

**SUMMER TRAINING at
SHALBY HOSPITAL, JAIPUR**

From (10th MAY 2021- 2nd JULY 2021)

**A Report by
NIDHI JADHO**

**MBA IN HOSPITAL AND HEALTHCARE MANAGEMENT
2020-22**

**TO ASSESS THE COMPLIANCES OF MANDATORY LICENSES REQUIRED IN
NON- CLINICAL DEPARTMENT**

UNDER THE GUIDANCE OF

Dr. MONIKA CHAUDHARY





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TO WHOMSOEVER IT MAY CONCERN

Ref. No: SHACD/IN21-22/348

Date: 03.07.2021

This is to certify that **Nidhi Jadho** has undergone an Internship in the
"Department of Non Clinical Operations" from 10th May 2021 to 10th July 2021
at Shalby Hospitals, Jaipur.

During this period she exhibited a high level of professionalism and a
tremendous zest for learning.

We would like to thank her sincere efforts during Covide-19 Period.

We wish **Nidhi Jadho** all the best in her future endeavors.

With Best wishes,



Babu Thomas
(Chief Human Resource Officer)

ACKNOWLEDGEMENT

I owe a great debt to all the professionals at IIHMR UNIVERSITY and SHALBY HOSPITAL, JAIPUR for giving me this opportunity of summer training, words may be inadequate to express my heartfelt gratitude to everyone who have contributed their time, energy, and intellect to the successful completion of my project. It gives me great pleasure to provide this report. Firstly I would like to thank my college mentor Dr Monika Chaudhary for making me understand different principles and different judgement variables associated with my report that made this project works a success.

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I am extremely grateful to Mr Surjo Halder, Assistant Manager Non-Clinical Operation Shalby Hospital, Jaipur for solving all my queries related to my project and encouraging me throughout my Internship and showing his relentless support and helping me by giving his valuable suggestions.

I would also like to thanks my parents who have showed their immense trust in me and has allowed me to do my Internship during this global pandemic and my friends and fellow IIHMR-Ian's Dr Akash Mahanta, and Manshu Butta for boosting up my confidence and helping me out throughout this beautiful journey and I will always be indebted to them for their support.

Sincerely,
NIDHI JADHO
MBA HHM
2020-2022
Roll no – 1144

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ABBREVIATIONS

ABBREVIATIONS USED:

Government	Govt.
No Objection Certificate	NOC
Non Compliance	NC
Bio Medical Waste	BMW
Department	Dept.
Diesel Generator	DG
Food and Beverages	F&B
Extra Neutral Alcohol	ENA
Chief Medical and Health Officer	CMHO
Memorandum of Understanding	MOU
Intensive Care Unit	ICU
Central Ground Water Authority	CGWA
Health Care Facilities	HCF
Permanent Account Number	PAN
Rajasthan State Pollution Control Board	RSPCB
Ministry of health & family welfare	MoHFW
Central Pollution Control Board	CPCB
Out Patient Department	OPD
In Patient Department	IPD
Jaipur Development Authority	JDA
National Building Code	NBC

ORGANIZATION LEARNING



Shalby hospital Jaipur runs a chain of multispecialty hospitals across India. Shalby is recognized as a multispecialty tertiary hospital chain in the Indian healthcare industry. Shalby-Jaipur is 250 bedded hospital along with 139 well-appointed patient rooms. It is dedicated towards providing quality services and treatments to patients, timely and at a reasonable cost. It has accomplished the significant accreditation from NABH and certification from NABL.

It also has the CQI certified professionals working round the clock, providing quality services to patients.

MISSION, VISION, VALUE OF SHALBY



"Leveraging global leadership in Joint replacement to establish multi-specialty care across geographies."



"Exceeding expectation from health."



"Shalby value each and every human life placed in our hands and constantly work towards meeting the expectations of our customers and stakeholders by raising the standards of our service deliveries, every time."

FLOOR DIRECTORY OF THE HOSPITAL

BASEMENT 1	Emergency ward	Radiology	Linen store	House keeping	Hazardous material store			
BASEMENT 2	IP Pharmacy	Mortuary	MRD	Pathology	Home care reception			
BASEMENT 3	Linac room	TPS	STP	Brachytherapy	Pump room/softener plant			
GROUND FLOOR	Reception	OPD	OP Pharmacy	Admission/Billing	Cafeteria	TPA	BMW ROOM	Security
FIRST FLOOR	OPD	Dialysis	Waiting area	ECHO ROOM	ECG	OPD billing		
SECOND FLOOR	MICU	Isolation room	labour room/OT	Doctor's Lounge				
THIRD FLOOR	SICU	CTVS	Cath Lab	OT/OT Pharmacy	PICU	NICU		
FOURTH FLOOR	Premier rooms	Double – bed room	General Ward					
FIFTH FLOOR	Premier rooms	Double – bed rooms	General Ward					
SIXTH FLOOR	Premier rooms	Double – bed rooms	General Ward					
SEVENTH FLOOR	Administrative block	Clinical research room						
EIGHT FLOOR	Suite room	Premier rooms	Twin sharing room	General Ward				
NINTH FLOOR	Suite room	Premier rooms	Twin sharing room	General Ward				
TERRACE	Chiller Plant	RO Storage tank	Dialysis Storage tank	Lift Machine Room				

In my course of summer training I was allotted the department of Non-Clinical operations under which I studied the working of some of the non-clinical departments.

