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1 Quality Council of India

1.1 About organization

Quality Council of India Established in 1997 through a Cabinet decision of the Government of India (GoI) – Quality Council of India (QCI) is an autonomous organization under the Department for Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry. It was established as the national body for accreditation and certification based on the recommendations submitted by a committee which included various interested ministries and stakeholders to the Cabinet in 1996. Key recommendations included the need for establishing an organization jointly by the Government and the industry and the need for the organization to be self-sustaining and be away from the government.

Accepting the recommendations, the Cabinet Committee decided to set up Quality Council of India as a non-profit autonomous society registered under Societies Registration Act XXI of 1860 to establish an accreditation structure in the country and to spread quality movement in India by undertaking a National Quality Campaign.

It is the Quality Apex and National Accreditation Body for accreditation and quality promotion in the country. The Council was established to provide a credible and reliable mechanism for third party assessment of products, services and processes which is accepted and recognized globally. The Mission of QCI is to lead nationwide quality movement in India by involving all stakeholders for emphasis on adherence to quality standards in all spheres of activities primarily for promoting and protecting interests of the nation and its citizens.

1.2 About accreditation Boards of QCI

QCI functions through the executive boards, i.e.-

1. National Accreditation Board for Hospitals and Healthcare Providers (NABH)
2. National Accreditation Board for Certification Bodies (NABCB)
4. National Accreditation Board for Education and Training (NABET)
5. National Board for Quality Promotion (NBQP)
2 Nation Health Authority (NHA)

The National Health Agency had been restructured as National Health Authority (NHA) through a January 2019 cabinet decision. As per the notification dated 1st February, 2019, the Union Cabinet approved the restructuring of existing National Health Agency as “National Health Authority” for better implementation of the Pradhan Mantri Jan Arogya Yojana (PMJAY). Through the decision, the National Health Agency, registered as a Society under Societies Registration Act 1860, has been dissolved and has been replaced by National Health Authority as an attached office to Ministry of Health & Family Welfare. With the dismantling of the earlier two-tiered management structure, NHA will have full functional autonomy and shall be governed by a Governing Board comprising of the Union Minister for Health & Family Welfare as its Chairman and 11 members.

Headed by a full-time Chief Executive Officer (CEO), NHA is responsible for the design, roll-out, implementation and management the AB PMJAY across the country. To effectively carry out the tasks allotted to it, the NHA through the Governing Board will be responsible for framing, amending and repealing of policies and administrative and financial procedures relating to hiring/utilization/retention of resources, outsourcing of various tasks, budgetary support, and release of funds including guidelines for bank accounts for the management and administration of the authority.

To implement the scheme at the state level, states have formed State Health Agencies (SHAs) in the form of a society/trust. SHAs have full operational control over implementation of the scheme in the state.

NHA provides the overall vision and stewardship for design, roll-out, implementation and management of Pradhan Mantri Jan Arogya Yojana (PMJAY) in alliance with state governments. Inter-alia, this will include, formulation of PMJAY policies, development of operational guidelines, implementation mechanisms, co-ordination with state governments, monitoring and oversight of PMJAY amongst others.

The National Health Authority plays a critical role in fostering linkages as well as convergence of PMJAY with health and related programs of the Central and State Governments, including but not limited to Ayushman Bharat - Comprehensive Primary Health Care, the National Health Mission, RSBY to name a few.

The NHA leads the development of strategic partnerships and collaborations with Central and State Governments, civil society, financial and insurance agencies, academia, think tanks, national and international organizations and other stakeholders to further the objectives of PMJAY.
The National Health Authority provides technical advice and operational inputs, as relevant, to states, districts and sub-districts for PMJAY including formulating standards/SOPs/guidelines/manuals to guide implementation, identification of capacity gaps and related trainings, development of health information and IT systems, facilitating cross-learnings, documentation of best practices, research and evaluation and undertake associated administrative and regulatory functions.

3 Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) is the world’s largest government funded healthcare scheme that entails to provide healthcare benefits to the under-privileged section of the society. The scheme was launched on September 23, 2018 by Shri Narendra Modi at Ranchi, Jharkhand. The aim is to ensure that all the citizens of India receive healthcare services by making them accessible, cashless and paperless. The scheme has two components: transformation of existing sub centers and Primary Health Centers into Health Wellness Centres to cater to the primary services and providing insurance coverage for secondary and tertiary hospitalization. As per the lateral component, financial support of Rs 5 lakh will be provided to nearly 100 million families covering approximately 500 million individuals (~40% population) of the country.

The scheme plans to build a comprehensive healthcare ecosystem in India by bringing together all the stakeholders in terms of State Governments and Private institutions to result in Universal Healthcare Coverage. As a result, 32 Indian States and Union Territories have agreed to adopt and implement Center’s AB PMJAY scheme. As of July 31, 2019, a strong network of nearly 16,078 empanelled hospitals has been created that can be accessed by the registered beneficiaries and out of which 34,59,621 beneficiaries have already used the available services. To further ease the process, services to be availed are categorized into 1393 procedures covering pre and post-hospitalization, diagnostics, medicines etc. It is considered to be a major shift in the Indian healthcare horizon where for the first time people are being treated with no limitation on family size and age.

