



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 STANDARDISATION - 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



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department - Transforming Primary Health Centres into Family Health Centres - Guidelines - Orders issued.

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HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(P) No.46/2017/H&FWD.

Dated, Thiruvananthapuram,05/08/2017

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Read: 1. G.O. (P) No. 10/2017/P&ED. Dated 19/04/2017

2.G.O. (Rt) No. 1348/2017/H&FWD. dated 12/05/2017

3.G.O. (Rt) No. 1808/2017/H&FWD. dated 28/06/2017

ORDER

1. The Government of Kerala has decided to strengthen the health care system through "Aardram Mission". Transforming Primary Health Centres into Family Health Centres (FHCs) by redefining the package of services offered and also improving their quality is one of the prime strategies of the Mission. The transformed services aim to achieve universality (making services available to all irrespective of whether they approach institutions or not) and comprehensiveness (includes promotive, preventive, curative, rehabilitative and palliative services). The services should be appropriate, rational and of good quality, responsive to the needs of the client group, addressing social determinants of health through intersectoral collaboration and community participation. The services should address equity considerations across gender and different segments of population that require special care.

2. The service provision through FHC will be institution based, field or outreach based as the case may be. Curative, counselling, health education, immunisation, medico-legal, pharmacy and laboratory are some of the institution based services. Field based services include outreach activities carried out for various public health programs and routine services by JPHN, JHI, ASHA and AWW.

3. Family Health Centres are health care delivery service institutions of Local self Government (LSG). LSGs should ensure the smooth functioning and management of these centres by providing infrastructure, human resources and other logistic support as and when required. Community partnership and participation in various health programmes are essential for promoting health and well being of any community especially in the context of lifestyle modification and convergence. LSG should take initiative in ensuring community partnership and participation.

4. **Convergence:-** FHC being the health care service delivery institution of the

LSG, should implement comprehensive primary health care program of respective local self governments. To achieve this, FHC should work with different social development sectors like Social Justice, Education, Agriculture, Watersupply, SC/ST development etc. FHC team has to create an environment conducive to health promotion and disease prevention. Local government should bring in different development sectors together to achieve defined health status as per Sustainable Development Goals. In other words, health will have to be the focal point of all development activities of the LSG.

5. To address the social determinants of health effectively the LSG should make use of and strengthen existing social structures like ayal sabha, ward sabha, grama sabha and Kudumbasree. Local NGOs and other community organizations should also be utilised. Ongoing missions such as "*Harithakeralam*", "*Life*" and "*Pothuvidyabhyasa samrakshana yagnam*" should also be converged at the local self government setting.

6. Timing of institutional services:- Outpatient care will be available at FHC, seven days a week;

- Monday to Saturday: 9.00 AM to 1.30 PM and 1.30 PM to 6.00 PM
- Sunday: 9 AM to 1.30 PM.

7. Curative services:-

Treatment should be provided to all patients attending the OPD of FHC adhering to the Comprehensive Primary Health Care (CPHC) treatment guidelines. Patients who need a higher level of care should be identified as per the red flag signs and referred early to the appropriate level as per the treatment guidelines. The follow up of these cases should be done from FHCs.

8. Management of common symptoms

i) Fever:

- * Screening for common causes of fever and treatment according to the CPHC treatment guidelines & National guidelines
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres

ii) Cough:

- * Identification & treatment of common conditions causing cough
- * Treatment of acute cough
- * Screening of patients with cough for Tuberculosis
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres

iii) Joint pain:

- * Identify & treat common causes of joint pain
- * Pain relief using adequate analgesics
- * Advice regarding therapeutic exercises or physiotherapy to relieve pain
- * Identification of red flag signs and conditions requiring expert management
- * Early referral of patients needing expert care

- * Follow up of patients referred back from higher centres

vi) Abdominal pain

- * Diagnosis & treatment of common conditions causing abdominal pain
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres

v) Headache

- * Differentiate between primary and secondary headaches
- * Screening of all patients with headache for visual defects
- * Diagnosis and treatment of common causes of headache
- * Provide prophylaxis for conditions like Migraine
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres

vi) Anaemia

- * Screening of patients for anaemia
- * Identification and treatment of Iron deficiency anaemia
- * Iron and folic acid supplementation for high risk groups
- * Deworming at regular intervals
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres

vii) Jaundice

- * Identification of the cause of jaundice
- * Screening of all cases of jaundice for severity
- * Differentiate between acute and chronic liver disease
- * Identification of signs of hepatic failure
- * Early referral of patients with red flag signs
- * Follow up of patients referred back from higher centres

9. Communicable diseases

i) Dengue Fever

- * Identification of a probable case of Dengue fever
- * Classify illness as mild, moderate or severe based on clinical features and laboratory investigations
- * Provide home/PHC based treatment for mild cases of dengue fever as per clinical guidelines
- * Identify warning signs and red flag signs
- * Early referral of Dengue fever with complications
- * Follow up of patients referred back from Higher centres
- * Give advice regarding preventive measures like source reduction and vector control

ii) Leptospirosis

- * Identification of a probable case of leptospirosis
- * Identification of red flag signs and early referral
- * Treatment for uncomplicated cases of leptospirosis as per clinical guidelines
- * Provide doxycycline prophylaxis to high risk groups

- * Give advice regarding preventive measures

iii) H1N1

- * Identification of a probable case of Influenza Like Illness/Acute Respiratory Infection
- * Classify illness and provide treatment according to the ABC guidelines for H1N1
- * Screening of high risk groups especially antenatal women, elderly, diabetes and early treatment with Oseltamivir
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres

iv) Malaria

- * Diagnosis of malaria cases by identification of malarial parasite using microscopy/bivalent antigen based RDT
- * Provide treatment for malaria as per National guidelines
- * Identification of red flag signs and early referral
- * Follow up of all patients under treatment as per guidelines
- * Give advice regarding preventive measures like vector control and source reduction

v) Scrub typhus

- * Identification of a probable case of Scrub typhus
- * Provide treatment for uncomplicated cases of scrub typhus as per treatment guidelines
- * Identification of red flag signs and early referral
- * Follow up of all patients referred back from higher centres
- * Give advice regarding preventive measures

vi) Tuberculosis

- * Identification of a probable case of Tuberculosis
- * Confirmation of diagnosis of suspected cases of Pulmonary tuberculosis by referral to designated microscopic centres
- * Identification of possible drug resistant tuberculosis patients and send sputum samples for examination
- * Identification of possible extra-pulmonary tuberculosis patients and referral
- * Provide treatment as DOTS according to RNTCP guidelines
- * Follow up of all patients under treatment as per RNTCP guidelines
- * Routine screening of high risk groups including contacts for signs or symptoms of tuberculosis

vii) Community Acquired Pneumonia

- * Identification of a case of pneumonia based on clinical features
- * Assess severity based on CRB65 scores
- * Provide appropriate treatment as per guidelines
- * Identification of red flag signs and early referral
- * Follow up of patients referred back from higher centres
- * Provide advice regarding vaccination

viii) Reproductive Tract Infections (RTI)/Sexually Transmitted Infections (STI)

- * Identification of the various RTI/STI syndromes based on clinical features
- * Provide treatment based on Syndromic management of RTI/STI
- * Screening of partners for RTI/STI
- * Provide advice regarding screening and testing of patient and partners for HIV
- * Follow up of all patients under treatment as per guidelines
- * Provide health education to patients and partners regarding RTI/STI, HIV and safe sex practices

ix) Hansen's disease

- * Routine screening and referral of patients with signs/symptoms suggestive of Leprosy
- * Identification of a probable case of Leprosy including neuritic type
- * Provide multi drug therapy as per guidelines
- * Follow up of all patients for the entire duration of treatment; follow up of two years in PB cases and five years for MB cases
- * Contact survey
- * Identification of complications and provide appropriate treatment or referral if necessary
- * Identification and grading of disability if present
- * Provide advice regarding rehabilitative measures and correction of disability

x) Lymphatic Filariasis

- * Early detection of microfilaria cases
- * Treatment of acute lymphangitis
- * Referral for surgical conditions like hydrocoele
- * Morbidity management of lymphoedema

10. Non communicable diseases

i) Diabetes mellitus

- * Screening of all persons above 30 years for Diabetes mellitus
- * Identification of a probable case of Diabetes Mellitus based on symptoms
- * Confirmation of diagnosis by blood sugar estimation
- * Provide advice regarding life style modifications, diet, exercise and foot care
- * Provide treatment as per guidelines
- * Routine follow up and evaluation of glycemc status including women with history of Gestational Diabetes Mellitus (GDM)
- * Screening of all patients for complications of Diabetes like neuropathy, retinopathy and nephropathy according to the guidelines
- * Early identification and management of complications; referral if necessary

ii) Hypertension

- * Screening of all persons above 18 years for hypertension
- * Identification of a probable case of hypertension based on symptoms
- * Confirmation of diagnosis by blood pressure measurement
- * Provide advice regarding diet, exercise and other lifestyle modifications
- * Provide treatment as per guidelines

- * Routine follow up and evaluation of blood pressure including women with history of Pregnancy Induced Hypertension (PIH)
- * Screening of all patients for complications of hypertension
- * Early identification and management of complications; referral if necessary

iii) Coronary Artery Disease (CAD)

- * Identification of a probable case of Angina or Myocardial infarction based on clinical features and ECG findings
- * Stabilise the patient, start loading dose of antiplatelet drugs and statins and refer to an appropriate higher center immediately
- * Follow up of all patients with CAD/Angina at frequent intervals
- * Screening of all patients with CAD for other NCDs like Hypertension, Diabetes and Dyslipidemia
- * Provide advice regarding tobacco, diet, exercise and other lifestyle modifications

iv) Stroke

- * Identification of risk factors for stroke like Hypertension, Diabetes mellitus, dyslipidaemia
- * Identification of a case of stroke based on symptoms and signs
- * Early referral of all stroke cases to a tertiary centre identified where management of stroke is available
- * Follow up of all cases of stroke at frequent intervals
- * Provide advice regarding tobacco, diet, exercise and other lifestyle modifications
- * Provide rehabilitative support such as physiotherapy or mobility aids
- * Palliative care services for bedridden patients

v) Cancer

- * Routine screening for oral, breast and cervix cancers
- * Advise patients regarding signs/symptoms of cancer
- * Advise patients regarding oral self examination and advise women how to do a breast self examination
- * Identification of a probable case of cancer based on signs/symptoms
- * Provide advice regarding tobacco, diet, exercise and other lifestyle modifications
- * Referral of all probable patients found on screening for expert management
- * Follow up of all patients referred back from higher centres
- * Provision of palliative care wherever necessary

vi) Chronic Obstructive Pulmonary Disease (COPD) and Bronchial Asthma

- * Identification of a probable case of COPD/Asthma based on clinical features
- * Staging of illness by spirometry as per SWAAS guidelines
- * Screening of all COPD patients for tuberculosis as per RNTCP guidelines
- * Provide treatment for minor exacerbations
- * Identification of red flag signs and early referral
- * Follow up of all COPD/Asthma patients at frequent intervals

- * Provide advice on correct use of inhalers
- * Provide advice on lifestyle modifications, smoking cessation and vaccination

vii) Mental illness

- * Screening of patients for depression and other psychiatric illness based on clinical features
- * Identification counseling and treatment of minor psychiatric illnesses
- * Referral of other patients to Psychiatrist for expert management
- * Follow up of all patients referred back from District Mental Health Centres (DMHP)/Mental Health Centres/psychiatrist
- * Provide advice regarding stress management, mental health and avoiding alcohol or other substance abuse
- * Referral to de-addiction centres if necessary

11. Surgical conditions

i) Injuries and accidents

- * Treatment of minor injuries
- * Providing tetanus prophylaxis in case of injuries
- * Primary survey (preliminary assessment) and resuscitation of critically injured patients
- * Provide initial treatment for stabilisation and wound management
- * Identification of red flag signs and early referral
- * Follow up of all patients referred back from higher centres

ii) Burns

- * Initial assessment and classification of burns into minor or major
- * Assessment of percentage of burns
- * Treatment of minor burns with <10% body surface area
- * Referral of all deep burns, burns >10% body surface area, burns in children and elderly for expert management after stabilisation

iii) Minor surgical procedures

- * Provide incision and drainage of minor abscesses
- * Management of minor injuries, suturing of small wounds
- * Treatment of ulcers including diabetic foot and bed sores
- * Removal of superficial foreign bodies
- * Removal of finger and toe nail if indicated
- * Identification and treatment of cellulitis

iv) Thyroid Diseases

- * Identify a case of hyperthyroidism or hypothyroidism based on clinical features
- * Diagnosis of hyper/hypothyroidism by Thyroid function tests (utilizing lab network services)
- * Treatment of uncomplicated cases of Hypothyroidism
- * Referral of all patients with Hyperthyroidism and children, elderly and pregnant women with Hypothyroidism for expert management
- * Follow up of all patients with Hypo/Hyperthyroidism

12. Paediatrics

i) Acute Respiratory Infection (ARI)

- * Identification of a child with acute respiratory infection
- * Classification of ARI based on signs/symptoms
- * Treatment of ARI according to State/National guidelines
- * Identification of danger signs and early referral
- * Follow up of patients referred back from higher centres

ii) Acute Diarrhoeal Diseases

- * Assessment of the severity of dehydration in a child with acute diarrhoea
- * Provide appropriate treatment according to the severity of diarrhea/dehydration as per National guidelines
- * Identification of danger signs and early referral
- * Follow up of patients referred back from higher centres
- * Advice regarding measures to prevent diarrhoeal diseases

iii) Congenital malformations & developmental delays

- * Screening of all infants and children for delayed milestones of development
- * Early identification of children with congenital anomalies or developmental delays and referral to District Early Intervention Centre/higher centre
- * Follow up of all children referred back from higher centres
- * Provide advice regarding schemes like Rashtriya Bal Swasthya Karyakram (RBSK)/Arogya Kiranam (AK)

13. Adolescent Friendly health services

- * Identification and management of common health problems
- * Referral of cases that require management by a specialist
- * Identification of risk behaviours
- * Health education and Counselling services

14. Obstetrics & Gynaecology

i) Antenatal and Postnatal care

- * Diagnosis of pregnancy by urine pregnancy test
- * Registration of all antenatal women and issue Mother Child Protection (MCP) card
- * Provide routine antenatal care till 28th week as per guidelines
- * Identification of high risk pregnancies and early referral
- * Screening of all antenatal women for GDM, PIH, Anaemia and STIs
- * Provide TT immunisation, Iron-Folic acid supplementation to all pregnant women
- * Advice regarding proper diet, exercise and rest during antenatal period
- * Identification and treatment of common complications during antenatal period; referral if required
- * Referral of all antenatal women beyond 28 weeks to a center where delivery

services are available

- * Provide postnatal care after discharge from hospital
- * Management of common postnatal problems/complaints including mental health
- * Early identification of complications and referral
- * Provide advice regarding diet, breast feeding, postnatal exercises and immunisation
- * Iron folic acid and calcium supplementation to all lactating women
- * Detection of danger signs in new born and early referral
- * Provide advice regarding spacing/sterilisation services
- * Provide advice regarding schemes like Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojna (JSY), Pradhan Manthri Surakshith Mathritva Abhiyan (PMSMA)

ii) Gynaecology

- * Initial management and referral of abnormal vaginal bleeding in all age groups
- * Management of dysmenorrhea in all age groups
- * Referral of primary and secondary amenorrhoea if necessary
- * Treatment of decubitus ulcer and referral for mass descending per vaginum
- * Diagnosis and treatment of uncomplicated cases of Urinary tract infection
- * Diagnosis of stress urinary incontinence and referral for evaluation
- * Management of vaginal discharge in all age groups and referral if required
- * Follow up of all patients referred back from higher centres

15. Dermatology

i) Fungal Infections

- * Identification and treatment of common fungal infections like Taenia and Onychomycosis
- * Management of Candidal intertrigo, oral or genital candidiasis

ii) Bacterial infections

- * Identification and treatment of common bacterial infections like impetigo, furuncle, carbuncle and cellulitis

iii) Viral infections

- * Identification and treatment of viral infections like Herpes zoster, Herpes simplex, Varicella, Hand Foot and Mouth Disease (HFMD), Molluscum etc

iv) Other conditions

- * Management of other skin conditions like Urticaria, Eczema, Acne and Dermatitis
- * Identification and treatment of Scabies

16.ENT

i) Ear complaints

- * Evaluation of common ear complaints like discharge, pain, ear block, swelling around ear, tinnitus, trauma to ear etc

- * Removal of superficial foreign bodies of ear
- * Treatment of uncomplicated cases of Acute Suppurative Otitis Media (ASOM), Otitis externa
- * Follow up of patients with Chronic Suppurative Otitis Media (CSOM)
- * Identification of red flag signs in CSOM and early referral
- * Assessment of a patient with hearing loss and referral for evaluation

ii) Nasal complaints

- * Evaluation of common nasal complaints like discharge, nasal block, headache, sneezing etc
- * Treatment of minor cases of epistaxis
- * Removal of visible foreign body nose in adults
- * Treatment of allergic rhinitis
- * Identification of nasal polyps, deviated nasal septum (DNS) etc and referral for surgery
- * Treatment of uncomplicated cases of sinusitis
- * Management of minor cases of trauma

iii) Oral cavity & Throat complaints

- * Management of acute pharyngitis and acute tonsillitis
- * Identification of red flag signs in tonsillitis, diphtheria and referral
- * Identification of emergencies like acute epiglottitis, Stridor, Foreign body larynx and early referral
- * Diagnosis of acute and chronic dysphagia, odynophagia and referral for evaluation

17. Ophthalmology

- * Routine screening of patients for diminished vision or eye complaints
- * Provide prescription for spectacles
- * Identification of conditions like cataract, diabetic retinopathy, glaucoma etc and early referral
- * Evaluation of eye strain and headache
- * Treatment of conjunctivitis and redness of eyes
- * Treatment of hordeolum; referral if required
- * Evaluation of eye injuries; referral if required
- * Removal of conjunctival foreign bodies
- * Identification of red flag signs and early referral

18. Dental

- * Identification of common dental conditions like dental caries, Periodontitis, Gingivitis etc
- * Routine screening of patients for pre-malignant conditions of oral cavity and other dental conditions
- * Referral of patients requiring expert management

19. Emergency care

- * In emergency situations, the patient will be provided first aid and stabilised before referral to appropriate centres
- * Provide Tetanus Toxoid & anti-rabies vaccine in cases of dog and other animal bites; referral for Rabies immunoglobulin in Class III wounds
- * Identification of patient with anaphylaxis and provide initial treatment before referral
- * Provide first aid in conditions like snake bite, poisoning, heat stroke, seizures etc before referral to higher centre

20. Laboratory services

i) Essential lab services on all six days (Monday to Saturday): 8 am to 4 pm (If only one lab technician is available.)

If there is more than one technician, the second person would work from 10.30 am to 6.30 pm)

a) Blood

Haematology

⇨ HB, TC, DC, ESR, PCV, Platelet count, BT, CT

Biochemistry

⇨ Blood sugar-RBS/PPBS/FBS/ GCT

⇨ Blood urea

⇨ S Creatinine

⇨ S Bilirubin

⇨ S cholesterol

⇨ HbA1c

Serology

⇨ Rapid tests VDRL/RPR, HbsAg and Widal

b) Urine analysis

⇨ Routine examination with dipsticks and microscopy

⇨ Bile salt and bile pigment

⇨ Micro albumin

c) Stool analysis

⇨ Routine microscopy and occult blood

d) All tests related to National programs as per guidelines at FHC level

21. Pharmacy services

Pharmacy services on all seven days

Monday to Saturday: 9.00 am to 6.00 pm :Sundays: 9.00 am to 1.30 pm

- * Medicines as per the CPHC treatment guidelines should be dispensed from FHC
- * Information on drug use including how to take it (whether on empty stomach/ full stomach, timings, dosage), its side effects, interaction with other drugs, method of using nasal spray, inhalers, rota halers etc

should be explained.

