



ACCREDITATION STANDARDS FOR PRIMARY HEALTH CENTRE

First Edition



NATIONAL ACCREDITATION BOARD FOR HOSPITALS
AND HEALTHCARE PROVIDERS





N A B H

QUALITY : SAFETY : WELLNESS



National Accreditation Board
for Hospitals and Healthcare Providers

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NABH PLEDGES

Taking Quality to the Last Man in the Line

HAPPY INDEPENDENCE DAY

15th August 2020



PREFACE TO THE RE-PRINT

National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India, established in 2005, is in its 15th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organisation in conducting its operations with a focus on patient safety.

All NABH standards have been developed in consultation with various stakeholders in the healthcare industry and if implemented help the healthcare organizations in stepwise progression to mature quality systems covering the entire spectrum of patient safety and healthcare delivery.

The NABH organization & the hospital accreditation standards are internationally recognized and benchmarked. NABH is an Institutional as well as a Board member of the International Society for Quality in Health Care (ISQua) and Asian Society for Quality in Health Care (ASQua) and a member of the Accreditation Council of International Society for Quality in Health Care (ISQua).

Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitised the healthcare workers and patients towards their rights and responsibilities.

In celebration of our 74th Independence Day, on 15th of August, 2020, we are pleased to announce, that starting today, in an enhanced effort to connect with people, all NABH standards, across programmes, will be available free of charge as downloadable documents in PDF format on the NABH website www.nabh.co. (The Printed copies of Standards and Guidebooks will continue to remain available for purchase at a nominal price).

NABH also announces the enriched continuation of its **"NABH Quality Connect-Learning with NABH"** initiative, connecting free monthly training classes, webinars and seminars. The various topics that will be taken up will cover all aspects of patient safety, including: Key Performance Indicators, Hospital Infection Control, Management of Medication, Document Control etc.

Recently introduced communication initiatives like **Dynamic Website Resource Center** and **NABH Newsletter Quality Connect** (focusing on sharing the best quality practices, news and views) will also be bettered.

It is sincerely hoped that all stakeholders will certainly benefit from the collective efforts of the Board and practical suggestions of thousands of Quality Champions from India and abroad

NABH remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture of quality in healthcare and taking Quality, Safety and Wellness to the Last Man in the Line.

Jai Hind

(Dr. Atul Mohan Kochhar)
CEO-NABH

15th August 2020

FOREWORD

Primary Health Care (PHC) refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology, which make universal **health care** universally accessible to individuals and families in a community. It is the first level of contact of individuals, the family & community with the national health system bringing healthcare as close as possible to where people live & work, & constitutes the first element of a continuing healthcare process.

PHC as a part of a comprehensive health system emphasizes on accessibility to the masses & equitable distribution of healthcare. The primary care and other services are provided equally to all individuals irrespective of their gender, age, caste, color, urban/rural location and social class, to meet the main health problems in the community.

The ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal is reducing exclusion and social disparities in health (universal coverage reforms); organizing health services around people's needs and expectations (service delivery reforms); integrating health into all sectors (public policy reforms); pursuing collaborative models of policy dialogue (leadership reforms); and increasing stakeholder participation. This call for the strengthening of PHC so that the community benefits at large & ultimately health for all is attained.

NHM Goals for a Rural Primary Health Care package involves Universal Health Care, Accessibility & Affordability and Quality & Equity, Reduce IMR, MMR and TFR. This call for the strengthening of the PHC standards.

NABH is a constituent board of Quality Council of India, which has Mission to help India achieve & sustain total quality & reliability in all area of life, work, environment, product & services at individual, organizational, community & societal levels.

NABH Accreditation standards for PHC have been developed considering the need for improvement of healthcare services in rural areas. The implementation of standards will lead to training of the staff so that the objective of patient safety & accessibility of care to masses can be achieved. There is a focus on empowering the staff with decision making in rural areas so that the quality of healthcare services will improve. The standards provide framework for quality assurance, quality improvement & training & education for PHCs in terms of clinical processes and outcome. The standards are non-prescriptive to the extent as compliance of these standards is seen in conjunction with appropriate Indian Public Health Standards.

Accreditation in rural areas will also strengthen the scope of collaborating with state authorities, NGOs & other authorities working in rural areas to join hands & work towards a common vision of quality improvement.

