

# **GUIDELINE ON ACCREDITATION OF HEALTH FACILITIES UNDER JANANI SURAKSHYA YOJANA**

## **INTRODUCTION:**

In order to expand the facility for institutional delivery services to BPL/SC/ST pregnant women, all eligible private health facilities including public sector undertaking institutions, Central Govt. Hospitals, Missionary Hospitals, Red Cross Hospitals & private institutions shall be accredited under JSY across the state as per the MCH center mandate<sup>1</sup>.

## **ELIGIBILITY CRITERIA:**

- Health Institutions belonging to public sector undertaking e.g SAIL, NTPC, NALCO, MCL, OMC etc.
- Hospitals belonging to Central Govt. Depts. like Defense, Railway, and ESI etc.
- Missionary and Red Cross Hospitals.
- The private Nursing Homes/ Hospitals registered under Orissa Clinical Establishment Act and renewed up to date are also eligible for accreditation.
- RSBY accredited private hospitals to be given preference.

## **ACCREDITATION PROCESS:**

### **Step 1: Formation of District Accreditation Committees (DAC) for Accreditation of Private Health Facilities (PHF)**

#### **Accreditation Authority**

A District Accreditation Committee (DAC) will be formed with approval of Collector & District Magistrate as follows.

1. District Collector – Chairperson
2. ADMO (FW) – Member
3. Sr. O&G Specialist, DHH- Member
4. DPM – Member

District Accreditation Committee (DAC) will examine the report of the Assessment Team and take decision on interested PHF.

## **Step 2: Pre- accreditation procedure**

- Health Facilities who are interested in the scheme will obtain forms from CDMO of the district which will include the Self Evaluation Checklist and Letter of Interest (LOI).
- Health Facilities will submit duly filled LOI, self evaluation checklist along with the application.
- Office of the CDMO will issue acknowledgment receipt on receiving the LOI.
- Whole process of accreditation including site assessment, certification, signing of MoU, and release of funds has to be completed by the DAC within 3 months of submission of LOI by interested health facilities.

## **Step 3: Site Assessment for Accreditation:**

- The site assessment will be done by District Assessment Team(DAT) comprising of:
  - 1.CDMO – Chairperson
  - 2.ADMO(FW)
  - 3.Sr. O&G Specialist, DHH
- Site Assessment has to be undertaken within 21 days of the filing of LOI, with all required documents, by the interested PHF.
- During site assessment of the PHF, the self evaluation checklist submitted by the PHF has to be verified. Authenticity, especially in terms of manpower and service delivery protocols, has to be judged.
- The DAT will visit the interested health institutions for inspection through prescribed Check list. As per MCH Center criteria, private Institutions will be accredited as Level-1, Level-2 & Level-3.

#### **Step 4: Certification and Signing of MoU:**

- The decision of DAC will be notified to the PHF about the acceptance/rejection of its application, within 15 days, by the CDMO.
- After the DAC allows the interested health facilities for accreditation, the Certificate of Accreditation will be issued, and an MoU will be signed between the CDMO and the owner of health facility. Thereafter, appropriate fund, as applicable, will be released to the accredited health facility (beneficiary package). The whole process has to be accomplished within 3 weeks of the approval of accreditation by DAC.

#### **Validity of Certificate/Renewal of Certificate:**

- Certificate once issued will be valid for a period of 3 years.
- After expiry of the certificate, accredited health facility will have to re-apply for renewal of accreditation after reassessment.
- To maintain the continuity of accreditation, during the interim period, the facility will be deemed as accredited, up to 3 months after the 3 years period.

***In case of any delay/denial of accreditation certificate without any valid reason, the health facility may approach the State Mission Director, NRHM for redressal.***

#### **CATEGORIZATION OF PRIVATE HEALTH FACILITIES FOR JSY ACCREDITATION:**

- Any number of eligible health facilities as detailed above providing MCH services as per MCH centre mandate, can be accredited.
- The providers will be categorized into Level 1 (SAB), Level 2 (**BEmONC**) and Level 3 (**CEmONC**) as per their service standards available (Check list enclosed).
- Such accredited facilities will be deemed to be accredited for Central Government Sponsored Schemes under Maternal and Child Health i.e. JSY.
- Accredited Health Facilities will be required to follow prescribed service delivery protocols as laid down in guidelines by GOI from time to time.
- A Private Health facility, which gets accredited will receive a Certificate of Accreditation and will have to display the NRHM logo. The certificate will mention the type of services and the level for which accreditation has been done.

