TABLE OF CONTENTS

INTRODUCTION

Kerala is perhaps, the only state in India where the concepts of Medical Pluralism exits in its ideal form. Along with the modern system of medicine Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems are also being practised in their most genuine and authentic way.

AYUSH Institutions are spread through the length and breadth of the state. Even the remotest of places are under AYUSH reach. These institutions are really the visible face of affordable and genuine treatment of the traditional systems of treatment. Special Care is taken to offer the only kind of medicine within the physical and financial reach of the patient, especially in different rural rears.

The uniqueness of these systems is that it is efficacious as well as cost – effective with ease of accessibility to all sections of the society. However to bring home the advantages of the AYUSH systems among the general public and to ensure quality assurance in Health Care the administration of the systems has to be streamlined.

Kerala Accreditation Standards for Health Care is designed to cater to the much felt needs of the patients/customers/consumers and to set bench mark regarding progress of public health providing system. It has 13 chapters detailing standards and objective elements for Health Care Providers. To comply with these standard elements, the hospitals will need to have a process driven approach in all aspects of hospital activities such as registration, admission, pre-therapy, therapy, post-therapy protocols, discharge from the hospital, further follow-ups etc. Apart from the clinical aspects, governance too has to be process-driven, based on clear and transparent policies and protocols.

Quality Assurance Team of National Health Mission with the assistance of the State Programme Management Unit of AYUSH, the Department of Indian Systems of Medicines and Department of Homoeopathy has evolved standards more or less in the line of the "Kerala Accreditation Standards for Health Care". The draft standards were first prepared based on the details collected from the Dispensaries and the three–tier Hospital systems in the ISM and Homoeopathy. The draft standards were subsequently subjected to detailed examination in the Advisory Committee and Working Group meeting held on 17-7-2014 and approved the same with certain modifications.

We hope the standards set in this document, if practiced and implemented in right earnest, will go a long way in ensuring Quality Health Care to the patients who come to AYUSH Institutions.

Chapter 1

PATIENT ACCESSIBILITY & ASSESESSMENT (PAA)

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
PAA 1.1	**Display of services available**				
1.1.1	The hospital name and address are available in adjoining areas of the hospital/main roads/ highways etc	✔	✔	✔	✔
1.1.2	The most significant scope of services are displayed in one or more areas in the hospital were visibility is high	✔	✔	✔	✔
1.1.3	All the signage are in English and Malayalam *	✔	✔	✔	✔
1.1.4	The hospital displays the departments, doctors name, availability, timings of OP and services	✔	✔	✔	✔
1.1.5	All the rooms and beds are numbered	✔	✔	✔	✔
1.1.6	The staff is oriented to these services	✔	✔	✔	✔
1.1.7	The layout of the hospital is displayed at least in one prominent area	✔	✔	✔	✔
1.1.8	Hospital has citizen charter in booklet *	✔	✔	✔	✔
1.1.9	Hospital has citizen charter in display *	✔	✔	✔	✔
1.1.10	Display of daily census of OP and IP with date *	✔	✔	✔	✔
PAA 1.2	**Process of registration, admission, transfer process, management of non availability of bed**				
1.2.1	The registration is done in the allotted registration areas and OP number or Unique Hospital Identification number is generated	✔	✔	✔	✔
1.2.2	Token system is available in the OP *	✔	✔	✔	✔
1.2.3	During the referral of patients, patients are given the discharge card in IP cases and referral note in case of OP and same is recorded in the register	✔	✔	✔	✔

Kerala Accreditation Standards for Health care: AYUSH

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
1.2.4	Patients are accepted only if the organization can provide the required service	✔	✔	✔	✔
1.2.5	IP patients have case record as per the case sheet designed by Dept. and customized by the hospital *		✔	✔	✔
1.2.6	The hospital needs to provide only necessary admissions, prolonged stay of the patients only with reliable reasons.		✔	✔	✔
1.2.7	Managing patients during non availability of beds could be done by temporary additional floor beds but no bed sharing		✔	✔	✔
1.2.8	The summary of patients conditions and the treatment are given in the discharge summary including Discharge Against the Medical Advice cases *		✔	✔	✔
PAA 1.3	**Basic facilities for OP and casualty**				
1.3.1	Wheel chairs and trolleys with safety belts are available	✔	✔	✔	✔
1.3.2	Entry to OP is Wheel chair friendly *	✔	✔	✔	✔
1.3.3	Waiting chairs are available in adequate numbers for the Patients	✔	✔	✔	✔
1.3.4	TV is available in the waiting area for entertainment and for IEC activities		✔	✔	✔
1.3.5	Safe Drinking water is available	✔	✔	✔	✔
1.3.6	Proper lights and fans are available	✔	✔	✔	✔
1.3.7	Enquiry counter is present				✔
1.3.8	Breast feeding area with privacy for mothers is available		✔	✔	✔
1.3.9	Toilets and toilets for physically challenged are available	✔	✔	✔	✔
1.3.10	Privacy of patients ensured during patient examination	✔	✔	✔	✔
1.3.11	OP register with OP number, name, age, Place and Provisional Diagnosis is maintained in the OP *	✔	✔	✔	✔
PAA 1.4	**Assessment of the patients**				