Standards are dynamic and would be under constant review process. Comments and suggestions for improvement are appreciated. We seek your support in keeping these standards adequate to the need of the stakeholders.

CEO - NABH

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SECTION-A

The organization should confirm to the standards as laid down in relevant IPHS Standards

1. PHYSICAL FACILITIES

Objective Elements

- a. The facility confirms to the FAR Norms of that particular region as per the State Government Rules.
- b. The space is acquired as per the standards, for all expansions.
- c. Land scaping is done.
- d. The facility well fenced to guard against entry of animals.
- e. Main entrance is easily identifiable, welcoming, well-lit and with mattress.
- f. Emergency Exits is provided.
- g. It should confirm to the covered area ratio vis-à-vis the size of plot.
- h. Adequate circulatory space for movement of traffic including trolley and wheel chairs to be present.
- i. Adequate ramps present to cater to the requirements of immobile patients.
- j. Accommodation (Semi-Full furnished) facilities (as per grades) for the core staff i.e. MO, Nurse, and Pharmacist is available.
- k. Laundry, Housekeeping, Security and Dietary services are present/out sourced as per a MOU with the provider on certain quality criteria.
- l. There is 24X7 availability of electricity and potable water supply with identified alternate sources.
- m. Arrangement for fire safety is present.
- n. Attendants lounge (temporary stay facility- Rain Basera) is provided within the campus.
- o. Adequate drainage system is inbuilt

2. FUNCTIONAL PLAN OF THE PHC

Objective Elements

- a. The building should have a good functional plan having ear marked space for waiting area, OPD, Labour Room, Major OT (optional), Sterilization area, Pharmacy, Minor OT/Dressing/Injection Room/Emergency, Patients Wards, Store Room (for drugs, linen and equipments), Administrative Office, Toilet (male & female) with running water facilities, Nurses Room, Cold Chain Room, Immunization/Family Planning/Counselling room, post-mortem facility. Laboratory services should be as per IPHS guidelines. (This is in line with the IPHS guidelines for PHC)
- b. Centre adhere to the requirements as stated in IPHS 2006, NHRM, BIS Minimum Standards for 30 bedded hospital.
- c. There shall be a dedicated room for AYUSH/visiting doctors in OPD (as applicable). (This is in line with the IPHS guidelines for PHC)
- d. OT, Labour room and dressing rooms has tiled (glazed) walls to height of four feet to ensure easy cleaning.

3. EQUIPMENTS & INSTRUMENTS

Objective Elements

- a. The facility has adequate number of equipments along with instruments as stated in IPHS.
- b. The equipments are in functional order and have an up time of 98%.
- c. All equipments have insurance cover.
- d. There is appropriate mechanism for repair, maintenance and two year renewable AMC of all the equipments.
- e. The instruments used are adequately disinfected, sterilized and kept in good working condition.
- f. Utilization of equipments are monitored on regular basis.
- g. Organization have resources for ensuring skill based training on use/ handling of equipments.

4. MANPOWER & STAFFING

Objective Elements

- a. The staffing norms as stated in IPHS are maintained.
- b. Roster for doctor and nurses is displayed.
- c. Emergency call, Roster are available for the core staff i.e. Doctors, nurses and pharmacists.
- d. Organization have resources and can demonstrate carrying out following trainings:
 - Managerial/ Administrative training to MO/ Head.
 - Programme implementation training to MO/ Head.
 - Induction training to staff at all levels.
 - Job based skills training.
 - Special clinical skill training on minor surgical procedure, obstetrics care, new born care, basic life support and local anesthesia block.
 - Disaster Management

5. DRUGS

Objective Elements

- A. A unified formulary based on workload, essential drug list of WHO or as specified by State Government or in IPHS 2006 is maintained.
- B. Availability of drugs and surgical consumable are ensured.
- C. Availability of drugs is displayed along with expiry dates.
- D. Medical Officers prescribes drugs based on the available formulary or essential drug list.
- E. Medicines dispensed have clear instruction on dose and schedule for consumption purposes.
- F. Consumption report of the drugs is submitted to the district authorities of the particular district and record for the same is present
- G. Minimum balance and re-order level to be maintained.
- H. Lead time of sourcing the drugs and consumable to be maximum of 1 week.
- I. Drugs are stored in well-lit and well ventilated rooms.

