

ಯಶಸ್ವಿನಿ ಸಹಕಾರಿ ರೈತರ ಆರೋಗ್ಯ ರಕ್ಷಣಾ ಟ್ರಸ್ಟ್
YESHASVINI CO-OPERATIVE FARMERS' HEALTH CARE
TRUST

M.S. Building, 6th Floor, Dr. Ambedkar Veedhi, Bangalore – 01
ಸಹಕಾರ ಇಲಾಖೆ, ಬಹುಮಹಡಿ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು-01.

ಸಂಖ್ಯೆ: ಸಿಬಿ 75 ಸಿಎಲ್‌ಎಸ್ 2010

ದಿನಾಂಕ: 25.06.2010

ಸುತ್ತೋಲೆ

ವಿಷಯ: ಯಶಸ್ವಿನಿ ಯೋಜನೆಯಡಿ ನೆಟ್‌ವರ್ಕ್ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಗುರುತಿಸುವ
ಬಗ್ಗೆ ಮಾರ್ಗಸೂಚಿ ನಿಯಮಗಳು.

ಉಲ್ಲೇಖ: 1. ಸರ್ಕಾರದ ಪತ್ರ ಸಂಖ್ಯೆ: ಸಿಬಿ 116 ಸಿಎಲ್‌ಎಸ್ 2004
ದಿ:15.12.2005 ಮತ್ತು 06.03.2006.

2. ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟ್ ಸಭೆಯ ನಡವಳಿ ದಿ:16.02.2010.

ಯಶಸ್ವಿನಿ ಸಹಕಾರಿ ರೈತರ ಆರೋಗ್ಯ ರಕ್ಷಣಾ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಫಲಾನುಭವಿಗಳಿಗೆ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಾ ಸೌಲಭ್ಯವನ್ನು ನೀಡುವ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಯೋಜನೆಯಡಿ ಸೇರಿಸುವ ಬಗ್ಗೆ ಉಲ್ಲೇಖ(1)ರ ಸುತ್ತೋಲೆಯಲ್ಲಿ ನೀಡಿರುವ ಮಾರ್ಗಸೂಚಿ ನಿಯಮಗಳನ್ನು ಉಲ್ಲೇಖ (2)ರ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟ್ ಸಭೆಯ ತೀರ್ಮಾನ ಅನ್ವಯ ಮಾರ್ಪಡಿಸಲಾಗಿದೆ. ಯಶಸ್ವಿನಿ ಸಹಕಾರಿ ರೈತರ ಆರೋಗ್ಯ ರಕ್ಷಣಾ ಯೋಜನೆಯನ್ನು ಅನುಷ್ಠಾನ ಗೊಳಿಸಲು ಇಚ್ಛಿಸುವ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಗುರುತಿಸುವ ಬಗ್ಗೆ ಈ ಕೆಳಗಿನ ಪರಿಷ್ಕೃತ ಮಾರ್ಗಸೂಚಿ ನಿಯಮಗಳನ್ನು ನಿಗದಿ ಪಡಿಸಲಾಗಿದೆ.

1. ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಹೆಸರು ನೋಂದಾಯಿಸಲು/ಸೇರಿಸಲು ಸಲ್ಲಿಸಬೇಕಾದ ಪರಿಷ್ಕೃತ ಹೊಸ ಅರ್ಜಿ ನಮೂನೆಯನ್ನು ಈ ಪತ್ರಕ್ಕೆ ಲಗತ್ತಿಸಿದೆ.(ಅನುಬಂಧ- 1)
2. ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ಹೊಸದಾಗಿ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ನೋಂದಾಯಿಸಲು ಬಯಸಿದಲ್ಲಿ ಈ ಹೊಸ ಅರ್ಜಿ ನಮೂನೆಯನ್ನು ಭರ್ತಿಮಾಡಿ, ನಮೂನೆಯಲ್ಲಿ ಕೇಳಿರುವ ಎಲ್ಲಾ ಮಾಹಿತಿಯೊಂದಿಗೆ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಆಯಾಯ ಜಿಲ್ಲಾ ಸಹಕಾರ ಸಂಘಗಳ ಉಪನಿಬಂಧಕರಿಗೆ ಸಲ್ಲಿಸಬೇಕು.

