



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Standardisation of Women and Children Hospitals under Aardram Mission- Strategies to be adopted – orders issued.

HEALTH & FAMILY WELFARE(M)DEPARTMENT

G.O.(Rt)No.1484/2020/H&FWD Dated,Thiruvananthapuram, 12/08/2020

Read 1 Letter No.PLA4-12741/2020/DHS dated 02.03.2020 From the Director of Health Services, Thiruvananthapuram.

2 Letter No. ADMIN/38/2020/SHSRC-K dated 18.02.2020 from the Executive Director, State Health Systems Resource Centre-Kerala, Thiruvananthapuram.

ORDER

In India, the State of Kerala has maintained its position at the top as far as maternal and reproductive health is concerned by recording the lowest maternal Mortality Ratio (MMR) of 42 and infant mortality rate (IMR) of 10 to the latest Sample Registration System(2017). The better health indices of the state are a reflection of the sustainable development model being followed by Kerala wherein more importance is given to the public and social service sectors. But due to multiple reasons including the epidemiological and demographic transition undergone by the state the health system is facing a new set of challenges. At present Kerala is one of the states with highest reported morbidity and out of pocket expenditure in India. To address the changing health needs of the population effectively and comprehensively and to reduce the out of pocket expenditure in health all three levels of care has to be strengthened under Aardram Mission. The Government has rightly identified the importance of Women and Children hospitals which have always played a remarkable role in the health of women and children in the state. The state is on a mission to achieve the sustainable development goal (SDG) by decreasing the MMR rate to 30 in

2020 and to 20 in 2030. In this context, it is essential to standardise the Women and Children Hospitals in the state.

Government after examining the matter in detail has decided to adopt the following strategies with regard to the Standardisation of Women and Children Hospitals under 'Aardram Mission.'

STRATEGIES FOR STANDARISATION - WOMEN & CHILDREN

1. People friendly transformation of OP services
2. Strengthening of emergency services
3. Specialty services in maternal and child care
4. Co-ordination of RCH and public health programmes
5. Setting up of Quality Standards
6. Capacity Building Centre
7. Resource Mobilisation

1. People friendly transformation of OP services

Women & Children hospitals are secondary level referral care centres providing quality specialty services to patients referred from primary care institutions and Taluk hospitals. A people-friendly hospital is one with friendly and empathetic staff, inspiring confidence among patients and having a reputation for good quality services. The following must be ensured to provide people-friendly ambience and services at Women & Children Hospitals.

- The outpatient department should be located in an area easily accessible to patients and their attendants, ambulance and other emergency vehicles.
- It should be easily identifiable through adequate display boards.
- Entrance should be friendly to visually/physically challenged people with ramps, side rails and wheelchairs with adequate parking area
- Designated ambulance and emergency vehicle parking area with adequate

number of wheelchairs/trolleys

- All signages should be printed in Malayalam, English and any relevant local languages.
- The following signages should be mandated at all prominent locations within the hospital.
 - i. The layout of the outpatient department with room numbers
 - ii. Citizen charter
 - iii. Patient rights and responsibilities
 - iv. Details of staff on duty (Doctors, Nurses, Paramedical)
 - v. OP departments with corresponding OP days and OP timings
 - vi. Statutory boards as per the regulations from time to time (e.g. COTPA, RTI, Vigilance, PC-PNDT, POCSO)
 - vii. The route to various services/stations should be displayed using colour coded signages/boards
 - viii. Suggestion/complaint box
 - ix. Designated IEC/BCC corners at visually prominent areas
- Designated help desk/counters in the registration area for enquiry and for providing legal, social security, birth and death registration, entitlements and insurance related services.
- Adequate number of security staff and volunteers for assistance.
- A police aid post located near to the emergency care
- Separate OP registration area with adequate number of counters.
- Designated counters for fast-tracking of OP registration for older persons and differently abled patients
- The outpatient department should be linked with the e-Health system and the entire process should be paperless in future
- Token system and display board for each OP room/services
- Waiting area with adequate seating facilities and toilets with

women/child/elderly/transgender/differently abled friendly toilets with napkin incinerator.

