the last 6 months may be checked

Criteria No	17
Criteria Description	Telephone/Fax, 64KBPS connectivity and machine to read and manage smart card transactions.
Assessment Mechanism	Physical verification
Specific Details	The dial tone should be checked, and the last bill should be checked to verify the technical details of the connection

SERVICES NOT DIRECTLY MANAGED LOCALLY

Identify any services which are sub-contracted or which the hospital manager is not responsible e.g. laboratory, catering, laundry, radiology services and provide details of monitoring arrangements. **Copies of current contract arrangements should be made available to the surveyors.**

Name of service	Managed by:	Operational since (date)	Name of monitoring organisation