3. ಈ ಪ್ರಸ್ತಾವನೆಗಳನ್ನು ಸಹಕಾರ ಸಂಘಗಳ ಉಪನಿಬಂಧಕರು ತಮ್ಮ ಜಿಲ್ಲೆಯ ಜಿಲ್ಲಾ ಸರ್ಜನ್, ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ ಹಾಗೂ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಜಿಲ್ಲಾ ಅಧಿಕಾರಿಯವರಿಂದ ಜಂಟಿಯಾಗಿ ಪರಿಶೀಲನೆ ಮಾಡಿಸಿ ತಾಂತ್ರಿಕ ವರದಿಯನ್ನು ಪಡೆಯಬೇಕು ಹಾಗೂ ನಂತರ ಈ ಪ್ರಸ್ತಾವನೆಗಳನ್ನು ಜಿಲ್ಲಾ ಯಶಸ್ವಿನಿ ಸಮಿತಿಯ ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸಬೇಕು.
4. ಜಿಲ್ಲಾ ಯಶಸ್ವಿನಿ ಸಮಿತಿಯು ಜಿಲ್ಲೆಯಲ್ಲಿ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ತರಬೇಕಾದ ಆಸ್ಪತ್ರೆಗಳ ಅವಶ್ಯಕತೆ ಹಾಗೂ ಅರ್ಜಿ ಸಲ್ಲಿಸಿರುವ ಆಸ್ಪತ್ರೆಯು ಹೊಂದಿರುವ ಚಿಕಿತ್ಸಾ ಹಾಗೂ ಇತರ ವೈದ್ಯಕೀಯ ಮೂಲ ಸೌಕರ್ಯ - ಸೌಲಭ್ಯಗಳನ್ನು ಗಣನೆಗೆ ತೆಗೆದುಕೊಂಡು ಅರ್ಜಿಗಳನ್ನು ಶಿಫಾರಸ್ಸು ಮಾಡಿ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟ್‌ಗೆ ಕಳುಹಿಸಬೇಕು. ಈ ಉದ್ದೇಶಕ್ಕೆ ಈಗಾಗಲೇ ಉಪಯೋಗಿಸುತ್ತಿರುವ ಚಿಕಿತ್ಸಾಲೀನ್ಯನ್ನು ಬಳಸಿ ಅದರಲ್ಲಿ ಸಮಿತಿಯ ಅಧ್ಯಕ್ಷರು ಸಹಿತ ಉಳಿದ ಸದಸ್ಯರು ಸಹಿ ಮಾಡಿ ಕಳುಹಿಸಬೇಕು.(ಚಿಕಿತ್ಸಾಲೀನ್ಯ ನಮೂನೆಯನ್ನು ಲಗತ್ತಿಸಿದೆ)(ಅನುಬಂಧ- 2)
5. ನೆಟ್‌ವರ್ಕ್ ಆಸ್ಪತ್ರೆಗಳನ್ನು ವಾರ್ಷಿಕ ಆಧಾರದ ಮೇಲೆ ನೇಮಕ ಮಾಡಲಾಗುತ್ತದೆ. ಆದ್ದರಿಂದ ಪ್ರತಿವರ್ಷ ನೋಂದಾವಣೆಯನ್ನು ನವೀಕರಿಸಬೇಕು. ನವೀಕರಣ ಅರ್ಜಿಯನ್ನು ಈ ಪತ್ರಕ್ಕೆ ಲಗತ್ತಿಸಿದ ನಮೂನೆಯಲ್ಲಿ ಸಲ್ಲಿಸಬೇಕು. (ಅನುಬಂಧ - 3)
6. 2010-11ನೇ ಸಾಲಿಗೆ ನವೀಕರಣ ಅರ್ಜಿ ಸಲ್ಲಿಸುವ ಆಸ್ಪತ್ರೆಗಳು ಕಂಡಿಕೆ(1)ರಲ್ಲಿ ನೀಡಿರುವ ನಮೂನೆಯಲ್ಲಿ ಮಾಹಿತಿಯನ್ನು ಸಲ್ಲಿಸಬೇಕು. ನಮೂನೆಯನ್ನು ಅನುಬಂಧ(1)ರಲ್ಲಿ ಲಗತ್ತಿಸಿದೆ.
7. ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಮಿತಿಯು ಆಸ್ಪತ್ರೆಗಳ ಅರ್ಜಿಗಳನ್ನು ಪರಿಶೀಲನೆ ಮಾಡುವಾಗ ಅಂತಹ ಆಸ್ಪತ್ರೆಗಳು ಟ್ರಸ್ಟ್ ನಿಗದಿಪಡಿಸಿರುವ ಅರ್ಹತೆ, ಚಿಕಿತ್ಸಾ ಸೌಲಭ್ಯ ಹಾಗೂ ಇತರ ವೈದ್ಯಕೀಯ ಉಪಕರಣಗಳನ್ನು ಹೊಂದಿರುವ ಬಗ್ಗೆ ಧೃಡೀಕರಿಸಿಕೊಂಡು ಶಿಫಾರಸ್ಸು ಮಾಡತಕ್ಕದ್ದು.
8. ನೆಟ್‌ವರ್ಕ್ ಆಸ್ಪತ್ರೆಗಳ ನೋಂದಾವಣೆ / ನವೀಕರಣ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಸದರಿ ಆಸ್ಪತ್ರೆಯವರು ಆ ವರ್ಷದಲ್ಲಿ ಯಶಸ್ವಿನಿ ಫಲಾನುಭವಿಗಳಿಗೆ ನೀಡಿರುವ ಚಿಕಿತ್ಸಾ ಸೌಲಭ್ಯದ ಗುಣಮಟ್ಟ, ತ್ವರಿತ ಸೇವೆ, ಇತ್ಯಾದಿ ಅವಶ್ಯಕ ಅಂಶಗಳನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಂಡು ಪರಿಗಣಿಸಲಾಗುವುದು.

