

**പതിനഞ്ചാം കേരള നിയമസഭ  
ഒമ്പതാം സമ്മേളനം**

നക്ഷത്രചിഹ്നമിടാത്ത ചോദ്യം നം. 2357

13.09.2023 ൽ മറുപടിയ്ക്ക്

**നിലമ്പൂർ ജില്ലാ ആശുപത്രിയിലെ സ്റ്റാഫ് പാറ്റേൺ**

<p style="text-align: center;"><u>ചോദ്യം</u></p> <p style="text-align: center;">ശ്രീ. പി. വി. അൻവർ</p>	<p style="text-align: center;"><u>ഉത്തരം</u></p> <p style="text-align: center;">വീണാ ജോർജ്ജ് (ആരോഗ്യ- വനിത-ശിശുവികസന വകുപ്പ് മന്ത്രി)</p>
<p>(എ) നിലമ്പൂർ ജില്ലാ ആശുപത്രിയിൽ നിലവിൽ ഡോക്ടർമാർ അടക്കമുള്ള ജീവനക്കാരുടെ എണ്ണം എത്രയാണ്; ആശുപത്രിയിൽ അനുവദിക്കപ്പെട്ട കിടത്തി ചികിത്സക്കുള്ള കിടക്കകളുടെ എണ്ണം എത്രയെന്ന് അറിയിക്കാമോ;</p>	<p>(എ) നിലമ്പൂർ ജില്ലാ ആശുപത്രിയിലെ നിലവിലുള്ള ജീവനക്കാരുടെ എണ്ണം അനുബന്ധം I ആയി ചേർക്കുന്നു. ടി ആശുപത്രിയിൽ അനുവദിക്കപ്പെട്ട കിടക്കകളുടെ എണ്ണം 142 ആണ്.</p>
<p>(ബി) പ്രസ്തുത ജില്ലാ ആശുപത്രിയിൽ ഇപ്പോഴുള്ള സ്റ്റാഫ് പാറ്റേൺ ഏത് വർഷം മുതലുള്ളതാണ്; നിലവിലുള്ള സ്റ്റാഫ് പാറ്റേൺ നിലവാരം നിശ്ചയിക്കൽ പ്രകാരം താലൂക്ക് ആശുപത്രിയുടേതിന് സമാനമാണോയെന്നറിയിക്കാമോ; സ്റ്റാൻഡേർഡൈസേഷനുമായി ബന്ധപ്പെട്ട പുതിയ ഉത്തരവുകളുണ്ടെങ്കിൽ പകർപ്പുകൾ ലഭ്യമാക്കാമോ;</p>	<p>(ബി) നിലമ്പൂർ ജില്ലാ ആശുപത്രിയിലുള്ള സ്റ്റാഫ് പാറ്റേൺ 2015 മുതലുള്ളതാണ്. 22.04.2017 ലെ സ.ഉ(കെ) നം.58/2017/ആ.ക.വ പ്രകാരം ആർ ട്രം പദ്ധതിയിൽ ഉൾപ്പെടുത്തി നിലമ്പൂർ ജില്ലാ ആശുപത്രിയെ താലൂക്ക്തല ആശുപത്രിയുടെ പട്ടികയിലാണ് ഉൾപ്പെടുത്തിയിരിക്കുന്നത്. സ്റ്റാൻഡേർഡൈസേഷനുമായി ബന്ധപ്പെട്ട് പുറപ്പെടുവിച്ച ഉത്തരവുകളുടെ പകർപ്പുകൾ അനുബന്ധം II ആയി ചേർക്കുന്നു.</p>
<p>(സി) നിലമ്പൂർ ജില്ലാ ആശുപത്രിയിൽ ഓരോ ദിവസവും ശരാശരി എത്ര രോഗികളെ വീതം കിടത്തി ചികിത്സിക്കുന്നുണ്ട്; എത്ര രോഗികൾ വീതം ശരാശരി ഒരു ദിവസം ഒ. പി. യിൽ എത്തുന്നുണ്ട്; ഉയർന്ന തോതിൽ രോഗികളുള്ളതിനാൽ രോഗികളെ ശരിയായി പരിചരിക്കാൻ നിലവിലുള്ള ജീവനക്കാരെ കൊണ്ട് സാധിക്കുന്നുണ്ടോയെന്ന് വ്യക്തമാക്കാമോ;</p>	<p>(സി) നിലമ്പൂർ ജില്ലാ ആശുപത്രിയിലെ ദൈനംദിന ശരാശരി ഒ പി 2000 ഉം , ഐ പി -300 ഉം ആണ്. നിലവിലെ ജീവനക്കാരോടൊപ്പം HMC, NHM, KASP എന്നിവ മുഖേന താല്ക്കാലിക ജീവനക്കാരെക്കൂടി നിയമിച്ച് രോഗികൾക്ക് പരിചരണം നൽകി വരുന്നുണ്ട്.</p>
<p>(ഡി) പ്രസ്തുത ജില്ലാ ആശുപത്രിയിലെ സ്റ്റാഫ് പാറ്റേൺ പുതുക്കി നിശ്ചയിക്കണമെന്ന ആവശ്യം സർക്കാരിന്റെ ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ടോ; എങ്കിൽ ഫയൽ നമ്പരം ഫയൽ ഏത് കാര്യലയത്തിലാണെന്നും ഇക്കാര്യത്തിൽ സർക്കാർ എന്ത് തീരുമാനമെടുക്കാനാണ് ഉദ്ദേശിക്കുന്നതെന്നും അറിയിക്കാമോ?</p>	<p>(ഡി) സമഗ്രവികസന പാക്കേജിന്റെ ഭാഗമായി ആരോഗ്യവകുപ്പിൽ തസ്തിക സൃഷ്ടിക്കുന്ന വിഷയം സമാഹൃത പ്രൊപ്പോസലായിട്ടാണ് സർക്കാർ പരിശോധിച്ചു വരുന്നത്. പ്രസ്തുത പ്രൊപ്പോസൽ എം1/104/2021/ആ.ക.വ എന്ന ഫയലിൽ തുടർ നടപടി സ്വീകരിച്ചു വരുന്നു.</p>