- A refreshment area with -tea/coffee vending machines, safe drinking water
- Audio visual system, reading materials, IEC/BCC materials & public address system with soothing music
- Breast feeding area/room, childcare area, napkin vending machines
- Adequate number of nurses/nursing assistants/hospital attendants and patient care coordinators (ASHA, Voluntary workers, students, trainees etc)
- Designated pre check areas for each department with privacy and e-Health provision
- Outpatient pharmacy counters with token system, display boards, waiting area etc.

Consultation rooms

- i. Separate cubicles with adequate space for each doctor with an examination area. Privacy should be ensured.
 - ii. Separate procedure rooms for each specialty
 - iii. Separate areas should be identified for Ultra sound, ECG etc
- Designated area for Family Planning and immunization services
 - Designated Nursing stations, injection room, nebulisation area and ORT corner
 - Minor procedure /dressing room
 - Designated room for conducting Medical Boards.

Exit Counter

- Located near the exit of the outpatient department
- For patient support services and guidance
- To be linked with e-Health system
- Ensure counselling services

Outpatient Department Timings

- OP services should be available from 8AM to 1 PM on all days except Sundays

2. Strengthening of Emergency Services

The following services are provided:

- i. Reception and registration
 - ii. Triage
 - iii. Examination
 - iv. Resuscitation and stabilisation
 - v. Investigation & initiation of treatment
 - vi. Observation services
 - vii. Curative services
 - viii. Referral services
 - ix. Minor procedures
 - x. Major emergency procedures
 - xi. Medico legal services
 - xii. Disaster management services
- Women & Children hospitals should have a separate emergency department for all OBG and paediatric emergencies
 - It should be located on the ground floor with ramps and railings.
 - It should provide round the clock services
 - Easily accessible, separate entry with barrier free approach to vehicles
 - Open reception area with adequate number of wheelchairs and trolley, stretchers and demarcated trolley bay
 - Parking area for ambulances

- Ambulances should have direct access to the receiving/triaging area
- Separate entry and exit area
- Designated registration area for emergency services
- Adequate space for triaging with colour coding
- Waiting area with adequate seating facilities, toilet facility (separate toilets for physically challenged/women/transgender) with napkin incinerator
- Multilingual signages, boards with list of available services in the local language, display of IEC/BCC materials, duty rosters and round the clock enquiry service.
- Doors should be wide enough to allow attendants to walk on either side of the patient on a trolley
- Public telephone facility, CCTV and public address system
- Adequate space for examination area for medico legal cases (like rape/POCSO)
- Round the clock ALS ambulance service with trained staff.
- 24 hr laboratory, pharmacy and ECG services
- Emergency Operation Theatre Facility
- Centralised medical gases, suction supply and Oxygen concentrator
- Resuscitation area with adequate numbers of equipment, instruments, drugs & consumables
- Doctor's examination area with adequate lighting and hand washing facility; decontamination area, equipments and instruments as per requirement .
- Nurses station with hand washing facility, medicine trolley, crash cart, modular storage for drugs and consumables
- Nebulisation area and ORT corner
- Minor procedure room with essential instruments and equipments
- Observation room with 10 - 15 beds separated by curtains, attached toilet facilities, drinking water
- Emergency pharmacy services
- Adequate number of duty rooms for staff on duty
- Store room

3.Specialty Services in Maternal and Child care

Objectives

- To provide comprehensive maternal, child and adolescent care services .
- To function as a referral centre for the peripheral hospitals.
- To establish and maintain an acceptable standard quality of care as per LAQSHYA standards.

Specialty Services

Specialty services including Obstetrics and Gynaecology, Paediatrics, Anaesthesiology and Radiodiagnosis, to be available in Women & Children Hospital. Institutional arrangements to be made for providing services of specialists in General Medicine, General Surgery, Psychiatry etc. There should be adequate facilities in each department as per standards including the space for patient counseling. Blood bank with component separation, Diagnostic facilities like laboratories (Microbiology, Serology, Histopathology, Haematology, Cytology, Biochemistry) and Imaging technology services should be provided.