4 AB PMJAY Quality Certification

‘Quality healthcare’ is one of the motto of the scheme. Continuous efforts are being made by the authorities to set clearer guidelines that requires stringent enforcement in order to create a robust regulatory framework for the scheme. It, therefore, becomes critical to define a quality framework based on the basic principles of patient safety that enables to monitor and measure adverse events and take corrective and preventive measures as and when required. Since the treatment rates are fixed and healthcare providers varies based on the type of hospital and State regulations so high quality treatment becomes a key focus area of the scheme. As an effort to improve the quality of healthcare, National Heath
Authority (NHA) has collaborated with Quality Council of India (QCI) to use their well-established systems, skill set and credibility to start a quality certification process. It will be used as a catalyst to enhance patient satisfaction and improve quality standards across AB PMJAY empanelled hospitals.

The goal is to build a network of healthcare providers delivering quality clinical and support services while following the healthcare protocols. The process of quality certification will ensure that the hospitals are demonstrating commitment towards quality care and raising the bar for other network hospitals to follow. It will also help them to create a distinct representation and boost the confidence of beneficiaries in the services being provided. NHA plans to incentivize the certified hospitals with higher reimbursement rates over and above the packages decided under AB PMJAY. Though, financial incentives are already provided to the NABH certified hospitals based on the status of their certification/accreditation.

To ensure that all the hospitals are able to comply with the certification process a new criterion has been developed. Thus creating three levels of AB PMJAY quality certifications that are, Bronze, Silver and Gold in the said chronological order. The levels differ in terms of their certification criteria, financial incentivization, and provides leverage to the empanelled hospitals that are already certified by nationally or internationally recognized accreditation body (NQAS, NABH & JCI). NABH’s Entry-Level/ NQAS certified hospitals can apply directly for AB PMJAY Silver quality certification and hospitals with NABH’s Full Accreditation/JCI accreditation can apply for AB PMJAY Gold quality certification directly.

The hospitals which are not certified by any accreditation body will have to apply for bronze certificate in order to get the quality certification. After completion of six months from the date of receiving the certificate, hospitals can also upgrade to Silver and later to Gold. This methodology of step by step upgradation will ensure that hospitals keep on increasing the quality of services provided by them.
The certification process involves registration, uploading of self-attested documents and submission of nominal fees, followed by desktop and the subsequent on-site assessment using a technology platform. Based on the compliance status of hospital’s assessment the result will be declared on the technology portal. The initiative will help the hospitals to get fast-track and hassle free certification while obtaining a financial incentive from NHA based on their compliance status. The certification provides assurance that the standard procedures and services provided by the hospitals meet the highest quality benchmark. As the certification will not only enable them to comply with quality protocols, but it will also improve patient safety and the overall healthcare facility of the organization.
5 Benefits of certification

5.1 Patient Welfare

Patients are the biggest beneficiaries among all the stakeholders as certification results in high quality of care and patient safety and ensures the whole system is patient centric.

5.2 Healthcare Organizations Continuous Improvement

Certification to a health care organization stimulates continuous improvement. It enables the organization in demonstrating commitment to quality care. It raises community confidence in the services provided by the health care organization. It provides an opportunity to healthcare unit to benchmark with the best and benefit from financial incentives given under various government schemes to such certified hospitals.

5.3 Healthcare Staff’s Professional Development

It improves overall professional development of the hospital staff and provides leadership for quality improvement in various techniques. It also creates a good working environment where the staff can continuously learn and take ownership of their roles and responsibilities.

5.4 Additional Incentive Benefits

For Silver and Gold certified hospitals an additional benefit of 10% and 15% has been offered respectively.

5.5 Digitalized Process

The assessment for the certification encompassing desktop and onsite assessment would be done using the technology platform. Each standard is evaluated based on a series of questions that is verified using relevant documents or geo-tagged and geo-stamped photographs to measure the compliance status. The use of technology efforts will ensure that the assessment process is transparent and efficient as compared to the traditional ways of manual certification.
6 Process for Bronze Quality certification

Guidebook for AB PMJAY Quality Certification, 2019
6.1 Steps to be followed for the bronze certification

6.1.1 Registration for Bronze Quality Certificate

Hospitals are required to log in to their HEM portal for the process of registration where they will see a tab ‘Apply for certification’, using this tab hospital needs to apply for certificate and verify the details of information provided earlier on HEM portal, then they will be redirected to QCI portal where they will fill the basic certificate questions which will measure the eligibility of hospitals for bronze, silver and gold certification.

6.1.2 Filling up of Desktop Questionnaire

Submit all the required details along with self-attested documents (where applicable) through web platform which will include a detailed questionnaire followed by the fee payment. An application number will be generated after the fee submission. The details entered by applicant for registration on the website cannot be edited once the details are submitted.