22. Counselling, Health education and guidance services

- * Expectant women (diet, nutrition, child care and growth monitoring, contraceptives, spacing, mental health including depression and suicide prevention)
- * Post-natal women (diet, nutrition, child care including injury prevention and growth monitoring, contraceptives, spacing, mental health including depression and suicide prevention)
- * Eligible couples (family planning, child birth, child care)
- * Adolescents (diet, exercise, anti- tobacco, alcohol, substance abuse, menstrual hygiene, reproductive health, gender sensitization, mental health including depression and suicide prevention)
- * Life style diseases (diet, exercise, tobacco cessation, alcohol, stress management)
- * Elderly (diet, exercise, prevention of fall, mental health)
- * Elderly women (postmenopausal problems, osteoporosis)
- * Chronically ill patients (diet, exercise, treatment compliance, mental health)
- * High risk behaviour and substance abuse (diet, exercise, mental health, de-addiction)
- * Smoking cessation/de-addiction services: counselling, supporting and referral for smoking cessation and de-addiction of alcohol.
- * Care, counselling and referral in cases of domestic violence to Jagrata Samiti/One Stop Crisis Management Centres (Bhoomika)
- * Counselling for care takers of chronically ill, mentally challenged and differently abled patients

23. Public Health Services

- * Implementation of all National and State Health Programmes.
- * Implementation of Universal Immunisation Program
- * Prevention, screening and control of communicable diseases, non communicable diseases and mental illness
- * Integrated Disease surveillance Project (IDSP), vector surveillance and preparation of annual epidemic prevention plan
- * Family Health Survey and preparation of health service delivery plan for individual, family, ward and panchayat
- * Counseling services

- * Prevention and control of tobacco, alcohol and substance abuse
- * Dangerous & Offensive trade inspection and Public Health Act implementation
- * Institution based services (anganwadis, schools, hostels, orphanages, old age home, other government institutions, day care centres etc)
- * Domiciliary services including palliative care in areas where necessary
- * Special service packages for differently abled, tribal, migrant, urban and coastal population
- * Addressing social determinants of health by coordination with LSG and concerned departments/agencies

24. Rehabilitative Services

- * Screening for persons with disability through anganwadi centres and camps
- * Referral of cases to DEIC at the earliest
- * Follow up of people living with disability in the community
- * Provide medical & other supportive care at domiciliary level like wheel chairs, crutches etc.
- * Intersectoral coordination: with Social Justice department and NGOs to identify people living with disability, ensure availability of social security measures including disability pension
- * Provide vocational & social rehabilitation for the differently abled with the help of Panchayat & other voluntary organizations.
- * Detection of intellectually, mentally, visually challenged, hearing and speech impaired children and facilitate rehabilitation.
- * Provide medical support to Day care centres established by Social Justice Department or Local Self Government Department
- * Provide health services to the "Aashraya" beneficiaries
- * Prevention of NCDs and other illness among the disabled
- * Training for caretakers of chronically ill, mentally challenged and people living with disability

25. Palliative care

- * Provide home care for bedridden patients and other patients requiring palliative care
- * Provide pain relief for patients with terminal illness using oral morphine or other analgesics as and when required
- * Dressing of ulcers and bed sores
- * Care of tracheostomy, colostomy, oral and bladder care

- * Improve the general well being of the patient by providing symptomatic management of associated conditions like constipation, diarrhoea, breathlessness etc
- * Provide end of life care and support to family in case of bereavement
- * OP care for those who are mobile
- * Medicines for patients under palliation
- * Improving quality of life through supportive care (Ryles tube, catheterization, care of chronic wounds, physiotherapy, mobilisation)
- * Training and support for caretakers
- * Provide supportive equipments (wheelchair, crutches etc through Palliative care projects)

26. Medico-legal services

- * Services to all Medico legal cases
- * Services related to Public Health Acts, COTPA, PNDDT Act, POCSO, Protection of women against domestic violence act 2005 etc.,

27. Issue of certificates

- * Medical and fitness certificate
- * Age certificate
- * Certificate for availing financial aid for treatment
- * Certificate of Health
- * Certificate of Health for food handlers
- * Sanitation Certificate
- * Accident cum wound certificate
- * Treatment Certificate
- * Certificate of Potency
- * Drunkenness certificate
- * Certificates to beneficiaries of various social security and benefit schemes as and when requested.

28. Health care service delivery plan

i) FHC team is responsible for developing health care service delivery plan for the concerned population after completing the annual family health survey. eHealth platform will be used for preparing family health registers. Variables listed in eHealth, such as demographic details, medical history, risk behaviors, anthropometry, blood sugar, blood pressure, environmental parameters of the household, occupational details and other relevant details has to be recorded. These registers should be updated every year during January-February.

ii) A health care delivery plan should be prepared for each individual based on the health care needs recorded in the family health register. Following this, family health service delivery plan including the specific needs of the family should be prepared. Finally ward and Panchayat health service delivery plan considering the needs of the whole population should be developed. After mapping the health needs, responsibility mapping should also be carried out. Responsibility to provide the appropriate health services should be shared among the Community Health Volunteer, SC/ST promoter, ASHA, Anganwadi worker, field staff, staff nurse and Medical Officer as the case may be. Activities related to improving social determinants of health should be coordinated through LSG with the concerned departments. Existing institutional mechanisms like Hospital Management Committee (HMC), Ward Health Sanitation and Nutrition Committee (WHSNC), Area Developing Society (ADS)/Community Development Society (CDS), Jagratasamiti, Oorukoottam, local NGOs etc should also be involved to provide the services.

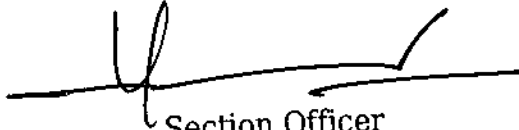
iii) Committees should be formed at state, district and panchayat level to plan, implement, monitor, evaluate and rectify the functioning of FHCs. Since Family Health Centre teams respond proactively to the health needs of the families assigned to them the services mentioned above are indicative and will be revised periodically in response to health needs. LSG should ensure uninterrupted services from FHC by providing medicines, reagents, chemicals, additional HR and conveyance in case of shortage.

(By Order of the Governor),
RAJEEV SADANANDAN
ADDITIONAL CHIEF SECRETARY

To

The Director of Health Services, Thiruvananthapuram
 The Director of Medical Education, Thiruvananthapuram
 The State Mission Director, National Health Mission, Thiruvananthapuram
 All District Medical Officers
 The Principal Accountant General (A&E/Audit), Thiruvananthapuram
 The Finance Department
 I&PRD (Web & New Media)
 Local Self Government Department
 Health & Family Welfare (M) Department
 Planning & Economic Affairs Department
 Stock File / Office Copy

Forwarded / By Order


 Section Officer

13283

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കേരള സർക്കാർ

സംഗ്രഹം

ആരോഗ്യ കുടുംബക്ഷേമ വകുപ്പ് - 2018-19 സാമ്പത്തിക വർഷത്തിൽ ആരോഗ്യ പദ്ധതിയുടെ ഭാഗമായി താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സുകളെ തെരഞ്ഞെടുത്ത് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ആരോഗ്യകുടുംബക്ഷേമ (എം) വകുപ്പ്

സ.ഉ.(സാധാ)നം.2196/2018/ആക.വ

തീയതി, തിരുവനന്തപുരം.07.07.2018

ഉത്തരവ്

സംസ്ഥാനത്തെ പൊതുജനാരോഗ്യ സംരക്ഷണത്തിന് ഊന്നൽ കൊടുത്തു കൊണ്ടുള്ള ആരോഗ്യ സവിധാനത്തിന്റെ പരിപൂർണ്ണ പരിവർത്തനമാണ് നവകേരള കർമ്മപദ്ധതിയിൽ ഉൾപ്പെട്ടിട്ടുള്ള ആരോഗ്യ പദ്ധതിയിലൂടെ ലക്ഷ്യമിടുന്നത്. ഈ പദ്ധതിയുടെ ഭാഗമായി എല്ലാ താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രികളും മിനിമം അംഗീകൃത നിലവാരത്തിലേയ്ക്ക് ഉയർത്താൻ ഉദ്ദേശിക്കുന്നു. ഇതിലേയ്ക്ക് തെരഞ്ഞെടുക്കപ്പെട്ട ആശുപത്രികളുടെ വിവരം ചുവടെ ചേർക്കുന്നു.

തിരുവനന്തപുരം

ക്രമ നം. ആരോഗ്യ സ്ഥാപനങ്ങൾ

- 1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, വർക്കല
- 2. പാറശ്ശാല താലൂക്ക് ആശുപത്രി

കൊല്ലം

- 1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, കുന്നംഗപ്പള്ളി
- 2. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, കൊട്ടാരക്കര

പത്തനംതിട്ട

- 1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, ചുറ്റുപള്ളി
- 2. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, വാങ്ങി

ആലപ്പുഴ

- 1. ആർ.എച്ച്.ടി.സി. ചെട്ടിക്കാട്
- 2. ജില്ലാ ആശുപത്രി, ചെങ്ങന്നൂർ

കോട്ടയം

- 1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, വൈക്കം
- 2. ജനറൽ ആശുപത്രി, കാഞ്ഞിരപ്പള്ളി

ഇടുക്കി

- 1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, അടിമാലി
- 2. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, പീരുമേട്

എറണാകുളം

- 1. താലൂക്ക് ആശുപത്രി, കൊച്ചി
- 2. താലൂക്ക് ആശുപത്രി, കോതമംഗലം

തൃശ്ശൂർ

- 1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, ചാവക്കുടി
- 2. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, കുന്നംകുളം

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പാലക്കാട്

1. താലൂക്ക് ഓഫീസ്, തൃശ്ശൂർ ആശുപത്രി, ആലച്ചേരി
2. താലൂക്ക് ഓഫീസ്, തൃശ്ശൂർ ആശുപത്രി, ഒറ്റപ്പാലം

മലപ്പുറം

1. താലൂക്ക് ഓഫീസ്, തൃശ്ശൂർ ആശുപത്രി, പൊന്നാനി
2. ജില്ലാ ആശുപത്രി, പെരിന്തൽമണ്ണ

കോഴിക്കോട്

1. താലൂക്ക് ആശുപത്രി, ഫറോക്ക്
2. താലൂക്ക് ആശുപത്രി, ബാലുശ്ശേരി

വയനാട്

1. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, സുൽത്താൻ ബത്തേരി
2. താലൂക്ക് ഹെഡ് ക്വാർട്ടേഴ്സ് ആശുപത്രി, വൈതത്തിരി

കണ്ണൂർ

1. താലൂക്ക് ആശുപത്രി, പയ്യന്നൂർ ✓
2. താലൂക്ക് ആശുപത്രി, മട്ടന്നൂർ ✓

കാസർഗോഡ്

1. താലൂക്ക് ആശുപത്രി, നീലേശ്വരം
2. താലൂക്ക് ആശുപത്രി, പനത്തടി

സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ, നാഷണൽ ഹെൽത്ത് മിഷൻ മേൽ ആശുപത്രികളിൽ പരിശോധന നടത്തേണ്ടതും മിനിമം സ്റ്റാൻഡേർഡ് കൈവരിച്ചിട്ടില്ലാത്ത മേഖലകൾ കണ്ടെത്തി ആർദ്രം പദ്ധതിയിലുൾപ്പെടുത്തി ആയതു പരിഹരിക്കുന്നതിന് ആവശ്യമായ നിർദ്ദേശങ്ങൾ സമർപ്പിക്കേണ്ടതുമാണ്.

(ഗവർണ്ണറുടെ ഉത്തരവിൻപ്രകാരം)

രാജീവ് സദാനന്ദൻ

അഡീഷണൽ ചീഫ് സെക്രട്ടറി

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം.

സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ, നാഷണൽ ഹെൽത്ത് മിഷൻ.

ഡോ. റീന, അഡീഷണൽ ഡയറക്ടർ ഓഫ് ഹെൽത്ത് സർവ്വീസ് (പി.എച്ച്)

ഡോ. ജഗദീഷ്, ഡെപ്യൂട്ടി ഡയറക്ടർ ഓഫ് ഹെൽത്ത് (പ്ലാനിംഗ്)

ഡോ. ഷിര , എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, സ്റ്റേറ്റ് ഹെൽത്ത് സിസ്റ്റം റിസോഴ്സ് സെന്റർ.

അനില.സി.ജെ. ചീഫ് എൻജിനീയർ, നാഷണൽ ഹെൽത്ത് മിഷൻ

ഡോ. തോമസ് മാത്യു, ഫീൽഡ് ഓഫീസർ, മേഡിക്കൽ കോളേജ്, തിരുവനന്തപുരം.

ഡോ. ശ്രീധർ , എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, ഇ-ഹെൽത്ത്

പ്രോ. വിജയകുമാർ, കൺസൾട്ടന്റ് , സ്റ്റേറ്റ് ഹെൽത്ത് സിസ്റ്റം റിസോഴ്സ് സെന്റർ

ബോയിസ്റ്റ് ഡയറക്ടർ, സി.പി.എം. യു

അഷറാബ് ഞാനൽ (എച്ച്.ഇ/ആഡിറ്റ്), തിരുവനന്തപുരം.

ഡയറക്ടർ, ഇൻഫർമേഷൻ & പബ്ലിക് റിലേഷൻസ് (ഐ.ബി.ആർ. മിഡിയ) വകുപ്പ്

കത്തൽ ഫയൽ / ഓഫീസ് കോപ്പി.

Encl on PLA4-90031/16/ans -dt HHS

Copy forwarded to all states for information. We also directed to do a gap analysis at the health centres and submit to the govt at the earliest. Home / request you to forward category and code wise structural part to this office urgently.

16/3/18

RAJIV
16/3/18

നം. സി 1/18847/2018

ജില്ലാ മെഡിക്കൽ ഓഫീസ് (ആരോഗ്യം)
കണ്ണൂർ, തീയതി: 20/07/2018.

പ്രേഷകൻ
ജില്ലാ മെഡിക്കൽ ഓഫീസ് (ആരോഗ്യം)
കണ്ണൂർ.

സ്വീകർത്താവ്
ആരോഗ്യവകുപ്പ് ഡയറക്ടർ
തിരുവനന്തപുരം

സർ,

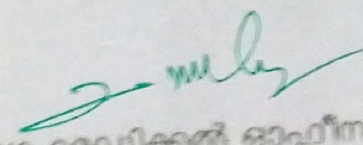
വിഷയം: ആ.കു.വ. 2018-19 വർഷത്തിൽ ആരോഗ്യ പദ്ധതിയുടെ ഭാഗമായി താലൂക്ക്/ജില്ലാ ജനാൽ ആശുപത്രികളെ തിരഞ്ഞെടുത്ത് - സംബന്ധിച്ച്

സൂചന : 1) സ.ഉ.(സാധാ) നം. 2196/2018/ആ.കു.വ., തീയതി: 07/07/2018.

2) പി.എൽ.എ.4/90031/2018/ഡി.എച്ച്.എസ്. തീയതി: 16/07/2018.

മേൽ സൂചനകളിലേക്ക് താങ്കളുടെ ശ്രദ്ധ സദയം ക്ഷണിക്കുന്നു. മേൽ സർക്കാർ ഉത്തരവ് പ്രകാരം ആരോഗ്യ പദ്ധതിയുടെ ഭാഗമായി മിനിമം താലൂക്ക് ആശുപത്രിയുടെ അംഗീകൃത നിലവാരത്തിലേക്ക് ഉയർത്തുന്നതിന് ഉദ്ദേശിച്ച് തിരഞ്ഞെടുക്കപ്പെട്ട കണ്ണൂർ ജില്ലയിലെ ആരോഗ്യ സ്ഥാപനങ്ങൾക്ക് താലൂക്ക് ആശുപത്രി പട്ടണൂർ, താലൂക്ക് ആശുപത്രി, മട്ടന്നൂർ എന്നിവയാണ്. എന്നാൽ മട്ടന്നൂർ ആശുപത്രി നിലവിൽ മട്ടന്നൂർ സാമൂഹികാരോഗ്യ കേന്ദ്രം എന്ന പേരിലാണ് പ്രവർത്തിച്ചുവരുന്നത് എന്ന വിവരം താങ്കളുടെ അറിവിലേക്കും അനന്തര നടപടികൾക്കുമായി റിപ്പോർട്ടുചെയ്യുന്നു.

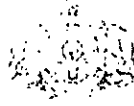
വിശ്വസ്തതയോടെ,


ജില്ലാ മെഡിക്കൽ ഓഫീസ് (ആരോഗ്യം)

പകർപ്പ്:

- ജില്ലാ പ്രോഗ്രാം മാനേജർ, എൻ.എച്ച്.എം. കണ്ണൂർ
- ആരോഗ്യ നോഡൽ ഓഫീസ്
- മെഡിക്കൽ ഓഫീസ്, സി.എച്ച്.സി. മട്ടന്നൂർ
- ഡി.2 സെക്ഷൻ.

S.21/07/18



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department-Standardisation of District Level Hospitals under Aardram Mission-Strategies to be adopted-orders issued.

HEALTH & FAMILY WELFARE [M]DEPARTMENT

G.O.(R)No.1441/2020/H&FWD Dated, Thiruvananthapuram, 06/08/2020

Read 1 Letter No PLA4 3245 2020 DIIS dated 26.01.2020 from the Director of Health Services.

2 Letter No ADMIN16 2020/SHSRC-K dated 10.01.2020 from the Executive Director, State Health System Health Resource Centre, Kerala, Thiruvananthapuram

ORDER

The state of Kerala has achieved better health indicators when compared to other states of India. But our health system is facing a new set of challenges due to the epidemiological and demographic transition undergone by the state. The high morbidity of the population due to non-communicable diseases, emerging and re-emerging communicable diseases, accidents and injuries, the influx of migrant population, increase in the elderly population and environmental degradation have to be addressed. The Government have initiated the transformation of Primary Health Centers to Family Health Centers under Aardram Mission. To address the changing health needs of the population effectively and comprehensively and reduce the out of pocket expenditure in health, the secondary and tertiary care levels also have to be strengthened.

Aardram Mission envisages District level Hospitals to be upgraded to provide Super specialty services in selected departments along with expanded services of all specialties and should act as a district training centre.

Government after examining the matter in detail has decided to adopt the following strategies with regard to standardization of

District level Hospitals under "Aardram Mission."

STRATEGIES FOR STANDARDISATION- DISTRICT LEVEL HOSPITALS

1. people friendly OP services
2. Strengthening of Emergency and Trauma Care Services
3. Expanded Specialty Services
4. Super specialty Services in Cardiology, Neurology,Urology,Nephrology, and any other Super specialties sanctioned by the Government from time to time
5. District Cancer Care Unit
6. District level training facility
7. Anti Microbial resistance surveillance
8. Adopting Quality Standards
9. Resource Mobilisation

1.People friendly op services

District level hospitals are secondary level referral care centres providing quality specialty and super specialty services to patients referred from primary care institutions and Taluk hospitals. A people-friendly hospital is one with friendly and compassionate sympathetic 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 General District Hospitals.