Kerala Accreditation Standards for Health care: AYUSH

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
1.4.1	All patients are reassessed at appropriate intervals at least once in 24hours			✓	✓
1.4.2	The initial assessment for in-patients is documented within 24 hours or earlier *		✓	✓	✓
PAA 1.5	**Imaging services where applicable**				
1.5.1	Imaging services comply with site approval of Department of Radiation Safety and certification of registration by AERB *				✓
1.5.2	X ray facility is available				✓
1.5.3	Signage, time frame, patient education information, warning light are displayed				✓
1.5.4	Waiting area for the patients with basic amenities are provided				✓
1.5.5	Changing room/separate area for ensuring privacy of the patients				✓
1.5.6	Waste disposal are as per the laid down laws and register is maintained.*				✓
1.5.7	Quarterly External quality check with other higher institution where radiologist available				✓
1.5.8	Periodic inspection of Personal Protective Equipments such as lead apron, gonad shields, thyroid shield etc and are documented		✓	✓	✓
1.5.9	The TLD badge is worn on body below the lead rubber apron while working with X-Ray machine				✓
1.5.10	Fire extinguisher are placed in appropriate locations		✓	✓	✓
1.5.11	Handling and disposal of hazardous materials are as per guidelines		✓	✓	✓
1.5.12	Documentation is available on TLD badge with expiry date *				✓
1.5.13	Documentation is available on Film wastage and re-dos				✓
1.5.14	Critical result register is maintained with the patient Name, IP number, time and person who intimated to whom and signature of intimated person				✓

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
1.5.15	Register for Maintenance of equipments, calibration, validation reports, report on Quality Check are available		✓	✓	✓
PAA 1.6	**Documented discharge process and discharge summary**				
1.6.1	The patient's discharge process is planned in consultation with the patient and or family		✓	✓	✓
1.6.2	In case of death the summary of the case also includes the cause of death.		✓	✓	✓
1.6.3	Discharge summary includes reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.		✓	✓	✓
1.6.4	Discharge summary includes investigation results, any procedure performed medication and other treatment given.		✓	✓	✓
1.6.5	Discharge summary includes Follow up advice, medication and other instructions in an understandable manner		✓	✓	✓
PAA 1.7	**Manuals**				
1.7.1	Hospital defines the services available and scope of services in the services available manual	✓	✓	✓	✓
1.7.2	Registration of the out-patients, in-patients and emergency patients	✓	✓	✓	✓
1.7.3	Managing patients during non availability of beds		✓	✓	✓
1.7.4	Imaging services, quality assurance and safety aspects		✓	✓	✓
1.7.5	Transfer or referral of patients	✓	✓	✓	✓
1.7.6	Discharge process (including medico-legal cases) and procedure for patients discharge against medical advice		✓	✓	✓

* Mandatory Standards

Kerala Accreditation Standards for Health care: AYUSH

CHAPTER 2

LABORATORY SERVICES (LSA)

Sl No	Standards	Disp ensa ry	Hospital. < 30 bed	Hospital. 30 -50 bed	DH / Hospital. > 50 bed
LSA 2.1	**Laboratory need to display**				
2.1.1	Available tests are displayed outside the laboratory		✔	✔	✔
2.1.2	Tariff chart is displayed outside the laboratory		✔	✔	✔
2.1.3	Turnaround time for routine, special and emergency test are displayed outside the laboratory		✔	✔	✔
2.1.4	Instruction to patients regarding accepting and rejection criteria of samples are displayed outside the laboratory		✔	✔	✔
2.1.5	Instruction to patients regarding grievance redressal is displayed outside the laboratory		✔	✔	✔
2.1.6	Guideline for the critical value are displayed inside the laboratory		✔	✔	✔
2.1.7	Temperature chart is available for the refrigerator		✔	✔	✔
2.1.8	Access control is displayed in the laboratory		✔	✔	✔
LSA 2.2	**Technical and Quality Manager**				
2.2.2	Periodic Maintenance of Equipment is done		✔	✔	✔
2.2.3	Inventory management is adequate		✔	✔	✔
LSA 2.3	**Collection of the sample**				
2.3.1	Quantity of sample required for each test is documented		✔	✔	✔
2.3.2	Separate area for collection of the sample is available		✔	✔	✔
2.3.3	Toilet facility for patient is available		✔	✔	✔
2.3.4	Sample are labeled with name, age IP /OP number		✔	✔	✔
2.3.5	Color coded bins are available in the blood collection area as per the Biomedical Waste management rules *		✔	✔	✔

Kerala Accreditation Standards for Health care: AYUSH

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital. 30 -50 bed	DH / Hospital. > 50 bed
2.3.6	HIV consent form is used for HIV testing		✓	✓	✓
LSA 2.4	**Quality assurance**				
2.4.1	Internal Quality control is being done		✓	✓	✓
2.4.2	External Quality Assurance is done at least once in three months		✓	✓	✓
2.4.3	Evaluation of Re-dos before dispatch and after dispatch		✓	✓	✓
2.4.4	Periodic Review of complaints and feedback and corrective and preventive action are taken		✓	✓	✓
LSA 2.5	**Laboratory safety**				
2.5.1	Personal protective equipment are being used		✓	✓	✓
2.5.2	Protocol for blood spill management is available		✓	✓	✓
2.5.3	Protocol for mercury spill management is available		✓	✓	✓
2.5.4	Protocol for hazardous material spillage are available		✓	✓	✓
2.5.5	Hazardous chemicals are stored in separate shelf/ cupboard		✓	✓	✓
2.5.6	Electrical safety is ensured in the lab		✓	✓	✓
2.5.7	Protocol for biomedical waste management are implemented *		✓	✓	✓
2.5.8	Fire extinguisher are placed in appropriate locations		✓	✓	✓
LSA 2.6	**Laboratory Manuals**				
2.6.1	Quality Manual		✓	✓	✓
2.6.2	Sample collection manual		✓	✓	✓
2.6.3	Standard Operating Procedure		✓	✓	✓
2.6.4	Safety manual		✓	✓	✓
LSA 2.7	**Laboratory Registers**				
2.7.1	Critical value register		✓	✓	✓
2.7.2	Internal & External Quality Control register		✓	✓	✓
2.7.3	Reagents expiry register		✓	✓	✓
2.7.4	Stock registers		✓	✓	✓
2.7.5	Equipment register		✓	✓	✓

Kerala Accreditation Standards for Health care: AYUSH

Chapter 3

PATIENT CARE (PCA)