  
 സെക്ഷൻ ഓഫീസർ





കേരള സർക്കാർ  
(സംഗ്രഹം)

അനുബന്ധം - 1

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

**ആരോഗ്യകുടുംബക്ഷേമ (എം) വകുപ്പ്**

സ.ഉ.(സാധാ)നം.207/2021/ആ.ക.വ

തീയതി, തിരുവനന്തപുരം, 22.01.2021

പരാമർശം : 1. ആരോഗ്യവകുപ്പ് ഡയറക്ടറുടെ 30.12.2019 തീയതിയിലെ പി.എൽ.ബി 2-103001/2019/ആ.വ.ഡ നമ്പർ കത്ത്.

2 സ്റ്റേറ്റ് ഹെൽത്ത് സിസ്റ്റം റിസോഴ്സ് സെന്റർ, കേരളയുടെ 20.12.2019 തീയതിയിലെ ADMIN-365/SHSRC-K നമ്പർ കത്ത്

**ഉത്തരവ്**

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

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

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം)

രാജൻ നാംദേവ് ഖോബ്രഗഡെ

പ്രിൻസിപ്പൽ സെക്രട്ടറി

പകർപ്പ്

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ, തിരുവനന്തപുരം.

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

സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ, നാഷണൽ ഹെൽത്ത് മിഷൻ, തിരുവനന്തപുരം.

അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ/ആഡിറ്റ്), തിരുവനന്തപുരം

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

കരുതൽ ഫയൽ / ഓഫീസ് കോപ്പി.

ഉത്തരവിൻ പ്രകാരം

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സെക്ഷൻ ഓഫീസർ







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

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

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

### വിഷൻ

ഓരോ ബ്ലോക്ക് തലത്തിലും ഉൾപ്പെടുന്ന ഓരോ വ്യക്തിക്കും സമഗ്രവും സമ്പൂർണ്ണവുമായ ആരോഗ്യ പരിരക്ഷ നൽകുക

### മിഷൻ

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

### തന്ത്രങ്ങൾ

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

### 1. അടിസ്ഥാന സൗകര്യങ്ങളുടെ ആവശ്യകത

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

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





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

## 2. പരിഷ്കരിച്ച അടിസ്ഥാന സൗകര്യങ്ങൾ

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

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

## 3. ക്ലിനിക്കൽ കെയർ ഏരിയ

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







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

#### 4. പൊതുജനാരോഗ്യ, ഭരണ മേഖല

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

#### 5 ലാൻഡ്സ്കേപ്പിംഗും സൗന്ദര്യവൽക്കരണവും

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







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

II മാനവ വിഭവ ശേഷി

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



ബന്ധന  
സമിതി

ഡാറ്റാ എൻട്രി ഓപ്പറേറ്റർ അഭികാമ്യമെങ്കിൽ നിയമിക്കാവുന്നതാണ്.