- The outpatient department should be located in an area easily accessible to patients and their attendants, ambulance and other emergency vehicles. The outpatient department should be easily identifiable through adequate display boards.
- Entrance to the outpatient department 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 an adequate number of wheelchairs trolleys.
- All signage and display boards should be printed in Malayalam, English and

any relevant local languages. The following display boards 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 main staff on duty .
 - v. OP departments with corresponding OP days and OP timings.
 - vi. Statutory signage according to the regulations from time to time (e.g. COTPA, RTI, Vigilance, PC-PNDT, POCSO).
 - vii. The route to various service stations should be displayed using colour coded signages/boards.
 - viii. Suggestion/complaint box .
 - ix. Designated IEC corners at visually prominent areas .
 - x. Disaster Management plan should be displayed.
- A designated help desk in the registration area for enquiry and for providing legal, social security and insurance related services.
 - Adequate number of security staff and volunteers for assistance.
 - A police aid post located near to the emergency and trauma care.
 - Separate OP registration area with an adequate number of counters.
 - Designated counters for fast-tracking of OP registration for elderly and differently abled patients.
 - Designated counters for registration of beneficiaries under various social security schemes.
 - The outpatient department should preferably be linked with the e-Health system and the entire process should be paperless in future.
 - Token system and display board for each department.
 - Waiting area with adequate seating facilities and toilets with women/child/elderly/transgender/differently abled friendly toilets.
 - A refreshment area with tea/coffee vending machines, free drinking water shall be provided.
 - Audio visual system including soothing music, reading materials, IEC materials & public address system.
 - Adequate number of nurses/nursing assistants/hospital attendants and patient care coordinators (ASHA, Voluntary workers, students, trainees etc)
 - Breast feeding area, childcare area, napkin vending machines and napkin disposal machine.
 - Designated Pre check areas for each department with privacy and e-Health provision (Based on HR availability)

- Outpatient pharmacy counters with token system, display boards, waiting area etc.
- Protocol based management to be ensured.
- Prescription audit should be done.

Consultation rooms

- i. Separate examination area ensuring privacy cubicles for each doctor with an examination area and provision for e-Health.
 - ii. Separate procedure rooms for each speciality OP like orthopaedics, Surgery, Gynaecology, ENT, Dermatology, Ophthalmology, respiratory medicine, etc
 - iii. Separate areas should be identified for those specialities/super specialities requiring extensive investigations at the outpatient level like Echo, TMT, EEG etc.
 - iv. Dental department with provision for performing dental procedures and dental lab of implants and other devices.
 - v. Physical Medicine department with facilities for providing physiotherapy rehabilitation therapy.
- Designated Nursing stations, injection room, ECG room, nebulisation area and ORT corner.
 - Minor procedure /dressing room.
 - Designated rooms for conducting Medical Boards

Exit Counter

- Located near the outpatient pharmacy at the exit of the outpatient department.
- To be linked with e-Health system.
- Appointment for follow up

Outpatient Department Timings

- All Specialty services should be available from 8AM to 1PM on all days except Sundays.
- General OP should function from 1 PM to 8 PM on all weekdays and 8 AM to 1PM on Sundays.

2. Strengthening of Emergency and Trauma Care Services

- District level hospitals should have a separate emergency medicine department for all emergencies.
- The emergency department should be located on the ground floor with ramps and railings.
- Emergency services department should provide round the clock services.

- Easily accessible, separate entry with a barrier free approach to vehicles.
- Open reception area with adequate number of wheelchairs and trolley, stretchers and demarcated trolley bay.
- A parking area for ambulances.
- Ambulances should have direct access to the receiving/triaging area.
- A separate entry and exit area.
- Adequate space for Triaging, Treatment prioritization with colour coding.
- Triaging of patients should be done and demarcated GREEN YELLOW, RED, and BLACK area also to should be provided.
- Designated computerised registration area for Emergency services with different coloured OP tickets.
- Waiting area with adequate seating facilities, Toilet facility (separate toilets for physically challenged/women/transgender)
- Multilingual signages/list of services in the local language, display of IEC 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 medicolegal cases (like rape/POCSO).
- Round the clock ambulance service with trained staff.
- 24 hr laboratory, radiology, pharmacy and ECG service.
- Centralised oxygen/air/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 medicine trolley, Crash Cart, modular drug and consumables storage, hand washing facility .
- Nebulisation area and ORT corner.
- Minor procedure room with essential instruments and equipment.
- Separate Dressing and Plaster room.
- Observation room with 15 - 25 beds separated by curtains, attached toilet facilities, drinking water.
- Emergency operation theatre with adequate facilities.
- Preferably an emergency laboratory with sample to collection area.
- Emergency pharmacy .
- Adequate number of duty rooms for staff on duty.
- Storeroom.

Services

- 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.

3. Expanded Specialty Services

Specialty and Super specialty Services Objectives

- To provide comprehensive specialty and selected super specialty services.
- To function as a referral centre.
- To establish and maintain an acceptable standard quality of care.

Specialty Services

All major specialty services including General medicine, General Surgery, Orthopaedics, ENT, Ophthalmology, Anaesthesiology, Physical Medicine & Rehabilitation, Psychiatry, Respiratory Medicine, Dermatology, Dentistry, Forensic medicine and Radiology will be available in District level Hospitals. Blood bank with component separation and storage unit, Diagnostic facilities like laboratories (Microbiology, Serology, histopathology, haematology, cytology, Biochemistry) and Imaging technology services should be provided. Services of Obstetrics and Gynecology and Paediatrics are provided in some District level hospitals where Women & Children Hospitals are not functioning in the district or far away from the District level hospital.

4. Super Specialty Services In Cardiology, Neurology, Urology and Nephrology.

Super specialty Services

All General Hospitals/District Hospitals should provide super specialty services in at least in four super specialties viz. Cardiology, Neurology, Urology and Nephrology.

Specialty/Super Specialty Clinics/Services .

- i. NCD Clinic .
- ii. SWAAS Clinic.
- iii. Stroke Clinic .
- iv. Geriatric Clinic .
- v. Cancer care Clinic.
- vi. Aswaasam/Mental health Clinic.
- vii. District Early Intervention Centre (If applicable)
- viii. Adolescent Clinic
- ix. Deaddiction Clinic .
- x. Palliative care Clinic.
- xi. Any other clinics as per the local requirements/availability may also be included (Thyroid, Breast etc.)

Field level services

- i. Mobile Ophthalmic camps.
- ii. Cancer Detection Camps.
- iii. Blood Donation Camps.

- iv. Community Mental Health Camps.
- v. NCD screening Camps.
- vi. Field level services from FW units (if applicable).
- vii. Any other field activities as and when needed.

5. District Cancer Care Unit

- Located away from the general OPD near to the day care Chemotherapy unit.
- Provision of OP services for
 - Detection of malignancies
 - Follow up OP services for diagnosed cases
 - Palliative care OP services including Palliative Chemotherapy
- Beds for admission of acute cases in concerned wards .
- Provision of ICU beds for acute emergencies .
- Provision of IP Palliative care services

6. District Training Facility

District level hospital should function as District Training facility for imparting various trainings to the health work force in the districts .

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

7. Anti Microbial Resistance Surveillance

- Kerala Antimicrobial resistance surveillance strategy action plan (KARSAP) has been implemented. So all District hospitals should

have a microbiology lab, which shall function as hub lab for Taluk hospitals (Hub and spoke model).

8. 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.

Standardisation Of Inpatient Department

General hospital /District hospital should have the following wards :

- Male & Female medical wards, Male & Female surgical wards, Pre and post-operative wards, Isolation ward, Fever ward (as and when needed), Palliative ward, Day care Chemotherapy ward, Psychiatric ward, Deaddiction ward, Burns ward, Specialty and Super Specialty wards, Geriatric ward, Anti Rabies Cell and Prison Cell (if needed), Antenatal, Postnatal wards, Paediatric wards in institutions where OBG and Paediatric departments are functioning.
- There should be ear-marked wards for Palliative and Geriatric care patients in male and female medical and surgical wards.
- At least 50% cots should have side rails.
- There should be disabled 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: shall permit visual observation of patients; modular drug & consumable storage facility.
- Separate utility room and 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 to patients and bystanders.
- Resuscitation trolley, crash cart, medicine trolley, X- Ray viewer.
- Procedure room with necessary equipments and instruments .

- Standard Operating Procedures (SOP).
- Bio - medical waste management system .
- Modular bedside lockers.
- Centralised Oxygen/Air/Suction supply Mosquito proofing of wards.
- Rainbow linen policy.
- Store room.
- Adequate furniture.
- Staff duty room with toilet facility.
- Children's play area in paediatric wards.
- Television, Public Address System.
- Any other equipments/instruments required specific to the ward.

High Dependency Unit & Intensive Care Unit

High Dependency Unit: 10-30 Beds .

- Patients from ICU should 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 all equipments and amenities of ICU except the patient nurse ratio. It can be fixed as 3:1 instead of 1:1 in ICU.

Intensive Care Unit (ICU): 10 - 20 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 Oxygen/Air/Suction supply.
- Mechanical Ventilator service.
- Availability of intensive care services for all specialities.
- All ICU beds should be visible from the nursing station.
- Modular rack for storage of medicines, consumables and linen near the nursing station.
- There should be a hand washing area and toilets.
- Area for biomedical waste management.
- ICU should be connected to the lift / ramp.
- There should be single entry, exit and a receiving area for ICU.
- There should be established criteria for admission and discharge, and

standard treatment guidelines should be displayed.

- There should a changing room/toilets for staff and Telephone or intercom facility.
- Counselling room, waiting area, sitting arrangement, drinking water facility, coffee/tea vending machine etc should be provided for bystanders.

Operation Theatre

GH/DH should have an operation theatre complex to accommodate all specialty and super specialty services with zoning facility (as per NQAS standards). There should be exclusive theatres for Septic cases, Ophthalmology, Orthopaedics Gynaecology and super specialty departments.

- In continuation to the receiving area there should be separate rooms for pre-anaesthetic check-up, Male and Female duty rooms, store room and a designated scrub 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.

Labour room or LDR (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 an 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 nurses room.
- The labour room should have 3 or more labour tables as per the delivery load.
- A designated Newborn Care Corner (NBCC) with Radiant warmer, Resuscitation kit with functional bag and mask and accessories. The

NBCC should be an area within the labour room designated for the resuscitation of newborn.

- Air conditioning with laminar airflow.
- The labour cots, equipment, instruments and consumables should be as per standard guidelines issued by Government of India on standardisation of labour rooms.

Special Newborn Care Units (SNCU).

In institution where OBG (more than 200 deliveries from month) and Paediatric departments are functioning, there should be 10 -12 bedded SNCU units. If the number of deliveries is less than prescribed numbers an 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.
- Trained paediatrician and staff as per the curriculum recommended by MoH &FW, GoI.
- 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.

Dialysis unit

- Dialysis unit should be located away from the main traffic areas preferably with easy access to ICU.
- Adequate bed space (14SqM/Bed).
- Number of beds as per the work load (15 -30), working in three shifts.
- Separate equipment for HIV/Hepatitis positive cases.
- All beds should be equipped with equipment to monitor vital parameters of patients.
- Defbrillator, electronic weighing machine, crash cart, multinosal cleaners.

- High efficiency dialysis machines and adequate RO plant depending on the work load.
- Soothing music/television for patients.
- Rack for separate safe storage of consumables of all patients.
- Nursing station with hand washing and biomedical waste segregation facility.
- Waiting area with toilet facility, counselling room and other patient-friendly amenities, signage including the name of the service provider, timings of the dialysis and patient rights.
- Separate power back up systems - DG,UPS etc
- Nephrologist, trained Doctors, Nurses, dialysis technicians and support staff.
- Provision for transporting patients for transfer/referral/investigations etc in a safe manner.

Medico legal services

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

Mortuary

- Located on the ground floor preferably in the rear part of the hospital away from patients/visitors area .
- Post mortem examination facility as per norms.
- Freezer mortuary facility with minimum 9 chambers or as per load.
- Mobile mortuary facility should be available.
- Waiting room, chamber room, inquest room, police officers room, doctors room, wash room; post mortem room etc.
- Adequate consumables and reagents for post mortem examination, sample collection, storage, labelling etc.
- Proper maintenance of records/registers as per norms.

Referral care plan

- All General/District 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 3.00 mA/500. mA/800mA X-ray machines, 100 mA X-ray machine for dental imaging and portable X-Ray machines.
- Facility for ultrasound and CT 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, signage, drinking water, token system, toilet facility, television etc.
- Designated area for collection of samples.
- Single window operation for laboratory report delivery there shall be a designated area for receiving samples from different collection areas.
- Adequate consumables and reagents and storage facility.
- Internal and external quality assurance system.
- Separate and adequate laboratory areas must be there for Microbiology (Bacteriology, Serology, Mycology), Clinical Pathology (histopathology, haematology and cytology) and Biochemistry.
- Standard Operating Procedures must be available for all

laboratory tests, infection control procedures and lab safety measures; and should strictly follow the same.

- Bio- medical waste management system.
- Computerised laboratory system (Provision for e- Health)

Blood bank & storage (As per NACO guidelines)

- Location easily accessible to emergency care department and operation complex.
- Round the clock blood component separation and storage facility.
- Facility for providing blood 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.
- Adequate consumables, reagents and chemicals.
- Separate reception area near to soiled zone and issue counter near to the storage area.
- SOP and Quality Assurance System.
- Registers and records maintenance (Provision of e- Health).

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.
 - 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.

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, Arogyakiranam, RBSK, KASP, CGHS etc.

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).
- District Level Training Centre for epidemic control.

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 programme.
- Periodic mock drills

Auxiliary Services

Dietary department

- The kitchen should be located on the ground floor with reception, daily storage area, preparation area, cooking area, service area, dish washing area and a separate designated area and protocol for Waste disposal.
- Provision for canteen for staff, visitors and relatives..
- Provision for free diet for eligible patients.
- Dietitian, cook and other supporting staff .
- Provision for distribution of food in wards.
- Provision of special diet for patients with diseases like DM, HTN, CAD, CKD as prescribed by the dietitian.
- 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.

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 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 etc
- Ensure uninterrupted supply of water and 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 .
- Provision for proper management of liquid waste through STP as per guidelines.

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 .

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 Medical Superintendent, Deputy Medical Superintendent, Resident Medical Officer, Nursing Superintendent, Lay Secretary and treasurer.
- 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 preferably 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 ensure

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 medical audit, nursing audit, equipment audit, patient satisfaction survey, hospital acquired infection
- › Monthly performance assessment of sections/departments and corrective measures

Hospital Management Committee (HMC)

- The HMC has to be constituted and function as per the guidelines issued by the Government of Kerala
- HMC to support the following activities:
 - › 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.

Various Committees

- The following committees to be constituted and function as per guidelines
 - › Institutional core committee, Infection control committee, Bio - medical waste management committee, Quality assessment committee, Housekeeping Committee, Purchase Committee, Condemnation

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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, staff and public

9. 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, HMC /HDC 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 System Resource Centre-Kerala,
Thiruvananthapuram

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Hari
Section Officer



GOVERNMENT OF KERALA

Abstract

Health and Family Welfare Department - Standardisation of Taluk Hospitals under Aardram Mission- Strategies to be adopted - orders issued.

HEALTH AND FAMILY WELFARE (M)DEPARTMENT

G.O.(Rt)No.2198/2018/H&FWD Dated,Thiruvananthapuram, 07/07/2018

Read Letter No. ADMIN/6/81/2017/SHSRC dated 22.06.2018 from the Executive Director,State Health Systems Resource Centre-Kerala, Thiruvananthapuram

ORDER

The state of Kerala has achieved better health indicators when compared to other states of India. But our health system is facing a new set of challenges due to the epidemiological and demographic transition undergone by the state. The high morbidity of the population due to Non Communicable Diseases and injuries, emerging and re-emerging Communicable diseases, influx of migrant population, increase in older population and environmental degradation has to be addressed. The Government has initiated the transformation of Primary Health Centers to Family Health Centers under the Aardram Mission as the best platform to converge various dimensions of primary health care provisions viz. Preventive, Promotive, Curative, Rehabilitative and Palliative. To address the changing health needs of the population effectively and comprehensively thus reducing the out of pocket expenditure in health, the secondary and tertiary care levels have to be strengthened. Taluk hospitals and District hospitals are the secondary care hospitals. Aardram mission envisages all basic specialities in Taluk level hospitals viz. General medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics, Orthopaedics, ENT, Ophthalmology, Anaesthesiology, Physical medicine & Rehabilitation, Psychiatry, Dermatology and Dentistry. Therefore it is essential to standardize the services offered at secondary care hospitals.

Government after examining the matter in detail order that the following strategies should be adopted with regard to the standardisation of Taluk Hospitals under "Aardram Mission".

TRANSFORMING OP SERVICES TO BECOME PEOPLE FRIENDLY

A people friendly hospital is a hospital with friendly and sympathetic staff

inspiring faith and confidence and having a reputation for good quality services

- Entrance to outpatient department should be friendly to all including visually/physically challenged and elderly people and has ramps for wheelchairs and side rails with adequate parking area.
- Wheel chair, stretcher and Trolley areas with adequate number of wheel chairs/trolleys
- Display boards: information of specialties/services available, the names of specialists, their OP days in both Malayalam, English and any other relevant languages along with layout of Outpatient department
- Computerised Registration/Reception/Enquiry/Payment /Insurance counters
- Token system and display board for each department including OP census
- Waiting area with adequate seating facilities, Toilet facility (separate toilets for physically challenged and women –with napkin vending machines and incinerator)
- Television, Music, Signages , Reading Materials, IEC materials & Public Announcement System in the waiting area
- Patient care co-ordinators and adequate number of nurses, nursing assistants and Hospital attendants
- Breast feeding area and child care area
- OP refreshment area with tea/coffee vending machines and free drinking water
- Public telephone facility, CCTV
- Consultation rooms : One cubicle for each doctor; examination area with adequate lighting and hand washing facility, procedure rooms for Orthopaedics, ENT, Dermatology, Ophthalmology (with area for vision screening); Equipments and Instruments as per requirement in each department.
- Separate Dental and Physical Medicine departments with adequate facilities
- Nursing station, Injection room, ECG room, Nebulisation area and ORT corner
- Minor procedure /dressing room

Outpatient Timings

- All Specialty services should be available from 8AM to 1PM on all days except Sundays.
- General OP should function from 1 PM to 6 PM on all week days and 8 AM to 1PM on

Sundays.

STRENGTHENING EMERGENCY CARE AND INPATIENT DEPARTMENT

Emergency Services Department

Emergency services department should provide non-stop services round the clock.