ಈ ಮೇಲೆ ವಿವರಿಸಿದ ಪರಿಷ್ಕೃತ ಮಾರ್ಗಸೂಚಿಗಳು ಹಾಗೂ ಹಾಲಿ ಚಾಲ್ತಿಯಲ್ಲಿರುವ ನಿಯಮಗಳನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಂಡು ಆಸ್ಪತ್ರೆ/ ನರ್ಸಿಂಗ್ ಹೋಮ್‌ಗಳನ್ನು ಯಶಸ್ವಿನಿ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಸೇರಿಸುವ ಬಗ್ಗೆ ಪ್ರಸ್ತಾವನೆಗಳನ್ನು ಸಲ್ಲಿಸುವ ಬಗ್ಗೆ ಕಟ್ಟು ನಿಟ್ಟಾದ ಕ್ರಮವಹಿಸುವಂತೆ ಕೋರಲಾಗಿದೆ.

(ಆರ್.ಎಂ.ನಟರಾಜ)

ಮುಖ್ಯಕಾರ್ಯನಿರ್ವಹಣಾಧಿಕಾರಿ

ಗೆ:

1. ರಾಜ್ಯದ ಎಲ್ಲಾ ಸಹಕಾರ ಸಂಘಗಳ ಜಿಲ್ಲಾ ಉಪನಿಬಂಧಕರುಗಳು.
2. ರಾಜ್ಯದ ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಕೇಂದ್ರ ಸಹಕಾರ ಬ್ಯಾಂಕುಗಳ ಅಧ್ಯಕ್ಷರು/ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರುಗಳು

ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ:

1. ಸಹಕಾರ ಸಂಘಗಳ ನಿಬಂಧಕರು, ಅಲಿ ಆಸ್ಕರ್ ರಸ್ತೆ , ಬೆಂಗಳೂರು.
2. ಸಹಕಾರ ಸಂಘಗಳ ಅಪರ ನಿಬಂಧಕರು, (ಬಳಕೆ ಮತ್ತು ಮಾರಾಟ) ಬೆಂಗಳೂರು.
3. ರಾಜ್ಯದ ಎಲ್ಲಾ ಸಹಕಾರ ಸಂಘಗಳ ಪ್ರಾಂತೀಯ ಜಂಟಿನಿಬಂಧಕರುಗಳು.ಬೆಂಗಳೂರು/ಮೈಸೂರು/ ಬೆಳಗಾಂ/ ಗುಲ್ಬರ್ಗಾ
4. ವ್ಯವಸ್ಥಾಪಕರು, ಫ್ಯಾಮಿಲಿ ಹೆಲ್ತ್ ಪ್ಲಾನ್ ಮಿಲ್ಲರ್ಸ್ ರಸ್ತೆ , ಬೆಂಗಳೂರು.

Annexure -2

Check list for Recommendation of Hospitals to be Recognized Under Yeshasvini Co- Operative Farmers Health Care Scheme.

1. Name of the Hospital with address.

2. Location of the Hospital:

| | |
|--|--|
| Whether hospital is located | |
| • In the Corporation limits:(Minimum bed capacity 50) | |
| • At District head quarters: (Minimum beds capacity 25) | |
| • At Sub division / Taluk and below Taluk level: (Minimum beds capacity 10 for Nursing Home & Others. | |
| • 5 for Eye Hospitals (please mention clearly bed Capacity available) | |

3. Whether the Hospital/ Nursing Home have the following specification?

| | |
|---|--|
| General Surgery | |
| Obstetrics and Gynecology | |
| Ophthalmology | |
| ENT | |
| Orthopedics | |
| Pediatrics | |
| General Medicine | |
| Dental | |
| Whether out patient facilities are Provided for the above specialties including OT facilities/ ICU facilities | |

4. OT /ICU Facilities:

| | |
|--|--|
| Whether the Hospital/ Nursing Home: <ul style="list-style-type: none">• Is equipped with major OT where all major surgical procedure can be carried out? | |
| <ul style="list-style-type: none">• Is equipped with minor OT for all minor surgical procedures and emergencies? | |
| <ul style="list-style-type: none">• Has Surgical ICU and Medical ICU with a minimum of 5 beds equipped with central oxygen line, suction apparatus, defibrillator etc for post operative care? | |

5. Diagnostics facilities:

| | |
|---|--|
| <ul style="list-style-type: none">• Whether the Hospital/ Nursing Home Is fully equipped with diagnostics for | |
| a) Biochemistry | |
| b) Microbiology | |
| c) Hematology | |
| <ul style="list-style-type: none">• Has X- Ray machine with minimum capacity of 60 ma? | |
| <ul style="list-style-type: none">• Has ultra Sound machine | |

6. Standard required for Hospital Staff

| | |
|---|--|
| Whether the Hospital/ Nursing Home: | |
| • Has a Surgeon with MS qualification with minimum of 3 years experience | |
| • Has a General Physician? | |
| • Has qualified experienced Nursing Staff round the clock | |
| • Has qualified doctors with minimum of M.B.B.S degree as in house Resident Doctor round the clock? | |

7. Administration:

| | |
|--|--|
| Whether the Hospital/ Nursing Home | |
| • Has well organized team of Management? | |
| • Has well managed Medical Records Department? | |
| • Has dedicated Computer? | |
| • Has dedicated telephone line? | |
| • Is prepared to open dedicated counter for Yeshasvini? | |
| • Is prepared to appoint dedicated staff trained for Yeshasvini? | |
| • Ambulance in good condition? | |

8. Date of visit to the Hospital/ Nursing Home:

.....

9. Members who actually visited the Hospital /Nursing Home:

.....

.....

10. Signature of the District Surgeon/ District Health & Family welfare officer/ DRCS and President of the District committee.

