

Minimum Service Delivery
Standards For Psychiatric &
Addiction Treatment /
Rehabilitation Facilities

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Standards & Indicators

1.1 Responsibilities of Management (ROM)

Standard-1: The HCE is identifiable as a legal entity and easily accessible to the patients and the surveyors

Indicator-01: The HCE is identifiable with a signboard conforming to the legal requirements and depicting Name and IHRA Registration / License Number on the Sign Board/s.

Indicator-02: The HCE is registered/licensed with IHRA.

Indicator-03: The HCE is easily reachable.

Standard-2: The Staff on duty is identifiable

Indicator-04: The Staff on duty uses the authorized Identity Badge.

Indicator-05: Door plate/s at clinics/offices clearly displays name, qualification/s, and designation/s of the staff on duty.

Standard-3: The HCE premises support the scope of work / services

Indicator-06: The HCE premises have demarcated areas according to the scope of work/services.

Indicator-07: HCE has adequate facilities/civic amenities for the comfort of the patients and attendants and these are adequately maintained.

Indicator-08: The HCE has adequate arrangements for the privacy of patients during consultation, examination, procedures etc.

Indicator-09: The HCE has arrangements to provide safe recreational activities.

Indicator-10: The HCE provides psychosocial rehabilitation services.

Standard-4: Responsibilities of management are defined.

Indicator-11: The management of the facility has laid down mission statement of the HCE.

Indicator-12: Those responsible for management establish the HCE organogram.

Indicator-13: The management ensures appointment of competent professionals according to organogram.

Indicator-14: Those responsible for management appoint a technically qualified and experienced professional to head the HCE.

Indicator-15: Those responsible for management lay down the overall Policy, Standing Orders and SOPs.

Indicator-16: The management is responsible for arranging/designating a substitute when particularly the head or any section in charge is absent due to any reason.

Indicator-17: Those responsible for management lay down standing orders and SOPs for emergency situations.

Indicator-18: Those responsible for management lay down security standing orders and SOPs.

Indicator-19: Those responsible for management monitor and measure the performance of the HCE against the assigned roles.

Indicator-20: The HCE management addresses the HCE's social and community responsibilities.

Indicator-21: Those responsible for management support research activities.

Standard-5: The management ensures functioning of the HCE according to relevant statutes.

Indicator-22: The management ensures availability of the applicable laws/by-laws/codes/rules/ regulations.

Indicator-23: The management is conversant with the relevant laws/bylaws/codes/rules/regulations and knows their applicability to the HCE.

Indicator-24: The management regularly updates any amendments in the prevailing relevant laws/Rules/ regulations/SOPs and SMPs.

Indicator-25: The management ensures implementation of the applicable laws/rules/regulations/SOPs and SMPs.

1.2. Facility Management and Safety (FMS)

Standard-6: Facility design supports the scope of work.

Indicator-26: There is effective separation between different areas including administrative, clinical consultation, Indoor and counseling etc.

Indicator-27: HCE design supports the arrangements for the security of premises against unauthorized entry/exit.

Standard-7: The HCE maintains a safe and secure environment for patients/attendants and the staff.

Indicator-28: The HCE has arrangements to ensure physical safety of patients/attendants in the HCE.

Indicator-29: There are arrangements to ensure safety / security of food / eatables for resident patients/attendants/staff in the HCE.

Indicator-30: There are arrangements to ensure safety of medicines/drugs for resident patients in the HCE.

Indicator-31: There are arrangements for provision of clean clothing/linen to the resident patients.

Standard-8: The HCE has plans for fire and non-fire emergencies.

Indicator-32: There is plan and provisions for early detection of fire and non-fire emergencies.

Indicator-33: There are provisions for abatement of fire and non-fire emergencies.

Indicator-34: Provisions are made for containment of fire and non-fire emergencies.

Indicator-35: Safe exit points in case of fire and non-fire emergencies are displayed.

Indicator-36: Mock drills are conducted at least once in a year.

Indicator-37: Staff members are trained for their role in case of such emergencies.

Standard-9: The HCE has a system for management of equipment for clinical and support services.

Indicator-38: The HCE has equipment in accordance with the scope of its services.

Indicator-39: Equipment is operated and maintained by qualified/trained personnel.

1.3. Human Resource Management (HRM).

Standard-10: Staff deployment is in accordance with scope of services.

Indicator-40: Eligibility criteria regarding qualification and experience for each job are available.

Indicator-41: Recruitment is made according to the laid down criteria.

Indicator-42: Job description for every post is defined and documented.

Indicator-43: Requisite staff is available at HCE for provision/supervision of prescribed psychiatric and/or addiction treatment services.

Standard-11: Staff members joining the HCE are oriented to HCE environment, different sections and their Individual jobs.