- Easily accessible, separate entry with obstruction free approach to vehicles
- Disabled friendly entrance
- Space ear-marked for Ambulance
- Signage (multilingual), display boards
- Computerised open reception counter
- Trolley, wheel chair area with adequate number of trolleys/wheel chairs
- Doors should be wide enough to allow attendants to walk on either side of the patient on trolley
- Waiting area with adequate seating facilities, Toilet facility (separate toilets for physically challenged and women – with napkin vending machines and incinerator)
- Public telephone facility, CCTV
- Adequate space for Triaging, Treatment prioritization with colour coding
- Resuscitation area with adequate number of equipments, instruments, drugs & consumables
- Doctors examination area with adequate lighting and hand washing facility; equipments and instruments as per requirement (see Annexure)
- Nurses station with medicine trolley, Crash Cart, modular drug and consumables storage, hand washing facility
- Centralised oxygen/air/suction supply, Oxygen concentrator
- Nebulisation area and ORT corner
- Minor procedure room with essential instruments and equipments
- Dressing/Plaster room
- Observation room with 6-10 beds separated by curtains, attached toilet facilities, drinking water

- Doctors duty room
- Store room
- Sterile and dirty utility rooms

Services

1. Reception cum enquiry
2. Triage
3. Resuscitation and stabilisation
4. Investigation & initiation of treatment
5. On call specialty services
6. Observation services
7. Minor procedures
8. Medico legal services
9. Referral services
10. Disaster management services

Disaster management plan

- The institution should have proper disaster management plan with trained designated team for it
- Round the clock Code Blue resuscitation facility should be available
- Emergency preparedness training for all staff should be provided

Inpatient Department

- A Taluk level hospital should at least have the following wards : Male medical ward, Female medical ward, Male surgical ward, Female surgical ward, Post operative ward, Antenatal ward, Postnatal ward, Paediatric ward, Isolation ward/Fever ward, palliative/Geriatric ward
- At least 50% cots should have side rails
- Adequate toilet facilities for male, female and physically challenged. Sanitary napkin vending machine and incinerator in female wards
- Seating with back support/dormitory arrangements for bystanders

- Nursing station: shall be located to permit visual observation of patients; should have modular drug & consumable storage. There should be separate designated areas for hand washing.
- Display boards showing bed strength, census, staff on duty/on call duty
- Resuscitation trolley, medicine trolley
- Store room
- Procedure room
- Dining room for patients and bystanders
- Modular bedside lockers
- Television, Public Announcement System
- Centralised Oxygen/Air/Suction supply
- Children's play area in paediatric wards
- Mosquito proofing of wards
- Rainbow linen policy
- Quality policies as per NQAS/KASH

SPECIALTY SERVICES IN TALUK LEVEL HOSPITALS

Objectives

- To provide comprehensive secondary care (specialist & referral services) to the community
- To achieve and maintain an acceptable standard and quality of care
- To act as First Referral points which receives cases from primary care institutions and from which cases are referred to appropriate higher centres

Timings

- Specialty OP services will be available from 8 AM to 1 PM on all days except Sunday
- Specialist doctors will be on call from 1PM to 8AM next day. They should attend to all emergency calls from the duty doctors and offer necessary specialty services including emergency surgeries.

All specialist doctors, Consultants and junior consultants shall conduct outpatient clinics during the morning hours and take ward rounds. They

should also attend to patients in ICU, HDU, operation theatre, Labour room and dialysis unit. After duty hours one specialist, including consultants in each department shall be on call duty in rotation and shall attend to all emergency calls from Emergency department, ICU, HDU, Labour room and Inpatient department. They are bound to take turn duty as per the existing government orders.

This ensures round the clock availability of all basic specialties in Taluk hospitals. The Taluk hospitals will thus function as “First Referral Points” thereby reducing the patient load in District hospitals and Medical colleges. Strengthening of specialty services in Taluk hospitals will in turn reduce the out of pocket expenditure for patients.

Specialty Clinics

Specialty clinics should function on designated week days

- NCD Clinic-hypertension and diabetes
- SWAAS Clinic
- ASWAASAM Clinic
- Adolescent Clinic
- Geriatric Clinic
- Palliative Clinic

Any other clinics as per the local requirements may also be conducted.

INTENSIVE CARE UNIT/HIGH DEPENDENCY UNIT (HDU), DIALYSIS UNITS AND OPERATION THEATRE

INTENSIVE CARE UNIT

Every Taluk level hospital should provide intensive care units (ICU) for critically ill patients by specially trained staff.

- Location should be easily accessible from emergency services, operation theatre and Wards
- There should be a receiving area before the ICU
- ICU should provide minimum 5 intensive care beds with adequate space in between and separated by curtains. Each bed should be provided with equipments for continuous and intensive monitoring of vital parameters and centralised Oxygen/Air/Suction supply.
- Nursing station should be inside the ICU to permit visual observation of all patients

- Modular rack for storage of medicines, consumables and linen near the nursing station
- There should be hand washing facility and toilets.
- Area for biomedical waste segregation facility
- There should be a waiting area for bystanders with basic amenities.

HIGH DEPENDENCY UNITS

- Patients from ICU should be transferred to the HDU before shifting to the wards or discharge.
- HDU should provide minimum 5 beds
- HDU should be provided with all equipments and amenities of ICU except the patient nurse ratio. It can be fixed as 3:1 instead of 1:1 in ICU

DIALYSIS UNIT

Setting up of Dialysis units in Taluk hospitals is one of the important activities planned under Aardram mission. The service is to provide maintenance dialysis to chronic renal failure patients. Dialysis unit should be located away from the main traffic areas.

- Minimum 10 bedded dialysis unit working in 3 shifts
- Trained Doctor, Nurses and qualified technicians
- All beds should be equipped to monitor vital parameters of patients
- Nursing station , hand washing and biomedical waste segregation facility
- Reprocessing unit with washing area
- RO water plant, Air conditioning
- Television inside the dialysis room
- Storage facility
- Waiting area with toilet facility and other bystander friendly amenities

OPERATION THEATRE

- There should be a receiving area, counselling area, separate rooms for Anaesthetist for pre-anaesthetic check-up, Male and Female changing rooms and a designated

scrub area.

- There should be an area designated for documentation and recording.
- All theatres should be situated in a Theatre complex with zoning facility.
- There should be exclusive theatres for Ophthalmology, Orthopaedics and Gynaecology departments
- Common theatre for General surgery and ENT departments
- Separate emergency theatre for conducting emergency surgeries
- There should be a post-operative recovery room with adequate facilities

LABOUR ROOM

- There should be a reception and registration area at the entry of the labour room complex that is separate from the regular in-patient reception area of the hospital for mothers in labour and in emergency. Ideally, this entry should be approachable by ambulance.
- There should be an examination cum Triage room with adequate number of beds and seating facility
- There should be a procedure room which can be used for examination or any other minor procedure.
- Ultrasound room
- There should be a store room, clean and dirty utility area.
- There should be a doctor's duty room and nurses room
- The labour room should have minimum 3 labour tables as per the delivery load.
- There should be a designated New Born Care Corner (NBCC) with Radiant warmer, Resuscitation kit with functional bag and mask and accessories. The NBCC should be an area within the labour room designated for resuscitation of newborns.
- Air conditioning with laminar air flow
- The labour cots, equipments, instruments and consumables should be as per standard guidelines issued by Government of India on standardisation of labour rooms(LAQSHYA).

PHARMACY

Pharmacy wing consists of outpatient dispensing pharmacy and central store.

Dispensing Pharmacy

- It should be located near the exit point of outpatient department
- It should have minimum of three counters with a waiting area, adequate seating and other patient amenities like drinking water, token system etc
- It should be fully air-conditioned and well lighted and should have adequate space with modular drug storage facilities.
- Inventory control and dispensing should be fully computerised
- It should function from 8 AM to 6 PM
- After OP hours pharmacy should function to support emergency services round the clock

Central Store

- It should be located at a place which is accessible to the vehicle and easily transportable to wards , dispensary and emergency care
- It should be fully air-conditioned and well lighted

Laboratory Services

- Laboratory should have a reception area/sample collection area with adequate patient amenities
- Unnecessary public traffic should be avoided in the laboratory
- Separate work area should be there for Biochemistry, Haematology investigations and microbiology investigations if available
- It should be fully computerised and should have equipments to do all tests as per the standards for Taluk hospitals (refer appendix)

Imaging Services

- Imaging services should comply with the site approval of Department of Radiation Safety and certification of registration by AERB
- It should have a X-ray unit with minimum 300 mA X-ray machine and 100 mA X-ray machine for dental imaging
- Ultrasound machines-minimum two
- CT machine- optional

Blood Bank/Storage

- Taluk hospital should have either a blood bank or a blood component storage facility which should function round the clock in an area accessible to emergency department and operation theatre
- It should function under a Medical Officer trained from designated blood banks approved for training with adequate number of Blood Bank/Lab Technicians according to NACO guidelines

Central Sterilisation Supply Department (CSSD)

- CSSD should be located inside the Operation theatre complex
- There should be separate reception and issue counters at different sites in such a way that there is no criss-crossing of sterile and soiled materials

Family welfare Unit

Family welfare unit should function as Public Health Co-ordinating Unit providing the following services

- Family welfare programmes
- Immunisation
- NCD programme
- Arogya Jagratha programme
- Other National and State public health programmes

One Stop Crisis Management Center (Bhoomika)

- Ideally there should be a center for gender based violence management and support functioning as per guidelines, if not a linkage system with the nearest Bhoomika centre should be established

Pay Wards

- All types of pay ward rooms should be offered the same quality of Inpatient services
- The maintenance of government pay wards should be regularly done by the institution

Administration

- The administration is responsible for establishment matters of staff as well as smooth functioning, maintenance and overall development of the institution
- There should be ideally a separate administrative block with reception, waiting area, designated rooms for Superintendent, RMO, Nursing superintendent and Lay

Secretary. There should be adequate space with toilet facility for other ministerial staff and PRO

- There should be adequate number of furniture, modular rack for keeping office files, cash chest etc
- There should be a cash counter to collect payments from pay ward, laboratory, imaging and other HMC collections.

Hospital Management Committee (HMC) & other Committees

- The HMC has to be constituted and function as per the guidelines issued by the Government of Kerala
- HMC can take up the following activities : Establishment and maintenance of support services like provision of critical human resources, provision of free food, canteen, maintenance of cleanliness in the hospital, provision of subsidized Medical shop, General store, laundry services, monitor the quality of services in the institution and any other activity for the smooth functioning and development of the hospital

Other committees

- There should be Infection control committee, Core committee, RSBY technical committee, Quality assurance committee, Housekeeping committee, Purchase committee, Condemnation committee, Staff welfare committee, Grievance redressal committee, Anti-sexual harassment committee(Internal complaint committee)

Grievance Redressal

- Grievance redressal committee should develop a protocol for addressing grievances of patients, staff and the public
- Complaint/suggestion boxes should be installed in all public areas of the hospital

Dietary

- Dietary should be under the direct supervision of the Nursing superintendent of the institution
- Kitchen should be located on the ground floor with reception, and designated areas for daily storage, preparation, cooking, service, dish washing and for waste disposal
- Institution should have canteen for staff and visitors/relatives
- The Institution should provide free diet for BPL patients through LSG or HMC approved agencies/sponsors
- Provision of special diet for diabetes, hypertension, Chronic kidney disease, malnutrition etc

- Health certification of canteen staff is mandatory

Housekeeping

- Housekeeping should be under the direct supervision of the Nursing superintendent of the institution
- Junior health inspector of family welfare unit is responsible for sanitation of hospital premises
- Housekeeping service should ensure the daily quality and hygiene of all areas including bathrooms, toilets, patient amenities, equipments and other consumables

Hospital Waste Management

- There should be a protocol for waste management including both biomedical and general waste
- General waste management should be as per the guidelines of "*Malinyamuktha Keralam*" and green protocol.
- The institution should preferably have a biogas plant and compost facility
- There should be provision for sewage treatment plant for liquid waste

Power Laundry

- If in the institution, should be located close to CSSD
- Straight line or "U" shaped pattern from clean end to dirty end attached with reception and issue area on both ends
- If the institution does not have its own power laundry, the laundry services should be outsourced to HMC approved agencies

Bystander Amenities

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

Medical Records Library

- Medical records library should be under the direct supervision of medical records librarian.
- Located away from general public traffic preferably in the administrative block

- Space allocation depends on bed capacity
- Care providers should have access to current and past medical records
- Should be computerised
- Safety of medical records should be ensured

Hospital Engineering Services

- There should be a mechanism either by dedicated staff or outsourced agency by which uninterrupted power and water supply is ensured round the clock
- Major and Minor maintenance and repair works should be regularly undertaken as per existing store purchase rules and guidelines
- There should be provision of workshop for repairs and junk storage area

Central Oxygen supply

- There should be central Air/Oxygen/Suction supply in all patient care areas

Insurance and Assurance services

- Insurance services should be provided (RSBY, CHIS, SCHIS, CHIS plus)
- Provision for Karunya benevolent fund and all other national and state sponsored welfare schemes/insurance and assurance services

Security services

- 24 hour security service should be available within the campus. Number of security staff including female security staff depends on the physical infrastructure and patient load of the institution.

Ambulance services

- There should be 24 hour Advanced Life Support Ambulance service for transport of critically ill patients to higher centres. This service can be outsourced if not available in the hospital
- Provision for Basic life support ambulance service should be available for transporting patients from the home to hospital or vice versa and higher centre for needy patients

Mortuary services

- Post mortem examination facility as per norms
- There should be freezer mortuary facility with minimum 6 chambers

- Mobile mortuary facility should be available

Landscaping & Rain water harvesting

- Institution campus should adhere to green protocol and all possible areas other than built areas should be landscaped and beautified
- There should be provision for maximum rain water harvesting and utilisation

Fire Safety

- Must adhere to fire safety guidelines as issued by the Fire safety department

REFERRAL CARE PLAN

- Taluk hospitals should adopt referral guidelines issued by the government

CONVERGENCE OF VARIOUS RESOURCES AND IMPLEMENTATION

- 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), LSG fund(own fund, project fund, non-road maintenance fund, integrated district project fund) , MP/MLA LAD fund, CSR, NGOs, Individual sponsors

SETTING QUALITY STANDARDS FOR TALUK LEVEL SERVICES

In Kerala many institutions under health services have initiated accreditation processes under various accreditation programs. Government of Kerala has developed Kerala Accreditation Standards for Hospitals (KASH). Ministry of Health and Family Welfare, Government of India has developed quality standards for national level accreditation (NQAS and LAQSHYA for labour rooms). Under Quality Council of India (QCI) there is another accreditation process known as National Accreditation Board for Hospitals and Health care providers (NABH). Each Taluk hospital should comply with any of the above quality standards.

Hospital management and information system (HMIS)

Timely and proper documentation of all activities in the hospital is very important for planning , development, implementation, monitoring , evaluation, medicolegal, accreditation and research purposes. Ideally HMIS should be digitised in the e-Health platform. It should also be integrating all the existing information management systems

like DDMS,HMIS,MCTS,TMIS,NIKSHAY,NHMIS etc. The system should be efficient to give information to the patients ,public ,staff , HMC and to higher authorities regularly and as and when required.

(By order of the Governor)
RAJEEV SADANANDAN
ADDITIONAL CHIEF SECRETARY

To:

Director of Health Services, Thiruvananthapuram,
State Mission Director, National Health Mission, Thiruvananthapuram
Executive Director,State Health Systems Resource Centre- Kerala,
Thiruvananthapuram.
Stock File/Office Copy

Forwarded /By order

Section Officer

Copy to:

PS to the Hon'ble Minister (Health and Social Justice)
PA to the Additional Chief Secretary, Health and Family Welfare
Department.



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department-Standardisation of District Level Hospitals under Aardram Mission-Strategies to be adopted-orders issued.

HEALTH & FAMILY WELFARE [M]DEPARTMENT

Dated, Thiruvananthapuram,

Read 1 Letter No.PLA4/3245/2020/DHS dated 26.01.2020 from the Director of Health Services.

2 Letter No ADMIN16/2020/SHSRC-K dated 10.01.2020 from the Executive Director, State Health System Health Resource Centre , Kerala, Thiruvananthapuram

ORDER

The state of Kerala has achieved better health indicators when compared to other states of India. But our health system is facing a new set of challenges due to the epidemiological and demographic transition undergone by the state. The high morbidity of the population due to non-communicable diseases, emerging and re-emerging communicable diseases, accidents and injuries, the influx of migrant population, increase in the elderly population and environmental degradation have to be addressed. The Government have initiated the transformation of Primary Health Centers to Family Health Centers under Aardram Mission. To address the changing health needs of the population effectively and comprehensively and reduce the out of pocket expenditure in health, the secondary and tertiary care levels also have to be strengthened.

Aardram Mission envisages District level Hospitals to be upgraded to provide Super specialty services in selected departments along with expanded services of all specialties and should act as a district training centre.

Government after examining the matter in detail has decided to adopt the following strategies with regard to standardization of

District level Hospitals under "Aardram Mission."

STRATEGIES FOR STANDARDISATION- DISTRICT LEVEL HOSPITALS

1. people friendly OP services
2. Strengthening of Emergency and Trauma Care Services
3. Expanded Specialty Services
4. Super specialty Services in Cardiology, Neurology,Urology,Nephrology, and any other Super specialties sanctioned by the Government from time to time
5. District Cancer Care Unit
6. District level training facility
7. Anti Microbial resistance surveillance
8. Adopting Quality Standards
9. Resource Mobilisation

1.People friendly op services

District level hospitals are secondary level referral care centres providing quality specialty and super specialty services to patients referred from primary care institutions and Taluk hospitals. A people-friendly hospital is one with friendly and compassionate sympathetic 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 General/District Hospitals.

- The outpatient department should be located in an area easily accessible to patients and their attendants, ambulance and other emergency vehicles. The outpatient department should be easily identifiable through adequate display boards.
- Entrance to the outpatient department 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 an adequate number of wheelchairs/trolleys.
- All signage and display boards should be printed in Malayalam, English and

any relevant local languages. The following display boards 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 main staff on duty .
 - v. OP departments with corresponding OP days and OP timings.
 - vi. Statutory signage according to the regulations from time to time (e.g. COTPA, RTI, Vigilance, PC-PNDT, POCSO).
 - vii. The route to various service stations should be displayed using colour coded signages/boards.
 - viii. Suggestion/complaint box .
 - ix. Designated IEC corners at visually prominent areas .
 - x. Disaster Management plan should be displayed.
- A designated help desk in the registration area for enquiry and for providing legal, social security and insurance related services.
 - Adequate number of security staff and volunteers for assistance.
 - A police aid post located near to the emergency and trauma care.
 - Separate OP registration area with an adequate number of counters.
 - Designated counters for fast-tracking of OP registration for elderly and differently abled patients.
 - Designated counters for registration of beneficiaries under various social security schemes.
 - The outpatient department should preferably be linked with the e-Health system and the entire process should be paperless in future.
 - Token system and display board for each department.
 - Waiting area with adequate seating facilities and toilets with women/child/elderly/transgender/differently abled friendly toilets.
 - A refreshment area with tea/coffee vending machines, free drinking water shall be provided.
 - Audio visual system including soothing music, reading materials, IEC materials & public address system.
 - Adequate number of nurses/nursing assistants/hospital attendants and patient care coordinators (ASHA, Voluntary workers, students, trainees etc)
 - Breast feeding area, childcare area, napkin vending machines and napkin disposal machine.
 - Designated Pre check areas for each department with privacy and e-Health provision (Based on HR availability)

- › Outpatient pharmacy counters with token system, display boards, waiting area etc.
- › Protocol based management to be ensured.
- › Prescription audit should be done.

Consultation rooms

- i. Separate examination area ensuring privacy cubicles for each doctor with an examination area and provision for e-Health.
 - ii. Separate procedure rooms for each speciality OP like orthopaedics, Surgery, Gynaecology, ENT, Dermatology, Ophthalmology, respiratory medicine, etc
 - iii. Separate areas should be identified for those specialities/super specialities requiring extensive investigations at the outpatient level like Echo, TMT, EEG etc.
 - iv. Dental department with provision for performing dental procedures and dental lab of implants and other devices.
 - v. Physical Medicine department with facilities for providing physiotherapy rehabilitation therapy.
- › Designated Nursing stations, injection room, ECG room, nebulisation area and ORT corner.
 - › Minor procedure /dressing room.
 - › Designated rooms for conducting Medical Boards

Exit Counter

- › Located near the outpatient pharmacy at the exit of the outpatient department.
- › To be linked with e-Health system.
- › Appointment for follow up

Outpatient Department Timings

- › All Specialty services should be available from 8AM to 1PM on all days except Sundays.
- › General OP should function from 1 PM to 8 PM on all weekdays and 8 AM to 1PM on Sundays.