6.1.3 Desktop Assessment

A detailed review of all the submitted information will be carried out and non-compliance ‘NC’ will be marked in case of insufficiency, discrepancy or incorrect data uploaded. For the fulfilment of non-compliance, the Private hospitals will have 15 days for submitting the documents and government hospitals will have 25 days for the same. The NC will be closed if the revised documents meets the requirements if not, 2\textsuperscript{nd} NC will be raised and private hospitals will have 10 days for submitting the documents and government hospitals will have 15 days for the same. The NC will be closed only when the revised documents meets the requirements. If a hospital fails in 2\textsuperscript{nd} NC too then their registration shall be cancelled and they will have to start the process of registration again. In case no NC is raised or the raised NC(s) meets requirement then On-site assessment date will be allotted within 7 days of completion of desktop assessment for both private and public hospital.

6.1.4 Onsite Assessment

After closing all non-compliances raised at DA stage, hospital will be moved to next stage i.e. Onsite assessment. On-Site Assessment will be done by the assessor. Final quality check of the assessment will be done by the assessor(s) and NCs (if any) will be raised for any clarifications or missing pieces. Hospitals will be having a defined time to close all the NCs.

6.1.5 On site Assessment Review

Any non-compliance raised during the process of on-site assessment shall be given 10 days to provide the necessary evidences in order to close the NC. If the NC has been resolved and
approved, then hospitals shall be issued the certificate within 7 days. In case the hospital is not able to provide the correct evidence for closure of NC than the registration shall get cancelled and they will have to register all over again for the process of quality certification.

6.1.6 Certificate Granted

After the completion of On-site assessment and NC closure, all the details of the hospital will be reviewed and the certificate will be provided. A digitally signed certificate by QCI will be issued and will be available on NHA/QCI website.
6.2 Process Timelines

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Steps</th>
<th>No. of Working Days (for private hospital)</th>
<th>No. of Working Days (for government hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registration on the web portal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Application submission along with the required documents</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>3</td>
<td>Fee Submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Desktop Assessment (DA) and NCs raised</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>DA: 1st Round of Non-Compliance (NC) raised and validated</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>6</td>
<td>Verification of the information submitted for 1st DA NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>DA: 2nd Round of Non-Compliance (NC) raised</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>8</td>
<td>Verification of the information submitted for 2nd DA NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>If NC closed, date allotted for on-site assessment (OA)</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>Assessment conducted, and NC raised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Verification of the information submitted for 1st OA NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>OA: 1st round of NC completed</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>13</td>
<td>Results Announcement &amp; Digital Certificate issued if hospital is assessed to be fulfilling the required criteria</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

**TOTAL MINIMUM DAYS**

|                                            | 28 | 28 |
7 Procedure for Silver/Gold Quality Certificate (already certified hospital)
7.1 Steps to be followed for the Silver/Gold Quality Certificate

7.1.1 Registration for Silver/Gold Quality Certificate

Hospitals are required to log in to their HEM portal for the process of registration where they will be able to see a tab ‘apply for certification’, using this tab hospital needs to apply for certificate any verify the details of information provided earlier on HEM portal, then they will be diverted to QCI’s portal where they will be asked to answer the basic certification questions for the eligibility criteria of certification, hospital needs to provided details of already held accreditation/certification, which will measure the eligibility of hospitals for bronze, silver and gold certification.

7.1.2 Filling up of Desktop questionnaire

Once the portal identifies their eligibility for application of certification they will be required to provide all the details and submit necessary document through the web portal which will also include a detailed questionnaire regarding ‘AB PMJAY specific questions’. An application number will be generated after desktop questionnaire is submitted. The details entered by applicant in desktop questionnaire on the website cannot be edited once the details are submitted.

7.1.3 Desktop Assessment

A detailed review of all the submitted information will be carried out and non-compliance ‘NC’ will be marked in case of insufficiency, discrepancy or incorrect data uploaded. For the fulfilment of non-compliance, the Private hospitals will have 10 days for submitting the documents and government hospitals will have 15 days for the same. The NC will be closed only when the revised documents meets the requirements. If a hospital fails in NC, then their registration shall be cancelled and they will have to start the process of registration again. In case no NC is raised or the raised NC(s) meets requirement then application will be processed further.

7.1.4 Certificate Granted

After the completion of On-site assessment and NC closure, all the details of the hospital will be reviewed and the certificate will be provided. A digitally signed certificate by QCI will be issued and will be available on NHA/QCI website.
### 7.2 Process Timeline

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Steps</th>
<th>No. of Working Days (for private hospital)</th>
<th>No. of Working Days (for government hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Application submission along with Certificate and Document upload</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Verification of Documents by Desktop Assessor</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>3.</td>
<td>Time for Hospital for the reply to NC raised</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Verification of information given in NC</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Result Announcement and Issue of Digital Certificate</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL MINIMUM DAYS:</strong></td>
<td><strong>15</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
8 Outline of Bronze Standard

8.1 Chapter 1: Key Inputs

It is essential that a hospital should have a framework to support ongoing quality improvements and patient wellbeing. This section of key inputs broadly covers the structural part of the hospital. The certification criteria given in this chapter take into consideration the facility infrastructure, human resources requirements and training, appropriate space in hospital for patient movement, proper lighting facility in the hospital, medical instruments and equipment requirements and maintenance, fire-fighting equipment and basic amenities like drinking water, waiting area, canteen, suitable toilets for men and women etc. However, the focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services.