### III സി.എച്ച്.സി യുടെ പ്രവർത്തന ഘടകങ്ങൾ

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

#### 1. ക്ലിനിക്കൽ കെയർ സേവനങ്ങൾ

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

വുഡ് സർട്ടിഫിക്കറ്റ്, മദ്യലഹരിയുടെ അളവ് നൽകുന്നതിനുള്ള സർട്ടിഫിക്കറ്റ് എന്നിവയും നൽകേണ്ടതാണ്.

#### 2. പൊതുജനാരോഗ്യ സേവനങ്ങൾ

- ആസൂത്രണം, ഏകോപനം, നടപ്പാക്കൽ







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

### 3. പുനരധിവാസ സേവനങ്ങൾ

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

### 4. പാലിയേറ്റീവ് കെയർ സേവനങ്ങൾ

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

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

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





സാന്നാഥ പരിചരണം, കമ്മ്യൂണിറ്റി മാനസികാരോഗ്യം തുടങ്ങിയ പരിപാടികളും ഇതിൽ ഉൾപ്പെടുന്നു.

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

#### അനുബന്ധം

#### I. രോഗനിർണ്ണയ സംവിധാനങ്ങൾ

##### 1. രക്ത പരിശോധന

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

##### 2. മൂത്ര പരിശോധന

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

##### 3. മലം പരിശോധന

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

##### 4. മാർഗ്ഗ നിർദ്ദേശങ്ങൾ പ്രകാരം ദേശീയ പ്രോഗ്രാമുകളുമായി ബന്ധപ്പെട്ട എല്ലാ പരിശോധനകളും





## II. ആവശ്യമായ ഉപകരണങ്ങളുടെ പട്ടിക

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

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









**GOVERNMENT OF KERALA**

**Abstract**

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

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

G.O(Rt) No. 1441/2020/H&FWD Dated, Thiruvananthapuram, 06.08.2020

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

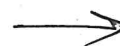
### **Outpatient Department Timings**

- 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 rosters and round the clock enquiry service.
- Doors should be wide enough to allow attendants to walk on either side of the patient on a trolley.
- Public telephone facility, CCTV and public address system.
- Adequate space for examination area for medicolegal cases (like rape/POCSO).
- Round the clock ambulance service with trained staff.
- 24 hr laboratory, radiology, pharmacy and ECG service.
- Centralised oxygen/air/suction supply and Oxygen concentrator.
- Resuscitation area with adequate numbers of equipment, instruments, drugs & consumables.
- Doctor's examination area with adequate lighting and hand washing facility; decontamination area, equipments and instruments as per





requirement.

- › Nurses station with medicine trolley, Crash Cart, modular drug and consumables storage, hand washing facility .
- › Nebulisation area and ORT corner.
- › Minor procedure room with essential instruments and equipment.
- › Separate Dressing and Plaster room.
- › Observation room with 15 - 25 beds separated by curtains, attached toilet facilities, drinking water.
- › Emergency operation theatre with adequate facilities.
- › Preferably an emergency laboratory with sample to collection area.
- › Emergency pharmacy .
- › Adequate number of duty rooms for staff on duty.
- › Storeroom.

## Services

- i. Reception and registration.
- ii. Triage.
- iii. Examination.
- iv. Resuscitation and stabilisation.
- v. Investigation & initiation of treatment.
- vi. Observation services.
- vii. Curative services.
- viii. Referral services.
- ix. Minor procedures.
- x. Major emergency procedures.
- xi. Medico legal services.
- xii. Disaster management services.

## 3. Expanded Specialty Services

### Specialty and Super specialty Services Objectives

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



### **Specialty Services**

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

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

#### **Super specialty Services**

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

#### **Specialty/Super Specialty Clinics/Services .**

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

#### **Field level services**

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



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

## **5.District Cancer Care Unit**

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

## **6. District Training Facility**

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

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

## **7. Anti Microbial Resistance Surveillance**

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



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

## 8. Setting Up Quality Standards

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

## Standardisation Of Inpatient Department

General hospital /District hospital should have the following wards .