2. Strengthening of Emergency and Trauma Care Services

- › District level hospitals should have a separate emergency medicine department for all emergencies.
- › The emergency department should be located on the ground floor with ramps and railings.
- › Emergency services department should provide round the clock services.

- › Easily accessible, separate entry with a barrier free approach to vehicles.
- › Open reception area with adequate number of wheelchairs and trolley, stretchers and demarcated trolley bay.
- › A parking area for ambulances.
- › Ambulances should have direct access to the receiving/triaging area.
- › A separate entry and exit area.
- › Adequate space for Triaging, Treatment prioritization with colour coding.
- › Triaging of patients should be done and demarcated GREEN YELLOW, RED, and BLACK area also to should be provided.
- › Designated computerised registration area for Emergency services with different coloured OP tickets.
- › Waiting area with adequate seating facilities, Toilet facility (separate toilets for physically challenged/women/transgender)
- › Multilingual signages/list of services in the local language, display of IEC materials, duty roasters 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 medicolegal cases (like rape/POCSO).
- › Round the clock ambulance service with trained staff.
- › 24 hr laboratory, radiology, pharmacy and ECG service.
- › Centralised oxygen/air/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 medicine trolley, Crash Cart, modular drug and consumables storage, hand washing facility .
- › Nebulisation area and ORT corner.
- › Minor procedure room with essential instruments and equipment.
- › Separate Dressing and Plaster room.
- › Observation room with 15 - 25 beds separated by curtains, attached toilet facilities, drinking water.
- › Emergency operation theatre with adequate facilities.
- › Preferably an emergency laboratory with sample to collection area.
- › Emergency pharmacy .
- › Adequate number of duty rooms for staff on duty.
- › Storeroom.

Services

- 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.

3. Expanded Specialty Services

Specialty and Super specialty Services Objectives

- › To provide comprehensive specialty and selected super specialty services.
- › To function as a referral centre.
- › To establish and maintain an acceptable standard quality of care.

Specialty Services

All major specialty services including General medicine, General Surgery, Orthopaedics, ENT, Ophthalmology, Anaesthesiology, Physical Medicine & Rehabilitation, Psychiatry, Respiratory Medicine, Dermatology, Dentistry, Forensic medicine and Radiology will be available in District level Hospitals. Blood bank with component separation and storage unit, Diagnostic facilities like laboratories (Microbiology, Serology, histopathology, haematology, cytology, Biochemistry) and Imaging technology services should be provided. Services of Obstetrics and Gynecology and Paediatrics are provided in some District level hospitals where Women & Children Hospitals are not functioning in the district or far away from the District level hospital.

4.Super Specialty Services In Cardiology, Neurology, Urology and Nephrology.

Super specialty Services

All General Hospitals/District Hospitals should provide super specialty services in at least in four super specialties viz. Cardiology, Neurology, Urology and Nephrology.

Specialty/Super Specialty Clinics/Services .

- i. NCD Clinic .
- ii. SWAAS Clinic.
- iii. Stroke Clinic .
- iv. Geriatric Clinic .
- v. Cancer care Clinic.
- vi. Aswaasam/Mental health Clinic.
- vii. District Early Intervention Centre (If applicable)
- viii. Adolescent Clinic
- ix. Deaddiction Clinic .
- x. Palliative care Clinic.
- xi. Any other clinics as per the local requirements/availability may also be included (Thyroid, Breast etc.)

Field level services

- i. Mobile Ophthalmic camps.
- ii. Cancer Detection Camps.
- iii. Blood Donation Camps.

- iv. Community Mental Health Camps.
- v. NCD screening Camps.
- vi. Field level services from FW units (if applicable).
- vii. Any other field activities as and when needed.

5.District Cancer Care Unit

- › Located away from the general OPD near to the day care Chemotherapy unit.
- › Provision of OP services for
 - Detection of malignancies
 - Follow up OP services for diagnosed cases
 - Palliative care OP services including Palliative Chemotherapy
- › Beds for admission of acute cases in concerned wards .
- › Provision of ICU beds for acute emergencies .
- › Provision of IP Palliative care services

6. District Training Facility

District level hospital should function as District Training facility for imparting various trainings to the health work force in the districts .

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

7. Anti Microbial Resistance Surveillance

- › Kerala Antimicrobial resistance surveillance strategy action plan (KARSAP) has been implemented. So all District hospitals should

have a microbiology lab, which shall function as hub lab for Taluk hospitals (Hub and spoke model).

8. 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.

Standardisation Of Inpatient Department

General hospital /District hospital should have the following wards .

- Male & Female medical wards, Male & Female surgical wards, Pre and post-operative wards, Isolation ward, Fever ward (as and when needed), Palliative ward, Day care Chemotherapy ward, Psychiatric ward, Deaddiction ward, Burns ward, Specialty and Super Specialty wards, Geriatric ward, Anti Rabies Cell and Prison Cell (if needed), Antenatal, Postnatal wards, Paediatric wards in institutions where OBG and Paediatric departments are functioning.
- There should be ear-marked wards for Palliative and Geriatric care patients in male and female medical and surgical wards.
- At least 50% cots should have side rails.
- There should be disabled 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: shall permit visual observation of patients; modular drug & consumable storage facility.
- Separate utility room and 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 to patients and bystanders.
- Resuscitation trolley, crash cart, medicine trolley, X- Ray viewer.
- Procedure room with necessary equipments and instruments .

- › Standard Operating Procedures (SOP).
- › Bio - medical waste management system .
- › Modular bedside lockers.

- › Centralised Oxygen/Air/Suction supply Mosquito proofing of wards.
- › Rainbow linen policy.
- › Store room.
- › Adequate furniture.
- › Staff duty room with toilet facility.
- › Children's play area in paediatric wards.
- › Television, Public Address System.
- › Any other equipments/instruments required specific to the ward.

High Dependency Unit & Intensive Care Unit

High Dependency Unit: 10-30 Beds .

- › Patients from ICU should 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 all equipments and amenities of ICU except the patient nurse ratio. It can be fixed as 3:1 instead of 1:1 in ICU.

Intensive Care Unit (ICU): 10 - 20 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 Oxygen/Air/Suction supply.
- › Mechanical Ventilator service.
- › Availability of intensive care services for all specialities.
- › All ICU beds should be visible from the nursing station.
- › Modular rack for storage of medicines, consumables and linen near the nursing station.
- › There should be a hand washing area and toilets.
- › Area for biomedical waste management.
- › ICU should be connected to the lift / ramp.
- › There should be single entry, exit and a receiving area for ICU.
- › There should be established criteria for admission and discharge, and

standard treatment guidelines should be displayed.

- › There should a changing room/toilets for staff and Telephone or intercom facility.
- › Counselling room, waiting area, sitting arrangement, drinking water facility, coffee/tea vending machine etc should be provided for bystanders.

Operation Theatre

GH/DH should have an operation theatre complex to accommodate all specialty and super specialty services with zoning facility (as per NQAS standards). There should be exclusive theatres for Septic cases, Ophthalmology, Orthopaedics Gynaecology and super specialty departments.

- › In continuation to the receiving area there should be separate rooms for pre-anaesthetic check-up, Male and Female duty rooms, store room and a designated scrub 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.

Labour room or LDR (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 an 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 nurses room.
- › The labour room should have 3 or more labour tables as per the delivery load.
- › A designated Newborn Care Corner (NBCC) with Radiant warmer, Resuscitation kit with functional bag and mask and accessories. The

NBCC should be an area within the labour room designated for the resuscitation of newborn.

- › Air conditioning with laminar airflow.
- › The labour cots, equipment, instruments and consumables should be as per standard guidelines issued by Government of India on standardisation of labour rooms.

Special Newborn Care Units (SNCU)

In institution where OBG (more than 200 deliveries from month) and Paediatric departments are functioning, there should be 10 -12 bedded SNCU units. If the number of deliveries is less than prescribed numbers an 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 .
- › Trained paediatrician and staff as per the curriculum recommended by MoH &FW, GoI .
- › 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.

Dialysis unit

- › Dialysis unit should be located away from the main traffic areas preferably with easy access to ICU .
- › Adequate bed space (14SqM/Bed).
- › Number of beds as per the work load (15 -30), working in three shifts.
- › Separate equipment for HIV/Hepatitis positive cases.
- › All beds should be equipped with equipment to monitor vital parameters of patients.
- › Defbrillator, electronic weighing machine, crash cart, multinosal cleaners.

- High efficiency dialysis machines and adequate RO plant depending on the work load.
- Soothing music/television for patients.
- Rack for separate safe storage of consumables of all patients.
- Nursing station with hand washing and biomedical waste segregation facility.
- Waiting area with toilet facility, counselling room and other patient-friendly amenities, signage including the name of the service provider, timings of the dialysis and patient rights.
- Separate power back up systems - DG,UPS etc
- Nephrologist, trained Doctors, Nurses, dialysis technicians and support staff.
- Provision for transporting patients for transfer/referral/investigations etc in a safe manner.

Medico legal services

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

Mortuary

- Located on the ground floor preferably in the rear part of the hospital away from patients/visitors area .
- Post mortem examination facility as per norms.
- Freezer mortuary facility with minimum 9 chambers or as per load.
- Mobile mortuary facility should be available.
- Waiting room, chamber room, inquest room, police officers room, doctors room, wash room; post mortem room etc.
- Adequate consumables and reagents for post mortem examination, sample collection, storage, labelling etc.
- Proper maintenance of records/registers as per norms.

Referral care plan

- › All General/District 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 3.00 mA/500 mA/800mA X-ray machines, 100 mA X-ray machine for dental imaging and portable X-Ray machines.
- › Facility for ultrasound and CT 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, signage, drinking water, token system, toilet facility, television etc.
- › Designated area for collection of samples.
- › Single window operation for laboratory report delivery there shall be a designated area for receiving samples from different collection areas.
- › Adequate consumables and reagents and storage facility.
- › Internal and external quality assurance system.
- › Separate and adequate laboratory areas must be there for Microbiology (Bacteriology, Serology, Mycology), Clinical Pathology (histopathology, haematology and cytology) and Biochemistry.
- › Standard Operating Procedures must be available for all

laboratory tests, infection control procedures and lab safety measures, and should strictly follow the same.

- Bio- medical waste management system.
- Computerised laboratory system (Provision for e- Health)

Blood bank & storage (As per NACO guidelines)

- › Location easily accessible to emergency care department and operation complex.
- › Round the clock blood component separation and storage facility.
- › Facility for providing blood 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.
- › Adequate consumables, reagents and chemicals.
- › Separate reception area near to soiled zone and issue counter near to the storage area.
- › SOP and Quality Assurance System.
- › Registers and records maintenance (Provision of e- Health).

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.
 - › 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.

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, Arogyakiranam, RBSK, KASP, CGHS etc.

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) .
- › District Level Training Centre for epidemic control.

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 programme.
- › Periodic mock drills

Auxiliary Services

Dietary department

- › The kitchen should be located on the ground floor with reception, daily storage area, preparation area, cooking area, service area, dish washing area and a separate designated area and protocol for Waste disposal.
- › Provision for canteen for staff, visitors and relatives.
- › Provision for free diet for eligible patients.
- › Dietitian, cook and other supporting staff .
- › Provision for distribution of food in wards.
- › Provision of special diet for patients with diseases like DM, HTN, CAD, CKD as prescribed by the dietitian.
- › 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.

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 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 etc
- › Ensure uninterrupted supply of water and 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 .
- › Provision for proper management of liquid waste through STP as per guidelines.

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 .

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 Medical Superintendent, Deputy Medical Superintendent, Resident Medical Officer, Nursing Superintendent, Lay Secretary and treasurer.
- › 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 preferably 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 ensure

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 medical audit, nursing audit, equipment audit, patient satisfaction survey, hospital acquired infection
- › Monthly performance assessment of sections/departments and corrective measures

Hospital Management Committee (HMC)

- The HMC has to be constituted and function as per the guidelines issued by the Government of Kerala
- HMC to support the following activities:
 - › 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.

Various Committees

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

9. 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, HMC /HDC 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 System Resource Centre-Kerala,
Thiruvananthapuram

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Forwarded /By order

Section Officer

9721
27/4/17



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – List of District Hospitals and Taluk Hospitals with name of Local Self Government Institutions selected under Aardram Mission - approved - orders issued

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HEALTH & FAMILY WELFARE (M)DEPARTMENT

G.O(Ms)No.58/2017/H&FWD

Dated, Thiruvananthapuram, 22.04.2017

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Read: Letter No.PLA4/24042/2017/DHS dated 29.03.2017 from the Director of Health Services

ORDER

As per letter read above Director of Health Services has forwarded a list of 17 District Hospitals and 75 Taluk Hospitals with the name of Local Self Government Institutions for including under Aardram Mission.

Government have examined the matter in detail and are pleased to approve the the list of 17 District Hospitals and 75 Taluk Hospitals with the name of Local Self Government Institutions, appended to this order, under Aardram Mission.

(By order of the Governor)

L.GEETHA

Additional Secretary to Government

To

The Director of Health Services, Thiruvananthapuram.
The Director of Panchayth/Director of Municipal Administration, Thiruvananthapuram
The Secretary, Corporation of Kollam/Thrissur/Kochi
The Accountant General (A&E/Audit), Thiruvananthapuram/Thrissur
✓The Director, Information & Public Relations (Web & New Media) Department
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Section Officer

AARDRAM MISSION

LIST OF DISTRICT LEVEL HOSPITALS WITH THE NAME OF LSGI

S.No	District	Institution	Name of LSGI
1	THIRUVANANTHAPURAM	1 GH, THIRUVANANTHAPURAM	GOVERNMENT (institution not transferred to LSGD)
2	KOLLAM	2 DH KOLLAM	KOLLAM CORPORATION
3	PATHANAMTHITTA	3 GH PATHANAMTHITTA	PATHANAMTHITTA MUNICIPALITY
4	ALAPPUZHA	4 GH ALAPPUZHA	ALAPPUZHA MUNICIPALITY
5	KOTTAYAM	5 GH KOTTAYAM	KOTTAYAM MUNICIPALITY
6	IDUKKI	6 DH IDUKKI	IDUKKI DISTRICT PANCHAYAT
7	ERNAKULAM	7 GH ERNAKULAM	GOVERNMENT (Institution not transferred to LSGD)
8	THRISSUR	8 GH THRISSUR	THRISSUR CORPORATION
9	PALAKKAD	9 DH PALAKKAD	DISTRICT PANCHAYAT PALAKKAD
10	MALAPPURAM	10 DH TIRUR	DISTRICT PANCHAYAT MALAPPURAM
11	KOZHIKKOD	11 GH KOZHIKODE	GOVERNMENT (Institution not transferred to LSGD)
12	WAYANAD	12 DH MANANTHAYADY	DISTRICT PANCHAYAT WAYANAD
		13 GH KALPETTA	KALPETTA MUNICIPALITY
13	KANNUR	14 GH THALASSERY	THALASSERY MUNICIPALITY
		15 DH KANNUR	DISTRICT PANCHAYAT KANNUR
14	KASARGODE	16 GH KASARGODE	KASARGOD MUNICIPALITY
		17 DH KANHANGAD	DISTRICT PANCHAYAT KASARGOD

WARD PAMUNIESION

LIST OF TALK LEVEL HOSPITALS WITH THE NAME OF LSBI

Sl. No	District	Institution	Name of LSBI
1	THIRUVANANTHAPURAM	1 THQH - CHIRAYINKEEZH	CHIRAYINKEEZH BLOCK PANCHAYAT
		2 CH - MEYATTINKARA	MEYATTINKARA MUNICIPALITY
		3 THQH - VARKALA	VARKALA MUNICIPALITY
		4 DH - NEDUMANGAD	ITVM JILLA PANCHAYAT
		5 CHC - MALAYINKEEZH *	NEMCM BLOCK PANCHAYAT
2	KOLLAM	6 TH - KARUNAGAPALI	KARUNAGAPPALLY MUNICIPALITY
		7 TH KOTTARAKKARA	KOTTARAKKARA MUNICIPALITY
		8 TH PUNALUR	PUNALUR MUNICIPALITY
		9 TH SASTHAMKOTTA	SASTHAMKOTTA BLOCK
		10 CHC PATHANAPURAM *	PATHANAPIURAM BLOCK
3	PATHANAMTHITTA	11 THQH KONNI	KONNI BLOCK PANCHAYAT
		12 THQH MALLAPPALLI	MALLAPPALLI BLOCK PANCHAYAT
		13 THQH RANNI	RANNI BLOCK PANCHAYAT
		14 THQH THIRUVALLA	THIRUVALLA MUNICIPALITY
		15 GH ADOOR	ADDOR MUNICIPALITY
		16 DH KOZHANCHERRY	PATHANAMTHITTA JILLA PANCHAYAT
4	ALAPPUZHA	17 TH CHERTHALA	CHERTHALA MUNICIPALITY
		18 RHTC CHETTIKADU	ARYAD BLOCK PANCHAYAT
		19 THQH KAYAMKULAM	KAYAMKULAM MUNICIPALITY
		20 THQH PULINKUNNU	VELIYANAD BLOCK PANCHAYAT
		21 DH CHENGANNUR	CHENGANNUR MUNICIPALITY
		22 DH MAVELIKKARA	MAVELIKKARA MUNICIPALITY
5	KOTTAYAM	23 THQH PAMPADI	PAMBADI BLOCK PANCHAYAT
		24 THQH VAIKKOM	VAIKKOM MUNICIPALITY
		25 THQH KURAVILANGADU	UZHAVOOR BLOCK PANCHAYAT
		26 GH CHANGANACHERI	CHANGANACHERI MUNICIPALITY
		27 GH KANJIRAPPALLI	KANJIRAPPALLI GRAMA PANCHAYAT
6	IDUKKI	28 THQH ADIMALI	ADIMALI BLOCK PANCHAYAT
		29 THQH NEDUMKANDAM	NEDUMKANDAM BLOCK PANCHAYAT
		30 THQH PEERUMED	AZHUTHA BLOCK PANCHAYAT
		31 TH KATTAPPANA	KATTAPPANA MUNICIPALITY
		32 DH THODUPUZHA	THODUPUZHA MUNICIPALITY
7	ERNAKULAM	33 THQH KOCHI	COCHIN CORPORATION
		34 THQH KARUVELIPPADI	COCHIN CORPORATION
		35 THQH KOTHAMANGALAM	KOTHAMANGALAM MUNICIPALITY
		36 THQH PARAVUR	PARAVUR MUNICIPALITY
		37 THQH PERUMBAVUR	PERUMBAVUR MUNICIPALITY
		38 GH MOOVATTUPUZHA	MOOVATTUPUZHA MUNICIPALITY
		39 DH ALUVA	ALUVA MUNICIPALITY
		40 TH PIRAVOM	PIRAVOM MUNICIPALITY
		41 TH ANGAMALI	ANGAMALI MUNICIPALITY