Summary

<table>
<thead>
<tr>
<th>KI</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>KI 1</td>
<td>Physical facility of the building and hospital environment shall be developed and maintained for the safety of Patients, visitors, and staff</td>
</tr>
<tr>
<td>KI 2</td>
<td>Hospital should have adequate space for ambulance and patient movement</td>
</tr>
<tr>
<td>KI 3</td>
<td>Access to the hospital should be provided without any physical barrier and friendly to people with disabilities</td>
</tr>
<tr>
<td>KI 4</td>
<td>The indoor and outdoor areas of the facility should be well-lit</td>
</tr>
<tr>
<td>KI 5</td>
<td>Basic amenities should be provided for all patients, hospital staff and visitors</td>
</tr>
<tr>
<td>KI 6</td>
<td>The hospital should ensure that all medical staff is adequately credentialed as per the statutory norms</td>
</tr>
<tr>
<td>KI 7</td>
<td>The facility has functional equipment &amp; instruments as per scope of services</td>
</tr>
<tr>
<td>KI 8</td>
<td>Hospital should have fire detection and fire-fighting equipment installed as per fire safety norms along with staff training</td>
</tr>
<tr>
<td>KI 9</td>
<td>Staff involved in direct patient care shall be trained in Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) along with a display of the same in all critical care areas</td>
</tr>
<tr>
<td>KI 10</td>
<td>Annual Training Plan should be prepared for all staff covering all training needs.</td>
</tr>
</tbody>
</table>
8.2 Chapter 2: Clinical Service

The definitive motive of a hospital is to provide clinical care. Therefore, clinical services are the most basic and significant in hospitals. These are the processes that determine the outcome of services and quality of care. These standards include processes such as consultation, clinical assessment, continuity of care, nursing care, identification of high risk and vulnerable patients, prescription practices, safe drug administration, blood bank requirement, antibiotic policy, maintenance of clinical records etc. These standards are based on the technical guidelines published by the Government of India (GoI) on individual programs and processes. It may be difficult to assess clinical processes; as direct observation of clinical procedure may not always be possible at the time of certification assessment. Therefore, assessment of these standards would largely depend upon a review of the clinical records and documents as well.

Summary

<table>
<thead>
<tr>
<th></th>
<th>Chapter 2: Clinical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS 1</td>
<td>Patients privacy should be maintained in Out Patient Department (OPD) and In-Patient Department (IPD)</td>
</tr>
<tr>
<td>CS 2</td>
<td>The lab diagnostic services, whether in house or outsourced, should be as per the scope of services</td>
</tr>
<tr>
<td>CS 3</td>
<td>Blood bank services if available shall be as per the statutory/regulatory norms.</td>
</tr>
<tr>
<td>CS 4</td>
<td>The hospital should adhere to the radiation safety precautions as per the regulatory requirements</td>
</tr>
<tr>
<td>CS 5</td>
<td>Intensive Care unit (ICU) services should be available as per the scope of services along with the required infrastructure and manpower</td>
</tr>
<tr>
<td>CS 6</td>
<td>OT complex should be available as per the regulatory requirements</td>
</tr>
<tr>
<td>CS 7</td>
<td>Look-alike and sound-alike medicines need to be identified and stored separately to avoid any dispensing and administration errors.</td>
</tr>
<tr>
<td>CS 8</td>
<td>Policies and procedures for identification, safe dispensing and administration of all high-risk medicines should be documented and implemented</td>
</tr>
<tr>
<td>CS 9</td>
<td>The facility has defined and established antibiotic policy</td>
</tr>
<tr>
<td>CS 10</td>
<td>Pre-operative, Intra-operative and post-operative assessment should be done and documented by appropriately qualified staff in standardized format.</td>
</tr>
<tr>
<td>CS 11</td>
<td>Pre-Anesthesia assessments, type of Anesthesia and Post Anesthesia status should be documented.</td>
</tr>
</tbody>
</table>
8.3 Chapter 3: Support Services

Support services are fundamental foundation of every healthcare facility and helps other departments things run smoothly. And when things are running well, patients receive better care, so the expected clinical outcome cannot be visualized in the absence of support services. This chapter includes parameters to evaluate cleanliness, sterilization, infection control practices, security and facility management, water and power supply, dietary services and laundry. These standards also cover some of the administrative processes like legal and statutory compliances, contract management, Bio-Medical waste disposal etc. If these services and facilities are in place and are managed efficiently, supported and maintained, mainline healthcare delivery will be effective.

