

Government of Telangana
Aarogyasri Health Care Trust

CIRUCLAR

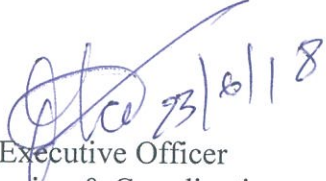
Circular No. AHCT/P&C Dept., /2018, Date: 22/06/2018.

Sub: AHCT – P&C Dept., - Establishment of 39 Dialysis Centres in Government Hospitals in Telangana State under Public Private Partnership (PPP) - Roles and Responsibilities of HUB and SPOKE Govt. Hospitals with Standard Operating Procedures (SOPs) under **Employees and Journalist Health Scheme (EJHS)** – Intimation – Reg.

With reference to the subject cited, it is to inform that that the contract was awarded to M/s. D'med Hizmetleri AS, Turkey for establishment of dialysis units with single use dialyzer including RO Plant and necessary infrastructure in Govt. Hospitals in Telangana state under PPP model for period of Five years with regard to the Operationalization of 39 Dialysis units in Govt. Hospitals divided into three (3) clusters based on the Govt. orders vide G.O.Rt.No.41, HM&FW (B2) Dept., dtd., 18.01.2017.

In view of the above, the roles and responsibility of HUB & SPOKE Govt. Hospitals with Standard Operating Procedures (SOPs) were prepared by Trust in co-ordination with the Managing Director, TSMSIDC.

Hence, the Government Network Hospitals are hereby informed to follow the enclosed roles and responsibility of HUB & SPOKE Govt. Hospitals with Standard Operating Procedures (SOPs) for providing dialysis treatment to the patients under Employees and Journalist Health Scheme.


Executive Officer
Planning & Coordination

To

1. The Medical Superintendent of all the Govt. Network Hospitals.
2. The GM (PMU), AHCT with a request to place in the EHS Portal.
3. The GM (FOSS), AHCT with a request to communicate all the District Coordinators of Telangana State

Copy to:

1. All the HoDs of AHCT for favour of information.
2. The PS to CEO, AHCT for favour of information.

Roles and Responsibilities of HUB and SPOKE Hospitals with SOPs HUB Hospital

Osmania General Hospital, NIMS Hospital and Gandhi General Hospitals are identified as Nodal centres, for 39 new dialysis centres. Each Nodal centre is allotted certain peripheral Dialysis Centres.

HUB Hospital:

1. NIMS - 16 Peripheral Dialysis centres
2. Gandhi - 13 Peripheral Dialysis centres
3. Osmania -10 Peripheral Dialysis centres

1. SOPs and Roles and Responsibilities for HUB Hospitals,

General:

- Overall monitoring and functioning of peripheral dialysis centres.
- Judge the Treatment practices of the doctors on dialysis services from time to time of Peripheral dialysis centres.
- Monthly review with duty doctors, staff nurses, dialysis technicians and Dialysis patients of Peripheral dialysis centre through telemedicine facility/skype cameras and physical visit to the centre
- Enforcement of rules and regulations relative to the level of patients care and safety.
- Organise the teaching and training programme for the doctors, staff nurses, dialysis technicians of peripheral dialysis centres/HUB hospital.
- There should be facility for telemedicine, so that all activities of Peripheral Dialysis centres can be monitored on real time basis by the HUB hospital for timely advice can be given for better patient care.
- AV Fistula surgery for Dialysis shall be done at HUB hospital and also to train the general surgeons of peripheral dialysis centres on AV fistula surgery.
- To monitor the Pre-Dialysis investigations which are mandatory for the first time and monthly, once in 3 months as per guidelines of the trust at peripheral dialysis centers.
- To ensure Implementation of Haemodialysis Guidelines & Functioning of Dialysis centers.