3	THRASSUR	42	DH VADAKKANCHERRY	DISTRICT PANCHAYAT THRASSUR
		43	GH IRINGALAKKUDA	IRINGALAKKUDA MUNICIPALITY
		44	THQH CHALAKKUDY	CHALAKKUDY MUNICIPALITY
		45	THQH CHAVAKKAD	CHAVAKKAD MUNICIPALITY
		46	THQH KODUNGALLOOF	KODUNGALLOOR MUNICIPALITY
9	PALAKKAD	47	THQH ALATHUR	ALATHUR BLOCK PANCHAYAT
		48	THQH CHITTUR	CHITTUR THATHAMANGALAM MUNICIPALITY
		49	THQH MANARKKADU	MANNARKKAD BLOCK PANCHAYAT
		50	THQH OTTAPPALAM	OTTAPPALAM MUNICIPALITY
		51	THQH PATTAMBI	PATTAMBI BLOCK PANCHAYAT
10	MALAPPURAM	52	THQH MALAPPURAM	MALAPPURAM MUNICIPALITY
		53	TH KUTTI PURAM	KUTTI PURAM BLOCK PANCHAYAT
		54	DH NILAMBUR	DISTRICT PANCHAYAT MALAPPURAM
		55	THQH PONNANI	PONNANI MUNICIPALITY
		56	THQH THIROORANGADI	THIROORANGADI MUNICIPALITY
		57	DH PERINTHALMANNA	DISTRICT PANCHAYAT MALAPPURAM
11	KOZHIKKOD	58	CHC KONDOTTY *	KONDOTTY MUNICIPALITY
		59	GOVT.HOSPITAL KOYILANDY	KOYILANDY MUNICIPALITY
		60	TH FEROKK	FEROKK MUNICIPALITY
		61	TH THAMARASSERY	KODUVALLY BLOCK PANCHAYAT
		62	TH BALUSSERY	BALUSSERY BLOCK PANCHAYAT
		63	DH VADAKARA	VADAKARA DISTRICT PANCHAYAT
12	WAYANAD	64	THQH SULTHAN BATHERY	SULTHAN BATHERY BLOCK PANCHAYAT
		65	THQH VYTHIRI	KALPETTA BLOCK PANCHAYAT
13	KANNUR	66	THQH THALIPARAMBU	THALIPARAMBU MUNICIPALITY
		67	THQH KOOTHUPARAMBU	KOOTHUPARAMBU MUNICIPALITY
		68	TH IRITTY	IRITTY MUNICIPALITY
		69	TH PANYANNUR	PANYANNUR MUNICIPALITY
		70	TH PERAVUR	PERAVUR BLOCK PANCHAYAT
		71	TH PAZHAYANGADI	KALLIASSERY BLOCK PANCHAYAT
14	KASARGODE	72	TH NEELESWARAM	NEELESWARAM MUNICIPALITY
		73	CHC PANATHADI *	PAPAPPA BLOCK PANCHAYAT
		74	CHC BADADUKKA *	KASARGOD BLOCK PANCHAYAT
		75	CHC MANGALPADI *	MANJESWARAM BLOCK PANCHAYAT

* Currently CHC. To upgrade as TH of the newly announced Taluk



കേരള സർക്കാർ
(സംഗ്രഹം)

Long Term plan

Handwritten notes: 27, 256341, 20/12/21, 20/12/21

ആരോഗ്യകുടുംബക്ഷേമ വകുപ്പ് - ആർദ്രം മിഷൻ - സാമൂഹികാരോഗ്യകേന്ദ്രങ്ങളുടെ സ്റ്റാൻഡേർഡൈസേഷൻ നിശ്ചയിച്ച് ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ആരോഗ്യകുടുംബക്ഷേമ (എം) വകുപ്പ്

സ.ഉ.(സാധാ)നം.207/2021/ആ.ക.വ

തീയതി, തിരുവനന്തപുരം, 22.01.2021

- പരാമർശം : 1. ആരോഗ്യവകുപ്പ് ഡയറക്ടറുടെ 30.12.2019 തീയതിയിലെ പി.എൽ.ബി 2-103001/2019/ആ.വ.ഡ നമ്പർ കത്ത്.
2. സ്റ്റേറ്റ് ഹെൽത്ത് സിസ്റ്റം റിസോഴ്സ് സെന്റർ, കേരളയുടെ 20.12.2019 തീയതിയിലെ ADMIN-365/SHSRC-K നമ്പർ കത്ത്

ഉത്തരവ്

ആർദ്രം മിഷന്റെ ഭാഗമായി സംസ്ഥാനത്തെ സാമൂഹികാരോഗ്യകേന്ദ്രങ്ങൾ വികസിപ്പിക്കുന്നതിനായി ടി സ്ഥാപനങ്ങളിൽ ഉണ്ടായിരിക്കേണ്ട മിനിമം സൗകര്യങ്ങൾ, ജീവനക്കാർ, ഉപകരണങ്ങൾ എന്നിവ നിജപ്പെടുത്തുന്നതിനുള്ള ശുപാർശ പരാമർശം 1, 2 പ്രകാരം ആരോഗ്യവകുപ്പ് ഡയറക്ടർ, എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, സ്റ്റേറ്റ് ഹെൽത്ത് സിസ്റ്റം റിസോഴ്സ് സെന്റർ എന്നിവർ സമർപ്പിക്കുകയുണ്ടായി.

സർക്കാർ ഇക്കാര്യം വിശദമായി പരിശോധിച്ചതിന്റെ അടിസ്ഥാനത്തിൽ സംസ്ഥാനത്തെ സാമൂഹികാരോഗ്യകേന്ദ്രങ്ങളിൽ ഉണ്ടായിരിക്കേണ്ട മിനിമം സൗകര്യങ്ങൾ, ജീവനക്കാർ, ഉപകരണങ്ങൾ എന്നിവ നിജപ്പെടുത്തുന്നതിന് ഇതോടൊപ്പം അനുബന്ധമായി ചേർത്തിരിക്കുന്ന മാർഗ്ഗനിർദ്ദേശങ്ങൾ അംഗീകരിച്ച് ഉത്തരവാകുന്നു.

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം)
രാജൻ നാംദേവ് ഖോബ്രഗഡെ
പ്രിൻസിപ്പൽ സെക്രട്ടറി

പകർപ്പ്

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം.

ഡയറക്ടർ, എക്സിക്യൂട്ടീവ് ഡയറക്ടർ, സ്റ്റേറ്റ് ഹെൽത്ത് സിസ്റ്റം റിസോഴ്സ് സെന്റർ, തിരുവനന്തപുരം

സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ, നാഷണൽ ഹെൽത്ത് മിഷൻ, തിരുവനന്തപുരം.

അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ/ആഡിറ്റ്), തിരുവനന്തപുരം

ഡയറക്ടർ, ഇൻഫർമേഷൻ & പബ്ലിക് റിലേഷൻസ് (വെബ്&ന്യൂ മീഡിയ) വകുപ്പ്

കരുതൽ ഫയൽ / ഓഫീസ് കോപ്പി.

ഉത്തരവിൻ പ്രകാരം

Handwritten signature: Hari

സെക്ഷൻ ഓഫീസർ

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ബ്ലോക്ക് തലത്തിലെ കമ്മ്യൂണിറ്റി ഹെൽത്ത് സെന്റേഴ്സ് (ബ്ലോക്ക് സി.എച്ച്.സി)

ദേശീയ തലത്തിൽ, ത്രിതല ആരോഗ്യ പരിപാല വിതരണ സംവിധാനത്തിൽ കമ്മ്യൂണിറ്റി ഹെൽത്ത് സെന്ററുകളാണ് ഉപജില്ലാതല ആശുപത്രികൾക്ക് താഴെയുള്ള ദ്വിതീയ ആരോഗ്യ പരിരക്ഷാ സേവനങ്ങൾ നൽകുന്നത്. എന്നാൽ കേരളത്തിൽ, ദ്വിതീയ പരിചരണ സേവനങ്ങൾ നൽകുന്ന താലൂക്ക് ആശുപത്രികൾ ഉള്ളതിനാൽ, സി.എച്ച്.സി.കൾ കൂടുതലും സമഗ്ര പ്രാഥമിക പരിചരണവും കിടത്തി ചികിത്സയും ആണ് നൽകുന്നത്. ബ്ലോക്ക് തലത്തിലെ എല്ലാ പൊതുജനാരോഗ്യ പരിപാടികളുടെയും ആസൂത്രണം, നടപ്പാക്കാൽ, ഏകോപനം എന്നിവ ഈ കേന്ദ്രങ്ങളുടെ പ്രവർത്തനമാണ്. സി.എച്ച്.സി-കളെ താലൂക്ക് ആശുപത്രികളായി മാറ്റുന്ന പുതിയ താലൂക്കുകളിലൊഴികെ ഓരോ കമ്മ്യൂണിറ്റി ഡെവലപ്പ്മെന്റ് ബ്ലോക്കിലും ഒരു ഹെൽത്ത് സെന്റർ ഉണ്ട്.

ആർദ്രം മിഷൻ കീഴിൽ ജനറൽ/ജില്ലാ ആശുപത്രികളും താലൂക്ക് ആശുപത്രികളും സൂപ്പർ സ്പെഷ്യാലിറ്റികൾ, സ്പെഷ്യാലിറ്റികൾ, ഒ.പി.പരിവർത്തനം, കാത്ത് ലാബ്, ഡയാലിസിസ് യൂണിറ്റ്, ടോമാ കെയർ യൂണിറ്റുകൾ എന്നിവയുടെ വികസനങ്ങളോടെയുള്ള പരിവർത്തന പ്രക്രിയയിലാണ്. ഈ സ്ഥാപനങ്ങൾ പലതും മാസ്റ്റർ പ്ലാനിന്റെ അടിസ്ഥാനത്തിൽ വികസനത്തിന് തുടക്കം കുറിച്ചു. എല്ലാ പി.എച്ച്.സി.കളെയും ഘട്ടം ഘട്ടമായി കുടുംബാരോഗ്യ കേന്ദ്രങ്ങളാക്കി മാറ്റാൻ വിഭാവനം ചെയ്യുന്നു. അതിനാൽ ആർദ്രം മിഷന്റെ ഭാഗമായി ബ്ലോക്ക് ലെവൽ സ്ഥാപനങ്ങളെയും പരിവർത്തനം ചെയ്യേണ്ടതുണ്ട്.

വിഷൻ

ഓരോ ബ്ലോക്ക് തലത്തിലും ഉൾപ്പെടുന്ന ഓരോ വ്യക്തിക്കും സമഗ്രവും സമ്പൂർണ്ണവുമായ ആരോഗ്യ പരിരക്ഷ നൽകുക

മിഷൻ

കുടുംബാരോഗ്യ കേന്ദ്രവുമായി ഏകോപിപ്പിച്ച് കൊണ്ട് എല്ലാവർക്കും താങ്ങാവുന്നതും ലഭ്യമാകുന്നതും സ്വീകാര്യമായതുമായ സമഗ്ര ആരോഗ്യ പരിരക്ഷ നൽകിക്കൊണ്ട് ബ്ലോക്ക് തലത്തിൽ എസ്.ഡി.ജി. ലക്ഷ്യങ്ങൾ കൈവരിക്കുക.

തന്ത്രങ്ങൾ

- ജനസൗഹൃദ ഒ.പി.സേവനങ്ങൾ
- ഗുണനിലവാരമുള്ള ക്ലിനിക്കൽ പരിചരണ സേവനങ്ങൾ
- കിടത്തി ചികിത്സ ഉൾപ്പെടെയുള്ള വിപുലമായി സമഗ്ര പ്രാഥമിക പരിചരണ സേവനങ്ങൾ
- ബ്ലോക്ക് തലത്തിൽ എല്ലാ പൊതുജനാരോഗ്യ പ്രവർത്തനങ്ങളുടെയും ആസൂത്രണം, നടപ്പാക്കാൽ, ഏകോപനം
- സാമൂഹിക പങ്കാളിത്തം, വകുപ്പുകൾ തമ്മിലുള്ള ഏകോപനം, തദ്ദേശ സ്വയംഭരണ സ്ഥാപനങ്ങളുടെ മേൽനോട്ടം

I. അടിസ്ഥാന സൗകര്യങ്ങളുടെ ആവശ്യകത

1. സി.എച്ച്.സി.-കളിലെ ജനസൗഹൃദ ഒ.പി. പരിവർത്തനം

എല്ലാ പൊതുമേഖലാ ആരോഗ്യ പരിപാലന സ്ഥാപനങ്ങളും രോഗീ സൗഹൃദമാക്കുക, ആശുപത്രി സന്ദർശനങ്ങൾ രോഗികൾക്ക് സുഖകരവും സമ്മർദ്ദ രഹിതവുമായ

അനുഭവമായി മാറ്റുക എന്നിവ ആർദ്രം മിഷന്റെ പ്രധാന ലക്ഷ്യങ്ങളിലൊന്നാണ്. മനോഹരമായ അടിസ്ഥാന സൗകര്യങ്ങളോടെ, സൗമ്യമായി പെരുമാറുന്ന ജീവനക്കാരുള്ള സമഗ്രമായ ആരോഗ്യ പരിപാലനം നൽകുന്ന സ്ഥാപനങ്ങളായി സി.എച്ച്.സി.-കളെ വിഭാവനം ചെയ്യുന്നു.

2. പരിഷ്കരിച്ച അടിസ്ഥാന സൗകര്യങ്ങൾ

ഒരു സ്ഥാപനത്തിന്റെ നല്ല അന്തരീക്ഷം അതിന്റെ ഗുണ നിലവാരത്തെ പ്രതിഫലിപ്പിക്കുകയും പൊതുജനങ്ങൾക്കിടയിൽ അതിന്റെ സ്വീകാര്യതയും ആത്മവിശ്വാസവും മെച്ചപ്പെടുത്തുകയും ചെയ്യുന്നു. ജനസൗഹൃദ ആശുപത്രി സംവിധാനങ്ങൾക്ക് രോഗിയുടെയും ബന്ധുക്കളുടെയും ആശങ്കകളെയും വേദനകളെയും അകറ്റുന്നതിൽ വലിയ പങ്കു വഹിക്കാനാവും.

- സ്ഥാപനത്തിന്റെ പ്രവേശനം, കാഴ്ച/ശാരീരിക വെല്ലുവിളി നേരിടുന്നവർക്ക് സൗഹൃദപരമായിരിക്കണം. കൂടാതെ വീൽചെയറുകൾക്ക് തടസ്സം കൂടാതെ പ്രവേശിക്കാനാവുന്ന റാമ്പുകളും സൈഡ് റെയിലുകളും മതിയായ പാർക്കിംഗ് സ്ഥലങ്ങളുമുണ്ടായിരിക്കണം. വീൽചെയർ, ടോളി ഏരിയകളും ഉണ്ടായിരിക്കണം.
- കെട്ടിടത്തിന്റെ രൂപകൽപ്പനയും പ്ലാനും അവിടത്തെ പ്രവർത്തനങ്ങൾക്ക് അനുസരിച്ച് ഉള്ളതും ഏക ദിശാ മാതൃകയിലുള്ളതായിരിക്കണം.
- എല്ലാ സേവനങ്ങളുടെയും വിവരങ്ങളടങ്ങിയ പൗരാവകാശ രേഖ, ഡിസ്ക്രീല ബോർഡുകൾ എന്നിവ ഉണ്ടായിരിക്കണം.
- നല്ല വെളിച്ചവും, വായുസഞ്ചാരവുമുള്ള പ്രാഥമിക, ദ്വിതീയ കാത്തിരിപ്പ് കേന്ദ്രങ്ങൾ ഉണ്ടായിരിക്കണം. നല്ല ഇരിപ്പിടങ്ങൾ, കുടിവെള്ളം, വായനാ സാമഗ്രികൾ, വിനോദത്തിനും ആരോഗ്യ വിദ്യാഭ്യാസത്തിനും വേണ്ടി റേഡിയോ അല്ലെങ്കിൽ ടെലിവിഷൻ ഉണ്ടായിരിക്കണം.
- കുട്ടികൾ/സ്ത്രീകൾ/പ്രായമായവർ/ഭിന്നശേഷി സൗഹൃദപരമായ തടസ്സമില്ലാത്ത ശൗചാലയങ്ങളും ഉണ്ടായിരിക്കണം.
- പരാതി/നിർദ്ദേശ പെട്ടികൾ ഉണ്ടായിരിക്കണം
- പൊതുമാലിന്യ ശേഖരണത്തിനായി ചവറുകൂട്ടകൾ ഉണ്ടായിരിക്കണം.
- മൂലയൂട്ടലിനും ശിശു സംരക്ഷണത്തിനും മതിയായ ഇടം ഉണ്ടായിരിക്കണം.
- ചായ/കോഫി വെൻഡിംഗ് മെഷീൻ ഉള്ളത് അഭികാമ്യമാണ്.
- വൈദ്യസഹായം തേടി സി.എച്ച്.സി.-യിൽ വരുന്ന ഏതൊരാളും കമ്പ്യൂട്ടർ സംവിധാനത്തിൽ രജിസ്റ്റർ ചെയ്യുകയും രോഗിയ്ക്ക് യൂണിക് തിരിച്ചറിയൽ നമ്പർ നൽകുകയും വേണം.
- തിരക്ക് കുറയ്ക്കുന്നതിന് രജിസ്ട്രേഷൻ/ലാബ്/ഫാർമസി കൗണ്ടറുകളിൽ ടോക്കൺ സംവിധാനം ഉണ്ടായിരിക്കണം.

3. ക്ലിനിക്കൽ കെയർ ഏരിയ

- ഓരോ സി.എച്ച്.സിയ്ക്കും സ്റ്റാഫ് നഴ്സുമാർ പ്രാഥമിക പരിശോധന നടത്തുന്ന ഒരു പ്രീ ചെക്ക് ഏരിയ ഉണ്ടായിരിക്കണം. ഈ മുറി മതിയായ സ്വകാര്യതയോടു കൂടിയതും രജിസ്ട്രേഷൻ കൗണ്ടറിന്റെ സമീപത്തായിരിക്കുകയും വേണം, മാത്രമല്ല ആവശ്യമായ ഫർണിച്ചറുകൾ, ഉപകരണങ്ങൾ, കമ്പ്യൂട്ടർ എന്നിവ ഉണ്ടായിരിക്കണം.