Sl No	Standards	Dispe nsary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50bed
PCA 3.1	**Uniform healthcare to all patients**				
3.1.1	Case record of the IP patient will be completed in 48 hours and care plan is countersigned by the clinician in-charge of the patient within 24 hours of admission		✔	✔	✔
3.1.2	The institution is following Treatment protocol when ever it is available		✔	✔	✔
PCA 3.2	**Emergency services**				
3.2.1	Casualty is functional 24 hours and is accessible			✔	✔
3.2.2	All Wheel chairs and stretchers in the casualty are equipped with safety straps			✔	✔
3.2.3	Staff is trained to handle the emergency cases in accordance with policy			✔	✔
3.2.4	MLC cases are informed and documented as per the law *			✔	✔
3.2.5	Crash cart/ Emergency trolley with emergency medicines, Masks, Ambu bag, Torch with spare battery, are available with daily check list			✔	✔
3.2.6	Privacy of the Patient is ensured in the casualty			✔	✔
3.2.7	Hand washing facility with running water is available			✔	✔
PCA 3.3	**The ambulance services**				
3.3.1	There is adequate access for ambulance		✔	✔	✔
PCA 3.4	**Vulnerable patients**				

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50bed
3.4.1	There are ramp with railings or lift in all patient care areas for trolleys and wheel chairs	✔	✔	✔	✔
3.4.2	There are bath rooms for physically challenged patients	✔	✔	✔	✔
PCA 3.5	**Care of Pediatric patients**				
3.5.1	Display the scope of pediatric services in the Pediatric OP			✔	✔
3.5.2	Patient assessment includes detailed nutritional, growth, psychosocial and immunization assessment		✔	✔	✔
3.5.3	All staff are trained in prevention of child/ neonates abduction and abuse (Code Pink) as per laid down policy document			✔	✔
3.5.4	The children's family members are educated about nutrition, immunization and safe parenting	✔	✔	✔	✔
PCA 3.6	**Policies and procedures guide appropriate pain management**				
3.6.1	Appropriate assessment tools such as visual analog scale, pain rating scale etc are used	✔	✔	✔	✔
3.6.2	Patient and family are educated on various pain management techniques in case of chronic diseases	✔	✔	✔	✔
PCA 3. 7	**Policies and procedures guide all research activities**				
3.7.1	The organization has an ethics committee to oversee all research activities including students projects and has powers to discontinue a research when risks outweigh the potential benefits	✔	✔	✔	✔
3.7.2	Patient's informed consent is obtained before entering them in research protocols and Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal *	✔	✔	✔	✔

Kerala Accreditation Standards for Health care: AYUSH

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50bed
3.7.3	Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the organization's services.	✔	✔	✔	✔
3.7.4	All research activities are in accordance with guidelines published by Indian Council of Medical Research (ICMR)/ Central Council for Research in Ayurveda/ Sidha/ Homoeopathy *	✔	✔	✔	✔
PCA 3.8	**Nutritional Service**				
3.8.1	When families provide food to the patient, they are educated about the patients' diet limitations	✔	✔	✔	✔
3.8.2	Food is prepared, handled, stored and distributed in a safe manner		✔	✔	✔
PCA 3.9	**Manuals for Care of Patients**				
3.9.1	Policies also address handling of medico-legal cases	✔	✔	✔	✔
3.9.2	The organisation defines the scope of its pediatric services			✔	✔
3.9.3	Policies and procedures prevent child/ neonates abduction and abuse		✔	✔	✔

* Mandatory Standards

Chapter 4

ADMINISTRATION OF MEDICATION (AMA)

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50bed
AMA 4.1	**Storage of Medication**				
4.1.1	Medicines are stored in clean, well lit and ventilated environment as specified by the manufacture in both ward and Pharmacy	✔	✔	✔	✔
4.1.2	Physical verification of drugs are being conducted once in 6 months to verify any loss and theft and is documented	✔	✔	✔	✔
4.1.3	Sound alike and look alike medicines are stored separately in both Ward and Pharmacy	✔	✔	✔	✔
4.1.4	Adequate amount of emergency medicines are stocked at all time	✔	✔	✔	✔
4.1.5	Check list to verify the replenishment of emergency medicines in timely manner is available	✔	✔	✔	✔
4.1.6	Fire extinguishers are installed and periodically inspected	✔	✔	✔	✔
4.1.7	Medicines are stored in containers with labels in ward and pharmacy	✔	✔	✔	✔
AMA 4.2	**Prescription of Medication**				
4.2.1	Prescriptions are written in specified location in the case sheet by the treating doctor		✔	✔	✔
4.2.2	Medication orders are clear, legible, dated, timed and signed.	✔	✔	✔	✔
4.2.3	Verbal orders are documented and signed by the treating doctor within 24 hours *		✔	✔	✔
AMA 4.3	**Hospital Formulary**				

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50bed
4.3.1	Hospital has a Drugs and Therapeutic committee		✔	✔	✔
4.3.2	Hospital has its own Drug formulary or accepts State drug formulary	✔	✔	✔	✔
AMA 4.4	**Dispensing of Medicines**				
4.4.1	Medications are checked prior to dispensing, including the expiry date to ensure that they are fit for use.	✔	✔	✔	✔
4.4.2	All medicines are labeled with drug name, Strength, frequency of Administration	✔	✔	✔	✔
4.4.3	For strip medicines are labeled with name and expiry date before dispensing	✔	✔	✔	✔
4.4.4	When pharmacy is closed, emergency need for any drug are obtained from the ward pharmacy/on call pharmacist/ from casualty		✔	✔	✔
AMA 4.5	**Medication Administration.**				
4.5.1	Medications, Dosage, Route, timings are verified with patients Name and patient number prior to administration and documented in the case sheet.		✔	✔	✔
4.5.2	Prepared medication are labeled prior to preparation of second drug	✔	✔	✔	✔
4.5.3	Adverse drug events are documented and reported within a specified time in the prescribed format and are analyzed by the treating doctor and practices are modified to reduce the same *	✔	✔	✔	✔
4.5.4	Patients are educated about food drug interaction and safe and effective use of medication if applicable	✔	✔	✔	✔
4.5.5	Self administration of Medicine is documented in the case sheet, if any.		✔	✔	✔
AMA 4.6	**Narcotic and Psychotropic Medicines**				