Specific:

Superintendent

- The superintendents of the HUB hospitals are responsible for overall implementation of the hemodialysis treatment services at HUB hospital and to monitor the roles and responsibilities of the Nephrologists and supporting staff including maintenance of patient data, treatment records and financial releases and account books and records.
- Bank account maintenance.
- Shall review once in three months with concerned HODs/Nephrologists to resolve any issues/grievances of HUB hospital and patients
- Shall enter and sign on MOUs with the third party agency and to submit a copy of the MOU to the concerned HOD and AHCT.

Nephrologists:

- Qualified Nephrologists, having DM or DNB in nephrology or its equivalent degree shall be the head of the HUB hospital dialysis centre and should monitor allotted Peripheral Dialysis centers.
- Nephrologists at the HUB centre have to train the Duty Doctors/Staff Nurses/Dialysis Technicians of the peripheral Hospitals on the standard treatment guidelines, investigation reports, detecting the complications, stabilisation of critical and complicated cases and timely referral of complicated cases from peripheral dialysis centres to the HUB hospital.
- Nephrologists at the HUB centers have to certify the diagnosis, preauthorisation's raised by the allotted SPOKE Hospitals. It includes scrutinization of patient details, investigation reports, diagnosis, biometric attendance, patient onbed photo requirement of Dialysis for the Dialysis patients. 3 options will be provided to the Nephrologists of the HUB hospital (Approval, Pending and Rejection) for processing each pre-auth.
- The Nephrologists of the HUB centre shall visit the peripheral dialysis centres ½ times in a month to verify the functioning of the dialysis centres, availability of the trained HR, Functioning of the Equipment, adherence to the standard treatment guidelines and to update the knowledge level of duty doctor, staff nurses and dialysis technicians, On infrastructure issues, HR issues, R.O plant issues, and biometric attendance of the staff / patients and to submit inspection reports to the concerned HOD (DIRECTORE NIMS,DME/COMMISSIONER TVVP) and to CEO AHCT With feed back to the concerned superintendents of the peripheral dialysis centres.

Peripheral Dialysis Centres (SPOKE HOSPITAL)

Superintendent General:

- Free space, water and electricity to the dialysis unit including backup 'generator power' supply.
- To provide duty doctor/anesthetist/ICU doctor and physician services (on call) to attend for the dialysis treatment services and dialysis patients.
- To provide sanitation staff for biomedical waste management.
- To provide rest area to the waiting patients and attendants with drinking water facility, toilet facility.
- To provide internet connectivity, hardware such as desktop, web-camera, scanner, barcode reader, printer for data entry and Skype cameras for videoconference with HUB hospitals.
- In case of emergency condition TID facility can be availed from the HUB hospital for initiation of dialysis treatment.
- All data of dialysis patients from peripheral centers should be uploaded to the HUB hospital/AHCT for monitoring and further guidance to the peripheral dialysis centers.
- A nursing station to be arranged in the dialysis unit with adequate space for keeping all the drugs, consumables and crash cart, oxygen cylinder, suction apparatus and other essential equipments.
- The dialysis unit should have separate wheel chair/ trolleys for shifting the emergency patients.
- Separate dress changing room for staff nurses and technicians to be provided in the dialysis unit.

Specific:

- Administrative in charge of dialysis unit will be the Superintendent of concerned hospital.
- Shall maintain bank account, funds generated under hemodialysis, payment to the agency after satisfying that the agency is complying the clauses of MOU, payment of incentives to the duty doctor from the amount accumulated from Rs/- 125 for each dialysis session for each patient.
- The superintendent shall see that the patients' data is maintained with the help of DEO and duty doctor and shall arrange for submission of patients data daily and monthly through online to the concerned HOD and AHCT. To maintain backup data in CD.
- The superintendent shall ensure submission of biometric attendance of each patient for in cycle and out cycle along with duty doctor, nursing staff and dialysis technician.
- To monitor quality of Lab investigations, and lab reports.
- The Superintendents shall monitor and inspect the functioning of dialysis units once in a week.
- The claim amount will be paid into the bank account of the concerned superintendent of the hospitals through online by the Trust. The superintendent of the Hospital will have to pay to the agency bank account regularly after satisfying all the mandatory requirements for payment as per MOU.
- The superintendent shall arrange treatment services for stabilization of critical cases/ complicated cases through ICU before referral to HUB centers. Superintendent shall ensure adequate supply of Injerythropoietin, drugs and consumables to the dialysis patients and for critical and complicated cases.
- Shall ensure free cashless dialysis treatment to the patients registered under aarogyasri without collection of any money and to resolve the grievances of the patients and the working doctors and staff in the dialysis centers and mandatory supplies, power backup.
- Shall arrange for AV Fistula surgery if trained surgeon, equipment and OT Facilities are available in the concerned hospital and incentive amount can be paid from the amount accumulated i.e. Rs/- 125 Hospital share.
- Shall ensure that all the doctors, nurses, dialysis technicians shall be trained in CPR measures and biomedical waste management by the HUB hospitals
- Shall review water quality analysis reports infection control measures, morbidity and mortality in the dialysis unit once in three months and shall also report death cases occurring in the dialysis unit immediately after death of the patient along with causes of the death to the HUB hospital and AHCT.
- Shall ensure in house lab facility for 24x7 hours and in case if in-house lab is not available shall enter into MOU with outside lab registered and recognized by the DMHO of the concerned district for a short period Temporarily before establishing the full fledged lab.
- The superintendent of the concerned dialysis centre hospital shall enter into MOU (document by TSMSIDC) with the MD/Legally authorized person by the MD of the agency for a period of five years. In case of termination of the MOU by either party a one month advance notice shall be given by the superintendent to the agency or by the service provider agency to superintendent of the hospital. A copy of the MOU shall be submitted to the AHCT/Concerned HODs by the superintendent.
- Should ensure the supply and installation of the equipment by the agency as per the standard specifications enclosed.
- Shall submit all the account books, cheque books ledgers and bills and vouchers along with patient's data and treatment records to the concerned HODs and AHCT when ever asked for audit purpose and investigation purpose.

- Shall review with the duty doctor, staff working in the dialysis unit and with agency on the functioning of dialysis Centre, quality of treatment, morbidity and mortality and adherence to the standard treatment guidelines once in a month.
- Shall provide data entry operator for entering and maintaining daily data all the dialysis patients attending for dialysis services.
- Shall provide the sanitation services and biomedical waste management agency services as per the existing guidelines and norms in the dialysis centres.
- Shall provide computer, printer, webcam, UPS, barcode reader in the dialysis unit with required furniture, registers.
- The superintendent of the hospital is responsible and ensure Investigations to be performed by the lab established in the dialysis centres monthly and once in 3 months as per AHCT guidelines shall be done by the working lab technician of the hospital. In case if in house lab services for certain high end investigations not available the hospital can enter into MOU on Rs/-100 non judicial stamp paper with private lab/diagnostic centre recognised and registered by the concerned DM & HO of the district temporarily till full-fledged lab services are established in the hospital.

Aarogyamithra

- The Aarogyamithra already working in the hospital at the help desk shall register patient WAP card details, patient photo and handover patient to the duty doctor, for necessary investigations in the in-house lab or tie-up lab Registered and recognized by the concerned DMHO.

Medical In-house (Nephrologists/Specialist/CAS)

- Should be available for 24x7 hours in the dialysis centre, shall have training on the hemodialysis guidelines, patient care, verification of investigation reports, initiation and uploading of preauth documents, investigation reports biometric attendance to the HUB hospitals and claims to the AHCT through login id allotted by the trust.
- Shall write and update patient clinical notes, daily progress notes, upload HD chart, HD photos and biometric attendance in coordination with DEO provided by the Hospital and also update the dialysis notes along with investigation reports in the patient dialysis card.
- The duty medical officer in consultation with agency shall arrange duty roster to the staff nurses and dialysis technicians and also to inform the agency and superintendent of the hospital for any emergency repairs of the R.O plant, leakages from the pipe lines, repairs of the dialysis machines, shortage of drugs, consumables, Inj erythropoietin, absence of staff nurses/technicians for providing uninterrupted hemodialysis services to be needy patients.
- Shall ensure dialysis session for at least four hours for each session and ensure patient reporting for stipulated dialysis sessions every week in coordination with the agency.
- Shall ensure functioning of inhouse lab services for 24x7 hours and also shall verify genuiness of the in house and tieup lab reports before uploading to HUB hospital along with preauth.
- Shall ensure conducting of all mandatory investigations at the time of admission, monthly investigations and investigations every three months such as Hbsag, HIV and HCV and RO plant Water analysis report.
- - Shall attend and examine every dialysis patient during treatment and shall be in touch/ contact the Nephrologist of the HUB hospital for any other treatment, for high risk cases and complicated cases for infective cases.