Special Clinics

All Women & Children hospitals should provide special clinics like:

- Fertility Clinic
- Newborn Clinic
- Adolescent Clinic
- Cancer Screening Clinic
- Mental health Clinic (AMMA MANAS)
- Women's wellness Clinic

4. Co-ordination of RCH and public health programmes

1. Family Welfare Unit (Post Partum Unit)

Post Partum Unit should function with dedicated staff and infrastructure to provide Post natal services, all Family Planning Services, Safe Abortion services and immunization in an integrated manner. The unit also should promote Post-Partum Sterilization services to all deliveries happening in the institution and those who are referred from the field as part of camps as per needs. The unit should have a PHN and a counselor for effective service delivery.

Field level services

- i. Cancer Detection Camps
- ii. Blood Donation Camps
- iii. Laproscopic sterilization and NSV Camps
- iv. Field level services from FW units
- v. Supporting the reproductive health camps at primary health care level (Premarital counselling, adolescent health, RTI/STI screening, PMSMA (Pradanmanthri Surakshitha Mathrithwa Abhiyan)
- vi. Any other field activities as and when needed

Urban Public Health Co-ordinating Unit

- FW unit (PP unit) should function as an Urban Public Health Co-ordinating Unit providing the following services:
 - › Family welfare programmes
 - › Immunisation services
 - › Other National and State public health programmes
 - › Arogya Jagratha programme
 - › Outreach services and surveillance
 - › Intersectoral coordination
- The urban public health coordinating unit shall also function as the nodal agency for all health prevention and promotion activities in the area
- It is the responsibility of the staff in the urban public health coordinating unit to prepare a Health Status report based on data collected from the field and the institution.

Epidemic Control and Disaster management

Epidemic Control

- Carry out and coordinate the activities required for preventing and controlling public health emergencies like epidemics or outbreaks affecting the community at large (as per directions from District/ State Health authority)
- Activities shall include Integrated Disease surveillance, epidemic investigations, sample collection preservation and transportation establishing community and laboratory diagnosis and providing team members for Rapid Response Team (RRT)

2.New born Screening Services

The following services should be made available in new-born screening service in all Women and child hospitals

- Visible birth defect screening
- Pulse oximetry to identify congenital heart diseases
- OAE (otoacoustic emission) test
- ROP screening
- Metabolic screening

3.District Early Intervention Centre (DEIC)

DEIC should be functional with a team consisting of Pediatrician, Medical officer, Dentist, Staff Nurses and Paramedics to provide services. There should also be a provision for engaging a manager who would liaison with identified public and if not available private empanelled tertiary care facilities for ensuring adequate early referral support.

4.Integrated Counselling and Testing Centre (ICTC)

There should be an ICTC where a antenatal can be counselled and tested for HIV, of his own free will or as advised by a medical provider. The main functions to be carried out are:

- Conducting HIV diagnostic tests.
- Providing basic information on the modes of HIV transmission, and promoting behavioural change to reduce vulnerability.
- Link people with other HIV prevention, care and treatment services.

5. Setting up Quality Standards .

- Accredited with at least one quality standard like Kerala Accreditation Standards for Hospitals (KASH), National Quality Assurance Standards (NQAS) or National Accreditation Board for Hospitals and Health care providers (NABH) etc
- The labour room complex to adhere to the LAQSHYA standards .
- Standard Operating Procedures (SOP) must be available and adhered to all sections of the institution
- As per the State guidelines of Maternal Mortality Reduction Programme including constitution of Obstetric RRT