Indicator-44: There is an appropriate orientation plan for newly Inducted staff.

Indicator-45: Each staff member is aware of his/her rights and responsibilities.

Indicator-46: All employees are educated with regard to patient's rights and responsibilities.

Indicator-47: Staff receives refresher training/certification to continue to perform the jobs effectively.

Standard-12: An appraisal system for evaluating the performance of employees exists as an integral part of the Human Resource Management.

Indicator-48: There is a well-documented performance appraisal system and tools in the HCE.

Indicator-49: All of the employees / Consultants / Students / voluntary workers are made aware of the performance appraisal tools at the time of Induction.

Indicator-50: The appraisal is used as a tool for further development.

Indicator-51: Performance appraisal is carried out at pre-defined intervals and is documented.

Standard-13: Documented personal record for each staff member exists.

Indicator-52: Personal files are maintained in respect of all full time/part time employees.

Standard-14: There is a system for collecting, verifying and evaluating the credentials.

Education, registration, training & experience of professionals including doctors, and others

Indicator-53: System for verification of documents and certificates of employees exists in the HCE.

Indicator-54: Only medical professionals permitted by law/regulation provide patient care without supervision.

1.4. Information Management System (IMS).

Standard-15: The HCE has a complete and accurate medical record for every patient.

Indicator-55: Every medical record has a unique identifier.

Indicator-56: The staff authorized to make entries in the medical record is reflected in the HCE's policy/SOPs and is identifiable.

Indicator-57: Every medical record entry is dated, timed and signed.

Indicator-58: Complete medical record of the patients is maintained at HCE.

Indicator-59: The progress notes are recorded by the professionals responsible for the care of the patient.

Indicator-60: Every dormant record has a discharge summary.

Indicator-61: The SOPs for safety and security of patient record exist and are practiced.

Indicator-62: Authorized care providers have access to current and past medical records.

Standard-16: The HCE regularly carries out review of medical records.

Indicator-63: The medical records are reviewed regularly / periodically.

Indicator-64: The review focuses the timeliness, legibility and completeness of both active/current and discharged patient (closed/dormant) records.

Indicator-65: Any deficiency, found in the review and corrective measure taken, is documented.

1.5. Continuous Quality Improvement (CQI).

Standard-17: The HCE has a structured Quality Improvement system in place.

Indicator-66: A comprehensive plan covering ALL the major elements related to quality improvement is developed, implemented and maintained by a notified CQI Committee.

Indicator-67: There is a designated Individual for coordinating and implementing the quality improvement program.

Indicator-68: The CQI program is communicated and coordinated amongst all the employees of the HCE, through proper training mechanism.

Indicator-69: The quality improvement program is a continuous process and updated at least once in a year.

Standard-18: The monitoring system for CQI exists at the HCE.

Indicator-70: Monitoring includes appropriate patient assessment.

Indicator-71: Monitoring includes adverse drug events.

Indicator-72: Monitoring includes availability and content of medical records.

Indicator-73: Monitoring includes recommendations from appropriate services concerning follow-up or aftercare.

Standard-19: Sentinel events are assessed and managed.

Indicator-74: The HCE has defined sentinel events.

Indicator-75: Sentinel events are intensively analyzed when they occur.

1.6. Access, Assessment and Continuity of Care (AAC)

Standard-20: Services are provided as portrayed / claimed.

Indicator-76: Only the services registered with IHRA are provided and the same are displayed at the HCE.

Indicator-77: Health education is provided as per guidelines.

Indicator-78: The preventive services are provided as per guidelines.

Standard-21: HCE has a well-established patient management system.

Indicator-79: The HCE employs a comprehensive patient management process.

Indicator-80: An initial assessment is made in order to diagnose and prioritize interventions in a coordinated treatment plan.

Indicator-81: The assessment of patients employs standard tools for classification of mental disorder.

Indicator-82: Patients being evaluated for addiction also undergo an assessment of mental health status and possible psychiatric disorders.

Indicator-83: Assessment of female patients includes their gynecological status.

Standard-22: Adequate diagnostic facilities are in place/accessible.

Indicator-84: Laboratory/testing arrangements to facilitate the assessment of patients are available.

Indicator-85: Imaging services are available / accessible as per the clinical requirements of the patients.

Indicator-86: Only those diagnostic services are provided / accessed which comply the prescribed minimum standards.

1.7. Care of Patients (COP).

Standard-23: Emergency services are guided by policies, procedures and applicable laws and regulations.

Indicator-87: Documented SOPs for emergency care exist.

Indicator-88: Policies address handling of medico-legal cases.

Indicator-89: SOPs guide the prioritization of patients for initiation of appropriate care.

Indicator-90: Staff members are familiar with the SOPs for care of emergency patients and trained on the same and the patients receive care in consonance with the SOPs.