- Shall ensure that separate dialysis machines (1 per positive case and four per negative cases out of five machines, two per positive cases and eight per negative cases out of ten machines). separate staff/technician shall attend the treatment services of positive cases and separate R.O plant pipelines and connectivity to the dialysis machine
- Shall ensure **single dialyzer use for every session for each patient** and that all the patients details are recorded in the patient dialysis card including single user dialyzer with serial number/barcode number, tubings, AV fistula needle and protector and ensure timely disposal of dialyzer, tubings, AV fistula needle and protector.
- Shall take the help of anesthetist/physician where ever available for stabilization of high risk cases/ complicated cases / with uncontrolled co morbidities including shifting of such patient to the in house ICU units where ever available and if ICU services not available stabilize the patient before referring to the concerned HUB hospital.
- Shall raise indents based on the number of dialysis patients in each month for dialyzers, tubes, inj.erythropoietin, antibiotics, IV fluids and other supportive therapy drugs and consumables as per the requirement. Shall maintain register on daily issue of dialyzers, tubes, inj.erythropoietin, antibiotics, IV fluids and other supportive therapy drugs and consumables and to maintain adequate buffer stock of above mentioned items for three months period. Shall obtain and submit monthly requirement of dialyzers, protectors, tubings from the agency through authorization of the superintendent of the hospital and inj erythropoietin, antibiotics, iv fluids and other supportive therapy drugs and consumables from TSMSIDC through authorization superintendent of the hospital. drugs, inj. erythropoietin, and consumables shall not be purchased by the patient from outside.
- Shall allot the work to the staff nurses and dialysis technicians as per the Requirement of duties, patient load and dialysis sessions.
- The Medical Officer with the help of staff nurses/dialysis technicians shall record pre dialysis weight, post dialysis weight, pre and post dialysis BP, pre and post dialysis pulse rate, respiratory rate, HB% and other vital parameters before starting the dialysis treatment along with dialysis duration period and if any complications observed have to record in the case sheet and in dialysis card.
- The Medical Officer shall examine each dialysis patient after every dialysis session before discharge for fitness and post discharge review advice for next dialysis sessions and to record discharge summary of all the patients in the case sheet and in dialysis card.
- The Medical Officer shall ensure entry of all the patient registration details, pre auth details with investigations reports, bio metric attendance, treatment details, case sheet, and discharge summary in the desktop along with complete data of the patients with the help of DEO and individual treatment records physically.
- Shall ensure for submission of daily patient dialysis treatment data and discharge data, any deaths in the dialysis units, dialyzer usage data, erythropotien consumption data, total number patients availed dialysis services, any absent patient data and referral data with the name of the patient date and time of referral and name of the referred hospital.
- Shall submit claims to the Aarogyasri trust in the online work flow along with pre and post dialysis investigation reports, case sheet, biometric attendance, HD photos, HD chart, id number or barcode number dialyzer and discharge photo along with claims.
- Shall ensure proper disposal of biomedical waste with the coordination of sanitation staff of the hospital regularly.
- Shall ensure one two separate beds for treatment of complicated dialysis cases (post HD observation).