Standardisation of Inpatient Department

Women & Children hospitals should have the following wards

- Antenatal wards, Post natal wards, Post-operative wards, Gynaec ward, Paediatric wards, Isolation wards, Fever ward (as and when needed), Septic ward and Family Planning wards
- At least 50% cots should have side rails, bystanders cots and chairs and modular bedside lockers should be provided .
- There should be differently abled and geriatric friendly toilets, sanitary napkin vending machine and incinerator in female wards
- Seating and dining arrangement for patients and bystanders
- Adequate number of wheelchairs and trolley
- Nurses station permitting visual observation of patients; modular drug & consumable storage facility
- Separate utility rooms for clean and dirty linen and consumables
- Designated areas for hand washing
- Provision for e-Health
- Display boards showing bed strength, census, staff on duty/on-call duty.
- Instruction, information and IEC/BCC to patients and bystanders
- Resuscitation trolley, crash cart, medicine trolley, X-Ray viewer.
- Procedure room with necessary equipments and instruments.

- Bio - medical waste management system
- Centralised Medical gases, Suction
- Mosquito proofing of wards
- Store room
- Adequate furniture
- Staff duty room with toilet facility
- Children's play area near paediatric wards.
- Television, Public Address System .
- Any other equipments/instruments required specific to the ward
- Linen policy as per the quality standards from time to time
- Standard Operating Procedures (SOP)

High Dependency Unit & Intensive Care Unit

Maternal High Dependency Unit: 6 - 10 Beds

- Patients from ICU may be transferred to HDU before shifting to the wards or discharge.
- Location should be easily accessible from emergency services department and wards
- HDU should be provided with necessary equipments and amenities. Patient-nurse ratio may be 3:1

Intensive Care Unit (ICU): 6 - 10 Beds .

- Location of ICU should be in the proximity of Operation theatre and emergency care department
- Each bed should be provided with equipment for continuous and intensive monitoring of vital parameters, centralised medical gases, suction facility
- Ventilator facility
- All ICU should have a nursing corner. Patient-nurse ratio should be 1:1
- Modular rack for storage of medicines, consumables and linen.
- Biomedical waste management system
- ICU should be accessible to the lift / ramp.
- There should be single entry, exit and a receiving area for ICU
- There should be changing room/toilets for staff and bystanders.
- Facilities for telephone or intercom, PAS
- Counselling room, waiting area, sitting arrangement, drinking water facility, coffee/tea vending machine etc should be provided for bystanders.
- There should be established criteria for admission and discharge, and standard treatment guidelines should be displayed.

Operation Theatre (As per LAQSHYA standards)

Women & Children hospitals should have an operation theatre complex as

per LAQSHYA standards. There should be exclusive theatres for Obstetrics, Gynaecology, Laparoscopy and family planning procedures. Provisions for emergency operation theatre should be made near the labour room complex.

- In continuation to the receiving area there should be separate rooms for all category staffs, pre-anaesthetic check-up, store room, designated scrub area and instrumental cleaning and packing area.
- An area designated for documentation and recording.
- Provision for stand by theatre
- Separate emergency theatre for conducting emergency surgeries
- There should be a post-operative recovery room with adequate facilities
- Air conditioning with laminar airflow
- A designated Newborn Care Corner (NBCC) inside the operation theatre with radiant warmer and resuscitation kit .
- HR as per LAQSHYA standards

Labour room (as per LAQSHYA standards in Institutions where OBG is functioning)

- A reception and registration area at the entry of the labour room complex. Entry should be approachable by ambulance.
- An examination cum Triage room with adequate number of beds and seating facility
- A procedure room which can be used for conducting ultrasound examinations or any other minor procedures.
- A storeroom, clean and dirty utility area.
- A doctor's duty room and nurse's room
- The labour room should have 3 or more labour cots based on the delivery load.
- A designated Newborn Care Corner (NBCC) inside the labour room with radiant warmer and resuscitation kit.
- Air conditioning with laminar airflow
- The labour cots, equipment, instruments and consumables should be as per LAQSHYA standards.

Special Newborn Care Units (SNCU)

In institution where more than 200 deliveries per month are taking place, there should be 10 -12 bedded SNCU units. If the number of deliveries is less than prescribed numbers a New Born Stabilization Unit (NBSU) is enough.