Annexure - 3
Check List For Renewal of Network Hospitals Recognized Under
Yeshasvini Health Care Scheme.

| Sl. No | Subject | Yes | No |
|--------|---|-----|----|
| 1 | Have you opened separate counter exclusively for Yeshasvini Scheme at the entrance of the hospital? | | |
| 2 | Have you exhibited Yeshasvini Board in green background and with white letters of the size of 8" in Kannada? | | |
| 3 | Have you installed dedicated telephone for Yeshasvini Scheme? | | |
| 4 | Have you appointed Hospital Co-ordinator? If so please mention the coordinator name, qualification and mobile number. | | |
| 5 | Have you appointed trained staff exclusively for dealing with Yeshasvini beneficiaries? | | |
| 6 | Have you opened outward and inward registers for correspondence of Yeshasvini Scheme? | | |
| 7 | Have you opened separate registers for outpatients and inpatients? | | |
| 8 | Have you maintained photo album with details as mentioned in the circular for Yeshasvini beneficiaries? | | |
| 9 | Whether your staff dealing with Yeshasvini Scheme wear Yeshasvini badge? | | |
| 10 | Whether you have printed and distributed minimum of 500 Yeshasvini pamphlets per year? | | |
| 11 | Have you opened visitor's book? | | |
| 12 | Have you installed hoarding of 16 points in front of your hospital? | | |
| 13 | Are you providing service to Yeshasvini beneficiaries at the Tariff fixed by the Trust? | | |

| | | | |
|----|--|--|--|
| | | | |
| 14 | Are you collecting advance from the Yeshasvini beneficiaries for the treatment provided? | | |

| | | | |
|----|--|--|--|
| 15 | Are you collecting excess amount over and above the Tariff fixed from the Yeshasvini beneficiaries for the treatment provided. | | |
| 16 | Are you collecting entrance/Admission fee and Doctors consultation fee from Yeshasvini beneficiaries for providing OPD? | | |
| 17 | Are you providing 25% concession in investigation charges to Yeshasvini beneficiaries? | | |
| 18 | Have you reserved separate ward for Yeshasvini beneficiaries? If not have you taken action to identify them in the ward by mentioning that he/she is Yeshasvini beneficiary and computer. | | |
| 19 | Do you have internet connection to deal with changed system of Unique I.D in place of Yeshasvini beneficiaries? Do you have infrastructure like internet connection and computer for the implementation of Yeshasvini Scheme. | | |
| 20 | Whether you have provided a column in your admission form to identify the patient as Yeshasvini beneficiaries. | | |
| 21 | Do you exhibit Yeshasvini Board at the bedside of the beneficiary? to enable the visiting Doctor to identify Yeshasvini beneficiaries | | |
| 22 | Have you maintained register for having informed the Yeshasvini beneficiary about the surgery performed and bills claimed and obtained his signature? | | |

1. Signature of the Co-ordinator of the Hospital 2. M.D. of the Hospital/Nursing Home

Certified that I have verified the checklist and agree with the entries made above/ I do not agree in respect of Sl.No's _____

Signature of the District Co-ordinator

Annexure - 1

**Government of Karnataka
YESHASVINI COOPERATIVE FARMERS HEALTH CARE TRUST**



**APPLICATION & CRITERIA
FOR
ACCREDITATION OF HOSPITAL**

Cooperation department, M.S.Building, III gate, Bangalore-01

1. Name of the Hospital:

2. Address:

3. Ownership:

Is the hospital a public / government establishment or an independent / private sector provider?

4. Year in which established & Built area of the hospital:

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: _____

- Hospital Coordinator:

Dr. _____

(Allopathic doctor)

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

6. Hospital registration no & date:

Please enclose the copy of hospital registration certificate.

7. PAN No. of the Hospital:

8. Bank Details:

Bank Name: _____

Name of the Bank account: _____

Account Number: _____

Branch Name: _____

IFSC Code: _____

9. Number of Inpatient Beds:

No. of beds available in the General Ward:

No. of beds earmarked for Male patients:

No. of beds earmarked for Female patients:

10. Number of ICU Beds:

(Please mention no. of existing beds in the box and if not available mention as NA)

a. Intensive Care Unit Adult:

Description of the equipment available in ICU ward (adult):

[Please enclose photograph (post card size) of equipment in working condition]

b. Intensive Care Unit Pediatric:

Description of the equipment available in Pediatric ICU:

[Please enclose photograph (post card size) of equipment in working condition]

c. Neonatal ICU:

Description of the equipment available in Neonatal ICU:

[Please enclose photograph (post card size) of equipment in working condition]

d. Post operative ward:

Description of the equipment available in post operative ward:

[Please enclose photograph (post card size) of equipment in working condition]

e. Step down ICU Beds:

Description of the equipment available in Step down ICU:

[Please enclose photograph (post card size) of equipment in working condition]

f. Please mention the no. of ventilators available in the hospital:

11. OPD & IPD data:

OPD DATA (Past three years)

| Period | Number of Patients |
|-----------|--------------------|
| 2006-2007 | |
| 2007-2008 | |
| 2008-2009 | |

IPD DATA (Past three years)

| Period | Number of Patients |
|-----------|--------------------|
| 2006-2007 | |
| 2007-2008 | |
| 2008-2009 | |