## **FINANCIAL PROCESS:**

The financial benefits/compensations/package would be given to the accredited health facility towards beneficiary package as laid down under such schemes (as also revised from time to time) and in such cases, no additional benefits for any other purpose can be given to the PHF.

## **OTHER CONDITIONS:**

- Only BPL /SC/ST Pregnant women will be eligible for JSY payment in accredited Pvt. Hospital.
- JSY payment will be made at the accredited institution in the form of bearer cheque.
- The accompanying ASHAs will not get their incentives under JSY in case of delivery at private accredited hospital.
- The service of Janani Express can be availed by pregnant women for transportation to accredited hospital.
- Any other conditions, as communicated by Government from time to time.

## **RECORDS TO BE MAINTAINED:**

The accredited Health Facility will have to maintain the records pertaining to the service package imparted for a minimum of 3 years.

Following documents have to be maintained by the accredited Health facility for the respective services: -

1. Patient case records along with a copy of discharge ticket.
2. Records of referral stating the reasons for the same.
3. Financial records (as per Financial Monitoring Guidelines).

## **MONITORING & EVALUATION:**

Monitoring is not to be used only as an inspection tool. Monitoring is to ensure that quality of services is being maintained, no discrimination to BPL patients, uniform service protocol are being adhered to etc.

The following steps have to be undertaken to ensure monitoring of quality of services:

- The District Assessment Team (DAT) will be responsible for monitoring of accredited health facilities for quality and coverage of services provided by them. Each accredited private hospital will be visited for checks by DAT, at least once in a quarter. The monitoring reports should then be placed before the District Accreditation Committee for discussion and further action.
- Any National/State health official visiting district for routine monitoring and supervision will also visit the facility to check validity of accreditation & quality of services rendered.

### **CRITERIA FOR WITHDRAWAL OF ACCREDITATION:**

The certificate of accreditation & the MOU, and all consequent benefits will be withdrawn in the following circumstances:

1. The DAT during its visit to the facility finds the PHF not adhering to the conditions laid down in the MoU and other instructions of the Government issued from time to time. The report of the DAT will be placed in DAC for its approval for withdrawal of accreditation.
2. Allegation made against the PHF for non-adherence to the conditions of MoU and other instructions of the Government issued from time to time. In such a case, the District Collector will cause an independent enquiry with the help of technical persons and take appropriate decision by convening DAC within 15 days of receipt of report of the technical team.
3. Committing financial irregularities by the PHF will amount to permanent blacklisting of the PHF under the present scheme.

## Self Evaluation Check List for PHF / Checklist for Site Assessment

Requirement / Services

Remarks:  
I II Indicate availability  
"V" / "X"

Services					
Sl. No		L1	L2	L3	Findings
I	Services				
i	Normal Delivery with Active Management of Third Stage of labour	+	+	+	
ii	Assisted Vaginal Delivery	-	+	+	
iii	Essential New Born Care	+	+	+	
iv	Pre-referral stabilization of Patient with Obstetric Emergency	+	+	+	
v	Cesarean Sections	-	-	+	
vi	Management of Obstetric Emergency	-	+	+	
vii	Blood Storage Centre/ linkage to Blood Bank	-	-	+	
viii	Blood Bank	-	-	+	
ix	Referral linkages	+	+	+	
<b>B.</b>	<b>Requirements</b>				
i	Delivery table	+	+	+	
ii	Newborn Care Corner in the LR with facilities for neonatal resuscitation ( at OT in case of L3 institutions)	+	+	+	
iii	Suction machine	+	+	+	
iv	Facility for oxygen administration	+	+	+	
v	Partographs	+	+	+	
vi	Referral Slips	+	+	+	
	<b>Equipments:</b> <i>(Indicative list, facilities should be operational with adequate equipments)</i>				
i	Tables for Instruments	+	+	+	
ii	Instrument Tray	+	+	+	
iii	Autoclave and Drums to sterilize equipments	+	+	+	
iv	Sponge holder 10 inches	+	+	+	