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50bed
4.6.1	Narcotic medicines are kept in Double lock (2 keys with 2 locks kept by the 2 different persons) as per the Narcotic act *	✔	✔	✔	✔
AMA 4.7	**Manuals**				
4.7.1	Essential Drug List	✔	✔	✔	✔
4.7.2	Pharmacy manual	✔	✔	✔	✔
4.7.3	Hospital drug formulary or state drug formulary	✔	✔	✔	✔
AMA 4.8	**Registers**				
4.8.1	Medicine stock register/ medicine inventory register	✔	✔	✔	✔
4.8.2	Instruments and equipment register	✔	✔	✔	✔
4.8.3	Local purchase register	✔	✔	✔	✔
4.8.4	Issue note register	✔	✔	✔	✔
4.8.5	Annual intent register	✔	✔	✔	✔
4.8.6	List of high risk medication	✔	✔	✔	✔
4.8.7	Adverse drug event register	✔	✔	✔	✔
4.8.8	Narcotic register	✔	✔	✔	✔

* Mandatory Standards

Kerala Accreditation Standards for Health care: AYUSH

Chapter 5

PATIENT RIGHTS & RESPONSIBILITIES (PRA)

Sl No	Standards	Disp ensa ry	Hospital. < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
PRA 5.1	**Hospital protect patient rights and responsibility**				
5.1.1	Hospital protects patient rights, which includes- • respect for personal dignity and privacy during examination, procedures and treatment, • protection from physical abuse or neglect, • refusal of treatment, • General consent for all IP admission\ • Informed consent before anesthesia, any invasive / high risk procedures / treatment, • how to voice a complaint, • the expected cost of the treatment • access to his or her clinical records	✓	✓	✓	✓
5.1.2	Patients and families responsibilities includes; • Providing complete information of full name, address and accurate information about the health, present condition, past illness, medication etc • Inform the doctor about the anticipated problem, alternate therapy etc • To give privilege to other patients who need urgent care • Follow the instruction given by the doctors, nurses and hospital authorities • Not to take any medications without the knowledge of doctor	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
	• Abide the hospital rules and regulations				
PRA 5.2	**Display of rights and responsibilities**				
5.2.1	In Malayalam and English	✓	✓	✓	✓
5.2.2	At least in OP waiting area, Casualty and wards	✓	✓	✓	✓
5.2.3	Display of user charges, tariff list if any.	✓	✓	✓	✓
PRA 5.3	**Patient grievance redressal mechanism**				
5.3.1	Complaints and suggestion box in OP waiting area, wards	✓	✓	✓	✓
5.3.2	Display of information on how to voice a complaint	✓	✓	✓	✓
PRA 5.4	**Patient Education**				
5.4.1	It includes safe and effective use of medication and potential side effects, diet and nutrition, immunizations, disease process, complications and prevention strategies and preventing infections	✓	✓	✓	✓

* Mandatory Standards

Chapter 6

INFECTION CONTROL (ICA)

