

APPLICATION
For
EMPANELMENT OF PRIVATE HEALTH
CARE ORGANISATION FOR
PROVIDING SERVICES UNDER WEST
BENGAL HEALTH SCHEME 2008

1. Name of the Health Care Organisation:

2. Address:

3. Ownership:

4. Year in which established:

5. Contact person(s):

(Please indicate [√] with whom correspondence to be made)

- Chief Executive Officer: (or equivalent)

Mr./Ms./Dr. _____

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

- Empanelment Coordinator (if different from:5 above)

Mr./Ms./Dr. _____

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

6. Is the Health Care Organisation having current licence under CE Act:

7. Number of Inpatient Beds: *(number currently in operation) (please exclude emergency, day-care, recovery room beds etc.)*

8. OPD & IPD data:

OPD DATA (Last three years) including Day Care cases

Period	Number of Patients

IPD DATA (Last three years)

Period	Number of Patients Admitted

9. Scope of Empanelment (Clinical services being provided by the hospital)

Application is made as a (strike out which is not applicable)

- a. Multi Speciality (General Purpose Hospital)
 - i. Having more than 80 beds in Class A and larger cities
 - ii. Having between 50 to 79 beds in Class B cities
 - iii. Having more than 30 beds in Class C cities and smaller areas
 - b. Super speciality hospital (Indicate speciality from list below)
 - i. Having between 25 to 80 beds
 - c. Day Care Centre having 10 or more beds with provision for overnight stay for emergency
 - i. Eye Care
 - ii. ENT Care
 - iii. Specialised diagnostics
 - iv. Fertility regulation
 - d. Diagnostic Laboratory
 - e. Imaging Centre
- (Definition of hospital, Large Laboratory, Imaging Centre and others as per CE Rules 2003)

Clinical Service	Service Provided (Yes/ No)	Number of Beds Available	Comments
Cardiology			
Cardiothoracic Surgery			
Coronary Care Unit			
Day Care Treatment Endoscopy (Diagnostic & Therapeutic)			

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Clinical Service	Service Provided (Yes/ No)	Number of Beds Available	Comments
Dentistry & Oral Surgery			
Dermatology			
Dialysis			
Emergency Medicine & Surgery			
Ear Nose and Throat			
Fertility Regulation			
Gastroenterology			
General Medicine			
General Surgery			
Gynaecology			
Intensive Care Unit adult			
Intensive Care Unit paediatric			
Intensive Care Unit neonatal			
Laser treatment			
Nephrology			
Neurology			
Neurosurgery			
Nuclear Medicine			
Obstetrics			
Oncology			
➤ Medical Oncology			
➤ Radiation Oncology			
➤ Surgical Oncology			
Ophthalmology			
Orthopaedic Surgery			
Paediatric Surgery			
Plastic & Cosmetic Surgery			
Physiotherapy & Rehabilitation Medicine			
Respiratory Medicine			
Surgical ICU			

Clinical Service	Service Provided (Yes/ No)	Number of Beds Available	Comments
Transplantation Services			
Others, please state			

10. Scope of Empanelment (Diagnostic Services being provided by the HCO)

Diagnostic Service	Service Provided (Yes/ No)	Comment
Diagnostic Imaging:		
CT Scanning		
DSA Lab		
Gamma Camera		
MRI		
PET		
Ultrasound		
X-Ray- conventional		
X-Ray- digital		
Laboratory Services:		
Clinical Bio-chemistry		
Clinical Immunology		
Clinical Microbiology		
Clinical Pathology		
Molecular Diagnostics		
Blood Transfusion services		

11. List Inpatient Care Units/ Wards and the Number of each Unit/ Ward.

Name of Unit/ Ward	Number of Wards	Number of Beds	Floor/ Location
Private Wards (Single occupancy)			
Semi Private Wards (2-3 patients occupancy)- AC			
Semi Private Wards (2-3			

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Name of Unit/ Ward	Number of Wards	Number of Beds	Floor/ Location
patients occupancy)- non AC			
General Wards(4-10 patients occupancy) AC			
General Wards(4-10 patients occupancy) non AC			
ICU			
NICU			
PICU			
ITU			
HDU			
Any others			

12. Non clinical and Administrative Departments (tick any one)

Support service	In House	Out sourced
Catering		
Cleaning services		
General Administration		
Medical Records Keeping		
Laundry		
Pharmacy Services		
Management of clinical waste		
Management of non-clinical waste		
Mortuary Services		
Other, please specify		

13. Staff Information (attach a separate sheet with details)

Group	Number	Remarks if any
Managerial		
Doctors		
➤ Resident Doctors- regular appointment		
➤ Resident Doctors- contractual		
➤ Resident Doctors- part time		
➤ Consultants (specialty wise)		
a) Full Time		
b) Part Time		
Nurses		
Technicians		
Paramedical		
Others		

14. Furnish the list of applicable Statutory/ Regulatory requirements the organisation is governed by; including the rate lists for all services to be empanelled for under WBHS 2008, as notified under WB CE Act 2003:

15. Litigation, if any:

16. Any punitive measures taken against the HCO or major partners within last five years by any statutory authority. If yes, please give details.