- Whenever a dialysis patient goes to another dialysis centre the previous details have to be displayed on the claim home page for both previous diagnosis centre and new dialysis centre so as to enable the duty medical officer cancel the pre-auth at previous dialysis centre and to raise fresh pre-auth at new dialysis centre.
- All the dialysis pre-auths and claims are exempted from auto cancellation within the stipulated time lines for dialysis centres located in the government hospitals.
- The duty medical officer can act as MEDCO for raising pre-auths and claims and also for updating pending remarks through the allotted login id. He shall ensure the safety and protection of dongle provided along with user id and password.

Biomedical wastes categories and their segregation, collection, treatment, processing and disposal options			
Category	Type of Waste	Type of Bag or Container to be used	Treatment and Disposal options
Red	Contaminated (Recyclable) (a) Waste generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vaccutainers with their needles cut) and gloves.	Red coloured non-chlorinated plastic bags or containers	Autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil or for road making, whichever is possible. Plastic waste should not be sent to landfill sites.

Private Company: (Agency)

General Roles and Responsibilities:

- The Agency should not violate any of the Clauses of M.O.U, either in adding / reducing the allocated Dialysis Machines, provision of HR, Maintenance of R.O plant, Treatment services etc.. If violated & service are not satisfactory, the Concerned Superintendent shall initiate action as per the MOU and intimate in writing to the Concerned HoD & to the AHCT for taking further action.
- For termination of M.O.U either party should give one Month Advance Notice.
- To print 'Dialysis Cards' with all the information about the patients data, investigation reports, treatment services under the programme in local language preferably in Telugu and distribute to the dialysis patients.
- Plumbing & drainage: designing and laying of RO water pipelines from the RO plant to the place of Dialysis machines and connectivity as per WHO recommended CPVC and drainage lines.
- All treated water pipelines should be stainless steel grade 316 or medical grade PVC. There should be minimum bends & blind loops.
- Maintenance of infrastructure including separate energy meter for dialysis centre.
- Air conditioning: All Haemodialysis machine areas should have air conditioning; Treatment areas should have temperature 21° C - 22° C 55 to 60% humidity.
- Fully automated RO water plants of required capacity, as per the specifications indicated and hold the expenses for modifications in the arrangements of water supply. TDS meter for RO plant.

- Water quality reports from microbiologists / biochemical analysts to be submitted online by service provider once in 3 months to the hospital authorities and copy to HUB hospitals, commissioner TVVP and CEO Aarogyasri trust.
- Shall use one dialyser only for single dialysis session for each patient.
- The agency shall agree to execute any work of modifying the existing infrastructure in the hospital as per the specification and with prior intimation to the superintendent / TSMSIDC. These modifications include infrastructure for installation of machine in the dialysis unit.
- Supply of the required equipment as per the required specifications as defined with certificate from the manufacturer that all equipment provided is brand new and not refurbished.
- Ensure that the equipment is maintained properly and such equipment is insured, adequately and regularly calibrated as per requirements of the manufacturer. Calibration certificates to be maintained and submitted to the hospital.
- Ensure that the dialysis services are as per the standard and regulations laid down by the AHCT – MoHFW / Government of Telangana.
- Install the requisite numbers of machines for dialysis centres as per Govt orders.
- Biometric machine shall be provided by the agency in the dialysis units to capture in and out attendance of every dialysis patient for each dialysis session.
- The agency shall inform and obtain permission of the concerned Superintendents/DME/ Commissioner, TVVP either for increasing for dialysis machines/ decreasing dialysis machines based on the load of the patients and intimate the Trust.
- Responsible for maintenance & servicing of dialysis equipments, other emergency equipments, uninterrupted HR-Technicians / Staff nurses & RO plant.
- Ensure Compliance with all the inspection requests by the Monitoring committee/ audit teams as constituted by the HODs/ AHCT/ Government of Telangana and submit periodic reports as per the requirement of the Authority.
- Overall maintenance of Dialysis Centre.
- Must use a new dialyzer and Tubings, Protector for every dialysis session and the dialyzer and tubings shall be destroyed/dismantling disposed of after every dialysis session and should not be reused.
- To submit satisfactory services certificate from the concerned Supt and to the concerned HOD and AHCT once in a year.
- The Agency shall handover all the Dialysis machines at the time of termination of M.O.U with one month advance notice by either Superintendant of the Hospital or by the Agency.