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
ICA 6.1	**Role of Hospital in Prevention of Hospital Acquired Infection**				
6.1.1	The Hospital have an infection control committee to minimize the risk of Hospital Acquired Infections and to monitor the surveillance program *	✓	✓	✓	✓
6.1.2	Gloves, masks, soaps and disinfectants are available and used correctly	✓	✓	✓	✓
6.1.3	Swabs for bacterial cultures are routinely collected from the designated site identified by the Hospital such as Operation Theatres, high dependence unit, CSSD/Auto clave room, Transfusion services unit, Food handling areas, Drinking water etc		✓	✓	✓
6.1.4	Hospital have a designated infection control nurse for monitoring Hospital Acquired Infection		✓	✓	✓
6.1.5	Post exposure prophylaxis are available for the staff in the institution or name and address of the nearest hospital is available	✓	✓	✓	✓
6.1.6	Hand washing facilities with Elbow tap are available in all patient care areas	✓	✓	✓	✓
6.1.7	The hospital will inform to the higher authorities if any notifiable disease or outbreak	✓	✓	✓	✓
6.1.8	Health Care Institution has a policy for restricting visitors in the hospital		✓	✓	✓
ICA 6.2	**Role of Hospital Infection control Committee**				
6.2.1	Continued surveillance of hospital acquired infections is being done		✓	✓	✓
6.2.2	Development and formulation of preventive and corrective programs in view of infectious hazards	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
6.2.3	Develop a system of identifying, reporting, investigating and controlling the hospital acquired infection	✓	✓	✓	✓
6.2.4	Periodically educate the healthcare workers of the institution on infection control policies and protocol	✓	✓	✓	✓
6.2.5	Conduct meetings for review of Hospital Acquired Infection		✓	✓	✓
6.2.6	Monitor the methods of sterilization and disinfection	✓	✓	✓	✓
ICA 6.3	**House Keeping and Linen Management**				
6.3.1	Hospital have a linen change policy consonance with the best practices		✓	✓	✓
6.3.2	Cleaning of the AC duct, replacement of filters, replacement or repair of plumbing, sewer line are done periodically	✓	✓	✓	✓
6.3.3	Periodical cleaning of the water storage area and alternate source are done and documented	✓	✓	✓	✓
6.3.4	Develop, implementation and monitoring of Checklist for house keeping	✓	✓	✓	✓
ICA 6.4	**Biomedical Waste Management**				
6.4.1	Biomedical waste segregation through Color coded bags and containers as per the Biomedical waste management and handling rules 1998 *	✓	✓	✓	✓
6.4.2	There are designated covered Biomedical waste storage area under the lock and key which is away from the patient traffic area	✓	✓	✓	✓
6.4.3	Personal protective measures like Rubber gloves, gum boots, Plastic Apron, Masks etc are used by the staff handling Biomedical waste *	✓	✓	✓	✓
6.4.4	Bio hazard symbol are displayed where applicable	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
ICA 6.5	**Surveillance indices are available**				
6.5.1	Daily recording of the Invasive procedure		✓	✓	✓
6.5.2	Monitoring of Urinary Tract Infection		✓	✓	✓
6.5.3	Respiratory Tract Infection		✓	✓	✓
6.5.4	Checklist for House keeping for cleaning	✓	✓	✓	✓
6.5.5	Hand washing Surveillance	✓	✓	✓	✓
6.5.6	Biomedical Waste Management	✓	✓	✓	✓
6.5.7	Needle Prick injuries are monitored	✓	✓	✓	✓
ICA 6.6	**Sterilization**				
6.6.1	Central Sterile Supply Department (CSSD) or Autoclave room is in the suitable location with proper layout (unidirectional flow, zoning) and separation of clean and dirty areas *			✓	✓
6.6.2	All reusable medical instruments are disinfected or sterilized after use	✓	✓	✓	✓
6.6.3	Bowie Dick tape test is carried out in autoclave everyday			✓	✓
ICA 6.7	**Operation Theatre**				
6.7.1	Operation theatre have zoning				✓
6.7.2	Infection control practices, Clinical Indicators of Operation theatre are monitored and followed				✓
6.7.3	Operation theatre is air conditioned.				✓
ICA 6.8	**Manuals**				
6.8.1	The Institutions have an Infection control manual which are updated at least once in a year	✓	✓	✓	✓
6.8.2	The manuals contains; Infection Control Committee, Surveillance, Staff Health Program, Isolation, Care of Systems & Indwelling Devices, Disinfection, Waste Management, House Keeping, Food Handling & Handlers, Laundry, Investigation of Outbreak, Special care Units and Visitors Policy	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
ICA 6.9	**Training for In-service and New staff**				
6.9.1	Hand washing	✓	✓	✓	✓
6.9.2	Bio medical waste management and segregation	✓	✓	✓	✓
6.9.3	Blood and Mercury spill management	✓	✓	✓	✓
6.9.4	Safe injection and infusion practices	✓	✓	✓	✓
6.9.5	Housekeeping and Linen management	✓	✓	✓	✓
ICA 6.10	**Registers**				
6.10.1	Housekeeping Register	✓	✓	✓	✓
6.10.2	Equipment Sterilization Register	✓	✓	✓	✓
6.10.3	Needle Prick injury Register	✓	✓	✓	✓
6.10.4	Post Exposure Prophylaxis Register	✓	✓	✓	✓
6.10.5	Training Register	✓	✓	✓	✓

* Mandatory Standards

Kerala Accreditation Standards for Health care: AYUSH

Chapter 7

QUALITY INDICATORS (QIA)

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
QIA 7.1	**Managerial Indicators**				
7.1.1	Bed occupancy rate per month in percentage *		✓	✓	✓
7.1.2	Average length of stay per month		✓	✓	✓
7.1.3	Number of Out patient (OP), and In patient (IP) per month *	✓	✓	✓	✓
7.1.4	Number of Notifiable disease reported per month *	✓	✓	✓	✓
7.1.5	Incidence of sentinel, near miss and adverse events per month	✓	✓	✓	✓
7.1.6	No. of bed sores per thousand (Calculated for month)		✓	✓	✓
7.1.7	Percentage of staff vaccinated against Hepatitis B	✓	✓	✓	✓
7.1.8	Number of death per month		✓	✓	✓
7.1.9	Patient satisfaction of OP and / IP at least once in six month	✓	✓	✓	✓
7.1.10	Employee satisfaction survey once in a year	✓	✓	✓	✓
QIA 7.2	**Indicators in Imaging and diagnostic services**				
7.2.1	Number of Errors / 1000 investigation per month			✓	✓
QIA 7.3	**Indicators for Medical Record Audit**				
7.3.1	Percentage of Medical records not having discharge summary /or having consent		✓	✓	✓
7.3.2	Percentage of Medical records which are incomplete		✓	✓	✓
QIA 7.4	**Data collection, report and Documentation**				
7.4.1	Hospital have Format for data collection	✓	✓	✓	✓
7.4.2	The data are analysed and reported to the concerned authority	✓	✓	✓	✓

Kerala Accreditation Standards for Health care: AYUSH

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
7.4.3	Internal audit are being conducted at least once in 6 months	✓	✓	✓	✓
7.4.4	Corrective and preventive actions are being taken based on the internal audit and the same is documented.	✓	✓	✓	✓

* Mandatory Standards

Chapter 8

RESPONSIBILITY OF ADMINISTRATION (RAA)