12. Specialties Available / Clinical services provided by the Hospital:

| Sl. No. | Clinical Service/specialties | Service Provided [YES/No] | Total beds available | Beds available in ICU | Beds available in Post Op facility | Beds available in Step down ICU |
|---------|---------------------------------|---------------------------|----------------------|-----------------------|------------------------------------|---------------------------------|
| 1 | Burn Unit | | | | | |
| 2 | Cardiology | | | | | |
| 3 | Cardiothoracic Surgery | | | | | |
| 4 | Coronary Care Unit | | | | | |
| 5 | Day Care Treatment Endoscopy | | | | | |
| 6 | Day Care Treatment Bronchoscopy | | | | | |
| 7 | Dermatology | | | | | |
| 8 | Dentistry | | | | | |
| 9 | Dialysis | | | | | |
| 10 | Emergency Medicine | | | | | |
| 11 | Ear Nose Throat | | | | | |
| 12 | Endocrinology | | | | | |
| 13 | Gastroenterology | | | | | |
| 14 | Gastrointestinal (GI) Surgery | | | | | |
| 15 | General Medicine | | | | | |
| 16 | General Surgery | | | | | |
| 17 | Genito Urinary Surgery | | | | | |
| 18 | Gynaecology and Obstetrics | | | | | |
| 19 | Infectious Diseases | | | | | |
| 20 | Laser Treatment | | | | | |
| 21 | Nephrology | | | | | |
| 22 | Neurology | | | | | |
| 23 | Neurosurgery | | | | | |
| 24 | Medical Oncology | | | | | |
| 25 | Radiation Oncology | | | | | |
| 26 | Surgical oncology | | | | | |
| 27 | Ophthalmology | | | | | |
| 28 | Oral surgery | | | | | |
| 29 | Orthopaedic Surgery | | | | | |
| 30 | Plastic surgery | | | | | |
| 31 | Paediatric Surgery | | | | | |
| 32 | Palliative Care | | | | | |
| 33 | Prosthesis | | | | | |
| 34 | Polytrauma | | | | | |
| 35 | Pulmonology | | | | | |
| 36 | Rehabilitation | | | | | |
| 37 | Respiratory Medicine | | | | | |
| 38 | Rheumatology | | | | | |
| 39 | Transplantation Services | | | | | |
| 40 | Urology | | | | | |

13. Specialty wise infrastructure available:

| Sl. No | Specialties | Cases handled in last two years | | Overall % of occupancy | Anesthetist round the clock [Yes/No] | OT facility | Sterility Unit |
|--------|------------------------------|---------------------------------|---------|------------------------|---|-------------|----------------|
| | | 2007-08 | 2008-09 | | | | |
| 1 | Burn Unit | | | | | | |
| 2 | Cardiology | | | | | | |
| 3 | Cardiothoracic Surgery | | | | | | |
| 4 | Coronary Care Unit | | | | | | |
| 5 | Ear Nose Throat | | | | | | |
| 6 | Endocrinology | | | | | | |
| 7 | Gastroenterology | | | | | | |
| 8 | Gastrointestinal(GI) Surgery | | | | | | |
| 9 | General Medicine | | | | | | |
| 10 | General Surgery | | | | | | |
| 11 | Genito Urinary Surgery | | | | | | |
| 12 | OBG | | | | | | |
| 13 | Infectious Diseases | | | | | | |
| 14 | Laser Treatment | | | | | | |
| 15 | Nephrology | | | | | | |
| 16 | Neurology | | | | | | |
| 17 | Neurosurgery | | | | | | |
| 18 | Medical Oncology | | | | | | |
| 19 | Radiation Oncology | | | | | | |
| 20 | Surgical oncology | | | | | | |
| 21 | Ophthalmology | | | | | | |
| 22 | Oral surgery | | | | | | |
| 23 | Orthopedic Surgery | | | | | | |
| 24 | Plastic surgery | | | | | | |
| 25 | Pediatric Surgery | | | | | | |
| 26 | Polytrauma | | | | | | |
| 27 | Pulmonology | | | | | | |
| 28 | Respiratory Medicine | | | | | | |
| 29 | Rheumatology | | | | | | |
| 30 | Transplantation services | | | | | | |
| 31 | Urology | | | | | | |

Note:

- 1) Please furnish the separate list about name of the anesthetists, reg. no. qualification, no. of years of experience, university name and mobile no.
- 2) Further furnish the photograph (post card size duly attested by the authorized signatory with seal and signature) of the equipment available in OT along with equipment make details.