I, _____, son/ daughter of _____ of _____ do hereby affirm that the facts given above are true and if any discrepancy is detected at a later date, the application form/ empanelment of my hospital may be rejected without any further reference to me or my organisation.

 Authorised Signatory

Name: _____

Designation: _____

A) For Indoor Services**Essential Infrastructure Assessment Checklist (All provisions of the WBCE Act & Rules 2003 should be adhered to and are essential)**

SI No	Parameter	Objective Element			Comments
			Yes	No	
1	Physical Facilities	More than a. 80 bedded for multi specialty in Class A city b. 50 beds in Class B city c. 30 beds in Class C cities and other areas d. 25 bedded for single specialty , 10 for day care			
		Bed space norms & Circulatory space and ramps as per CE Act 2003 and BIS Standards			
		Provision of 24 X 7 emergency services			
		Provision of a. Private Room b. Semi Private room c. General Ward			
		Provision of round the clock potable water and electricity supply with back up			
		Provision of toilets and wash rooms as per CE Act & Rules 2003			
		2	Equipment	Adequately equipped emergency room with drugs, equipment, personnel	
All patient areas equipped with drugs, equipment, personnel					
Ventilator, cardiac monitor, defibrillator, pulse oximeter, Central AC in OT					
ICU/ITU as CE Rules 2003 norms					
Equipment & medicines available for resuscitation of patient & CPR in all patient areas					
Equipment & medicines for as per scope of patient services empaneled for					
Equipment for fire safety available as required					
CTG & Radiant warmer in labour room					

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SI No	Parameter	Objective Element			Comments
			Yes	No	
3	Imaging & laboratory services	In house or Formal tie up with large empanelled laboratory, BARC approved imaging centre			
4	Empanelled Staff	List of empanelled specialists, specialty wise as per service offered List of staff in payroll, category wise			
5	Certified copies of Licences (*As applicable)	Clinical Establishment Licence			
		Trade Licence			
		Building permit*			
		PNDT Licence*			
		AERB approvals and BARC Radiation Protection Certificate for imaging equipment*			
		NOC from Fire Dept			
		Explosives Licence for storage of Medical gases			
		Licence for lifts and elevators*			
		Drugs & Cosmetics Licence			
		Narcotic & Psychotic Substances Licence			
		Blood Bank Licence*			
		Excise permit to store spirit			
		Licence under Bio Medical Waste Management & Handling Rules			
		NOC under Pollution Control Act			
Vehicle Registration Certificates					
6	Certified copies of Other documents	Building Plan			
		Audited Balance Sheet for last 3 years with profit and loss account			
		PAN Card			
		Income Tax clearance			
		Sales Tax Clearance			
		Partnership Deed			
		Accreditation Certificate			
CGHS empanelment certificate					
7	Other Documents	Authorisation letter of signatory Rate list			