- Located with a minimum floor area of 1200 sqft adjacent to the labour room or at least in the same floor of the delivery room
- The approved floor plan with unidirectional flow, triage area, feeding and counselling rooms, wash area, main and step down units etc to be followed. (SNCU)

- Sterile area should be demarcated and access restriction should be followed strictly
- SNCU trained paediatrician and staff
- Provision for Kangaroo mother care and family participatory care
- Referral and back referral system should be in place
- Provision for training facility on NSSK
- Data should be fed to the SNCU online portal in the prescribed format .

Paediatrics High Dependency Unit: 4 - 6 Beds

- Location should be easily accessible from emergency services department and wards
- HDU should be provided with necessary equipments and amenities. Patient-nurse ratio may be 3:1

Paediatrics Intensive Care Unit (4 to 6 beds)

- Location of ICU should be in the proximity of Operation theatre and emergency care department.
- Each bed should be provided with equipment for continuous and intensive monitoring of vital parameters, centralised medical gases, suction facility .
- Ventilator facility.
- All ICU should have a nursing corner. Patient:nurse ratio should be 1:1
- Modular rack for storage of medicines, consumables and linen.
- Biomedical waste management system
- ICU should be accessible to the lift / ramp.
- There should be single entry, exit and a receiving area for ICU
- There should be changing room/toilets for staff and bystanders.
- Facilities for telephone or intercom, PAS
- Counselling room, waiting area, sitting arrangement, drinking water facility, coffee/tea vending machine etc should be provided for bystanders.
- There should be established criteria for admission and discharge, and standard treatment guidelines should be displayed.

Medico legal services

- The institution shall provide round the clock medico legal services as mandated in the Kerala Medico legal code.
- Materials required for medico legal examination and collection of samples including safe kit.

Referral care plan

- All Women & Children hospitals should have a well-documented referral protocol.
- This referral protocol has to be followed while referring patients to an institution with better facilities or during the back referral of patients.
- If critically ill patients are referred to a higher institution, ambulance service must be provided; if necessary, with an emergency medical technician and the institution to which the patient is referred must be intimated about the arrival of the patient.

Support Services

Pharmacy & central store

Pharmacy unit consists of outpatient dispensing pharmacy, ward pharmacy, subsidiary and central store.

Outpatient Pharmacy (As per NQAS)

- Located near the exit point of the outpatient department .
- Dispensing counters depending on the patient load with adequate waiting area, seating and other patient amenities like drinking water, token system, television, multilingual display boards etc.
- Well lighted and should have adequate space with modular drug storage facilities.
- Air-conditioned subsidiary store with proper drug storage facility.
- Computerised dispensing and inventory management.
- Round the clock pharmacy services.
- Provision for e-Health

Central Store (As per NQAS)

- Located at a place which is accessible to the vehicle and easily transportable to wards, dispensary and emergency care.
- Fully air-conditioned and well lighted.
- Adequate space for keeping all drugs, laboratory reagents, and consumables.

Imaging services

- Located near the OPD and emergency care department and away from the public traffic.
- Imaging services should comply with the site approval of Department of radiation safety and certification of registration by AERB.
- Provision for round the clock service.
- Provision for an X-ray units with 300/500 mA X-ray machines, 100 mA portable X-ray machine .
- Facility for ultrasound scans.

- Patient friendly amenities including waiting area, seating and toilets facilities
- Provision of e-Health
- Adequate consumables reagents, chemicals etc
- Adequate Storage facility
- Registers and record maintenance
- Facility for parking area for trolley

Laboratory services (as per NQAS standards)

- Location easily accessible to OPD emergency care department and wards
- Reception area with adequate seating and other patient/bystander amenities like IEC/BCC, signages, drinking water, token system, toilet facility, television etc
- Designated area for collection of samples
- Single window operation for laboratory report delivery
- A designated area for receiving samples from different collection areas
- Adequate consumables, reagents and storage facility
- Internal and external quality assurance system
- Separate laboratory areas for Microbiology (Bacteriology, Serology), Clinical Pathology (histopathology, haematology and cytology) and Biochemistry
- Infection control procedures and lab safety measures should be strictly adhered to.
- Standard Operating Procedures for all laboratory tests.
- Bio- medical waste management system
- Computerised laboratory system (Provision for e-Health)