Summary

<table>
<thead>
<tr>
<th>Chapter 3: Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS 1 Hospital should be clean and have well managed flooring</td>
</tr>
<tr>
<td>SS 2 Temperature control and ventilation should be maintained in patient care and nursing area</td>
</tr>
<tr>
<td>SS 3 The hospital should have arrangement of water storage and should be tested periodically as per requirement</td>
</tr>
<tr>
<td>SS 4 The hospital should have 24 hours supply of electricity, either through direct supply or from other sources</td>
</tr>
<tr>
<td>SS 5 Medical gases and vacuum shall be made available all the time and stored safely. Compressed air should be made available as per the scope of services.</td>
</tr>
<tr>
<td>SS 6 The facility should adhere to the practices specified under statutory compliances as per the scope of services - Licenses with Certificate number, date of issue and date of expiry</td>
</tr>
<tr>
<td>SS 7 The hospital should ensure that appropriate infection control practices are being followed along with hand hygiene practices</td>
</tr>
<tr>
<td>SS 8 Hospital should ensure Bio-Medical Waste management practices as per the statutory norms (BMW (Amendment) Rules, 2018)</td>
</tr>
<tr>
<td>SS 9 Hospital should ensure that services i.e. (Laundry, Housekeeping, Dietary, security, Ambulance, Mortuary, Central Sterile Supply Department (CSSD) etc. are available (in-house or outsourced).</td>
</tr>
<tr>
<td>SS 10 Sexual harassment and grievance handling procedure should be available.</td>
</tr>
</tbody>
</table>
8.4 Chapter 4: Patient Care

The sheer availability of healthcare services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access to healthcare services includes physical access as well as financial access. The government has launched AB PMJAY schemes for ensuring that the service packages are available cashless to different targeted groups. Giving quality patient care have a positive effect on patient outcomes and recovery experience. Patients’ rights are also an integral part of patient care. The important patient rights include informed consent, confidentiality of medical records, legible prescription etc. This chapter includes standards such as uniform user-friendly signage, IEC for educating patients, patient-friendly admission and referral process, consent policies, retaining of medical record and education of patients.

Summary

<table>
<thead>
<tr>
<th>PC 1</th>
<th>Hospital should have uniform and user friendly signage system in English and in the local language understood by Patient / family and community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 2</td>
<td>All signage those are required by law should be displayed at all strategic location</td>
</tr>
<tr>
<td>PC 3</td>
<td>Contact information of key medical staff and specialist should be readily available in the emergency department</td>
</tr>
<tr>
<td>PC 4</td>
<td>Service counters for the enquiry are available as per the patient load and are duly managed by hospital staff for the registration of patients</td>
</tr>
<tr>
<td>PC 5</td>
<td>Hospital should have established procedure for admission of patients</td>
</tr>
<tr>
<td>PC 6</td>
<td>The patient should be referred to another facility along with the documented clinical information, in case of non-availability of services and/or beds.</td>
</tr>
<tr>
<td>PC 7</td>
<td>General Consent and Informed Consent should be taken during the admission and before any procedures /surgery and anesthesia/ sedation.</td>
</tr>
<tr>
<td>PC 8</td>
<td>User charges are displayed and communicated to patients effectively at the time of registration, admission to the ward and in case of a change in medical and surgical plan.</td>
</tr>
<tr>
<td>PC 9</td>
<td>Patient should be properly educated on additional care as deem required and all the vital information should be recorded for continuity of care.</td>
</tr>
</tbody>
</table>
Hospitals should ensure that all medications and associated instructions are written in the prescription.

Medical records should be retained as per the policies of Hospital based on national and local law.

8.5 Chapter 5: Health Outcomes

The importance of measuring and reporting the healthcare outcomes is to improve patient experience of care and fosters improvement and adoption of best practices, thus further improving outcomes. This chapter has standards for measuring healthcare outcomes like OPD and IPD census, mortality rate, average length of stay, Surgical Site Infection, Urinary Tract Infection, Blood Stream Infection, Ventilator Associated (VAP) Infection / Hospital Acquired Pneumonia, Transfusion reaction, Bed occupancy, Patient and employee satisfaction, reporting of adverse events, theft and security related events etc. The data provided by health outcomes guide decision and effective policy making process.

Summary

<table>
<thead>
<tr>
<th>Chapter 5: Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HO 1 Monthly Out Patient Department (OPD) and In-Patient Department (IPD) census</td>
</tr>
<tr>
<td>HO 2 Mortality Rate and average length of stay</td>
</tr>
<tr>
<td>HO 3 Infection Rates - Surgical Site, Urinary Tract, Blood Stream, Ventilator Associated (VAP)/ Hospital Acquired Pneumonia</td>
</tr>
<tr>
<td>HO 4 Transfusion reaction (if applicable)</td>
</tr>
<tr>
<td>HO 5 Bed occupancy</td>
</tr>
<tr>
<td>HO 6 Percentage of Patient satisfaction</td>
</tr>
<tr>
<td>HO 7 Percentage of Employee satisfaction</td>
</tr>
<tr>
<td>HO 8 Waiting time - Out Patient Department (OPD) and discharge</td>
</tr>
<tr>
<td>HO 9 Reporting of Adverse events</td>
</tr>
<tr>
<td>HO 10 Reporting of Thefts / Security related incidents</td>
</tr>
<tr>
<td>HO 11 Reporting of needle stick injuries</td>
</tr>
</tbody>
</table>
9 How to apply for quality certificate through portal
9.1 How to Apply for Bronze Quality Certificate

Step 1: Go to https://hospitals.pmjay.gov.in/ and login with your credential

Step 2: Apply for Certification
Step 3: Confirm already filled information on HEM portal

Choose from the given 3 options

Click OK if you want to submit OR Click 'Cancel' to go back
Step 4: Click on the link to visit QCI website.