- Male & Female medical wards, Male & Female surgical wards, Pre and post-operative wards, Isolation ward, Fever ward (as and when needed), Palliative ward, Day care Chemotherapy ward, Psychiatric ward, Deaddiction ward, Burns ward, Specialty and Super Specialty wards, Geriatric ward, Anti Rabies Cell and Prison Cell (if needed), Antenatal, Postnatal wards, Paediatric wards in institutions where OBG and Paediatric departments are functioning.
- There should be ear-marked wards for Palliative and Geriatric care patients in male and female medical and surgical wards.
- At least 50% cots should have side rails.
- There should be disabled and geriatric friendly toilets, sanitary napkin vending machine and incinerator in female wards.
- Seating and dining arrangement for patients and bystanders.
- Adequate number of wheelchairs and trolley.
- Nurses station: shall permit visual observation of patients; modular drug & consumable storage facility.
- Separate utility room and designated areas for hand washing.
- Provision for e-Health
- Display boards showing bed strength, census, staff on duty/on-call duty.
- Instruction, information and IEC to patients and bystanders.
- Resuscitation trolley, crash cart, medicine trolley, X- Ray viewer.
- Procedure room with necessary equipments and instruments .





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

### **High Dependency Unit & Intensive Care Unit**

#### **High Dependency Unit: 10-30 Beds .**

- Patients from ICU should be transferred to HDU before shifting to the wards or discharge.
- Location should be easily accessible from emergency services department and wards.
- HDU should be provided with all equipments and amenities of ICU except the patient nurse ratio. It can be fixed as 3:1 instead of 1:1 in ICU.

#### **Intensive Care Unit (ICU): 10 - 20 Beds**

- Location of ICU should be in the proximity of Operation theatre and emergency care department.
- Each bed should be provided with equipment for continuous and intensive monitoring of vital parameters, centralised Oxygen/Air/Suction supply.
- Mechanical Ventilator service.
- Availability of intensive care services for all specialities.
- All ICU beds should be visible from the nursing station.
- Modular rack for storage of medicines, consumables and linen near the nursing station.
- There should be a hand washing area and toilets.
- Area for biomedical waste management.
- ICU should be connected to the lift / ramp.
- There should be single entry, exit and a receiving area for ICU.
- There should be established criteria for admission and discharge, and



standard treatment guidelines should be displayed.

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

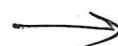
## **Operation Theatre**

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

- In continuation to the receiving area there should be separate rooms for pre-anaesthetic check-up, Male and Female duty rooms, store room and a designated scrub area.
- An area designated for documentation and recording.
- Provision for Stand by theatre.
- Separate emergency theatre for conducting emergency surgeries.
- There should be a post-operative recovery room with adequate facilities.

## **Labour room or LDR (as per LAQSHYA standards in Institutions where OBG is functioning)**

- A reception and registration area at the entry of the labour room complex. Entry should be approachable by ambulance.
- An examination cum Triage room with an adequate number of beds and seating facility.
- A procedure room which can be used for conducting Ultrasound examinations or any other minor procedures.
- A storeroom, clean and dirty utility area.
- A doctor's duty room and nurses room.
- The labour room should have 3 or more labour tables as per the delivery load.
- A designated Newborn Care Corner (NBCC) with Radiant warmer, Resuscitation kit with functional bag and mask and accessories. The





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

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

### **Special Newborn Care Units (SNCU)**

In institution where OBG (more than 200 deliveries from month) and Paediatric departments are functioning, there should be 10 -12 bedded SNCU units. If the number of deliveries is less than prescribed numbers an New Born Stabilization Unit (NBSU) is enough.

- Located with a minimum floor area of 1200 sqft adjacent to the labour room or at least in the same floor of the delivery room.
- The approved floor plan with unidirectional flow, triage area, feeding and counselling rooms, wash area, main and step down units etc to be followed. (SNCU) .
- Sterile area should be demarcated and access restriction should be followed strictly .
- Trained paediatrician and staff as per the curriculum recommended by MoH &FW, GoI .
- Provision for Kangaroo Mother Care and Family Participatory Care.
- Referral and back referral system should be in place.
- Provision for training facility on NSSK.
- Data should be fed to the sncu online portal in the prescribed format.

### **Dialysis unit**

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



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

### **Medico legal services**

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

### **Mortuary**

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

### **Referral care plan**





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

## **Support Services**

### **Pharmacy & central store**

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

### **Outpatient Pharmacy (As per NQAS)**

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

### **Central Store (As per NQAS)**

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

### **Imaging services**

- Located near the OPD and emergency care department and away from



the public traffic.