- കൺസൾട്ടേഷൻ റൂമുകളുടെ എണ്ണം ഏത് സമയത്തും ഔട്ട് പേഷ്യന്റ് ക്ലിനിക്കിൽ ഉണ്ടാകുന്ന മെഡിക്കൽ ഓഫീസർമാരുടെ എണ്ണത്തിന് അനുസൃതമായിരിക്കണം. ഓരോ മെഡിക്കൽ ഓഫീസർക്കും പ്രത്യേക ഫർണിച്ചർ, കമ്പ്യൂട്ടർ ഉൾപ്പെടെയുള്ള ഉപകരണങ്ങളും, വായു സഞ്ചാരമുള്ള പ്രത്യേക ക്യൂബിക്കിളുംനൽകണം. ഡെന്റൽ സർജൻ ലഭ്യമാണെങ്കിൽ ആവശ്യമായ ഡെന്റൽ ഉപകരണങ്ങളും പ്രത്യേക ഒ.പി സൗകര്യവും നൽകണം.
- ന്സ്ലീംഗ് സ്റ്റേഷനിൽ ഇൻജക്ഷൻ റൂം, നെബുലൈസേഷൻ ഏരിയ, ഒ.ആർ.ടി കോർണർ, ഇ.സി.ജി എന്നിവയ്ക്ക് പ്രത്യേക സൗകര്യങ്ങൾ ലഭ്യമായിരിക്കണം.
- 5 മുതൽ 6 വരെ കിടക്കകളും ആവശ്യമായ ഉപകരണങ്ങളും ഉള്ള ഒരു നിരീക്ഷണ മുറി ഉണ്ടായിരിക്കണം.
- നിരീക്ഷണ മുറിയടുത്തുതന്നെ മൈനർ പ്രൊസീജർ മുറി/ഡ്രസ്സിംഗ് റൂം
- ആശ്വാസം, ശ്വാസ്, എൻ.സി.ഡി, കാൺസിലിംഗ് സേവനങ്ങൾ എന്നിവ നൽകുന്നതിന് സ്വകാര്യതയോടുകൂടിയ മുറി ഉണ്ടായിരിക്കണം.
- കാഴ്ച പരിശോധനയ്ക്കും റെറ്റിനോപ്പതി സ്ക്രീനിംഗിനും ഒപ്റ്റോമെട്രിസ്റ്റിന് മതിയായ ഇടം ഉണ്ടായിരിക്കണം.
- ഫിസിയോതെറാപിസ്റ്റുള്ള സ്ഥാപനത്തിൽ അവരുടെ സേവനങ്ങൾക്ക് ആവശ്യമായ സ്ഥലവും ഉപകരണങ്ങളും ഉറപ്പു വരുത്തണം.
- ലബോറട്ടറി, ഫാർമസി, ഫാർമസി സ്റ്റോർ എന്നിവ പ്രത്യേക കെട്ടിടത്തിലോ ഔട്ട് പേഷ്യന്റ് ക്ലിനിക്കിന്റെ പുറത്തേക്കുള്ള കവാടത്തിനടുത്തുമായിരിക്കണം. മേൽപ്പറഞ്ഞവയുടെ അടിസ്ഥാന സൗകര്യങ്ങൾ നിശ്ചിത മാവനദണ്ഡങ്ങൾക്കനുസൃതമായിരിക്കണം .
- രോഗിയെ എളുപ്പത്തിൽ കൊണ്ടുപോകുന്നതിന് ഒ.പി ബ്ലോക്ക് ഐ.പി വാർഡുമായി ബന്ധിപ്പിച്ചിരിക്കണം.
- പുരുഷ/സ്ത്രീ രോഗികൾക്ക് വെവ്വേറെ വാർഡുകൾ നൽകണം. മൊത്തം കിടക്കകളുടെ എണ്ണം 20 മുതൽ 30 വരെ ആകാം.
- ഓരോ വാർഡുകളും വൃത്തിയും വെളിച്ചവും വായുസഞ്ചാരമുള്ളതും, ന്സ്ലീംഗ് സ്റ്റേഷൻ, ഡൈനിംഗ് ഏരിയ, ശുചിമുറി, വാഷ് റൂം തുടങ്ങിയ സൗകര്യങ്ങൾ ഉള്ളതും ആയിരിക്കണം. 24 മണിക്കൂർ വൈദ്യുതിയും ജലവിതരണവും ലഭ്യമായിരിക്കണം. വാർഡുകൾ സ്ത്രീ, വൃദ്ധ, ഭിന്നശേഷി സൗഹൃദമായിരിക്കണം.

4. പൊതുജനാരോഗ്യ, ഭരണ മേഖല

- പൊതുജനാരോഗ്യവും ഓഫീസ് സംവിധാനവും ക്ലിനിക്കൽ കെയർ ഏരിയയിൽ നിന്ന് മാറിയും പ്രത്യേകവും ആയിരിക്കണം.
- രോഗപ്രതിരോധ മുറി നന്നായി വായുസഞ്ചാരമുള്ളതും ശിശു സൗഹാർദ്ദപരവും ആയിരിക്കണം. കാത്തിരിപ്പ്, മുലയൂട്ടൽ, കുട്ടികളുടെ പരിപാലനം എന്നിവയ്ക്ക് പ്രത്യേക ഇടം നൽകണം. കുട്ടികൾക്ക് കളിസ്ഥലങ്ങൾ ഉണ്ടായിരിക്കുന്നത് അഭികാമ്യമാണ്.
- ഐ.എൽ.ആർ, ഡീപ് ഫ്രീസറുകൾ തുടങ്ങിയ ഉപകരണങ്ങൾ പ്രത്യേക മുറിയിൽ സൂക്ഷിക്കണം.
- പൊതുജനാരോഗ്യ ഉദ്യോഗസ്ഥർക്കായി പ്രത്യേക വർക്ക് സ്റ്റേഷൻ ഉണ്ടായിരിക്കണം.
- ഓഫീസിന് ആവശ്യമായ ഫർണിച്ചറുകളുള്ള ഒരു പ്രത്യേക മുറി ഉണ്ടായിരിക്കണം.
- ബ്ലോക്ക് ലെവൽ അവലോകന മീറ്റിംഗുകൾ, കോൺഫറൻസുകൾ, ബോധവൽക്കരണ ക്ലാസ്സുകൾ എന്നിവ നടത്തുന്നതിന് ഓഡിയോ-വിഷ്വൽ ഉപകരണങ്ങളും ഫർണിച്ചറുകളുമുള്ള ഒരു കോൺഫറൻസ് ഹാൾ ഉണ്ടായിരിക്കണം.

5 ലാൻഡ്സ്കേപ്പിംഗും സൗന്ദര്യവൽക്കരണവും

- കെട്ടിടങ്ങൾ കാഴ്ചയിൽ സൗന്ദര്യമുള്ളതും സുരക്ഷയ്ക്ക് പ്രാധാന്യം നൽകുന്നതും ആയിരിക്കണം.
- സ്ഥാപനത്തിന്റെ ചുറ്റുപാടും സൗന്ദര്യവൽക്കരിക്കുന്നതിന്റെ ഭാഗമായി പുൽത്തകിടികളും ലാൻഡ്സ്കേപ്പിംഗും ടി പ്രദേശത്ത് കാണപ്പെടുന്ന ചെടിത്തരങ്ങൾ ഉപയോഗിച്ച് അലങ്കരിക്കാവുന്നതാണ്.
- സ്ഥാപനം സന്ദർശിക്കുന്ന ആളുകളുടെ മനസ്സിന് സന്തോഷം നൽകുന്നതിന് മനോഹരമായ പുന്തോട്ടവും ഫിഷ് അക്വേറിയവും ഉണ്ടായിരിക്കുന്നത് അഭികാമ്യമാണ്.

- സി.എച്ച്.സി പരിസരത്ത് നടപ്പാതകൾ ഉണ്ടാവുന്നത് നല്ലതാണ്, അവ ആരോഗ്യ വർദ്ധക പ്രവർത്തനങ്ങൾക്കായി ഉപയോഗപ്പെടുത്താം.
- യോഗ/ജിനേഷ്യത്തിനായി മേൽക്കൂരയോടുകൂടിയ ടെറസോ സി.എച്ച്.സിയിലെ ലഭ്യമായ മറ്റ് സ്ഥലങ്ങളോ ഉപയോഗിക്കും.

II മാനവ വിഭവ ശേഷി

ക്രമ നം	ഏറ്റവും കുറഞ്ഞ മാനവ വിഭവ ശേഷി	എണ്ണം	റിമാർക്സ്
1	സിവിൽ സർജൻ (ജനറൽ കേഡർ)	1	സ്ഥാപന മേധാവി (എം.ഒ ഇൻ ചാർജ്ജ്), അഡ്മിനിസ്ട്രേറ്റീവ്, പബ്ലിക് ഹെൽത്ത്, ക്ലിനിക്കൽ വർക്കുകൾ
2	അസിസ്റ്റന്റ് സർജൻ	4	ക്ലിനിക്കൽ കെയർ സേവനങ്ങൾ,പൊതുജനാരോഗ്യ സേവനങ്ങൾ,സ്ഥാപന മേധാവി നിർദ്ദേശിക്കുന്ന മറ്റ് ചുമതലകൾ.
	ജൂനിയർ കൺസൾട്ടന്റ്- പീഡിയാട്രീഷ്യൻ-1, ഫിസിയൂൻ 1	2	
3	അസിസ്റ്റന്റ് ഡെന്റൽ സർജൻ	1	എൻ.എച്ച്.എം/എൽ.എസ്.ജി.ഡി/പോസ്റ്റ് ട്രിയേഷൻ ഘട്ടം ഘട്ടമായി
4	സ്റ്റാഫ് നഴ്സ്/ ഹെഡ് നഴ്സ്	10	
5	ഫാർമസിസ്റ്റ്	2	
6	ലബോറട്ടറി ടെക്നീഷ്യൻ	2	
7	ലബോറട്ടറി അറ്റൻഡന്റ്	1	
8	ഒപ്പോമെസ്ട്രിസ്റ്റ്	1	
9	റേഡിയോഗ്രാഫർ	1	എക്സ്-റേ ഉണ്ടെങ്കിൽ
10	ഫിസിയോതെറാപിസ്റ്റ്	1	എൻ.എച്ച്.എം നിയമനം
11	നഴ്സിംഗ് അസിസ്റ്റന്റ്	4	
12	ഹോസ്പിറ്റൽ അറ്റൻഡന്റ്Gr-I,Gr-II	6	
13	ക്ലർക്ക്	2	
14	ഡ്രൈവർ	1	വാഹനം ലഭ്യമാണെങ്കിൽ
15	ഓഫീസ് അറ്റൻഡന്റ്	1	
16	പാർട്ട് ടൈം സീപ്പർ	1	
17	ബ്ലോക്ക് കോർഡിനേറ്റർ	1	എൻ.എച്ച്.എം നിയമനം
18	ഹെൽത്ത് സൂപ്പർവൈസർ	1	
19	പബ്ലിക് ഹെൽത്ത് നഴ്സ് സൂപ്പർവൈസർ	1	
20	ഹെൽത്ത് ഇൻസ്പെക്ടർ	1	
21	പബ്ലിക് ഹെൽത്ത് നഴ്സ്	1	
22	ജൂനിയർ ഹെൽത്ത് ഇൻസ്പെക്ടർ	മാനദണ്ഡമനുസരിച്ച്	
23	ജൂനിയർ പബ്ലിക് ഹെൽത്ത് നഴ്സ്	മാനദണ്ഡമനുസരിച്ച്	

		ണ്ഡമനു സരിച്ച്	
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ഡാറ്റാ എൻട്രി ഓപ്പറേറ്റർ അഭികാമ്യമെങ്കിൽ നിയമിക്കാവുന്നതാണ്.

III സി.എച്ച്.സി യുടെ പ്രവർത്തന ഘടകങ്ങൾ

1. ക്ലിനിക്കൽ കെയർ സേവനങ്ങൾ -ഔട്ട് പേഷ്യന്റ്, ഇൻ പേഷ്യന്റ്, സ്പെഷ്യാലിറ്റി ക്ലിനിക്കുകൾ,മെഡിക്കോ ലീഗൽ സേവനങ്ങൾ.
2. പൊതുജനാരോഗ്യ സേവനങ്ങൾ- ദേശീയ, സംസ്ഥാന, എൽ.എസ്.ജി പൊതുജനാരോഗ്യ പരിപാടികൾ
3. പുനരധിവാസ സേവനങ്ങൾ
4. പാലിയേറ്റീവ് കെയർ സേവനങ്ങൾ
- 5 സേവന പ്രധാന പ്രവർത്തനങ്ങളുടെ ആസൂത്രണം, ഏകോപനം, നടപ്പാക്കൽ.

1. ക്ലിനിക്കൽ കെയർ സേവനങ്ങൾ

- കേരള സർക്കാർ പുറപ്പെടുവിച്ച സമഗ്ര പ്രാഥമിക ആരോഗ്യ പരിരക്ഷ മാർഗ്ഗ നിർദ്ദേശങ്ങൾ അനുസരിച്ച് സി.എച്ച്.സികൾ സേവനങ്ങൾ നൽകേണ്ടതാണ്.
- **സ്പെഷ്യാലിറ്റി ക്ലിനിക് സേവനങ്ങൾ :** എൻ.സി.ഡി ക്ലിനിക്, ശ്വാസ് ക്ലിനിക്, ശ്വാസ് ക്ലിനിക്, ആശ്വാസ് ക്ലിനിക്, കൗമാര ക്ലിനിക്, വയോജന ക്ലിനിക്, പാലിയേറ്റീവ് ക്ലിനിക് തുടങ്ങിയ സേവനങ്ങൾ നൽകണം.
- ഒപ്പോമെസ്ട്രിസ്സ്, ഫിസിയോതെറാപിസ്റ്റ് എന്നിവർ ഉള്ള സി.എച്ച്.സി-കൾ അവരുടെ സേവനങ്ങളും ഒ.പി സമയങ്ങളിൽ നൽകേണ്ടതാണ്.
- **ഒ.പി കൺസൾട്ടേഷൻ സമയം:** ഞായറാഴ്ച ഒഴികെയുള്ള എല്ലാ ആഴ്ചയും രാവിലെ 9 മുതൽ വൈകുന്നേരം 6 വരെയും, ഞായറാഴ്ചകളിൽ രാവിലെ 9 മുതൽ ഉച്ചക്ക് 1.30 വരെയും ആയിരിക്കും.
- **റഫറൽ സേവനങ്ങൾ:** കുടുംബാരോഗ്യ കേന്ദ്രങ്ങൾ, താലൂക്ക്, ജില്ലാ/ജനറൽ ആശുപത്രികൾ, മെഡിക്കൽ കോളേജുകൾ എന്നിവയുമായി ബന്ധിപ്പിച്ച് അവിടേയ്ക്കും തിരിച്ചും ഉള്ള റഫറൽ സേവനങ്ങൾ ശക്തിപ്പെടുത്തണം.
- **കിടത്തി ചികിത്സാ സേവനങ്ങൾ:** കിടത്തി ചികിത്സാസൗകര്യമുള്ള സി.എച്ച്.സി.കളിൽ ഒ.പി.സമയത്തിനു ശേഷം "കോൾ ഡ്യൂട്ടി" ഡോക്ടർമാരുടെ സേവനം ലഭ്യമാക്കേണ്ടതാണ്. 7 ഡോക്ടർമാരിൽ കുറവാണെങ്കിൽ കോൾ ഡ്യൂട്ടി എടുക്കേണ്ടതും ഏഴോ അതിലധികമോ ഡോക്ടർമാരുണ്ടെങ്കിൽ ഒരാൾ സ്റ്റേ ഡ്യൂട്ടി എടുക്കേണ്ടതുമാണ്. മേൽത്തട്ടിൽ നിന്നും തുടർ ചികിത്സയ്ക്കായി തിരിച്ചു വരുന്ന രോഗികൾ, തുടർ ചികിത്സ ആവശ്യമുള്ള പ്രായമായ രോഗികൾ, സാന്ത്വന പരിചരണത്തിലുള്ള രോഗികൾ പ്രാഥമിക ചികിത്സയുടെ ഭാഗമായി കിടത്തി ചികിത്സ ആവശ്യമുള്ളവർ എന്നിവരെ സി.എച്ച്.സി- കളിൽ അഡ്മിറ്റ് ചെയ്യാവുന്നതാണ്.
- **ലബോറട്ടറി സേവനങ്ങൾ:** ലബോറട്ടറി രാവിലെ 8 മുതൽ വൈകുന്നേരം 6 വരെ പ്രവർത്തിക്കുകയും സമഗ്രമായ പ്രാഥമിക പരിചരണ ക്ലിനിക്കൽ മാർഗ്ഗ നിർദ്ദേശങ്ങൾ അനുസരിച്ചുള്ള എല്ലാ രോഗാവസ്ഥകളും നിർണ്ണയിക്കാൻ സജ്ജീകരിക്കുകയും വേണം.
- **ഫാർമസി സേവനങ്ങൾ:** ഒ.പി സമയങ്ങളിൽ ഫാർമസി പ്രവർത്തിക്കണം. എല്ലാ അവശ്യ മരുന്നുകളും, ഇൻപേഷ്യന്റ് പരിചരണത്തിനുള്ള മരുന്നുകളും, പ്രത്യേക ക്ലിനിക്കുകൾക്കുള്ള മരുന്നുകളും ലഭ്യമായിരിക്കണം.
- **മെഡിക്കോ ലീഗൽ സേവനങ്ങൾ:** പൊതുജനാരോഗ്യ പ്രവർത്തനങ്ങളായ COTPA, POCSO, ഗാർഹിക പീഡനം തടയൽ നിയമം എന്നിവ ഉൾപ്പെടെയുള്ള എല്ലാത്തരം മെഡിക്കോ ലീഗൽ സേവനങ്ങളും നൽകണം.
 വൂഡ് സർട്ടിഫിക്കറ്റ്, മദ്യലഹരിയുടെ അളവ് നൽകുന്നതിനുള്ള സർട്ടിഫിക്കറ്റ് എന്നിവയും നൽകേണ്ടതാണ്.

2. പൊതുജനാരോഗ്യ സേവനങ്ങൾ

- **ആസൂത്രണം, ഏകോപനം, നടപ്പാക്കൽ**

- എല്ലാ ദേശീയ, സംസ്ഥാന , എൽ.എസ്.ജി.പൊതുജനാരോഗ്യ പരിപാടികൾ
- സാർവത്രിക രോഗപ്രതിരോധ പ്രോഗ്രാം
- സാംക്രമികവും അല്ലാത്തതുമായ രോഗങ്ങളുടെ നിയന്ത്രണ പരിപാടികൾ
- വാർഷിക കുടുംബ ആരോഗ്യ സർവ്വേ, വാർഡ്തല, പഞ്ചായത്ത്തല, ബ്ലോക്കതല ഹെൽത്ത് സ്റ്റാറ്റസ് റിപ്പോർട്ട് (എച്ച്.എസ്.ആർ.) തയ്യാറാക്കൽ
- എൽ.എസ്.ജി.പദ്ധതികൾ തയ്യാറാക്കൽ, മേൽനോട്ടം, നിരീക്ഷണം
- ബ്ലോക്കിലെ ആരോഗ്യ സ്ഥാപനങ്ങൾക്ക് സാധന സാമഗ്രികൾ, മാനവവിഭവ ശേഷി, വാഹന ലഭ്യത എന്നിവയ്ക്കുള്ള പിന്തുണ മേൽനോട്ടം നിരീക്ഷണം.
- തദ്ദേശ സ്വയംഭരണ സ്ഥാപനവുമായി ഏകോപിപ്പിച്ച്, ആരോഗ്യം നിർണ്ണയിക്കുന്ന സാമൂഹിക ഘടകങ്ങളെ സംബോധന ചെയ്യുക
- എല്ലാ ആരോഗ്യ പോർട്ടലുകളിലൂടെയും റിപ്പോർട്ടിംഗ് ഉറപ്പാക്കുകയും സമൂഹത്തിന്റെ ആരോഗ്യ ആവശ്യങ്ങൾക്കനുസൃതമായി നടപടികൾ കൈക്കൊള്ളുകയും ചെയ്യുക.
- നിശ്ചിത അവലേകനയോഗങ്ങൾ, മീറ്റിംഗുകൾ, കോൺഫറൻസുകൾ, ആരോഗ്യ പ്രവർത്തകരുടെ പരിശീനങ്ങൾ എന്നിവ നടത്തുക

3. പുനരധിവാസ സേവനങ്ങൾ

സങ്കീർണ്ണതയുള്ള ജീവിതശൈലി രോഗികൾ, പ്രായമായരോഗികൾ, സാന്ത്വന പരിചരണത്തിലുള്ള രോഗികൾ മേൽ തട്ടിലുള്ളസ്ഥാപനങ്ങളിൽ ചികിത്സ കഴിഞ്ഞുവരുന്ന ഫോളോ അപ്പ് ആവശ്യമുള്ള രോഗികൾ എന്നിവർക്ക് ഫിസിയോതെറാപ്പിസ്റ്റ് ഉള്ള സി.എച്ച്.സി.-കൾ പുനരധിവാസ സേവനങ്ങളും മെഡിക്കൽ ഉപദേശത്തിന്റെ മേൽനോട്ടത്തിന്റെ അടിസ്ഥാനത്തിൽ നൽകണം. ബ്ലോക്കിൽ ആവശ്യമായ രോഗികൾക്ക് ഹോംകെയർ സേവനങ്ങളും ഫിസിയോതെറാപ്പിസ്റ്റ് നൽകേണ്ടതാണ്. എച്ച്.എസ്.ആർ-നെ അടിസ്ഥാനമാക്കി, പുനരധിവാസ സേവനങ്ങൾക്കായി തദ്ദേശ സ്വയംഭരണ സ്ഥാപനങ്ങൾ വഴി പ്രോജക്ട് തയ്യാറാക്കി മടപ്പിലാക്കണം.