14. Specialists Information: Note: Provide information only about cases handled in your hospital.

| Sl. No | Clinical Service/specialties | Name of the specialist | Qualification | Reg. no. | Years of exp. | Full time / on call | No. of cases handled |
|--------|---------------------------------|------------------------|---------------|----------|---------------|---------------------|----------------------|
| 1 | Burn Unit | | | | | | |
| 2 | Cardiology | | | | | | |
| 3 | Cardiothoracic Surgery | | | | | | |
| 4 | Coronary Care Unit | | | | | | |
| 5 | Day Care Treatment Endoscopy | | | | | | |
| 6 | Day Care Treatment Bronchoscopy | | | | | | |
| 7 | Dermatology | | | | | | |
| 8 | Dentistry | | | | | | |
| 9 | Dialysis | | | | | | |
| 10 | Emergency Medicine | | | | | | |
| 11 | Ear Nose Throat | | | | | | |
| 12 | Endocrinology | | | | | | |
| 13 | Gastroenterology | | | | | | |
| 14 | Gastrointestinal (GI) Surgery | | | | | | |
| 15 | General Medicine | | | | | | |
| 16 | General Surgery | | | | | | |
| 17 | Genito Urinary Surgery | | | | | | |
| 18 | Gynaecology and Obstetrics | | | | | | |
| 19 | Infectious Diseases | | | | | | |
| 20 | Laser Treatment | | | | | | |
| 21 | Nephrology | | | | | | |
| 22 | Neurology | | | | | | |
| 23 | Neurosurgery | | | | | | |
| 24 | Medical Oncology | | | | | | |
| 25 | Radiation Oncology | | | | | | |
| 26 | Surgical oncology | | | | | | |
| 27 | Ophthalmology | | | | | | |
| 28 | Oral surgery | | | | | | |
| 29 | Orthopaedic Surgery | | | | | | |
| 30 | Plastic surgery | | | | | | |
| 31 | Paediatric Surgery | | | | | | |
| 32 | Palliative Care | | | | | | |
| 33 | Prosthesis | | | | | | |
| 34 | Polytrauma | | | | | | |
| 35 | Pulmonology | | | | | | |
| 36 | Rehabilitation | | | | | | |
| 37 | Respiratory Medicine | | | | | | |
| 38 | Rheumatology | | | | | | |
| 39 | Transplantation services | | | | | | |
| 40 | Urology | | | | | | |

15. Diagnostic & Other Services being provided by the Hospital:

| Sl. No. | Diagnostic Service | In house [Yes/No] | Outsourced [Yes/No] |
|---|------------------------------------|-------------------|---------------------|
| A. Diagnostic Imaging: | | | |
| 1 | MRI Scan | | |
| 2 | CT Scan | | |
| 3 | PET Scan | | |
| 4 | Gamma camera | | |
| 5 | Ultrasound | | |
| 6 | X-Ray | | |
| 7 | ECHO | | |
| 8 | ECG | | |
| 9 | Others | | |
| B. Laboratory Services: | | | |
| 1 | Clinical Biochemistry | | |
| 2 | Clinical Pathology | | |
| 3 | Haematology | | |
| 4 | Clinical Microbiology & Serology | | |
| 5 | Histopathology | | |
| 6 | Cytopathology | | |
| 7 | Genetics | | |
| 8 | Molecular Biology | | |
| 9 | Blood Bank | | |
| 10 | Blood Transfusion Services | | |
| 11 | others | | |
| <p>[Please enclose photographs of basic Pathological, Biochemical, Microbiology & serology and hematology investigations] [Please enclose photographs of USG Scan, ECG, ECHO and X-Ray with make details] [For outsourced diagnostic facilities and ambulance service furnish the affidavit as per the enclosed format]</p> | | | |
| C. Pharmacy | | | |
| 1 | Pharmacy available round the clock | | |
| D. Professions allied to Medicine | | | |
| 1 | Dietetics | | |
| 2 | Physiotherapy | | |
| 3 | Occupational Therapy | | |
| 4 | Speech and Language Therapy | | |
| 5 | Ambulance Service | | |

16. Staff Information: (append the list for all)

| Group | Number | Qualification | Experience | Remarks if any |
|------------------|--------|---------------|------------|----------------|
| Managerial | | | | |
| Resident Doctors | | | | |
| Consultants | | | | |
| a) Full time | | | | |
| b) Part time | | | | |
| Nurses | | | | |
| Technicians | | | | |
| Paramedical | | | | |
| Others | | | | |

17. Non Clinical and administrative Procedures:

| Support service | In house (Yes /No) | Out sourced (Yes/No) |
|---|--------------------|----------------------|
| Provision of food / pantry | | |
| Cleaning Services | | |
| General Administration | | |
| Laundry | | |
| Management of clinical waste | | |
| Mortuary Service | | |
| Security | | |
| Technical department / Equipment Management | | |
| Other Specify | | |

Application filled up date: _____

Authorized Signatory

Name: _____, Designation: _____

Yeshasvini Cooperative Farmers Health Care Scheme

EMPANELMENT APPLICATION-CHECKLIST

| Sl. No. | Particulars | Enclosed yes/no | Remarks of Yeshasvini Tust |
|----------------|---|------------------------|-----------------------------------|
| 1 | Copy of hospital registration certificate | | |
| 2 | Photographs of equipment available in ICU-Adult (duly attested by authorized signatory with seal) | | |
| 3 | Photographs of equipment available in ICU-Pediatric (duly attested by authorized signatory with seal) | | |
| 4 | Photographs of equipment available in Neonatal ICU (duly attested by authorized signatory with seal) | | |
| 5 | Photographs of equipment available in Post Operative ward (duly attested by authorized signatory with seal) | | |
| 6 | Photographs of equipment available in Step down ICU (duly attested by authorized signatory with seal) | | |
| 7 | The list about name of the anesthetists, reg. no. qualification, no. of years of experience, university name and mobile no. | | |
| 8 | Photographs of equipment available in OT in respective specialties | | |
| 9 | The list of all specialists available in the hospital containing the information such as Name, Qualification, Registration No., Years of experience, Full time/on call and no. of cases handled in the respective hospital. | | |
| 10 | Photographs of all equipment with make details available under diagnostic facilities. | | |

**YESHASVINI COOPERATIVE FARMERS HEALTH CARE
SCHEME
CRITERIA FOR ACCREDITATION OF NETWORK HOSPITALS**

1. Bed Strength of the hospital:

A. The hospital should have at least 50 beds for empanelment.

B. General Ward:

- 1 Nurse: 10 patients with 24hrs service in 3 shifts in a day.
- 1 duty doctor: 10 patients with 24hrs service in 3 shifts in a day.
- The space between two beds should be at least 5 feet.
- The provider should have separate male and female wards.