- J. Certain drugs are kept in the refrigerator.
- K. The Temperature of the refrigerator is maintained at 2 to 6 degree centigrade.

6. TRANSPORT & AMBULANCE

Objective Elements

- a. There is at least one ambulance.
- b. Local network of ambulances are outsourced and linked to PHC block.
- c. Driver for the same is available all the times.
- d. Ambulance are in working condition all the time.
- e. Emergency drugs available in the ambulance.
- f. Basic resuscitation kit available in the ambulance.
- g. The Stretcher trolleys and wheel chairs are in working condition all the times.

7. COMMUNICATION FACILITIES

Objective Elements

- a. The center have adequate stationeries for written communication.
- b. At least 2 telephone (24X7) connections available in the facility.
- c. A dial-up internet connection available.
- d. Arrangements for a public address system available.
- e. Organization uses Signboards, Posters or/ and wall painting displaying the activities and services (along with timings) at the facility and the important contact numbers at prominent sites in the campus as well as in all villages. These are in local language.
- f. Campaigns for National Health Programs are displayed in the form of wall painting or boards.
- g. Lay out map of the facility and signage are in vernacular and symbols to address the needs of vulnerable patients.

SECTION-B PROCESS STANDARDS

8. ACCESS TO FACILITY

Objective Elements

- a. The facility is easily assessable by approachable all weather roads.
- b. There should be transport facility from main road to the facility campus in case it is at significant distance.
- c. Adequate sign postings are available at various strategic locations so as to guide patients to the facility.

9. AVAILABILITY OF STAFF

Objective Elements

- a. At least 1 medical officer and 1 nurse are available at all times in the facility.
- b. Staff attends to any emergency at all times beyond the normal OPD or working hours.
- c. At least 1 staff member is available at all times to provide guidance or basic information to the patients and their families.
- d. Facility is guarded by Security personnel 24X7.
- e. Available staff are immunized and insured for health/ hospitalization.

10. EVALUATION OF PATIENT

Objective Elements

- a. All patients to undergo a unified assessment with privacy and dignity.
- b. The nurse / ANM carry out assessment in terms of noting the vitals, height and weight of the patient in a pre-designated area of the OPD card.
- c. Medical officer to document the findings of the patient in a definite area in the OPD card.
- d. Advice for medication and investigation is documented in predefined areas of the card.

- e. The documentation is legible, timed, dated, named and signed by the medical officers.
- f. The instructions is communicated to the patient in an understandable (verbal and written) manner.
- g. The assessment of the patient is uniform in all settings i.e. casualty, OPD, Wards etc.
- h. Records of all such assessments is maintained (for time limits as per regulations) in the facility.

11. CARE OF PATIENTS

Objective Elements

- a. The staff is courteous, humane and empathetic.
- b. Care shall commensurate with the amenities available.
- c. Care is provided in manner in which dignity and privacy of patient is maintained.
- d. Organization have Care, Admission, Referral and Discharge Policies.
- e. Organization has written SOPs on Care.
- f. Organization has written Consent Policy.
- g. Care shall be comprehensive in nature i.e. preventive, promotive, curative and rehabilitative in nature.
- h. Documentation for all procedures carried out in the facility are mentioned in the case records.
- i. All the instruction by the medical officer is legible, dated, timed, named and signed.
- j. Patient admitted in the hospital are evaluated for their progress at least twice a day.
- k. Patient's condition is communicated to the family members.
- l. A discharge summary is given to the patients on their separation from hospital i.e. discharge, LAMA, Referral.
- m. In case of death a death summary is given to the patient's family.
- n. A general consent is obtained for all patients accepted in the facility.
- o. An informed consent is obtained for patients undergoing any procedures.
- p. A list of procedures for which informed consent to be obtained is available in the facility.
- q. The consent form are in vernacular/local language.
- r. Consent is obtained either by the medical officer or the nurse.