Specific

Infrastructure:

All equipments procurement and site renovation as per TSMSIDC guidelines of nephrology dialysis units including air conditioning.

- Setup advanced Haemodialysis and allied facilities at the hospitals identified by the Govt.as per the Specifications indicated
- Separate beds for isolation for HBsAg and HCV Patients. 2 in 10 Machines. 1 in 5 machines.
- Cardiac resuscitation equipment should be available and could be easily wheeled on all four side of the patient.
- Multi para Monitors, at the rate of 3 for 5 machines,5 for 10 machines.
- All ancillary equipment like the weighing Scales, BP apparatus, Stethoscopes, PH meter, TDS meter etc. required for proper operations of the Dialysis centre.
- Emergency Resuscitation equipment and Crash cart. Oxygen and suction machines in the dialysis unit.
- Facilities for Variable sodium and Bicarbonate & UF profiling in the dialysis unit.

Machine at least one/two for positive cases and four/eight for negative cases. Heparin pump (20ML, 10ML, 5ML) with programmable stop.

- Each Dialysis machine will have at least 8X7 ft. Space
- All other incidental requirements like bed sheets, Macintosh sheets, Disposables sets for starting and closing of Haemodialysis session etc.
- Each machine should be easily observed from the nursing station which should be established in the Dialysis centre.
- Nursing Station Should Have Enough Space For Adequate Number of Nurses/Technicians
- Head end of each bed should have stable electrical panel (at least outlet of / amps), oxygen & vacuum outlet, treated water inlet & drainage facilities.
- Air conditioning to achieve 21° C to 22° C temperature & 55 to 60% humidity.
- Areas for dialyzing patients having infections (HBV/HCV/HBSAG) and HIV should be separated from non-infective cases. These spaces should have independent drainage, independent RO water supply, independent air handling & separate personnel.
- A clean room with a work bench is needed for preparation of sterile trays for dialysis start-up kit & for preparation of injections & storage of emergency equipment.
- The unit should have a designated place for keeping wheelchair / trolleys for transporting.
- This area should be located in such a way that personnel and material need not come from dirty utility area to clean area of dialysis.
- There should be changing room for nurses & technicians.
- The agency shall install bio metric equipment in the dialysis unit and ensure capturing of in time and out time for every dialysis patient during dialysis services.
- Storage facility (lockers should be provided for individual patients belongings for storage purpose in the patient waiting room.
- There should be oxygen & Vacuum outlets at the head end of each dialysis machine as per the Specifications.

Services:

- Consumables and disposables for dialysis should have FDA/CE/BIS/ISO approved standards
- The agency has to establish maintain RO Plant and to submit water quality analysis report once in 3 months from two labs to the superintendent of the hospital and along with the claims to the AHCT.

HR:

Recruit certified and trained human resources and upgrade them by continuous training as required to run the dialysis services as specified in the human resources specifications

- Agency should provide following staff.
- Staff Nurses (24/7) – (Agency)
- Dialysis technicians – (Agency)

The agency is responsible for maintenance of attendance of the staff provided and to submit to the concerned Superintendent for every month with attestation and should have the buffer staff to replace as and when there is absenteeism by the staff.

The agency shall initiate action on any staff provided for any misbehaviour, misconduct, irregularities disobedience and misuse of the facility etc.

The agency shall intimate any changes in the staff provided to the concerned Superintendents.