Blood bank with component separation facility (As per NACO guidelines)

- Location easily accessible to emergency care department and operation complex.
- Round the clock availability of blood components.
- Provision for components to peripheral institutions
- Pathologist/Transfusion Medicine Specialist/trained Medical Officer, Staff Nurses, Blood Bank Technicians, Counsellors and Support staff .
- Bio- medical waste management system
- Adequate consumables and reagents and storage facility .
- Computerised blood banking system (Provision for e-Health)
- Field level blood grouping/ donation camps, awareness generation programmes.

Central Sterilization Supply Department (CSSD) (As per NQAS guidelines)

- CSSD should be easily accessible to the operation theatre complex
- Clear zoning facilities for soiled, clean, sterile zone, with unidirectional flow
- Adequate storage area with consumables, reagents and chemicals
- Separate reception area near to soiled zone and issue counter near to the storage area
- Registers and records maintenance (Provision of e-Health) .
- SOP and Quality Assurance System

One-Stop Crisis Management Centre (Bhoomika)

- There should be a centre for gender-based violence management and support functioning as per guidelines .

Ambulance service

- 24-hour Advanced Life Support Ambulance service for the transport of critically ill patients to higher centres. Services can be linked to 108 ambulance service .
- Separate ambulance for transportation of dead body
- Facility for free transportation for eligible patients

Insurance and Assurance services

- The hospital shall provide services to patients under various insurance and assurance schemes like JSY, JSSK, RBSK, Arogyakiranam, KASP, CGHS etc .

Disaster Management Plan

- Documented disaster management plan and designated RRT for managing disaster situations
- Round the clock code blue resuscitation facility
- Emergency preparedness training for all staff
- Public awareness programmes
- Periodic mock drills

Auxiliary Services

Dietary department

- The kitchen should be located on the ground floor with reception. Separate area should be identified for daily storage, preparation, cooking, service, dish washing and waste disposal.
- Dietician, cook and other supporting staff

- Provision for distribution of food in wards
- Provision of special diet for patients and pregnant ladies
- Health card for staff working in the dietary department.
- If cooked food is provided by NGOS/agencies, there should be provision for proper distribution for patients/bystanders through the dietary department
- Provision for free diet for eligible patients
- Provision for a canteen

Power laundry (As per NQAS)

- Located close to CSSD
- Straight line or U-shaped pattern from dirty to clean end area with reception and issue area attached to each end
- If no Laundry is attached to the institutions linen cleaning can be outsourced.

Housekeeping (As per NQAS)

- Housekeeping should be under the direct supervision of the Nursing superintendent/Health Inspector of the institution .
- Ensure quality and hygiene of all rooms including bathrooms, toilets, patient amenities, equipment, Pest control, power supply, water supply and other consumables on daily basis.

Security services

- Availability of round the clock security service .
- The number of security staff (preferably Ex-service staff) required can be determined based on the physical infrastructure and patient load of the institution .
- Female securities to be included as per need

Hospital engineering services

- Provision for round the clock hospital engineering services either by dedicated staff or outsourced agency for plumbing, minor electric work, minor civil maintenance and computer maintenance etc
- Ensure uninterrupted supply of water, potable water, electricity, proper solid and liquid waste disposal, rodent and pest control, environmental hygiene etc

Safety standards

- The institution should strictly adhere to fire, electrical, building and other safety standards as mandated by concerned authorities from time to time.
- Certification with respect to the above safety standards as per rules.

Biomedical waste management (As per Biomedical waste management rules)

- Linked with IMAGE for management of biomedical waste.
- Provision for collection, segregation, storage and management in proper colour coded containers in all sections of the institution as per guideline
- Training of all staff handling bio-medical waste

General Waste Management & Green Protocol

- Provision for general waste management as per the guidelines of "Malinyamuktha Keralam" in coordination with concerned LSG
- Provision for biogas plant and a compost facility
- Ensure green protocol guidelines in all sections and activities of the institutions
- Provision for rain water harvesting and solar power system .
- Provision for proper management of liquid waste through STP as per guidelines.