12. CONTROL OF INFECTION

Objective Elements

- a. Organization has written Infection Control Policy.
- b. Organization have identified/ ear marked resources (0.5% Sodium Hypochlorite, Laboline etc) for infection control.
- c. Organization have written protocols on cleaning of the infection prone areas (OT, Wards and Labour room) and equipments used in patient care.
- d. The center take all precautions to control infection.
- e. Adherence to standard precautions is maintained by all staff.
- f. Mopping (by latest available disinfectants) of all areas of the center is carried out at least twice a day.
- g. Carbolisation of the OT, Labour Room, and Laboratory is carried out at least twice a day.
- h. Availability of running tap water for hand washing of staff is maintained 24 hours a day.
- i. The hospital environment is kept clean from litters, pest and stray animals.
- j. Adequate lighting arrangement and cross ventilation present in all areas.
- k. Sanitation of the toilets and hygiene of the staff is maintained.
- l. Adequate amount of bleaching lotion available for disinfection purposes.
- m. The labour room, OT and ward areas are washed with soap and water regularly and a documentation there of is maintained.
- n. Autoclaving of all the instruments and linen used in the labour room, OT, dressing room are done.
- o. Quality checks of the autoclave is maintained by using quick strips.

13. HOSPITAL WASTE MANAGEMENT

Objective Elements

- a. Hospital waste generated is managed in accordance with the biomedical waste management and handling rules 1998.
- b. General waste is collected in black bags.

- c. The yellow bags to be subjected to deep burial and a pit for the same is available with in the hospital premises according to the dimensions specified by the biomedical rules 1998.
- d. Facilities for syringe and needle destruction are available and practiced.
- e. Chemical treatment of plastics is carried out by using freshly prepared bleaching lotion.
- f. A site for composting of biodegradable waste is available with in the hospital premises.
- g. Annual report is submitted to the competent authority by 31st January every year.
- h. Accidental spillage of waste is reported and handled as per the BMW Guidelines.
- i. Segregation of wastes is done in maximum of 3 bags (Black, Yellow & Blue).
- j. Organization has resources to train all health personnel on handling BMW as per regulations.

14. SANITATION, HYGIENE & POTABLE WATER

Objective Elements

- a. The facility has Reverse Osmosis (RO) Plant.
- b. The center promotes sanitation hygiene and availability of potable water in the community by involving the Panchayati Raj Institute (PRI).
- c. The center distributes chlorine tablets to the community and educate them about their usage.
- d. The perils of open defecation are informed to the community.
- e. Creation of soak pit and trench lavatories is carried out by involving the PRI.
- f. Health education and maintenance of hygiene is done by adopting the principles of school health and involving public opinion makers.
- g. A plan to combat disasters, epidemics in the community is ready in the facility, communicated to all concerned and rehearsed at least twice a year.

15. COUNSELING & IEC

Objective Elements

- a. The health workers and related staff are involved in counseling the community regarding population stabilization, safe sex, hygiene, breast feeding, anemia, nutrition, spacing of children, Vitamin-A deficiency etc.

- b. Appropriate IEC tools are available so as to create awareness amongst the community for availing the services of the center.
- c. Thrust is given for reproductive and child health services.
- d. Staff of the center disseminates the plans and programs (specific to the area) of the Government by using all IEC tools available e.g. posters, pamphlets, wall hangings, paintings, audiovisual tools etc.
- e. Counseling also includes knowledge about HIV/AIDs and other communicable diseases.
- f. Organization has policy of printing "name & contact number of doctor" on the cards (OPD & Discharge), IEC tools used.

16. PREVENTIVE HEALTH

Objective Elements

- a. The organization give impetus to the preventive aspect of health care.
- b. The staff (Doctors, Nurses, ANMs, LHVS, Pharmacist, Health Educator, and Health Assistants) maintains open channels of communication with the patients and their families.
- c. Immunization is commensurate with the universal immunization program.
- d. Expecting mothers are given two doses of tetanus immunization in their antenatal checkups.
- e. New borns are immunized according to the schedule and a card stating their immunization status and growth pattern along with the mile stones to be available with all parents.
- f. Field health workers shall educate about adolescent health and life style management.
- g. Organization is involved in:
 - Management of disease outbreaks- Identification, classification (water-borne, vector-borne, vaccine preventable), incidence reporting, investigation, data collation, analysis and reporting.
 - Water quality surveillance.
 - Disaster mapping- identification, preparedness (equipments, antidotes, emergency care, referral services) and networking.
 - Organization has identified resources (equipments & drugs) for handling such preventive programmes/ actions.