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
RAA 8.1	**Management responsibility to display the information**				
8.1.1	Organogram is available		✓	✓	✓
8.1.2	Mission, Vision, quality and safety policy are displayed at least in OP, Administration department	✓	✓	✓	✓
8.1.3	User charge/ tariff list if any	✓	✓	✓	✓
8.1.4	Floor plan	✓	✓	✓	✓
8.1.5	Fire exit route / plan	✓	✓	✓	✓
8.1.6	No smoking policy	✓	✓	✓	✓
8.1.7	No bribing policy	✓	✓	✓	✓
8.1.8	Visitors policy		✓	✓	✓
RAA 8.2	**Facility and Safety Assurance**				
8.2.1	Sanitary rounds are conducted at least once in a month *	✓	✓	✓	✓
8.2.2	Periodic inspection of electrical facility round includes • open panels/loose electrical wire, • signage, instruction board, • log book in generator room, • sand bucket and rubber mats in electrical room, • power fluctuation, • generator outside the building, • proper earthing , • working condition and adequacy of electrical appliances	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
8.2.3	Periodic plumbing inspection of • leakage, block, • working condition of sanitary appliances	✓	✓	✓	✓
8.2.4	Periodic fire safety round includes • availability and inspection of fire extinguishers, • fire exit/ plan, • awareness of staffs, • dumping of combustible items, • instructions during fire outbreak, etc	✓	✓	✓	✓
8.2.5	Other periodic services inspection includes • unauthorized entry to open terrace, • lift safety, • sharp bends in equipments, • railings for ramps/ toilets, • antiskid tiles/ rubber mat in slippery areas, • straps for wheel chairs/ stretchers, • bed railings for vulnerable patients,	✓	✓	✓	✓
8.2.6	Documentation of the quarterly facility and safety round report with corrective and preventive action	✓	✓	✓	✓
RAA 8.3	**Emergency Preparedness**				
8.3.1	Training / mock drill in Emergency preparedness for all staffs		✓	✓	✓
8.3.2	Mock drill for disaster management and fire safety conducted		✓	✓	✓
RAA 8.4	**Personnel management**				

Sl No	Standards	Disp ensa ry	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
8.4.1	Selection, recruitment, jobs specification, job description, transfer, promotions, disciplinary actions, grievance handling mechanism, pre-employment health check up, vaccination and credentialing	✓	✓	✓	✓
RAA 8.5	**Training**				
8.5.1	Training when there is job change/ new equipment installed and documented	✓	✓	✓	✓
8.5.2	Prepare Training schedule in areas of safety, infection control, risk management and as per the need of the hospital.	✓	✓	✓	✓
RAA 8.6	**Personal records**				
8.6.1	All staffs have personal record containing information such as qualification, disciplinary background, health status, training, copy of appointment order etc	✓	✓	✓	✓
8.6.2	Yearly health check up for all employees to be included in the personal records	✓	✓	✓	✓
RAA 8.7	**Statutory compliance with rules and regulations**				
8.7.1	All existing rules and acts related with Hospitals *	✓	✓	✓	✓

* Mandatory Standards

Kerala Accreditation Standards for Health care: AYUSH

Chapter 9

Medical Record Management (MRA)

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
MRA 9.1	**Content of medical record**				
9.1.1	Every OP and /IP case record has a unique identifier.	✓	✓	✓	✓
9.1.2	Every OP and /IP case record entry is identified, dated, timed and documented	✓	✓	✓	✓
9.1.3	The record provides an up-to-date and chronological account of patient care	✓	✓	✓	✓
9.1.4	The OP and /IP case record contains information regarding reasons for admission, diagnosis and plan of care	✓	✓	✓	✓
9.1.5	Operative and other procedures performed are incorporated in the medical record	✓	✓	✓	✓
9.1.6	When patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the referred hospital.	✓	✓	✓	✓
9.1.7	The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel		✓	✓	✓
9.1.8	In case of death, the medical record contains the cause of death indicating the date and time of death	✓	✓	✓	✓
9.1.9	Care providers have access to current and past medical record		✓	✓	✓
MRA 9.2	**Maintaining confidentiality, integrity security, retention and destruction of Case sheets**				
9.2.1	The hospital have policy on confidentiality, security, integrity of information in consonance with the applicable laws	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital. < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
9.2.2	Hospital is safeguarding of data/ record against loss, destruction and tampering	✓	✓	✓	✓
9.2.3	A documented procedure exists on how to respond to patients/ physicians and other public agencies requests for access to information in the medical record in accordance with the State and national law	✓	✓	✓	✓
MRA 9.3	**Medical Record Department**				
9.3.1	Case sheet filed according to the IP number or reliable system developed by the Hospital		✓	✓	✓
9.3.2	Fire extinguisher is available in the medical record department *	✓	✓	✓	✓
9.3.3	Periodic Pest control is practiced	✓	✓	✓	✓
9.3.4	Safety of the medical record room is ensured	✓	✓	✓	✓

* Mandatory Standards

Kerala Accreditation Standards for Health care: AYUSH

Chapter 10

INFRASTRUCTURE REQUIREMENTS (IRA)

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
IRA 10.1	**General Physical Infrastructure**				
10.1.1	Road and Vehicle access	✓	✓	✓	✓
10.1.2	Solar water heater or photoelectric cell and Biogas plant.	✓	✓	✓	✓
IRA 10.2	**Minimum Requirements for Areas or departments**				
10.2.1	Administrative Area		✓	✓	✓
10.2.2	Circulation Areas	✓	✓	✓	✓
10.2.3	Entrance Area	✓	✓	✓	✓
10.2.4	OP clinics for general and specialties	✓	✓	✓	✓
10.2.5	OP waiting area	✓	✓	✓	✓
10.2.6	Separate room for doctors/consultants	✓	✓	✓	✓
10.2.7	Medical records room	✓	✓	✓	✓
10.2.8	Nurses room		✓	✓	✓
10.2.9	Staff room	✓	✓	✓	✓
10.2.10	X ray			✓	✓
10.2.11	Clinical Laboratory			✓	✓
10.2.12	Wards		✓	✓	✓
10.2.13	Pharmacy	✓	✓	✓	✓
10.2.14	Operation Theatre				✓
10.2.15	Physical Medicine and Rehabilitation		✓	✓	✓
10.2.16	Auto clave		✓	✓	✓
10.2.17	Dietary Service / Kitchen		✓	✓	✓
10.2.18	Hospital Laundry				✓
10.2.19	Medical and General Stores			✓	✓
10.2.20	Committee Room or conference hall				✓
10.2.21	Residential Quarters		✓	✓	✓
10.2.22	Parking space	✓	✓	✓	✓
10.2.23	Specific treatment areas as per the requirement of the hospital.	✓	✓	✓	✓
IRA 10.3	**Other Departments or services**				
10.3.1	Waste Disposal System	✓	✓	✓	✓
10.3.2	Telephone	✓	✓	✓	✓
10.3.3	Intercom			✓	✓
10.3.3	Internet	✓	✓	✓	✓