Minimum Standards for personnel in dialysis facility

It is mandatory to have the following minimum staff-pattern for each dialysis centre:

- Dialysis technicians for 24 × 7 hrs for three shifts/day.
- Biochemical Engineering Technicians (BMET) on call to attend for emergency repairs of dialysis equipments, RO plant functioning, AC functioning and electricity lines in the dialysis unit.
- Dialysis nurses for 24 × 7 hrs. for three shifts/day - Agency

Details of personnel specifications:

- i) Dialysis technicians 03 per shift at any given time for 10 units and 2 per shift at any given time for 5 units.
- ii) Post intermediate/Life science graduate and should have passed at least two year certificate course in dialysis technique certified by a Govt. Authority and registered with paramedical board.
- iii) Biomedical engineering technician 1 technician (should be available for 24 hours on call services)
- iv) Nurses at the rate of one staff nurse for two dialysis units. GNM/BSC nursing with training experience of 6 months in a dialysis unit. Should be registered with the local state nursing council.
- v) PG diploma in Dialysis technology + 1 Year experience should be the technical in charge of Dialysis units.

Annexure – I

Breakup of Package Amount

S No	cluster	Hub Hospital Code	Hub Hospital Name	Spoke Hospital Code	Total Package Cost	Share to HUB	Share to Spoke	Share to the M/S., DmedHizmetleri Health Care in Rs.	Buffer Amount
HUB	2	HS34	NIMS Hospitals (NIMS-HYD)		14150	14150	0	0	14150
1	2	HS35	Manchiryala	HS310	14150	750	1250	12150	12150
2	2	HS36	Nirmal	HS668	14150	750	1250	12150	12150
3	2	HS37	Adilabad	HS401	14150	750	1250	12150	12150
4	2	HS38	Uttoor		14150	750	1250	12150	12150
5	2	HS39	Tandur	HS353	14150	750	1250	12150	12150
6	2	HS40	Vanasthalipuram	HS366	14150	750	1250	12150	12150
7	2	HS41	Vikarabad	HS731	14150	750	1250	12150	12150
8	2	HS42	Maheshwaram	HS2057	14150	750	1250	12150	12150
9	2	HS43	Sangareddy	HS291	14150	750	1250	12150	12150
10	2	HS44	Siddipet	HS464	14150	750	1250	12150	12150
11	2	HS45	Medak	HS292	14150	750	1250	12150	12150
12	2	HS46	Zaheerabad	HS669	14150	750	1250	12150	12150
13	2	HS47	Gadwal	HS321	14150	750	1250	12150	12150
14	2	HS48	Nagarkarnul	HS683	14150	750	1250	12150	12150
15	2	HS49	Wanaparathi	HS2059	14150	750	1250	12150	12150
16	2	HS50	mahboobnagar	HS54	14150	750	1250	12150	12150
HUB	1	HS10	Gandhi Hospitals (GGH-HYD)		13750	2000	0	11750	11750

17	1	HS11	Badhrachalam	HS460	13750	750	1250	11750	11750
18	1	HS12	Kothagudem	HS459	13750	750	1250	11750	11750
19	1	HS13	Sathupally	HS677	13750	750	1250	11750	11750
20	1	HS14	EturuNagaram	HS2029	13750	750	1250	11750	11750
21	1	HS15	Mahboobabad	HS492	13750	750	1250	11750	11750
22	1	HS16	Janagam	HS485	13750	750	1250	11750	11750
23	1	HS17	Narsampeta	HS702	13750	750	1250	11750	11750
24	1	HS18	MGM Warangal	HS386	13750	750	1250	11750	11750
25	1	HS20	Karimnagar	HS344	13750	750	1250	11750	11750
26	1	HS21	Jagithyala	HS457	13750	750	1250	11750	11750
27	1	HS22	Sirisilla	HS705	13750	750	1250	11750	11750
28	1	HS23	Godavarikani	HS543	13750	750	1250	11750	11750
HUB	3	HS17	OSMINIA GENERAL HOSPITAL, HYD.,		14150	2000	0	12150	12150
29	3	HS18	Malakpet	HS388	14150	750	1250	12150	12150
30	3	HS19	Nalgonda	HS210	14150	750	1250	12150	12150
31	3	HS20	Suryapet	HS322	14150	750	1250	12150	12150
32	3	HS21	Miryalaguda	HS467	14150	750	1250	12150	12150
33	3	HS22	Huzoornagar	HS651	14150	750	1250	12150	12150
34	3	HS23	kamareddy	HS475	14150	750	1250	12150	12150
35	3	HS24	Bhansuwada	HS476	14150	750	1250	12150	12150
36	3	HS25	Bodhan	HS477	14150	750	1250	12150	12150
37	3	HS26	Nizamabad	HS350	14150	750	1250	12150	12150