17. PARTICIPATION IN NATIONAL HEALTH PROGRAMS

Objective Elements

- a. The center participates in all the National Health programs as stated in IPHS.
- b. Community mobilization and their participation to make the program successful is responsibility of the center.
- c. Report of such program is submitted to the authorities periodically by the MOIC.

18. REFERRAL SERVICES

Objective Elements

- a. The center practices a bi-directional or standardized referral system as per the policy.
- b. The referral cards (with contact numbers) according to the colour coding are available and a document there of is maintained.
- c. Patient are referred from the FRU/Sub-center or referred to CHC or District Hospital.
- d. All such patient are followed up for their progress by the MOIC.
- e. Entries of the transferring in or out is maintained in register or the computer.

19. COMMUNITY MOBILIZATION WITH PRI

Objective Elements

- a. The organization have a continuous interaction with the PRI.
- b. All meetings are planned and the agenda of meeting should be area specific and/or as per the requirements of the community.
- c. All meetings are documented.
- d. Disease profile along with seasonal variation is discussed and appropriate proactive intervention is planned.
- e. Gatekeeper approach in mobilizing the community is followed.

20. SOCIAL RESPONSIBILITY

Objective Elements

- a. The center understands that it is an integral part of the society.
- b. The center actively carries out camps, melas, and healthy competitions etc. periodically.
- c. Respect to the senior citizens and active participation in school health done and documented.
- d. Training to the community on household remedies and first aid is carried out and documented.
- e. A sense of ownership of the facility by the community is created.
- f. Centre participates in all cultural activities in the community.

SECTION-C GOVERNANCE STANDARDS

21. OWNERSHIP OF BUILDING

Objective Elements

- a. A building of the facility is owned by the government.
- b. Building plans are approved along with sanction from the local authorities.

22. QUALITY ASSURANCE

Objective Elements

- a. The facility has a quality assurance manual.
- b. Standards operating procedures are available at various patient care area e.g. OPD, Pharmacy, Lab., Imaging and Wards.
- c. The manual includes infection control and waste management issues.
- d. Safety of patients and staff has due consideration in the manual.

23. RIGHTS & RESPONSIBILITIES OF PATIENTS

Objective Elements

- a. Rights and responsibility of the patients are in accordance with IPHS.
- b. A citizen charter are displayed mentioning the user charges, quality of the services, name of the medical officer with the telephone numbers etc.
- c. The rights of the patients as a consumer are respected and displayed e.g. rights to choose, right to deny, right to gather information etc.
- d. A mechanism for grievance redressal are in place and practiced.
- e. All redressal mechanisms are documented.
- f. Users and providers are jointly responsible to maintain the building of the PHC in an orderly manner.

- g. Patients follow the instruction of the health care providers sincerely.
- h. The patients have the right to their privacy, information and disease condition that shall not be disclosed to others.
- i. Citizen charter and rights of the patients are displayed in local language and are universal for the state.

24. RIGHTS & RESPONSIBILITIES OF STAFF

Objective Elements

- a. The staff respects patients' right.
- b. They carry out their respective job responsibilities as described in IPHS.
- c. They can demonstrate reasonable skill to provide care to the patients.
- d. Employees are immunized for Hepatitis, Tetanus etc.

25. TRAINING, DEVELOPMENT & MOTIVATION OF STAFF

Objective Elements

- a. The organization arranges for continuous updation of knowledge and skills of the staff.
- b. Periodic training programs on the subjects of waste management, infection control, communication etc. are carried out and documented.
- c. Training for behavioral change communication is carried out and documented.
- d. Training on all aspects of various national health programs is carried out.
- e. Evaluation of all such training is documented.
- f. Several cash and non-cash incentives are given so as to constantly motivate the staff.
- g. All trainings provided are on both theoretical as well as practical aspects.
- h. There are policy on encouragement and appreciation of performers through incentives and awards.

26. SURVEILLANCE OF ANM'S, LHVS & OTHER FIELD WORKERS

Objective Elements

- a. The activities of ANM, health workers female & male are reviewed regularly by the Medical Officer-in charge (MOIC).
- b. Feedback mechanisms exists so as to assess the visits of the above workers in the community.
- c. PRI are also involved in the surveillance program.
- d. Monitoring of distribution of iron tablets, motivating patient for institutional deliveries is carried out as an ongoing program.
- e. The field workers have sufficient materials for their use.
- f. A training and motivational program exists for the above workers.
- g. Validation of the process is carried out by higher authorities.