- Imaging services should comply with the site approval of Department of Radiation Safety and certification of registration by AERB.
- Provision for round the clock service.
- Provision for an X-ray units with 3.00 mA/500 mA/800mA X-ray machines, 100 mA X-ray machine for dental imaging and portable X-Ray machines.
- Facility for ultrasound and CT scans.
- Patient friendly amenities including waiting area, seating and toilets facilities.
- Provision of e-Health.
- Adequate consumables reagents, chemicals etc.
- Adequate Storage facility.
- Registers and record maintenance.
- Facility for parking area for trolley.

### **Laboratory services (as per NQAS standards) .**

- Location easily accessible to OPD, Emergency care department and wards.
- Reception area with adequate seating and other patient/bystander amenities like IEC, signage, drinking water, token system, toilet facility, television etc.
- Designated area for collection of samples.
- Single window operation for laboratory report delivery there shall be a designated area for receiving samples from different collection areas.
- Adequate consumables and reagents and storage facility.
- Internal and external quality assurance system.
- Separate and adequate laboratory areas must be there for Microbiology (Bacteriology, Serology, Mycology), Clinical Pathology (histopathology, haematology and cytology) and Biochemistry.
- Standard Operating Procedures must be available for all

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

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

### **Blood bank & storage (As per NACO guidelines)**





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

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

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

### **Urban Public Health Co-ordinating Unit**

- FW unit (PP unit) should function as an Urban Public Health Co-ordinating Unit providing the following services.
  - › Family welfare programmes.
  - › Immunisation.
  - › Other National and State public health programmes.
  - › Arogya Jagratha programme.
  - › Outreach services and surveillance.
  - › Intersectoral coordination .
- The urban public health coordinating unit shall also function as the nodal agency for all health prevention and promotion activities



in the area.

- It is the responsibility of the staff in the urban public health coordinating unit to prepare a Health Status report based on data collected from the field and the institution.

### **One-Stop Crisis Management Centre (Bhoomika)**

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

### **Ambulance service**

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

### **Insurance and Assurance services**

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

### **Epidemic Control and Disaster management**

#### **Epidemic Control**

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

#### **Disaster Management Plan .**





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

## **Auxiliary Services**

### **Dietary department**

- The kitchen should be located on the ground floor with reception, daily storage area, preparation area, cooking area, service area, dish washing area and a separate designated area and protocol for Waste disposal.
- Provision for canteen for staff, visitors and relatives.
- Provision for free diet for eligible patients.
- Dietitian, cook and other supporting staff.
- Provision for distribution of food in wards.
- Provision of special diet for patients with diseases like DM, HTN, CAD, CKD as prescribed by the dietitian.
- Health card for staff working in the dietary department.
- If cooked food is provided by NGOS/agencies, there should be provision for proper distribution for patients/bystanders through the dietary department.

### **Power laundry (As per NQAS)**

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

### **Housekeeping (As per NQAS)**

- Housekeeping should be under the direct supervision of the Nursing superintendent/Health Inspector of the institution.
- Ensure quality and hygiene of all rooms including bathrooms, toilets,



patient amenities, equipment, Pest control, power supply, water supply and other consumables on daily basis

### **Security services**

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

### **Hospital engineering services**

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

### **Safety standards**

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

### **Biomedical waste management (As per Biomedical waste management rules) .**

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





## **General Waste Management & Green Protocol**

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

## **Bystander amenities**

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

## **Hospital Administration**

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

## **Medical records library**

- Located away from general public traffic preferably in the administrative block
- Space allocation depends on bed capacity
- Care providers should have access to current and past medical records
- Computerised record system (Digitalization of records)
- Safety of medical records should be ensure

## **Hospital management and information system (HMIS)**

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

## **Performance monitoring**

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

## **Hospital Management Committee (HMC)**

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

## **Various Committees**

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





- 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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Section Officer





**GOVERNMENT OF KERALA**

**Abstract**

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

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**HEALTH AND FAMILY WELFARE (M)DEPARTMENT**

G.O.(Rt.)No.2198/2018/H&FWD

Dated, Thiruvananthapuram 07/07/2018

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

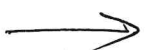
**ORDER**

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



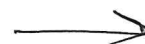
Sundays.