Annexure - II

Essential Monitoring Criteria – for Audits and routine monitoring

i) Daily Checks –Online report to be submitted –by the Hospital to Nodal centres/Hub and AHCT

Parameter	Remarks – in case of NO please specify the deficiency
1. Dialysis machines functional.	YES / NO – S/N of Machines to be recorded
2. Water quality as per AAMI	YES / NO – Recorded the deficiency
3. Availability of Doctor and Monitoring by Nephrologists as specified	YES / NO – Recorded the deficiency
4. Availability of Nursing staffs (2:1)	YES / NO – Recorded the deficiency
5. Availability of Technicians. (3:1)	YES / NO – Recorded the deficiency
6. Dialyzer and Blood Tubing disposed of after every dialysis session	YES / NO – Recorded the deficiency
7. Dialysis procedure time > 4 Hrs	YES / NO – Recorded the deficiency
8. Availability of power backup.	YES / NO – Recorded the deficiency
9. Cleanliness in Storage area.	YES / NO – Recorded the deficiency
10. Accessibility of Waiting Chairs.	YES / NO – Recorded the deficiency

Comments and recommendations of the representative of the nodal officer –

Signature of representative of Service Provider

Signature of dialysis physician of Hospital

Signature of Medical Superintendent

Weekly Monitoring Sheet –by the Hospital to Nodal centres/Hub and AHCT

Parameter	Complied / Not Complied	Remarks
1. No dialysis machine down for more than 48 Hrs	YES / NO	Record S/ N of MACHINES
2. Power Backup Availability	YES / NO	Record deviation
3. Patient Clinical record maintenance of pre and post	YES / NO	Record deviation
4. Treatment as per STG and monitoring by Nephrologists for each patient personally at least a month.	YES / NO	Record deviation
5. Dialysis process timings more than 4 hours	YES / NO	Record deviation
6. Display of Schedule at Nursing station.	YES / NO	Record deviation -
7. Rectification of Daily Checks deficiencies as per daily checks.	YES / NO	Record deviation

Quarterly internal Audit Sheet by the Nodal centers/Hub

Parameters	Remarks and Records
1. Whether all the Essential Equipment has been Calibrated, Maintained and are working.	List the Equipment not Working
2. Whether the Water Quality is as per AAMI	Record the Measured Water Quality.
3. Whether the Patients Schedule is displayed.	
4. Is the Procedure timing recorded for each patient?	Record the deviations if the Timings is below 4
5. Are the Waste Disposals being done as per the Act?	
6. Is the Dialyzer and Blood Tubing Disposed of after every dialysis session and is this recorded.	
7. Has the process of ISO Certification Started?	If YES provide the name of agency assisting in the Certification. Has the
8. Is the Dialysis Help line working?	
Whether Key Manpower are all available.	Name the manpower with their details and.

Third Party Audit Sheet Six Monthly

Parameters	Remarks and Records
1. Whether all the Essential Equipment has been Calibrated, Maintained and are working.	List the Equipment not Working
2. Whether the Water Quality is as per AAMI	Record the Measured Water Quality.
3. Whether the Patients Schedule is displayed.	
4. Is the Procedure timing recorded for each patient?	Record the deviations if the Timings is below 4
5. Are the Waste Disposals being done as per the Act?	
6. Is the Dialyzer and Blood Tubing Disposed of after every dialysis session and is this recorded.	
7. Has the process of ISO Certification Started?	If YES provide the name of agency assisting in the Certification. Has the
8. Is the Dialysis Help line working?	
9. Whether Key Manpower are all available.	Name the manpower with their details and Signatures
10. Whether Recommendations of the internal committee have been complied with	

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