B. ICU Beds:

- The hospital should have at least 3 beds
- 1 Nurse : 1 patient with 24hrs service in 3 shifts
- 1 duty doctor : 4to 5 patients with 24 hrs service in 3shifts
- The ICU ward should be equipped with ventilators, defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.

C. The Step down ICU ward:

- The hospital should have at least 2 beds
- 1 Nurse : 3 patients with 24hrs service in 3shifts.
- 1 duty doctor : 4to 5 patients with 24 hrs service in 3shifts.
- The step down ICU ward should be equipped with defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.

D. The post operative ward:

- The hospital should have at least 2 beds
- 1 Nurse : 1 patient with 24hrs service in 3shifts.
- 1 duty doctor : 4to 5 patients with 24 hrs service in 3shifts.
- The post operative ward should be equipped with ventilators, defibrillators, monitors, central oxygen line, suction apparatus and pulse oxymeter.

Note: 1) For maternity hospitals situated at Subdivision and taluka level only 15 beds fulfill the criteria for recognition.

2) Fully qualified nursing staff and allopathic doctors should be available round the clock as aforesaid under the protocol of the hospital.

3) ICU is not essential for ophthalmology specialty hospital.

2. Infrastructure Conditions: Please tick as per the availability.

The hospital should comply with the following criteria at least under one specialty. Further if the hospital is Multi-specialty and fulfills the criteria under various specialties, then hospital shall provide its services under all specialties empanelled under the Scheme.

| No. | Specialty | Please Tick ‘√’ |
|--------------------------------|---|--------------------|
| A. SURGICAL SPECIALTIES | | |
| 1 | General Surgery | |
| | Qualified General Surgeon with post graduate degree in General Surgery | |
| | Well Equipped theatre facility with trained staff | |
| | Post-op with Ventilator Support | |
| | SICU Facility | |
| | Availability of support specialty of General Medicine, Pediatrics | |
| | The surgeon should have performed at least 100 cases | |
| 1a | For Laparoscopic Surgeries | |
| | Surgeon having requisite training and having performed at least 100 procedures for laparoscopic surgery (documentary evidence to be produced) | |
| 2 | Orthopedic Surgery | |
| | Qualified Orthopedic Surgeon | |
| | Well equipped theatre with C-Arm facility | |
| | Trained paramedics | |
| | Well equipped Post-op facility with Ventilator Support | |
| | Round the clock lab support with CT,MRI | |
| 3 | Gynecology and Obstetrics | |
| | Qualified Gynecologist | |
| | Expertise trained in laparoscopic procedure with minimum 100 performances | |
| | Well Equipped theatre | |
| | Post-op ventilator & Pediatric reconstruction facilities. | |
| | Support services of Pediatrician | |
| 4 | Ophthalmology | |
| | Qualified Ophthalmologist, trained vitreo Retinal and corneal surgeon | |
| | Optometry facility | |
| | Well equipped theatre facility | |
| 5 | ENT | |
| | Qualified ENT Surgeon | |
| | Well equipped theatre | |
| | Post-op with ventilator support | |
| | Audiology support, furnish the audiologist name, qualification and infrastructure available along with photograph of the equipment. | |

| No. | Specialty | Please Tick '√' |
|--------------------------------|--|-----------------|
| A. SURGICAL SPECIALTIES | | |
| 6 | Cardio-thoracic surgery | |
| | CT Surgeon | |
| | CT theatre facility | |
| | Cathlab | |
| | Cardiologist support | |
| | Post-op with ventilator support | |
| | ICCU | |
| | Other cardiac infrastructure | |
| 7 | Plastic Surgery | |
| | Qualified Plastic Surgeon with Mch in plastic surgery or other equivalent degree recognized by MCI | |
| | Well Equipped Theatre | |
| | SICU | |
| | Post-op with ventilator support | |
| | Trained Paramedics | |
| | Post-op rehab/ Physiotherapy support | |
| 8 | Neurosurgery | |
| | Qualified Neuro-Surgeon(M.Ch Neurosurgery /DNB Neurosurgery) | |
| | Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horse shoe, mayfield / sugita or equivalent frame). | |
| | Neuro ICU facility | |
| | Post-op with ventilator support | |
| | Step down ICU facility | |
| | Facilitation for round the clock MRI,CT and other support bio-chemical investigations | |
| 9 | Urology | |
| | Qualified urologist | |
| | Well equipped theatre with C-ARM | |
| | Endoscopic investigation support | |
| | Post-op with ventilator support | |
| | Esw lithotripsy equipment | |
| 10 | Pediatric Surgery | |
| | Qualified pediatric surgeon | |
| | Well equipped theatre | |
| | Pediatric and Neonatal ICU support | |
| | Post op with ventilator and pediatric resuscitator facility | |
| | Support services of pediatrician | |