V	Kocker's forceps straight 8 inches	+	+	+	
Vi	Curved artery forceps 6 inches	+	+	+	
Vii	Knife handles and Blades	+	+	+	
viii	Alley's forceps 6 inches	+	+	+	

ix	Episiotomy scissors	+	+	+	
x	Stainless steel kidney tray, 8 inches	+	+	+	
xi	Disposable syringes and needles	+	+	+	
xii	Vaginal Speculum	+	+	+	
xiii	Needle holder and Suture material	+	+	+	
xiv	Abdominal retractors	-	+	+	
xv	Catheters-different nos. plastic and rubber	+	+	+	
xvi	Clamps	+	+	+	
xvii	Disposable gloves	+	+	+	
xviii	Vacuum extractor	-	+	+	
xix	Outlet Forceps	-	+	+	
xx	Sterile Cord Ties	+	+	+	

### III Drugs (both for adult and children)

i	Antibiotics	+	+	+	
ii	Anti Hypertensives	+	+	+	
iii	Anti convulsants/ Sedatives	+	+	+	
iv	Analgesics	+ -	+	+	
v	Oxytocics	+	+	+	
vi	IV Fluids / Plasma Expanders	+	+	+	
vii	Emergency Drugs	+	+	+	
viii	Vitamins and Minerals	+	+	+	
ix	ORS	+	+	+	
x	Antimalarials	+	+	+	
xi	Broncho dilators	+	+	+	

### IV Equipment for neonatal care & resuscitation

i	Foetal stethoscope	+	+	+	
ii	Baby weighing scale	+	+	+	

iii	Radiant warmer	+	+	+	
iv	Phototherapy unit	--	++	++	
v	Self inflating bag and mask (neonatal size)	+	+	+	
vi	Oxygen hood (neonatal) and cylinder	+	+	+	
vii	Paediatric Laryngoscope and endotracheal tubes	+	+	+	
viii	Mucous extractor with suction machine	+	+	+	
ix	Feeding tubes	+	+	+	

<b>V</b>	<b>Equipment for Anaesthesia</b>	<b>I</b>	<b>II</b>		
i	Facemask			+	
ii	Airway			+	
iii	Laryngoscope			+	
iv	Spinal Anesthesia needles sizes 23,25 & 27			+	
v	Endotracheal tubes			+	
vi	General Anaesthesia machine with all accessories(Boyle's apparatus for L3 institutions )			+	
vii	Intravenous drip sets			+	
viii	Oxygen cylinder with attachments			+	
<b>VI</b>	<b>Manpower</b>				
i	ANM/SN(Min. 2 for L1, 4 for L2 & 9 for L3 institutions ) with SAB trained ( if untrained, PHF will trained them within 2 months)				
ii	MO- MBBS(Min.1 for L1 L2 &L 3 institutions )				
iii	O & G Specialist (Min.1 for L2 & I3 institutions )				
iv	Pediatric Specialist (Min. 1 for L2 & I3 institutions )				
	<b>Overall grading of the PHF as per the above list.</b>				<b>Level I/Level II/None</b>



## Letter of Interest

To,  
The Chief District Medical Officer  
Department of Health & Family Welfare  
District \_\_\_\_\_  
State \_\_\_\_\_

Sub: Accreditation of Health Facility under JSY

1	Name of the Institution	
2	Complete Postal Address	
3	Location (District/Sub-District/Block/Village)	
4	Type of institution (Pvt. Hospital/UTrust/NGO/Dispensary)	
5	Date of establishment	
6	Name of the Owner	
7	Is the Institution registered with Deptt. Of Health & Family Welfare, Govt. of Orissa	
8	Authorization obtained from which agency	
9	Authorization No.	
10	Major services offered	
11	Services for which accreditation requested (Comprehensive/MCH/RH)	
12	Level I /II/III	

I hereby submit my application requesting for accreditation of my facility under JSY for Level \_\_\_\_ institution. I have duly assessed my facility as per the checklist provided by the CDMO and submitted the same along with this Letter of Interest. I hereby declare that all the information furnished by me is true as per my knowledge and the staff working at the health facility does not indulge in any sort of illegal or unethical practices. If in any case information furnished by me are found not be true, then the authority has the right to cancel my application.

Date:

Signature of the Authorized person/Owner

Address Mobile/Telephone No. Email



**District Health Society (DHS)**  
**Presents**  
**Certificate of Accreditation to**  
(.....Name of PHF)

**For Providing \_\_\_\_\_** (specify services to be provided)

**Date of Accreditation**

Validity of Accreditation: 3 years from the date of Accreditation.

*The accreditation shall remain in force for the period notified subject to continuing compliance with Site Readiness Checklist and any further requirements specified by the District Accreditation Committee (DAC).*

CDMO,..... (district )

District Collector..... (district)