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Other requirements

1. Appointment Letters
 - a. designated facility maintenance person
 - b. infection control committee/ team,
 - c. infection control nurse,
 - d. RMO, registrars
 - e. Quality Assurance co-ordinator,
 - f. Front desk staff including identification of staff responsible for transfer of a patient to another hospital
2. Displays
 - g. services provided by the HCO
 - h. tariffs of major/ commonly utilised services
3. Documents to be prepared and used
 - i. action on sentinel events
 - j. administrative policies regarding complaints lodged
 - k. analysis of hospital service parameters
 - l. antibiotic policy
 - m. patient assessment forms
 - n. budgetary support to QA activities,
 - o. appointment letters, acceptance letters & certificates of technical staff
 - p. building plan
 - q. appointment letters, acceptance letters & certificates of consultants
 - r. discharge/ death summary form
 - s. inspection & calibration of equipment manuals
 - t. letters showing intimation of change of empanelled consultants to licencing authorities
 - u. inventory of equipment
 - v. organogram of administrative structure of the hospital
 - w. Record of staff immunisations & Post Exposure Prophylaxis
 - x. copies of reports sent to statutory authorities
 - y. elaboration of scope of services available to the patients under the WBGHS
 - z. copies of reports & fees submitted to PCB
 - aa. forms given along with patient during transfer
 - bb. protocol of use of controls & calibrators with analytical equipment
 - cc. results of validation of sterilisation processes in CSSD
 - dd. staff personal records
 - ee. water quality testing reports
4. Infrastructure requirements
 - a. alternate source of water and electricity in case of failure
 - b. facility for isolation & barrier nursing,
 - c. adequate circulation space and ramps for smooth movement of stretchers & wheel chairs including provision for lift
 - d. well equipped emergency room having crash cart, emergency drugs, oxygen, repair set
 - e. fire extinguishers in hazardous areas (stores, OT, wards corridors, generator room, kitchen)
 - f. hygienic food handling system
 - g. adequate hand washing facilities
 - h. facility for safe immunisation practice- vaccines kept in vaccine refrigerators
 - i. adequate infection control supplies like disinfectants, sterilisants
 - j. Intensive Care Unit as per CE Act
 - k. medical gas flowmeters, manifolds, gas outlets in adequate quantities in all patient areas
 - l. well equipped labour room and obstetric ward
 - m. OT resuscitation equipment is available
 - n. Central AC in OT
 - o. OT maintains zoning & flows
 - p. adequate parking space is provided

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- q. adequate personal protection equipment is available
 - r. potable water and electricity is available round the clock
 - s. safe place is identified for keeping of medical records
 - t. medical gases are safely stored
 - u. facilities for sterilisation activities (CSSD) include separate washing area, sterilisation area and packing area using horizontal vacuum type autoclave with automatic recorder
 - v. all medicines are safely stored
 - w. sound alike look alike medications are separately stored
 - x. temperature sensitive medications are stored in a refrigerator
 - y. vaccines are stored in vaccine refrigerator
5. List of
- a. age specific competent paediatricians- neonatologists
 - b. CPR trained persons
 - c. empanelled consultants by specialty
 - d. equipment sterilisation procedures
 - e. high risk for infection areas being monitored
 - f. high risk medications
 - g. hospital formulary
 - h. procedures requiring informed consent
 - i. persons permitted to perform surgery/ specialised techniques
 - j. persons permitted to prescribe medicines
 - k. sentinel events
 - l. staff allowed to administer medications
 - m. staff category wise
6. Policies & procedure documents on
- a. purchase of medications listed in hospital formulary
 - b. purchase of medications not listed in hospital formulary
 - c. prevention of adverse surgical events
 - d. maintaining confidentiality of privileged information
 - e. criteria for discharge of patients
 - f. provision of emergency care including CPR
 - g. equipment maintenance plan
 - h. fire and emergency management
 - i. handling of medical records
 - j. identification & security of neonates
 - k. indications for medical gas use
 - l. criterion for intensive care unit admission & discharge
 - m. protocols for inter departmental referrals and transfers
 - n. utilisation of laboratory and imaging services including emergency services
 - o. safe guarding of patient and family rights
 - p. implementation of Quality Assurance Programme
 - q. rational and safe use of blood and blood products
 - r. protocol for registration & admission of patients attending the hospital
 - s. protocol for transfer or referral to other organisations
 - t. protocol for uniform care being provided in all settings (OPD, wards. Private rooms)
 - u. use of anaesthetics for different situations
 - v. initiation and withdrawal from ventilator usage

CLASSIFICATION OF HOSPITALS/DIAGNOSTIC CENTRES BASED ON SERVICE NORMS

1. Class 1 Service Providers- Hospitals
- a. Meeting not less than 80% of all the requirements and all the essential requirements
 - b. Providing all three types of accommodations as per entitlement

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- c. Desirable: current accreditation by recognized bodies
- 2. Class 2 Service Providers- Hospitals
 - a. Meeting not less than 70% of all the requirements and all the essential requirements
 - b. Having a Quality Assurance programme
 - c. Having at least two categories of accommodation
 - d. Desirable: Certification programme by recognized bodies
- 3. Class 3 Service Provider- Hospitals
 - a. Meeting not less than 60% of all the requirements and all the essential requirements
 - b. Having at least two categories of accommodation one of which shall be general ward category
 - c.** Having a Quality Assurance programme

B) For Diagnostic & Imaging Services

Essential requirements

1. Laboratory services
 - a. Large Laboratory as defined by the CE Rules 2003
 - b. **Diagnostic Laboratories** should have at least 4 full time technicians and 1 full time laboratory in charge. At least one consultant/ part time specialist, having MCI recognised qualification, should be available at all times. Signing of reports is to be done by the consultants for their respective disciplines only, (i.e. the discipline for which they hold PG qualifications only).
2. Imaging services