## **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/Geriatic 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

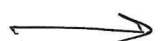
#### **DIALYSIS UNIT**

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

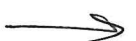
### **Laboratory Services**

- 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**

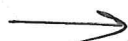
To:

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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Forwarded /By order

  
Section Officer









## GOVERNMENT OF KERALA

### Abstract

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

### **HEALTH & FAMILY WELFARE(M)DEPARTMENT**

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

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

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

### ORDER

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

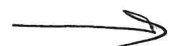






number of wheelchairs/trolleys

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



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

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

### **Consultation rooms**

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

### **Exit Counter**

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



## Outpatient Department Timings

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

## 2. Strengthening of Emergency Services

The following services are provided:

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



- ### 3.Specialty Services in Maternal and Child care

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



## Specialty Services

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

## Special Clinics

All Women & Children hospitals should provide special clinics like:

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

## 4. Co-ordination of RCH and public health programmes

### 1. Family Welfare Unit (Post Partum Unit)

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

### Field level services

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

### Urban Public Health Co-ordinating Unit



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

## **Epidemic Control and Disaster management**

### **Epidemic Control**

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

## **2.New born Screening Services**

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

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

## **3.District Early Intervention Centre (DEIC)**

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



#### 4. Integrated Counselling and Testing Centre (ICTC)

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

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

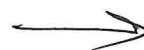
#### 5. Setting up Quality Standards .

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

#### Standardisation of Inpatient Department

Women & Children hospitals should have the following wards

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



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

## **High Dependency Unit & Intensive Care Unit**

### **Maternal High Dependency Unit: 6 - 10 Beds**

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

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

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

### **Operation Theatre (As per LAQSHYA standards)**

Women & Children hospitals should have an operation theatre complex as



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

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

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

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

### **Special Newborn Care Units (SNCU)**

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

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



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

### **Paediatrics High Dependency Unit: 4 - 6 Beds**

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

### **Paediatrics Intensive Care Unit (4 to 6 beds)**

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

### **Medico legal services**

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

### **Referral care plan**



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

## Support Services

### Pharmacy & central store

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

#### Outpatient Pharmacy (As per NQAS)

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

#### Central Store (As per NQAS)

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

### Imaging services

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



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

### **Laboratory services (as per NQAS standards)**

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

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

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

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



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

### **One-Stop Crisis Management Centre (Bhoomika)**

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

### **Ambulance service**

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

### **Insurance and Assurance services**

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

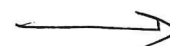
### **Disaster Management Plan**

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

### **Auxiliary Services**

#### **Dietary department**

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



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

### **Power laundry (As per NQAS)**

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

### **Housekeeping (As per NQAS)**

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

### **Security services**

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

### **Hospital engineering services**

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

### **Safety standards**

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



### **Biomedical waste management (As per Biomedical waste management rules)**

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

### **General Waste Management & Green Protocol**

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

### **Bystander amenities**

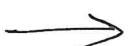
- Separate male and female dormitories exclusively for bystanders with dining area, bedding, clean toilets, wash areas, changing rooms, modular storage and security provisions.
- Provision for telephone facility and PAS in the dormitories.

### **Hospital Administration**

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

### **Medical records library**

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



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

### **Hospital management and information system (HMIS)**

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

### **Performance monitoring**

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

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

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

### **Various Committees**

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



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

### **Grievance Redressal System**

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

## **6. Capacity Building Centre**

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

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

## **7. Resource Mobilisation**

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

(By order of the Governor)

**RAJAN NAMDEV KHOBRADE**  
**PRINCIPAL SECRETARY**

To:



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

Forwarded /By order

Hari

Section Officer

Hari

മുഖ്യ മന്ത്രിയുടെ കാമുകി



ക്രമ നമ്പർ	തസ്തിക	എണ്ണം
1	ലെ സെക്രട്ടറി & ട്രഷറർ	1
2	നഴ്സിംഗ് സൂപ്രണ്ട്	1
3	സ്റ്റോർ സൂപ്രണ്ട്	1
4	ജൂനിയർ സൂപ്രണ്ട്	1
5	ഹെൽപ്പർ	1
6	ഹെൽപ്പർ	1
7	സ്റ്റാഫ് നേഴ്സ്	1
8	ഫാർമസിസ്റ്റ്	11
9	നഴ്സിംഗ് അസിസ്റ്റന്റ്	41
10	ഹോസ്പിറ്റൽ അറ്റൻഡന്റ് ഗ്രേഡ്-1	4
11	ഹോസ്പിറ്റൽ അറ്റൻഡന്റ് ഗ്രേഡ്-2	20
12	എൽ.ഡി/യു.ഡി. ക്ലർക്ക്	1
13	ഓഫീസ് അറ്റൻഡന്റ്	25
14	ഡ്രൈവർ	4
15	എൽ.എച്ച്.ഐ	1
16	ജെ.പി.എച്ച്.എൻ	1
17	ജെ.എച്ച്.ഐ	1
18	റേഡിയോഗ്രാഫർ	1
19	എക്സറേ അറ്റൻഡർ	1
20	പെട്രോഗ്രാഫർ	2
21	ലാബ് ടെക്നീഷ്യൻ	1
22	ലാബ് അറ്റൻഡർ	1
23	പാർട്ട് ടൈം സ്വീപ്പർ	4
24	ടെക്നീഷ്യൻ	1
25	മെഡിക്കൽ റെക്കോർഡ് ലൈബ്രറിയൻ	1
26	ഡയാലിസിസ് ടെക്നീഷ്യൻ	2
27	ഡെന്റൽ ഹൈജീനിസ്റ്റ്	1
28	സിവിൽ സർജൻ- എ.ഡി.എച്ച്.എസ്	2
29	സി.എം.ഒ.	1
30	ജനറൽ മെഡിസിൻ - കൺസൾട്ടന്റ്	1
31	ജനറൽ മെഡിസിൻ - ജൂനിയർ കൺസൾട്ടന്റ്	4
32	ഗൈനക്കോളജിസ്റ്റ്-കൺസൾട്ടന്റ്	1
33	ഗൈനക്കോളജിസ്റ്റ് - ജൂനിയർ കൺസൾട്ടന്റ്	2
34	പീഡിയാട്രിക് - കൺസൾട്ടന്റ്	1
35	പീഡിയാട്രിക് - ജൂനിയർ കൺസൾട്ടന്റ്	3
36	ഓർത്തോപീഡിക് മെഡിക്കൽ കൺസൾട്ടന്റ്	2
37	ഓർത്തോപീഡിക് സർജൻ - ജൂനിയർ കൺസൾട്ടന്റ്	2
38	ഇ.എൻ.ടി.കൺസൾട്ടന്റ്	1
39	ഇ.എൻ.ടി.ജൂനിയർ കൺസൾട്ടന്റ്	1
40	ഫെറ്റൽമോളജി - ജൂനിയർ കൺസൾട്ടന്റ്	1
41	അനസ്തേഷ്യ - കൺസൾട്ടന്റ്	1
42	അനസ്തേഷ്യ - ജൂനിയർ കൺസൾട്ടന്റ്	2
43	ഡെർമറ്റോളജി & വെണറോളജി - ജൂനിയർ കൺസൾട്ടന്റ്	1
44	ടി.ബി. & ചെസ്റ്റ് (റെസ്പിറേറ്ററി മെഡിസിൻ) ജൂനിയർ കൺസൾട്ടന്റ്	2
45	ഡെന്റൽ അസിസ്റ്റന്റ് സർജൻ	1
46	ജൂനിയർ കൺസൾട്ടന്റ് റേഡിയോളജി	1
47	ആർ.എം.ഒ. അസിസ്റ്റന്റ് സർജൻ	1
48	ജൂനിയർ കൺസൾട്ടന്റ് - ബുഡ്ബാക്	1
49	അസിസ്റ്റന്റ് സർജൻ	1
	ആകെ	4
		167







NHM Staff Details		
No.	Designation	In Position
1	Medical Officer	1
2	PRO	1
3	Dietician	1
4	Audiologist	1
5	Physiotherapist	1
6	Staff Nurse	11
7	Senior DEO	1
8	Radiographer	1
9	Delivery Point JPHN	1
10	Lab Technician	7
Total		26

HMC		
1	Dental Doctor	1
2	Clerk	2
3	Accountant	1
4	Electrician Plumber	1
5	Ambulance Driver	2
6	Nursing Assistant	1
7	Lab Attender	3
Total		11

KASP		
1	Clerk Cum Data Entry Operator	4
2	OP Counter Assistant	1
3	Lab Technician	14
4	Pharmacist	9
5	E.C.G Technician	4
6	Radiographer	4
7	Anesthesia Technician	2
8	Diaylsis Technician	8
9	Nursing Officer	25
Total		71

  
Hari  
 മെഡിക്കൽ ഓഫീസർ