| No. | Specialty | Please Tick '√' |
|-------------------------------|--|-----------------|
| 11 | Surgical Gastroenterology | |
| | Qualified Surgical Gastroenterologist | |
| | Well Equipped Theatre | |
| | Endoscope equipment | |
| | Post op with ventilator support | |
| | The hospital must have done at least 100 Endoscopic Surgeries | |
| | SICU | |
| B. MEDICAL SPECIALTIES | | |
| 1 | General Medicine | |
| | Qualified General Physician with post graduate degree in General Medicine or Equal | |
| | AMC with ventilator support | |
| 2 | Pediatrics | |
| | Qualified pediatrician | |
| | NICU & PICU fully equipped | |
| | Round the clock Pediatric / Emergency service room with Pediatrician | |
| | Pediatric resuscitation facility | |
| 3 | Cardiology | |
| | Qualified Cardiologist with DM or Equivalent Degree | |
| | ICU Facility with cardiac monitoring and ventilator support. | |
| | Hospital should facilitate Round the clock cardiologist services. | |
| | Availability of support specialty of General Physician, & Pediatrician | |
| 3a | Cardiac Interventions and Procedures | |
| | Qualified Cardiologist with experience in interventions and procedures | |
| | Fully equipped Cathlab Unit with qualified and trained Paramedics | |
| | Must have Backup CT Surgery Unit to perform Cardiac Surgeries | |
| | The hospital should have done at least 100 interventions | |
| 4 | Nephrology | |
| | Qualified Nephrologists with DM or Equivalent Degree | |
| | Haemodialysis facility | |
| | AMC and Physician Support. | |
| 5 | Medical-Gastro Enterology | |
| | Qualified Gastro Enterologist with DM or Equivalent Degree. | |
| | Endoscopy facility | |
| | AMC and Physician Support. | |
| | Center Must have done at least 100 Endoscopic Procedures | |

| No. | Specialty | Please Tick '√' |
|---|--|-----------------|
| 6 | Endocrinology | |
| | Qualified Endocrinologist with DM or Equivalent Degree. | |
| | AMC with ventilator and Physician Support. | |
| 7 | Neurology | |
| | Qualified Neurologist with DM or Equivalent Degree. | |
| | EEG, ENMG, Angio-CT facility for Neurological study. | |
| | Neuro ICU Facility with ventilator support. | |
| | Physician Support. | |
| 8 | Dermatology | |
| | Qualified Dermatologist with MD or Equivalent Degree. | |
| | AMC and Physician Support. | |
| 9 | Pulmonology | |
| | Qualified Pulmonologist | |
| | RICU facility | |
| | Spirometry and Bronchoscopy facility | |
| | Physician Support. | |
| 10 | Neonatal illnesses | |
| | NICU level II care for 3 patients:1 nursing staff. | |
| | Round the clock qualified Pediatrician with minimum MBBS, DCH degree. | |
| | 4 to 6 radiant warmers, pulse oxymetry for each warmer | |
| | Syringe pumps, central oxygen, suction facility and mother feeding area. | |
| 11 | Rheumatology | |
| | Qualified Rheumatologist | |
| | MICU Facility | |
| | Physician and Orthopaedic Support | |
| | Physiotherapy Support | |
| C.COMBINED SERVICES FOR CANCER THERAPY | | |
| 1 | Cancer | |
| | Services of qualified Medical Oncologist | |
| | Services of qualified Surgical Oncologist | |
| | Services of qualified Radiation Oncologist | |
| | Fully equipped Radiotherapy Unit | |
| | SICU | |

3. The hospital should have well equipped operation theatre with following equipment:

- Boyle's apparatus, Endoscopes, Monitor, Diathermy
- Laparoscopic Equipment if necessary as per the specialty treatment catered.
- Operating Microscope if necessary as per the specialty treatment catered.
- Suction apparatus, Pulse oxymeter
- Sterility unit and other equipment as per the specialties treatment available.

4. The hospital should have following fully equipped diagnostic facilities:

The hospital shall facilitate free diagnostic facilities including advance diagnostic tests in-house or either in the tied-up diagnostic centers, such as:

A. In house mandatory diagnostic facilities:

- Radiology: X-Ray, USG and ECG.
- Biochemistry, Micro biology & Serology, Haematology.

B. Advance diagnostic tests in house /tie-up:

- CT, MRI, ECHO, Pathology etc.,

5. The hospital shall have round the clock blood bank facility in house / tied up.
6. The hospital should have qualified anesthetist round the clock in house / on call.
7. The hospital shall ensure free OPD consultations to all the beneficiaries.
8. The hospital shall maintain complete record on day to day basis and shall provide records of the patients to Trust as and when it is required.
9. The hospital should have sufficient experienced specialists / super specialists in the specific identified fields (as per point no. 2) for which the hospital is empanelled.
10. The hospital shall have Yeshasvini Counter manned by dedicated hospital coordinator.
11. The hospital should have in house pharmacy and ambulance facility round the clock.
12. The hospital should have independent license for all the facilities.
13. The hospital shall provide free OPD consultations to all the beneficiaries.
14. The hospital shall provide cashless surgical treatment to all beneficiaries for the identified diseases.