4. പാലിയേറ്റീവ് കെയർ സേവനങ്ങൾ

കുടുംബാരോഗ്യ കേന്ദ്രങ്ങൾ, തദ്ദേശ സ്വയംഭരണ സ്ഥാപനങ്ങൾ, എൻ.ജി.ഒ., സഹകരിക്കുന്ന മറ്റുള്ളവർ എന്നിവരെ ഏകോപിപ്പിച്ചുകൊണ്ടു നിലവിലുള്ള സാന്ത്വന പരിചരണ സേവനങ്ങൾ ശക്തിപ്പെടുത്തേണ്ടതാണ്. സാന്ത്വന പരിചരണത്തിലുള്ള രോഗികൾക്ക് മരണത്തോടടുക്കുമ്പോൾ ആവശ്യമെങ്കിൽ കിടത്തി ചികിത്സ നൽകേണ്ടതാണ്.വേദന സംഹാര ചികിത്സയും, മോർഫിൻ വിതരണവും സി.എച്ച്.സി.-കൾ ഏറ്റെടുക്കണം. വീൽചെയർ, വാട്ടർ ബെഡ്, ക്രൂച്ചസ് തുടങ്ങിയ സഹായ ഉപകരണങ്ങൾ വാങ്ങുന്നതിന് പ്രോജക്ടുകൾ തയ്യാറാക്കണം. പാലിയേറ്റീവ് കെയർ സേവനങ്ങളിൽ ഏർപ്പെട്ടിരിക്കുന്ന എല്ലാ ജീവനക്കാർക്കും, എൻ.ജി.ഒ.കൾ സഹകരിക്കുന്ന മറ്റുള്ളവർ എന്നിവർക്കും പരിശീലനം നൽകണം.

5. എല്ലാ ഫീൽഡ്തല പബ്ലിക് ഹെൽത്ത് പ്രോഗ്രാമുകളുടെയും ഏകോപന കേന്ദ്രമായി സി.എച്ച്.സി.-കൾ

ഒരു കമ്മ്യൂണിറ്റി ഡെവലപ്പ്മെന്റ് ബ്ലോക്കിലെ എല്ലാ പൊതുജനാരോഗ്യ പരിപാടികളും ഏകോപിപ്പിക്കുന്ന ബ്ലോക്കതല സ്ഥാപനമായി സി.എച്ച്.സി.കൾ പ്രവർത്തിക്കണം. സാംക്രമിക രോഗ നിയന്ത്രണം, സാംക്രമികേതര രോഗ നിയന്ത്രണ പരിപാടികൾ,

സാമ്പത്തിക പരിചരണം, കമ്മ്യൂണിറ്റി മാനസികാരോഗ്യം തുടങ്ങിയ പരിപാടികളും ഇതിൽ ഉൾപ്പെടുന്നു.

മിക്ക സാമൂഹികാരോഗ്യ കേന്ദ്രങ്ങളിലെയും കിടത്തി ചികിത്സ രോഗികളുടെ എണ്ണം കുറവാണെന്ന വസ്തുത കണക്കിലെടുത്ത്, ലഭ്യമായ അടിസ്ഥാന സൗകര്യങ്ങൾ കൊണ്ട് മാനസിക രോഗികൾക്ക് ഡേ കെയർ സൗകര്യങ്ങൾ നൽകുന്നതിനും, ജീവിതശൈലി രോഗികൾക്ക് ആരോഗ്യ വർദ്ധക പ്രവർത്തനങ്ങൾക്കും, ക്യാൻസർ ഉൾപ്പെടെയുള്ള ദീർഘകാല രോഗികളുടെ ടെർമിനൽ കെയർ, ഫിസിയോതെറാപ്പി സൗകര്യങ്ങൾ, യോഗ എന്നിവയ്ക്ക് വേണ്ടി ഉപയോഗിക്കുന്നത് ഉചിതമായിരിക്കും.

അനുബന്ധം

I. രോഗനിർണ്ണയ സംവിധാനങ്ങൾ

1. രക്ത പരിശോധന

- HB, TC, DC, ESR, PCV, പ്ലേറ്റ്‌ലെറ്റ് കൗണ്ട്, BT, CT, ബ്ലഡ് ഗ്രൂപ്പിംഗ്, Rh ടൈപ്പിംഗ്
- ബയോകെമിസ്ട്രി
 - രക്തത്തിലെപഞ്ചസാര - RBS/PPBS/GCT
 - ബ്ലഡ് യൂറിയ
 - ക്രിയേറ്റിനിൻ
 - ബിലിറൂബിൻ
 - കൊളസ്ട്രോൾ
 - HBA1c
 - TFT (അഭികാമ്യമെങ്കിൽ)
- സീറോളജി
 - റാപ്പിഡ് ടെസ്റ്റ് - VDRL/RPR/HbsAg, Widal

2. മൂത്ര പരിശോധന

- ഡിപ്പ് സ്ലിക്കുകളും മൈക്രോസ്കോപ്പിയും ഉപയോഗിച്ച് പതിവ് പരിശോധന
- ബൈൽ സോൾട്ട് ബൈൽ പിഗ്മെന്റ്
- മൈക്രോ ആൽബുമിൻ
- Acetone

3. മലം പരിശോധന

- പതിവ് മൈക്രോസ്കോപ്പിയും ഒക്കൾട്ട് ബ്ലഡും
- പബ്ലിക് ഹെൽത്ത് ലാബുകളിൽ ടെസ്റ്റ് ചെയ്യേണ്ട പരിശോധന സാമ്പിളുകൾ ശേഖരിക്കേണ്ട കേന്ദ്രമായി സാമൂഹികാരോഗ്യ കേന്ദ്രങ്ങൾ പ്രവർത്തിക്കേണ്ടതാണ്.

4. മാർഗ്ഗ നിർദ്ദേശങ്ങൾ പ്രകാരം ദേശീയ പ്രോഗ്രാമുകളുമായി ബന്ധപ്പെട്ട എല്ലാ പരിശോധനകളും

II. ആവശ്യമായ ഉപകരണങ്ങളുടെ പട്ടിക

ക്രമ നമ്പർ	ഉപകരണം	എണ്ണം
1	സെമി ഓട്ടോമേറ്റഡ് ബയോകെമിസ്ട്രി അനലൈസർ	1
2	3 പാർട്ട് ഹെമറ്റോളജി അനലൈസർ	1
3	റഫ്രിജറേറ്റർ 165 ml	1
4	ഹോട്ട് എയർ ഓവൻ	1
5	സെൻസിഫ്യൂസ് (16 ട്യൂബുകൾ)	1
6	മൈക്രോസ്കോപ്പ് (ബൈനോക്കുലർ)	1
7	കളറിമീറ്റർ	1
8	സീറോളജിക്കൽ വാട്ടർ ബാത്ത്	1
9	HbA1C അനലൈസർ	1

ഹോസ്പിറ്റൽ മാനേജ്മെന്റ് കമ്മിറ്റിക്കും, കേരള മെഡിക്കൽ സർവീസസ് കോർപ്പറേഷൻ ലിമിറ്റഡിനും, തദ്ദേശ സ്വയംഭരണം സ്ഥാപനങ്ങൾക്കും ആയിരിക്കും ആവശ്യമായ റിയേജന്റുകൾ, ടെസ്റ്റ് ക്ലിനിക്കുകൾ, മറ്റ് ഇനങ്ങൾ എന്നിവ നൽകേണ്ട ചുമതല.

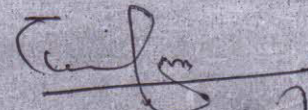
II. ആവശ്യമായ ഉപകരണങ്ങളുടെ പട്ടിക

ക്രമ നമ്പർ	ഉപകരണം	എണ്ണം
1	സെമി ഓട്ടോമേറ്റഡ് ബയോകെമിസ്ട്രി അനലൈസർ	1
2	3 പാർട്ട് ഹെമറ്റോളജി അനലൈസർ	1
3	റഫ്രിജറേറ്റർ 165 ml	1
4	ഹോട്ട് എയർ ഓവൻ	1
5	സെൻസിഫ്യൂസ് (16 ട്യൂബുകൾ)	1
6	മൈക്രോസ്ട്രോപ്പ് (ബൈനോക്കുലർ)	1
7	കളറിമീറ്റർ	1
8	സീറോളജിക്കൽ വാട്ടർ ബാത്ത്	1
9	HbA1C അനലൈസർ	1

ഹോസ്പിറ്റൽ മാനേജ്മെന്റ് കമ്മിറ്റിക്കും, കേരള മെഡിക്കൽ സർവീസസ് കോർപ്പറേഷൻ ലിമിറ്റഡിനും, തദ്ദേശ സ്വയംഭരണം സ്ഥാപനങ്ങൾക്കും ആയിരിക്കും ആവശ്യമായ റിയേഷനുകൾ, ടെസ്റ്റ് ക്ലിനിക്കുകൾ, മറ്റ് ഇനങ്ങൾ എന്നിവ നൽകേണ്ട ചുമതല.

ഭരണപ്രകാരം നമ്പർ - പി.എൻ.ബി2/103001/2019/ഭരവാഡ - 12/21

ചെയർപ്സ് താഴെപ്പറയുന്നവരുടെ അനുമതിയോടെ ഭരണസമിതിയിൽ സമർപ്പിക്കുന്നതിനായി നൽകുന്നു.


 ഭരണസമിതി ചെയർപ്സ്

പ്രിൻസിപ്പൽ,

1. മലപ്പുറം ജില്ലാ മെഡിക്കൽ ഓഫീസർമാർക്കു
2. മെ.എസ്.പി സെക്രട്ടറി

1/2/21



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – List of District Hospitals and Taluk Hospitals with name of Local Self Government Institutions selected under Aardram Mission approved - orders issued

HEALTH & FAMILY WELFARE (M) DEPARTMENT

G.O(Ms)No.58/2017/H&FWD

Dated, Thiruvananthapuram, 22.04.2017

Read: Letter No.PLA4/24042/2017/DHS dated 29.03.2017 from the Director of Health Services

ORDER

As per letter read above Director of Health Services has forwarded a list of 17 District Hospitals and 75 Taluk Hospitals with the name of Local Self Government Institutions for including under Aardram Mission.

Government have examined the matter in detail and are pleased to approve the the list of 17 District Hospitals and 75 Taluk Hospitals with the name of Local Self Government Institutions, appended to this order, under Aardram Mission.

(By order of the Governor)

L.GEETHA

Additional Secretary to Government

To

- The Director of Health Services, Thiruvananthapuram.
- The Director of Panchayath/Director of Municipal Administration, Thiruvananthapuram
- The Secretary, Corporation of Kollam/Thrissur/Kochi
- The Accountant General (A&E/Audit), Thiruvananthapuram/Thrissur
- The Director, Information & Public Relations (Web & New Media) Department
- Stock File / Office Copy

Forwarded / By Order

Section Officer

AARDRAM MISSION

LIST OF DISTRICT LEVEL HOSPITALS WITH THE NAME OF LSGI

No	District	Institution	Name of LSGI
1	THIRUVANANTHAPURAM	1 GH, THIRUVANANTHAPURAM	GOVERNMENT (Institution not transferred to LSGD)
2	KOLLAM	2 DH KOLLAM	KOLLAM CORPORATION
3	PATHANAMTHITTA	3 GH PATHANAMTHITTA	PATHANAMTHITTA MUNICIPALITY
4	ALAPPUZHA	4 GH ALAPPUZHA	ALAPPUZHA MUNICIPALITY
5	KOTTAYAM	5 GH KOTTAYAM	KOTTAYAM MUNICIPALITY
6	IDUKKI	6 DH IDUKKI	IDUKKI DISTRICT PANCHAYAT
7	ERNAKULAM	7 GH ERNAKULAM	GOVERNMENT (Institution not transferred to LSGD)
8	THRISSUR	8 GH THRISSUR	THRISSUR CORPORATION
9	PALAKKAD	9 DH PALAKKAD	DISTRICT PANCHAYAT PALAKKAD
10	MALAPPURAM	10 DH TIRUR	DISTRICT PANCHAYAT MALAPPURAM
11	KOZHICKOD	11 GH KOZHICODE	GOVERNMENT (Institution not transferred to LSGD)
12	WAYANAD	12 DH MANANTHAVADY	DISTRICT PANCHAYAT WAYANAD
		13 GH KALPETTA	KALPETTA MUNICIPALITY
13	KANNUR	14 GH THALASSERY	THALASSERY MUNICIPALITY
		15 DH KANNUR	DISTRICT PANCHAYAT KANNUR
14	KASARGODE	16 GH KASARGODE	KASARGOD MUNICIPALITY
		17 DH KANFANGAD	DISTRICT PANCHAYAT KASARGOD

AARDRAM MISSION

LIST OF TALUK LEVEL HOSPITALS WITH THE NAME OF LSGI

	District	Institution	Name of LSGD
1	THIRUVANANTHAPURAM	1 THQH, CHIRAYINKEEZH	CHIRAYINKEEZHU BLOCK PANCHAYAT
		2 GH NEYYATTINKARA	NEYYATTINKARA MUNICIPALITY
		3 THQH VARKALA	VARKALA MUNICIPALITY
		4 DH NEDUMANGAD	TVM JILLA PANCHAYAT
		5 CHC MALAYINKEEZH *	NEMOM BLOCK PANCHAYAT
2	KOLLAM	6 TH KARUNAGAPALLI	KARUNAGAPPALLY MUNICIPALITY
		7 TH KOTTARAKKARA	KOTTARAKKARA MUNICIPALITY
		8 TH PUNALUR	PUNALUR MUNICIPALITY
		9 TH SASTHAMKOTTA	SASTHAMKOTTA BLOCK
		10 CHC PATHANAPURAM *	PATHANAPURAM BLOCK
3	PATHANAMTHITTA	11 THQH KONNI	KONNI BLOCK PANCHAYAT
		12 THQH MALLAPPALLI	MALLAPPALLI BLOCK PANCHAYAT
		13 THQH RANNI	RANNI BLOCK PANCHAYAT
		14 THQH THIRUVALLA	THIRUVALLA MUNICIPALITY
		15 GH ADOOR	ADDOR MUNICIPALITY
		16 DH KOZHANCHERRY	PATHANAMTHITTA JILLA PANCHAYAT
4	ALAPPUZHA	17 TH CHERTHALA	CHERTHALA MUNICIPALITY
		18 RHTC CHETTIKADU	ARYAD BLOCK PANCHAYAT
		19 THQH KAYAMKULAM	KAYAMKULAM MUNICIPALITY
		20 THQH PULINKUNNU	VELIYANAD BLOCK PANCHAYAT
		21 DH CHENGANNUR	CHENGANNUR MUNICIPALITY
		22 DH MAVELIKKARA	MAVELIKKARA MUNICIPALITY
5	KOTTAYAM	23 THQH PAMPADI	PAMBADI BLOCK PANCHAYAT
		24 THQH VAIKKOM	VAIKKOM MUNICIPALITY
		25 THQH KURAVILANGADU	UZHAVOOR BLOCK PANCHAYAT
		26 GH CHANGANACHERI	CHANGANACHERI MUNICIPALITY
		27 GH KANJIRAPPALLI	KANJIRAPPALLI GRAMA PANCHAYAT
6	IDUKKI	28 THQH ADIMALI	ADIMALI BLOCK PANCHAYAT
		29 THQH NEDUMKANDAM	NEDUMKANDAM BLOCK PANCHAYAT
		30 THQH PEERUMED	AZHUTHA BLOCK PANCHAYAT
		31 TH KATTAPPANA	KATTAPPANA MUNICIPALITY
		32 DH THODUPUZHA	THODUPUZHA MUNICIPALITY
7	ERNAKULAM	33 THQH KOCHI	COCHIN CORPORATION
		34 THQH KARUVELIPPADI	COCHIN CORPORATION
		35 THQH KOTHAMANGALAM	KOTHAMANGALAM MUNICIPALITY
		36 THQH PARAVUR	PARAVUR MUNICIPALITY
		37 THQH PERUMBAVUR	PERUMBAVUR MUNICIPALITY
		38 GH MOOVATTUPUZHA	MOOVATTUPUZHA MUNICIPALITY
		39 DH ALUVA	ALUVA MUNICIPALITY
		40 TH PIRAVOM	PIRAVOM MUNICIPALITY
		41 TH ANGAMALI	ANGAMALI MUNICIPALITY
8	THRISSUR	42 DH VADAKKANCHERRY	DISTRICT PANCHAYAT THRISSUR
		43 GH IRINGALAKKUDA	IRINGALAKKUDA MUNICIPALITY
		44 THQH CHALAKKUDY	CHALAKKUDY MUNICIPALITY
		45 THQH CHAVAKKAD	CHAVAKKAD MUNICIPALITY
		46 THQH KODUNGALLOOR	KODUNGALLOOR MUNICIPALITY

		47	THQH ALATHUR	ALATHUR BLOCK PANCHAYAT
	PALAKKAD	48	THQH CHITTUR	CHITTUR THATHAMANGALAM MUNICIPALITY
		49	THQH MANANRKKADU	MANNARKKAD BLOCK PANCHAYAT
		50	THQH OTTAPPALAM	OTTAPPALAM MUNICIPALITY
		51	THQH PATTAMBI	PATTAMBI BLOCK PANCHAYAT
10	MALAPPURAM	52	THQH MALAPPURAM	MALAPPURAM MUNICIPALITY
		53	TH KUTTIPURAM	KUTTIPURAM BLOCK PANCHAYAT
		54	DH NILAMBUR	DISTRICT PANCHAYAT MALAPPURAM
		55	THQH PONNANI	PONNANI MUNICIPALITY
		56	THQH THIROORANGADI	THIROORANGADI MUNICIPALITY
		57	DH PERINTHALMANNA	DISTRICT PANCHAYAT MALAPPURAM
		58	CHC KONDOTTY *	KONDOTTY MUNICIPALITY
11	KOZHICKOD	59	GOVT.HOSPITAL KOYILANDY	KOYILANDY MUNICIPALITY
		60	TH FEROKK	FEROKK MUNICIPALITY
		61	TH THAMARASSERY	KODUVALLY BLOCK PANCHAYAT
		62	TH BALUSSERY	BALUSSERY BLOCK PANCHAYAT
		63	DH VADAKARA	VADAKARA DISTRICT PANCHAYAT
12	WAYANAD	64	THQH SULTHAN BATHERY	SULTHAN BATHERY BLOCK PANCHAYAT
		65	THQH VYTHIRI	KALPETTA BLOCK PANCHAYAT
13	KANNUR	66	THQH THALIPARAMBU	THALIPARAMBU MUNICIPALITY
		67	THQH KOOTHUPARAMBU	KOOTHUPARAMBU MUNICIPALITY
		68	TH IRITTY	IRITTY MUNICIPALITY
		69	TH PAYYANNUR	PAYYANNUR MUNICIPALITY
		70	TH PERAVUR	PERAVUR BLOCK PANCHAYAT
		71	TH PAZHAYANGADI	KALLIASSERY BLOCK PANCHAYAT
14	KASARGODE	72	TH NEELESWARAM	NEELESWARAM MUNICIPALITY
		73	CHC PANATHADI*	PARAPPA BLOCK PANCHAYAT
		74	CHC BADADUKKA*	KASARGOD BLOCK PANCHAYAT
		75	CHC MANGALPADY*	MANJESWARAM BLOCK PANCHAYAT

* Currently CHC. To upgrade as THQH of the newly announced Taluk