Step 5: Click on ‘Login’ button
Step 6: Login with credential provided on e-mail

Step 7: Answer Basic Certificate questions
Step 8: eligibility pop-up will appear click ‘ok’ to proceed

Step 9: Click on ‘application form’ tab in dashboard to start filling application form
Step 10: Start filling application form and remember to save

Click on the arrows to expand the section and fill out all the required information.

Make sure you click on the ‘Save’ button to save your progress.

Step 11: Fill information in all the tabs

Hospital have to visit each tab and a set of questions will appear which are mandatory to be filled.

Some questions have drop down option from which the hospital will choose the required answer.
Step 12: Use ‘upload’ icon to upload document(s) and ‘view’ icon to view the uploaded documents.

Step 13: Delete icon can be used to remove wrong document.
Step 14: After filling the form press submit button (if following pop-up appears then verify which field is missing)

Step 15: Look out for ‘!’ symbol(s) these shows that those particulars sections have some unfilled fields.
Step 16: After filling all fields again click final submit button (following pop will appear).

Step 17: Make Necessary Payment for the application.

Step 18: On dashboard colour of application form tab will change to green indicating that application has been submitted.
9.2 How to Apply for Silver/Gold Quality Certificate (For already certified hospital)

Hospital having accreditation/certification from NABH/JCI/ACHS are eligible to directly apply for the silver/gold quality certification by following below mentioned step

Step 1: Go to https://hospitals.pmjay.gov.in/ and login with your credential

Step 2: Apply for Certification

Step 3: Confirm already filled information on HEM portal
### Apply for Certification

**Hospital Empanelment Application Form**

**Hospital Basic Information**

- **Hospital Name:**
- **Hospital Parent Type:** Single
- **Hospital Type:** Public
- **Hospital NIN Id:** NA

**Hospital Address**

- **Hospital Address:** N/A
- **State:** N/A
- **District:** N/A
- **City/Town:** N/A
- **Pin Code:** N/A
- **Hospital PIN Code:** N/A
- **Geographic Code Longitude:** N/A
- **Geographic Code Latitude:** N/A

**Hospital Profile**

- **Establishment Year:** NA
- **Establishment Type:** NA
- **Establishment Type NA:** NA
- **Legal Entity Name:** NA
- **Legal Entity Registration Number:** NA
- **Legal Entity Registration Date:** NA
- **Hospital Sub Type:** NA

**A message will pop asking if you really want to submit**

**Click 'OK' if you want to submit OR Click 'Cancel' to go back**

**Choose from the given 3 options**

**Submit**

**Hospital Id:**
Step 4: Click on the link to visit QCI website.

Step 5: Click on ‘Login’ button
Step 6: Login with credential provided on e-mail

Step 7: Answer Basic Certificate questions (fill details of accreditation/certification hospital have)
Step 8: Click on ‘add’ button and verify the details shown there, then click ‘submit’ button.

Step 9: Eligibility pop-up will appear click ‘ok’ to proceed.
Step 10: Click on ‘application form’ tab in dashboard to start filling application form

Step 11: Start filling application form and remember to save
Step 12: Fill information in all the tabs

Step 13: Use ‘upload’ icon to upload document(s) and ‘view’ icon to view the uploaded documents
Step 14: Delete icon can be used to remove wrong document.

Step 15: After filling the form press submit button (if following pop-up appears then verify which field is missing)
Step 16: Look out for ‘!’ symbol(s) these shows that those particulars sections have some unfilled fields.

Step 17: After filling all field again click final submit button (following pop will appear).
Step 18: On dashboard colour of application form tab will change to green indicating that application has been submitted.
9.3 How to reply to NC raised.

Step 1: Go to dashboard and click on NC Reply and Review section

Step 2: click on ‘NC’ Button to view the non-compliance raised

STEPS TO REPLY NC
Step 3: Fill in your reply and choose necessary document(s).