Bystander amenities

- Separate male and female dormitories exclusively for bystanders with dining area, bedding, clean toilets, wash areas, changing rooms, modular storage and security provisions.
- Provision for telephone facility and PAS in the dormitories.

Hospital Administration

- Administrative block should be located away from the patient care area.
- Designated rooms for Superintendent, Deputy Superintendent, Resident Medical Officer, Nursing Superintendent, Lay Secretary & Treasurer and PRO.
- Adequate space should be available depending on the number of ministerial staff with facility for billing and cash collection, dining, adequate toilets etc
- Medical record library should be accommodated in the administrative block.
- Provision of conference halls with audio visual equipments in the administrative block for conducting trainings and meetings.

Medical records library

- Located away from general public traffic in the administrative block
- Space allocation depends on bed capacity
- Care providers should have access to current and past medical records

- Computerised record system (Digitalization of records)
- Safety of medical records should be ensured.

Hospital management and information system (HMIS)

- Data processing centre should be located away from the main traffic areas .
- Timely and proper documentation of all activities in the hospital is essential for planning, development, implementation, monitoring, evaluation, medico legal accreditation and research purposes.
- HMIS should integrate all existing information management systems and should be linked with the e-Health system.

Performance monitoring

- Regular assessment of the functioning of the institution by conducting periodic maternal death audit, infant death audit, medical audit, nursing audit, equipment audit, patient satisfaction survey, hospital acquired infection.
- Monthly performance assessment of sections/departments and corrective measures.

Hospital Development Committee/Hospital Management Committee (HDC/HMC)

- The HDC/HMC has to be constituted and function as per the guidelines issued by the Government of Kerala.
- HMC to support the following activities like
 - › Additional human resources
 - › Patient care amenities like medical shop, additional laboratory services, imaging services, ambulance services etc
 - › General store, canteen, provision of free food
 - › Additional resource mobilisation for the improvement of the institution
 - › Coordination with LSG, other line departments, NGOs/Agencies etc
 - › Any other activity for the smooth functioning of the hospital as per decisions of the Government of Kerala

Various Committees

- › The following committees to be constituted and function as per guidelines
- › Institutional core committee
- › Housekeeping committee
- › Infection control committee
- › Bio - medical waste management committee

- › Quality assurance committee
- › Technical Committee
- › Purchase Committee
- › Condemnation committee
- › Grievance redressal committee
- › Internal complaint committee
- › Staff welfare committee etc
- › Any other committees as and when required

Grievance Redressal System

Develop a system for addressing the grievances of patients, bystanders, staff and public

6. Capacity Building Centre

Women & Children hospitals should act as a clinical training centre and awareness creating centre to the health care providers of the institution, field : staff, community health volunteers and general public.

- Located preferably in the administrative complex
- Provision for training halls and rooms with adequate seating capacity depending on the training load
- Provision for audio visual aids, adequate furniture and training materials
- Attached dining space, toilets, wash area etc

7. Resource Mobilisation

- There should be a master plan for every institution and further development of the institution should be done in a prioritised and phased manner utilising all the possible resources in accordance with the master plan.
- Financial resources can be pooled from different sources like government funds (plan fund & NHM fund), KIIFB, NABARD, LSGD fund (own fund, project fund, non-road maintenance fund, integrated district project fund), MP/MLA LAD fund, CSR, NGOs or Individual sponsors, KASP, HDC/HMC fund or any other source.

(By order of the Governor)

RAJAN NAMDEV KHOBRADE
PRINCIPAL SECRETARY

To:

Director of Health Services, Thiruvananthapuram
State Mission Director, National Health Mission, Thiruvananthapuram
Executive Director, State Health Resource Centre-Kerala, Thiruvananthapuram

Forwarded /By order

Section Officer