27. PUBLIC PRIVATE PARTNERSHIPS

Objective Elements

- a. The organization proactively participate in various public private partnership e.g. referring patients for ultrasound to a private practitioner on the basis of an agreed terms and conditions.
- b. Involving of a private provider for scavenger services.
- c. Involving of a private transporter for transporting patients.

28. PRICING & SERVICES

Objective Elements

- a. Unified pricing mechanism as per the policy of the state concerning the user fee is applied.
- b. Patients are informed about the charges.
- c. Always a receipt is given to the patients.
- d. Proper accounting of the collections are maintained.

29. COMMUNITY BASED HEALTH INSURANCE

Objective Elements

- a. A mechanism for micro health insurance through a co-operative approach exist so as to cater to the requirements of the patients.
- b. PRI and co-operative society are involved to arrange for certain basic expenses for the patients.

30. LICENSES & STATUTES

Objective Elements

- a. All licenses are available in the hospital e.g. Narcotics, Waste management, BARC, AERB, fire safety etc as applicable.
- b. Statutory requirements concerning patient and staff safety and welfare are met.

31. LOCAL SOCIAL CUSTOMS

Objective Elements

- a. Respect for local social customs are given by the organization.
- b. Myths concerning health availing practices are evaded e.g. taking of local pudia for viral hepatitis (jaundice) isolating post-partum mothers etc.

32. END OF LIFE CARE

Objective Elements

- a. Centre provides appropriate respect and dignity to the dying and the dead.
- b. All death cases are recorded and reported.
- c. Death certificate (MCCD- Medical Certificate for Cause of Death) is issued to the next of kin.
- d. Organization carries out Death Audits periodically.

SECTION-D OUTCOME STANDARDS

33. UTILIZATION INDICES OF THE CENTRE

Objective Elements

- a. Centre to record all parameters as stated in the monitoring section of the IPHS.
- b. Utilization of OPD, IPD, Labor Room, Man Power, Laboratory services, Referral services (to & from the facility), ambulance services, MLC services to be analyzed and maintained for continuous quality improvement.
- c. Documentation & reporting of hospital statistics (OPD attendance, BOR, ALOS, BTO, birth rate, death rate etc.).

34. STATISTICS

Objective Elements

- a. Statistics in terms of OPD attendance, BOR, ALOS, BTO, birth rate, death rate, minor and major operations etc. are documented and reported.
- b. A Bulletin stating hospital statistics published every quarterly the above details.

35. REPORTING OF BIRTH, DEATH AND OTHER DETAILS

Objective Elements

- a. All the birth and the death in the hospital and the population is reported to the concerned gram Panchayats, Nagar palikas, municipal authorities and other local authorities.
- b. Incidence and prevalence of diseases is reported to the district authorities.
- c. Epidemics & communicable diseases is reported to the authorities.
- d. Accidents and mishaps are reported to authorities as per decided timelines.

36. MEDICAL RECORDS

Objective Elements

- a. The contents of the medical records are pre-defined.
- b. An audit of the medical records is carried out every quarter.
- c. The records are kept at for pre-defined duration as per the policy.
- d. There are provisions for storing and retrieval of the records.
- e. All entries by the doctors and nurses are legible and complete.
- f. All records are computerized for accurate record maintenance.

37. PATIENT & EMPLOYEE SATISFACTION SURVEY

Objective Elements

- a. Ongoing mechanism of conducting patient satisfaction through involvement of consumer forums, RKS and PRI members is present.
- b. Ongoing mechanism of conducting employee satisfaction is present.
- c. Centres have Grievance Redress Policy and mechanism.
- d. Organization have in use feedback mechanism like use of feedback forms, suggestion forms to be dropped in suggestion/ complaint boxes at identified places.

38. HEALTH INFORMATION SYSTEM

Objective Elements

- a. Community statistics like IMR, MMR, birth rate, death rate etc. are documented and reported.
- b. Reporting of all the details is done through a web based health information system to the authorities on a daily, weekly, monthly and annual basis.
- c. Health Information System tools are as per the state directives.

NOTE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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