An NC reply will look like this:

1. Hospital will reply to the raised NC here
2. Click on 'Choose File' to upload the new supporting document for the raised NC

NC remarks will have the reason why the NC is raised.
Step 4: Click on ‘upload’ button to upload chosen document(s)

Step 5: Click on Save button to save NC reply
Step 6: Repeat same steps to reply for all NC raised

Step 7: Click on ‘Submit NC reply’ button to submit your replies
9.4 Key Points to remember

1. Upload self-attested documents wherever document is asked.
2. Hospital can login only on one browser at a time.
3. It is necessary to make sure that user is connected to an active internet connection while uploading documents.
4. The details entered by hospital for registration cannot be edited once the details are submitted. Please make sure that the details are filled accurately.
5. Concealment of information or intentionally filled wrong information may lead to cancelation of registration.
6. Documents which are to be uploaded while filling application form should be in English language only, if any document is in regional language, please upload a translated self-attested document along with that document.
10 List of documents
10.1 General Information
   a) Copy of admission form containing basic information (Name, Age, Sex, Address, Contact Details, Key Complaint)
   b) Copy of UHID of any one patient and corresponding filled Initial Assessment form for OPD by doctor, IPD by doctor, IPD by nurse and Emergency.
   c) Copy of documented policy for admission in Emergency department
   d) copy of documented procedure(s) to address care of patients arriving in the emergency including handling of medico-legal cases.
   e) Copy of documented policy for provision of extra beds and trolley beds in case of high occupancy or mass casualty
   f) Copy of documented procedure(s) for managing patients in case beds are not available at the facility
   g) Copy of referral slip in case of transfer of patient
   h) Copy of certificate of canteen registration as per FSSAI norms.
   i) Copy of registration certificate of ambulance
   j) Copy of Insurance of ambulance vehicle.
   k) Copy of PUC certificate of ambulance vehicle.
   l) Copy of ambulance vehicle driver’s licence.
   m) Copy of Invoice of purchase of PPEs for last three month
   n) Copy of documentation policy for reassessment of patients (Round by doctors in wards on regular basis)
   o) Copy of consent form signed by patient/caretaker (Bi-lingual)
      • Before admission
      • Before surgery
      • Before anaesthesia
   p) Copy of filled discharge summary (all pages) of any one patient
      • For ward patient
      • LAMA patient
      • MLC patient
10.2 Physical Infrastructure

a) Laboratory Services (as applicable) – If any of the services is located outside the hospital premises
   - MoU with the third party to be uploaded through portal for Clinical Biochemistry Lab.
   - MoU with the third party to be uploaded through portal for Clinical Microbiology & Serology Lab.
   - MoU with the third party to be uploaded through portal for Clinical Pathology Lab.
   - MoU with the third party to be uploaded through portal for Cytopathology Lab.
   - MoU with the third party to be uploaded through portal for Genetics Lab.
   - MoU with the third party to be uploaded through portal for Hematology Lab.
   - MoU with the third party to be uploaded through portal for Histopathology Lab.
   - MoU with the third party to be uploaded through portal for Toxicology Lab.
   - MoU with the third party to be uploaded through portal for Molecular Biology Lab.

b) Diagnostic Imaging (as applicable) - If any of the services is located outside the hospital premises
   - MoU with the third party to be uploaded through portal for Bone Densitometry service vendor.
   - MoU with the third party to be uploaded through portal for CT Scanning service vendor.
   - MoU with the third party to be uploaded through portal for DSA Lab.
   - MoU with the third party to be uploaded through portal for Gamma Camera service vendor.
   - MoU with the third party to be uploaded through portal for Mammography service vendor.
   - MoU with the third party to be uploaded through portal for MRI service vendor.
   - MoU with the third party to be uploaded through portal for Nuclear Medicine service vendor.
   - MoU with the third party to be uploaded through portal for PET service vendor.
   - MoU with the third party to be uploaded through portal for Ultrasound service vendor.
   - MoU with the third party to be uploaded through portal for Urodynamic Studies service vendor.
   - MoU with the third party to be uploaded through portal for X-Ray service vendor.

c) Others Services (as applicable) - If any of the services is located outside the hospital premises
   - MoU with the third party to be uploaded through portal for 2D Echo service vendor.
   - MoU with the third party to be uploaded through portal for Audiometry service vendor.
   - MoU with the third party to be uploaded through portal for EEG service vendor.
   - MoU with the third party to be uploaded through portal for EMG/EP service vendor.
   - MoU with the third party to be uploaded through portal for Holter Monitoring service vendor.
   - MoU with the third party to be uploaded through portal for Spirometry - PFT service vendor.
   - MoU with the third party to be uploaded through portal for Tread Mill Testing service vendor.

d) Other Diagnostic Services
• MoU with the third party to be uploaded through portal for any other diagnostic service offered.

e) Copy of daily Monitoring record of diagnostic services

f) MoU of Outsourced Support Services related to the hospital

  • MoU with third party for Laundry Services
  • MoU with third party for Housekeeping Services
  • MoU with third party for Dietary Services
  • MoU with third party for Security Services
  • MoU with third party for Ambulance Services
  • MoU with third party for Mortuary Services
  • MoU with third party for CSSD services


10.3 Statutory Compliances

a) Copy of Narcotics License.

