

## ORTHOPAEDIC SERVICES IN HOSPITAL

Minimum standards for Hospital	BASIC (General purpose)	ADVANCE	Remarks
<b>1 Scope</b>	Providing orthopaedics services ( example SDH, District Hospital, Private Hospital, Nursing Home etc)	Providing orthopaedics services (example Civil Hospital, regional Hospital, Nursing Home, Private Hospital of similar scope)	
<b>Services Provided</b>			
1.1.General purpose	Yes		
1.2.Single Speciality	Yes	yes	
1.3.Multispeciality	yes	Yes	
<b>2 Human resources</b>			
Med person incharge	MS /DNB GENERAL SURG or MS/ DNB/ Diploma ORTHOPAEDICS	MS/ DNB/Diploma ORTHOPAEDICS	
		also GENERAL SURGEON-2	
		MBBS-2	
visiting Orthopaedic consultant	or Yes	or Yes	
Duty Doctors	MBBS DOCTORS for round the clock cover from hospital pool	MBBS DOCTORS for round the clock cover from hospital pool	part of Hospital
<b>2.2 Nurses</b>			
Nursing head	1	1	M
General nurses	2	2	M
Trained Nurses for ICU/OT/HDU	Yes	Yes	M
2.3 Pharmacist	Yes	Yes	Mandatory-in inhouse pharmacy
<b>2.4 Para Medical staff</b>			
a. Lab Tech	Yes	Yes	M- if own lab
b. Xray Technician	Yes	Yes	M- if own ;
c. OT Technician	Yes	Yes	M

d. ECG Technician	Yes	Yes	D-own/outsourced
e. Dietitian	Yes	Yes	D
f. Physiotherapist	Yes	Yes	M
g. Psychologist	Yes	Yes	D
h. Medicosocial worker	Yes	Yes*	* M
2.5 others			
a. Policy Manpower/ posting/ rotation/ of medical and ALLIED HEALTH PROFESSIONAL	Yes	Yes	M
b. STANDARD PERTAINING TO PERSONAL RECORD KEEPING AND TRAINING	Yes	Yes	M
c. PAYMENT/ROSTER OF STAFF	Yes	Yes	M
d. OTHER REQUIREMENT LIKE PERIODIC HEALTH CHECK UPS,vaccination of staff in lab,bld bank,TLD badges	Yes	Yes	D
<b>3 Equipment</b>			
Therapeutic	Yes	Yes	M
Surgical	Yes	Yes	M
Diagnostic	Yes	Yes	M
Emergency	HAMMER, SPLINTS, KRAMMER WIRE,THOMAS SPLINT, PELVIC BINDER,SKIN TRACTION,CERVICAL COLLAR,SPINE BOARD	HAMMER,SPLINTS,KRAMMER WIRE, THOMAS SPLINT, PELVIC BINDER,SKIN TRACTION,CERVICAL COLLAR,SPINE BOARD	Also Refer documents on Hospital
Sterlizing	Yes	Yes	M

	Drugs,Medical devices and consumables	Yes	Yes	Also Refer documents on Hospital
	List of disposables	Yes	Yes	M
	Annual Maintenance records of equip	Yes	Yes	D
<b>4</b>	<b>Support Services</b>			
	4.1. Laboratory	Yes	Yes	own or Outsourced
	4.2. Imaging	Yes	Yes	Own/out sourced / Tie up
	4.3. Pharmacy	Yes	Yes	M-IN ADVANCE
	4.4. sterilization/CSSD	Yes	Yes	M
	4.5. Laundry/Kitchen	Yes	Yes	own or Outsourced
	4.6. Medical Gas/Manifold	Yes	Yes	M-IN ADVANCE
	4.7. Blood storage unit/blood Bank	Yes	Yes	M- own / outsourced / TIE UP
	4.8. Amb service	Yes	Yes	M-own/ outsourced / TIE UP

**M- Mandatory**

**D- Desirable**