CE Act and BARC approved Imaging Centre with AERB clearance having at least

 - a. One 300 mA X Ray machine
 - b. One USG machine with probes capable of abdominal, gynaecological & obstetric and paediatric screening and recording
 - c. At least two full time radiodiagnosis technicians

CLASSES OF DIAGNOSTIC CENTRES BASED ON SERVICE NORMS

- a. Class 1 Diagnostic Centre
 - a. Diagnostic Centre having license as large laboratory under CE Rules 2003 OR as a stand alone radiology centre with Digital Imaging, Sonology (USG, Echocardiography, Colour Doppler), CT and/or MRI facility
 - b. Having NABH/ NABL or CAP accreditation
 - c. Meeting not less than 80% of all the requirements and all the essential requirements
- b. Class 2 Diagnostic Centre
 - a. Diagnostic Centre having license as large laboratory under CE Rules 2003 OR as a stand alone radiology centre with Digital Imaging, Sonology (USG, Echocardiography, Colour Doppler) and/ or CT & MRI facility
 - b. Following Essential Criteria of Diagnostic Laboratories norms of Quality Council of India
 - c. There should be empanelment under an independent External Quality Assurance Programme for all specialities
 - d. Meeting not less than 70% of all the requirements and all the essential requirements
- c. Class 3 Diagnostic Centre
 - a. Diagnostic Centre having license as large laboratory under CE Rules 2003 OR as a stand alone radiology centre with Imaging, Sonology and/or CT and MRI facility
 - b. There should be empanelment under an independent External Quality Assurance Programme for all major specialties (Biochemistry, Microbiology, Histopathology)
 - c. Meeting not less than 60% of all the requirements and all the essential requirements

Other requirements

1. Appointment Letters, acceptance letters
 - a. Pathologist, Microbiologist, Bio chemist, Radiologist
 - b. Technicians
 - c. Support staff
 - d. Quality Assurance co-ordinator
2. Displays
 - a. services provided by the laboratory
 - b. tariffs of major/ commonly utilised services
3. Documents

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- a. action on sentinel events
 - b. analysis of lab/ imaging service parameters
 - c. budgetary support to QA activities,
 - d. reports on inspection & calibration of equipment
 - e. letters showing intimation of change of empanelled consultants (if any)
 - f. inventory of equipment including showing calibration status
 - g. Record of staff immunisations & PEP
 - h. copies of reports sent to statutory authorities
 - i. copies of reports & fees submitted to PCB
 - j. protocol of use of controls & calibrators with analytical equipment
 - k. results of validation of sterilisation processes
 - l. staff personal records
 - m. Radiation safety records
4. Infrastructure requirements
- a. alternate source of water and electricity in case of failure
 - b. adequate number of fire extinguishers
 - c. adequate hand washing facilities
 - d. adequate infection control supplies like disinfectants, sterilisants
 - e. well equipped laboratory work areas and preparatin rooms
 - f. lab maintains zoning & flows,
 - g. adequate parking space is provided
 - h. adequate personal protection equipment is available
 - i. potable water and electricity is availble round the clock
 - j. safe place for keeping of medical records
 - k. facilities are adequate for sterilisation activities
 - l. separate sample collection room
 - m. samples, reagents and kits are safely stored
 - n. temperature sensitive kits are stored in a refrigerator whose temperature is daily monitored
 - o. adequate BMW management system
 - p. adequate radiation safety equipment which is regularly calibrated
5. List of
- a. competent specialists & technicians for special investigations
 - b. empanelled consultants by specialty
 - c. equipment sterilisation procedures
 - d. high risk for infection areas
 - e. procedures requiring informed consentstaff category wise
6. Policies & procedure documents on
- a. SOPs for sample collection, transportation & storage
 - b. SOPs for sample processing
 - c. SOPs for reporting including critical results and verbal reports
 - d. purchase of reagents & kits for performing tests as listed in service list
 - e. purchase of reagents & kits for performing tests not listed in service list
 - f. maintaining confidentiality of priviledged information
 - g. criteria for normal reporting
 - h. provision of emergency reporting
 - i. equipment maintenance plan
 - j. handling of medical records
 - k. utilisation of laboratory and imaging services including emergency services
 - l. safe guarding of patient and family rights
 - m. implementation of Quality Assurance Programme
 - n. protocol for registration of patients attending the HCO
 - o. protocol for transfer or referral to other organisations
 - p. Peer or External QA Programme