Kerala Accreditation Standards for Health care: AYUSH

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
10.3.4	Public Address system			✓	✓
IRA 10.4	**Equipments**				
10.4.1	300 M.A. X-ray machine or Digital X ray			✓	✓
10.4.2	Ultra Sonogram			✓	✓
10.4.3	ECG machine		✓	✓	✓
10.4.3	Pulse Oximeter			✓	✓
10.4.4	B P apparatus	✓	✓	✓	✓
10.4.5	Standard weighing scale	✓	✓	✓	✓
10.4.6	Binocular Microscope or digital microscope				✓
10.4.7	Auto analyzer				✓
10.4.8	Semi auto analyzer			✓	✓
10.4.9	Computer with Modem, UPS, Combo Printer (Printer, scanner, copier, duplex), Internet Connection	✓	✓	✓	✓
10.4.10	LCD projector				✓
10.4.11	Refrigerator		✓	✓	✓
IRA 10.5	**Vehicle**				
11.5.1	Facility for hiring vehicle or Pickup vehicles (Omni/ car/ jeep etc)				✓
11.5.2	Ambulance or KEMP (Kerala Emergency Medical Project)				✓

* Mandatory Standards

Chapter 11

PUBLIC HEALTH PROGRAMMES (PHA)

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
PHA 11.1.	**Family Welfare Programme**				
11.1.1	Availability of condoms	✓	✓	✓	✓
11.1.2	Registers are available	✓	✓	✓	✓
PHA 11.2	**Vector Borne Disease Control Programme**				
11.2.1	IEC materials for mosquito control are available	✓	✓	✓	✓
PHA 11.3	**National Programme for Control of Blindness**				
11.3.1	Vision examination	✓	✓	✓	✓

* Mandatory Standards

Chapter 12

AYURVEDA SPECIFIC STANDARDS (AYS)

Sl No	Standards	Disp ensa ry	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
AYA 12.1	**Services**				
12.1.1	The organization has documented policy and standard operating procedures	✓	✓	✓	✓
12.1.2	Essential therapy equipments and accessories as per standard list of organization are available				✓
12.1.3	Policies and procedures for emergency care are documented		✓	✓	✓
12.1.4	Instructions and information regarding the major and minor treatment procedures, do's and don'ts (life style modifications) are available in printed form	✓	✓	✓	✓
12.1.5	The therapy team are trained periodically	✓	✓	✓	✓
12.1.6	Therapy team are trained in managing emergency conditions	✓	✓	✓	✓
12.1.7	The institution follows standard treatment protocols whenever it is available	✓	✓	✓	✓
12.1.8	Adequate privacy of the patient is ensured in the treatment room	✓	✓	✓	✓
AYA 12.2	**Major procedures/ PANCHAKARMA**				
12.2.1	Informed consent is obtained by the physician prior to each procedure		✓	✓	✓
12.2.2	Panchakarma patients have preoperative assessment and a provisional diagnosis		✓	✓	✓
12.2.3	Preoperative assessment includes ECG, vitals, Electrolytes etc		✓	✓	✓
12.2.4	Pre-operative instructions, post-operative instructions, medicine preparation, dose etc are documented and a copy is forwarded to the staff in charge of the theatre		✓	✓	✓
12.2.5	All major procedures are performed in the presence of a doctor.		✓	✓	✓
12.2.6	All reusable medical instruments and equipment are disinfected or sterilized after each use.	✓	✓	✓	✓

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital 30 -50 bed	DH / Hospital > 50 bed
12.2.7	Bloodletting procedures should precede blood investigation like Bleeding Time and Clotting time.	✔	✔	✔	✔
12.2.8	Blood is disposed safely and scientifically after disinfection as per Bio Medical Waste Management rules.	✔	✔	✔	✔
12.2.9	Medicine for the procedures are prepared by the institutions for the inpatients	✔	✔	✔	✔
12.2.10	All adverse Panchakarma events are recorded, monitored and evaluated	✔	✔	✔	✔
AYA 12.3	**Panchakarma Theatre**				
12.3.1	Standard requirements of panchakarma theatre as per manual are fulfilled		✔	✔	✔
12.3.2	The staff wears uniform as specified by the organization during working hours		✔	✔	✔
12.3.3	The Theatre is equipped with appliances and medicines to manage emergencies and complications		✔	✔	✔
12.3.4	There is provision for hot water for daily routine for patients undergoing therapy preferably using non-conventional energy resources		✔	✔	✔
12.3.5	Separate theatre or partition are available for male and female patients		✔	✔	✔
12.3.6	Recovery area is available in or near the theatre		✔	✔	✔
AYA 12.4	**Diet**				
12.4.1	Organization has a diet policy compatible with ayurveda principles and is implemented in its institutions	✔	✔	✔	✔
12.4.2	Pure boiled and cooled drinking water is available for the inpatients		✔	✔	✔
AYA 12.5	**Care of vulnerable patients.**				
12.5.1	Special care and assistance is given to vulnerable patients while transferring to and from the theatre and during the procedures by the staff on duty		✔	✔	✔

* Mandatory Standards

Chapter 13

HOMOEOPATHY SPECIFIC STANDARDS (HOA)

