

**GOVERNMENT OF KERALA****Abstract**

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

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**HEALTH & FAMILY WELFARE [M]DEPARTMENT**

Dated, Thiruvananthapuram,

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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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