b) Copy of Retail Pharmacy License

c) Copy of Blood bank service licence

d) Copy of fire department clearance certificate

e) Copy of certificate of accreditation of lab from NABL

f) Copy of certificate of accreditation of outsourced lab from NABL

g) Copy of documented policies governing rational usage of antibiotics/Drug

h) Copy of Registration Certificate of hospital under Clinical Establishment Act, If applicable.

i) Copy of Pollution Control Board License for water and Air Pollution (above 50 beds).

j) State Pollution Control Board (SPCB) Consent to generate Bio-Medical Waste (BMW).

k) Copy of Certificate of Lift License / Safety for all elevators to be uploaded through portal

l) Certificate of portability of alternate as well as drinking water source as per IS 10500: 2012

m) Legal status for conducting business under Shops and Commercial Establishments Act (Registration and place of business of the hospital) certificate

n) Copy of certificate of Registration under PC-PNDT Act

o) Copy of AERB Certificate

  • AERB License for X-Ray.
  • AERB license for Mobile X-Ray(s).
• AERB License for Dental X-Rays.
• AERB License for OPG.
• AERB License for CT scan machine.
• AERB License for Mammography services.
• AERB License for BMD services.
• AERB License for C-Arm services.
• AERB License for Cath Lab.

10.4 Record Management

a) Records of annual maintenance plan for infrastructure
b) Copy of record of water arranged from alternate source
c) Record of water quality testing
   • Residual & Chlorine Test - Daily
   • Chemical Test - Normal Water - Quarterly
   • Chemical Test - Hard water - Monthly
   • Micro Bacterial – Quarterly
d) Record of internal audit of support services
e) Record of usage and storage of medical gases
f) Record of floor scrubbing on monthly/fort night basis
g) Record of monitoring infection control practices
h) Records of monitoring the practice of daily cleaning on regular basis
i) Record of inspection/quality audit of outsourced Laboratory services
j) Record of bi-directional referral system (Register of refer out and refer in)
k) Record of regular maintenance of radiation safety equipment/ AMC of radiation safety equipment
l) Record of CPR event (with corrective & Preventive measures taken) of last 3 Months
m) Copy of the documents of composition of all committee (Quality and Safety, Sexual Harassment, Infection Control, Pharmacy and Therapeutics, Blood Transfusion, and Medical Records etc.) through portal.

n) Copy of record of at least 6 month old MLC patient
o) Record of Air temperature maintained in ICU
p) Record of Air temperature maintained in OT
q) Copy of record related to blue protocol followed in hospital
r) Copy of training record calendar (containing record last 6 months as well as planning of training for next 6 month)
10.5 Human Resource
   a) Copy of training record of CPR  
   b) Training record for Infection Control Practices  
   c) Copy of training record for Basic Life Support (BLS)  
   d) Duty roster of security guard  
   e) Duty Roster of ICU  
   f) Copy of attendance register of emergency department for medical staff  
   g) Scanned copy of record of training/Mock-drills of staff for fire emergencies  

10.6 Clinical Service Details
   a) Copies of prescriptions of any 3 patients.  
   b) Copy of list of emergency and high risk medications.  
   c) Copy of Filled case sheet of patients having doctors name, signature, date & time (1 from each ICU, Operative Patient, Ward, Emergency and Obs & Gyn).  
   d) Copy of any 1 patient case sheet having Preanesthetic assessment format.  
   e) Copy of any 1 patient case sheet having post anaesthesia status monitoring format.  
   f) Copy of any 1 patient case sheet having Operative notes and Post-operative plan of care.  
   g) Copy of any 1 patient case sheet having Preoperative assessment and provisional diagnosis.  
   h) Upload UHID of any one patient and corresponding filled Initial Assessment form for OPD by doctor, IPD by doctor, IPD by nurse and Emergency.  

10.7 Safety Management
   a) Copy of floor plans with exit routes.  
   b) Scanned copies of documented safe exit plan in case of fire and non-fire emergencies.  

10.8 Management process
   a) Copy of documented Procedure for replacing empty medical cylinders  
   b) Copy of document of maintenance plan of medical gases and vacuum systems.  
   c) Copies of procedure on destruction of medical records.  
   d) Upload scope of services for Laboratory  
   e) Copies of documented procedure incorporating purchase, storage, prescription and dispensation of medications.
f) Copies of documented procedure that addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.

g) Copies of documented disciplinary and grievance handling procedure

h) copies of documented procedures that exist for retention time of medical records, data and information.

i) Copies of documented policies and procedures for maintaining confidentiality, integrity and security of records, data and information.

j) Copies of documented policies and procedures that are used to guide the rational use of blood and blood products.

10.9 Infection control

a) Copy of documented policy for isolation in septic case.

b) Copies of infection control manual, which is periodically updated and conducts surveillance activities.

c) Copy of documented policies for disinfection and sterilization of instruments/equipment

10.10 Biomedical waste

a) Photo of display of work instructions for segregation and handling of biomedical waste.

b) Copy of agreement with third party for disposal of biomedical waste. (If applicable)

c) Copy of Log book for weights of type of waste generated (waste received from different colour coded bins)