



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