Standard-24: Policies and procedures guide the admission/detention and discharge of the patients.

Indicator-91: The reasons for admission/detention must be clearly documented as stated by the patient and/or others significantly involved.

Indicator-92: Admission/detention, discharge or referral to another HCE is documented.

Standard-25: Patient management is planned on the basis of assessment & diagnosis.

Indicator-93: A substantiated diagnosis is established and documented.

Indicator-94: A complete neurological assessment is also undertaken when indicated.

Indicator-95: A comprehensive treatment is planned for each female patient on the basis of her assessment including gynecological status.

Indicator-96: The treatment plan is reviewed, on the basis of patient's strengths and disabilities.

Indicator-97: The treatment provided is comprehensibly entered in the medical records.

Indicator-98: Contact with visitors is monitored/supervised and possibly restricted, particularly in the early stages of treatment.

Indicator-99: Psychotherapy services are provided as prescribed.

Indicator-100: SOPs for care of patients requiring any non-psychiatric intervention/s exist.

Indicator-101: Drug dependents are isolated in a nearby separate section of HCE as legally required.

Indicator-102: The treatment plans are periodically revised on the basis of regular patient monitoring/evaluation and the data on drug use trends in populations.

Indicator-103: Addiction treatment services are networked with other medical and social services for providing comprehensive care to the patients.

Indicator-104: Psycho-social interventions for rehabilitation of drug addicts and prevention of health and social consequences of addiction are operational.

Standard-26: Policies and procedures guide prevention of maltreatment of patient by the healthcare provider.

Indicator-105: SOPs to prevent maltreatment of patients by the care providers are practiced.

Standard-27: Policies and procedures guide the administration of anesthesia when required

Indicator-106: Documented SOPs for the administration of anesthesia exist.

Indicator-107: Informed consent for administration of anesthesia is obtained by the anesthetist.

Indicator-108: Periodic monitoring during anesthesia is regularly conducted.

1.8. Management of Medications (MOM).

Standard-28: Policies and procedures exist for the prescription of medications.

Indicator-109: Documented SOPs for prescription writing are available.

Indicator-110: SOPs are followed for prescription writing.

Indicator-111: Standardized drug treatment protocol is observed.

Standard-29: Policies and procedures guide the safe storage, dispensing and administration of medications.

Indicator-112: Medicines / disposables are stored as per guidelines.

Indicator-113: Expiry dates / shelf life are checked prior to administering, as applicable.

Indicator-114: Labeling requirements are implemented.

Indicator-115: Dispensing/utilization are by an authorized person.

1.9. Patient Rights and Education (PRE).

Standard-30: Patients have the right to comprehensive and integrated mental health care that meets their Individual needs and achieves the best possible outcome in terms of their recovery/rehabilitation.

Indicator-116: Charter of rights and responsibilities is displayed and patients / families are guided.

Indicator-117: Patients/families are guided and facilitated in protecting patient's assets.

Standard-31: A documented process for obtaining patient and/or family consent exists for informed decision making about their care.

Indicator-118: The policy describes who can give consent when patient is incapable of Independent decision-making.

Indicator-119: Informed consent must be obtained from the patient / legal representative before the initiation of the examination / treatment/ management.

Standard-32: Patient and families have a right to information on expected costs.

Indicator-120: The patient/family is informed about the cost of treatment.

Indicator-121: There is uniform category specific pricing policy in a given setting.

Indicator-122: Patients and family are informed about the financial implications when a change in the treatment plan is necessitated due to patient's condition.

Standard-33: Patient Rights for Appeals and Complaints are respected.

Indicator-123: The HCE informs the patient of his/her right to express relevant concern or complain either verbally or in writing.

Indicator-124: There exists a documented complaint management process which is fair and timely.

Indicator-125: The HCE uses the results of complaints investigations as part of the quality improvement process.

Standard-34: Patient Rights regarding confidentiality of their ailment are respected.

Indicator-126: The HCE has documented SOPs to ensure confidentiality of patient identity and ailment

Indicator-127: The HCE ensures that patient identity is not disclosed to public through press or electronic media

1.10. Infection Control (IC)

Standard-35: The HCE has a comprehensive and coordinated infection control program aimed at reducing/eliminating risks to patients, visitors and care providers

Indicator-128: The HCE infection control plan is documented which aims at preventing and reducing risk of nosocomial infections

Indicator-129: The HCE has an Infection Control Committee

Indicator-130: The HCE has designated a qualified infection control nurse(s)/officer for this activity.

Indicator-131: The HCE has appropriate consumables, collection and handling systems, equipment and facilities for control of infection.

Indicator-132: All staff involved in the patient care, creation, handling and disposal of medical waste shall receive regular training and ongoing education in infection control and safe handling of medical waste.