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
HOA 13.1	**Display of services available**				
13.1.1	Free Consultation for the patients	✔	✔	✔	✔
13.1.2	Free preventive Medicines are available	✔	✔	✔	✔
13.1.3	Specialty OP if available			✔	✔
13.1.4	Treatment Certificates	✔	✔	✔	✔
13.1.5	Display of bed strength		✔	✔	✔
13.1.6	Availability of bed		✔	✔	✔
HOA 13.2	**Consulting Room**				
13.2.1	Repertorisation facility is available	✔	✔	✔	✔
13.2.2	Reference Books are available	✔	✔	✔	✔
HOA 13.3	**Pharmacy**				
13.3.1	Proper ventilation is present	✔	✔	✔	✔
13.3.2	Direct sun light is avoided	✔	✔	✔	✔
13.3.3	Pharmacy is kept cool and dry	✔	✔	✔	✔
13.3.4	Potentised, Tincture, Biochemic Medicines are kept separately	✔	✔	✔	✔
13.3.5	Globules, Sugar of Milk, Blank tablets, Diskets are kept in Glass Bottles	✔	✔	✔	✔
13.3.6	Potentised, Tincture Medicines are kept in Glass dropper bottles	✔	✔	✔	✔
13.3.7	Camphor Q kept away from other Medicines	✔	✔	✔	✔
13.3.8	Strong odour disinfectants are not used	✔	✔	✔	✔
13.3.9	Iodine compound medicines (3x, 6x etc) are kept in dark coloured bottles	✔	✔	✔	✔
HOA 13.4	**Medicine Dispensing**				
13.4.1	Distilled water, Globules, Blank tablets, diskets, are used	✔	✔	✔	✔
13.4.2	Sterile Gloves, Mask, Head Cap and Apron are used by the staff	✔	✔	✔	✔
13.4.3	Separate sterile teaspoon and funnel are used	✔	✔	✔	✔
13.4.4	Butter paper is used for single dose drugs	✔	✔	✔	✔

Sl No	Standards	Dispensary	Hospital < 30 bed	Hospital. 30 -50 bed	DH / Hospital > 50 bed
13.4.5	Separate chappals are used by the staff in the Medicine dispensing room	✔	✔	✔	✔
13.4.6	Sterilized glass bottles are used for dispensing medicines	✔	✔	✔	✔
13.4.7	Name and dosage are labeled in the medicines.	✔	✔	✔	✔
HOA 13.5	**Medicine Store Room**				
13.5.1	Camphor Q is kept away from other Medicines	✔	✔	✔	✔
13.5.2	Strong odour disinfectants are not used	✔	✔	✔	✔
13.5.3	Iodine compound medicines (3x, 6x etc) are kept in dark coloured containers	✔	✔	✔	✔
13.5.4	Proper ventilation is present.	✔	✔	✔	✔
13.5.5	Direct sun light is avoided in the Medicine store room.	✔	✔	✔	✔
13.5.6	Medicine Store Room is kept cool and dry	✔	✔	✔	✔
13.5.7	Potentised, Tincture, Biochemic Medicines are kept separately.	✔	✔	✔	✔

* Mandatory Standards

ANNEXURES

Accreditation Board Members (2015)

1. **Dr. K. Ellangovan IAS**
   Secretary,
   Health & Family Welfare Department
   Government of Kerala

2. **Dr. M. Beena IAS**
   Secretary (AYUSH)
   Department of Health & Family Welfare
   Government of Kerala

3. **Shri. Minhaj Alam IAS**
   State Mission Director
   National Health Mission
   Government of Kerala

4. **Dr. Anitha Jacob**
   Director
   Indian Systems of Medicines
   Government of Kerala

5. **Dr. Jamuna**
   Director
   Homoeopathy Department
   Government of Kerala

Technical Committee Members (2015)

1. **Shri. Minhaj Alam IAS**
   State Mission Director
   National Health Mission
   Government of Kerala

2. **Dr. Balachandran Nair. G.S**
   State Programme Manager (AYUSH - H)
   National Health Mission
   Government of Kerala

3. **Dr. P. Haridas**
   State Programme Manager (AYUSH - Ay)
   National Health Mission
   Government of Kerala

4. **Dr. Krishnakumar . T.T.**
   Joint Director
   Indian Systems of Medicine
   Government of Kerala

5. **Dr. C.V. Hema Kumari**
   Deputy Director
   Department of Homoeopathy
   Government of Kerala

6. **Dr. Sandeep. K.**
   Sr. Consultant (M & E)
   National Health Mission
   Government of Kerala

GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Kerala Accreditation Standards for Health Care – AYUSH-Sanctioned – Orders – Issued

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HEATLH & FAMILY WELFARE (P) DEPARTMENT

G.O (Rt) No. 3182/14/H&FWD   **Dated, Thiruvananthapuram. 25.09.2014**

Read Letter No. NRHM/2058/SEC AYUSH/2014/SPMSU dated 23.07.2014

O R D E R

As per the letter read above, the State Mission Director, (in charge) NHM has forwarded a proposal for setting KASH (Kerala Accreditation Standards for Health Care) AYUSH for maintaining quality standards in service & infrastructure of the 127 hospitals & 815 dispensaries under ISM Department and 31 hospitals & 660 dispensaries under Homoeopathy Department in the State. The State Mission Director (NHM) has requested to approve the guidelines of KASH (Kerala Accreditation Standards for Health Care) AYUSH appended with the letter read above, containing 13 chapters which are in general and one chapter each for Ayurveda & Homoeopathy.

2. Government have examined the matter in detail and hereby approve the guidelines of KASH (Kerala Accreditation Standards for Health Care) AYUSH consisting of 13 chapters which are in general and one chapter each for Ayurveda & Homoeopathy as proposed by the State Mission Director (in charge) NHM vide the letter read above.

By Order of the Governor

K. SUDARSANAN,

Additional Secretary,

For Secretary to Government

To
1. Secretary to Govt. of India, Department of AYUSH, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi.
2. The Director of Indian Systems of Medicine, Thiruvananthapuram
3. The Director of Homoeopathy, Thiruvananthapuram
4. The State Mission Director (in charge), NHM, Thiruvananthapuram
5. Stock file. O.C

Forwarded/By order

(sd/-)

Section Officer

Kerala Accreditation Standards for Health care: AYUSH