A non-clinical department comprises of the following:

1. Front Office
2. Financial Counselling
3. Cafeteria or F&B
4. Linen
5. Housekeeping
6. Maintenance
7. BMW

8. Security
9. Ambulance
10. Pharmacy
11. PRO's
12. Biomedical Engineering
13. Dietician
14. Quality
15. Fire

FRONT OFFICE –

There is a famous saying that “Customers are Kings, and Kings are never left unattended” in the same way for a hospital Patients are the King and to understand their queries proper guidance is needed which is given by the Front Desk Workers they are the Eye of n Hospital a very vital role is played by them.

The Front Office workers of Shalby Hospital or the Shalby employees works on SRIT Software, first the patient come for the admission then the front desk worker asks them if they are already registered or not if they tell that they are coming for the first time then they enroll them for a new registration before that they send them to Counselling Dept. where the Counsellor tells them the financial estimation cost of the treatment.

The patient can come in the hospital in 3 ways:

1. Emergency Ward
2. OPD
3. IPD
4. Through a phone call

The patient coming through Emergency Ward are usually critical patient and they are treated first of their critical condition like Heart attack or accidents etc., the patient coming for OPD's usually comes for Consultation and the IPD patients are the one who stays long in a hospital for their treatment which includes surgeries or transplants etc.

OPD Patients Counselling is not done, it is basically done for the IPD patients and Emergency patients.

When the patient comes through Emergency Ward he comes by consulting a doctor on a phone call then his vitals are taken then they connect them to the Counsellor he tells them all the Finance related queries. There is also a co-ordinator who guides the patient who have no relatives of his own after that he is handed over to a doctor for further treatment.

The front office looks for the following dept. Stationary, feedback, Cash ,(In Shalby Vikram Shah's schedule), packages , discount , service creation, department related services, health check-up co-ordination, Daily OPD report (Dr's OPD, IPD Occupancy, Total all over Investigation, Conversion report of OPD TO IPD, Patient refund approval form.

Also during the registration of a new employee health check-up is also done which is known as Pre Employment Medical Check-up Form which includes X ray, Blood test, Diabetes, Urine test, ECG, Physician Consultation.

When the financial Counselling is done for the patient a Counselling sheet is generated which consist of all the charges which is required for the treatment then this counselling sheet is submitted at the reception and after that the patient is registered and MRN is generated so that the patient history can be recorded for any reference in the future patient or attendant pays by cash or UPI then a slip is generated.

In the admission form following things are mentioned:

- Name
- Date of birth
- Marital Status
- Mobile no
- Fathers' name/ Spouse Name
- Temporary address/ Permanent address
- Pin code, Country, Email id
- Occupation
- Type of Medical Care
- Admission deposit, Room type, Doctor's details
- General Consent
- Patients right and responsibilities
- General guidelines on Do's & Dont's

There are 2 receptions in Shalby, first is present at the Ground floor and the second reception is present at the First floor in the Basement near the Emergency Ward an additional desk is present for the collection of investigatory reports. A total of 10 -15 people works in the front office in which one is the co-ordinator and the front office is headed by Kiran Mam who reports to an Operations head Mrs. Reena Yadav.

Suggestions-

There is a need for patient ID card in the Hospital as it will become more convenient for the patient and the front desk worker during the time of registration.



FINANCIAL COUNSELLING:

Different types of patient's come in the Hospital like IPD, Day Care also they have different categories like they can be covered by an Health Insurance, State Govt. (PSU), Govt. schemes, Self-Cash.

According to the Patients category Financial Counselling is given.

Charges differ as per the patient falls under a category.

There are basically three types of surgeries:

- Package Surgery- Chemotherapy, Dialysis etc.
- Non- Package Surgery – Diarrhoea
- Level Surgery – It is suggested by the doctor which surgery has to be done.

The work of the Financial is to tell the patient or attendant the estimated budget about their treatment which includes:

1. Surgery charges- Surgeon fees, Assistant surgeon fees, Anaesthesia fees, standby doctor fees, visiting fees.
2. OT charges
3. Equipment charges for different equipment used like Lazer/Holmium, Craniotomy, Laproscope, Cystoscope, Endoscope, Ventilator, CPAP/BIPAP, other consumables, PPE, masks, gloves as per the case, higher medicines, Investigations.
4. Medicine, Surgical Disposables
5. Implant charges
6. Lab Charges
7. Blood and Blood Product Charges
8. Radiology Charges'
9. Recommended ICU Stay
10. Recommended Room Stay
11. Nursing care charges
12. IP Admission charges
13. Advance Deposit
14. Total Charges

This is a rough estimation by the Counselling dept. which is given to the patient so that he can decide whether he can afford all the expenses or not after that the Insurance patient is sent to the TPA (THIRD PARTY AUTHORIZATION) dept. so that they can get an idea about the benefit provided by their Insurance Company and the TPA explains them about the expenses which is bear by the Insurance Company on behalf of what kind of Insurance Package has been taken up by the patient. After taking the consent of the patient the counselling sheet is sent back to the Front office for further registration.

- TPA & BILLING doesn't come under Non- Clinical Operations.

Also the Counselling Dept. keeps that in mind that a patient bill is not due above the range of Rs 30,000 if this range exceeds then the higher authorities of the Hospital come in action.

Suggestions-

I think there is a lack of communications skills in the dept. which results in inappropriate understanding of the financial estimation by the patient due to which useless nuisance is created around the Hospital.



FOOD AND BEVERAGES:

The F&B services in the Hospital is outsourced and is handled by Shri Uday Dev and they run the Cafeteria of Shalby under which all the staff is provided by them with a man power of approx. 23 people which includes 1 Dieticians and 2 Chefs.

Various kinds of ticket are generated the colour coding are according to the patient like the pink ticket is used for normal diet, blue is used for diabetic patient and yellow is used for renal patient.

The Dietician makes the diet according to the patient and in co-ordination with the consulting doctor.

There are 4 Steward, 2 supervisor, 1 PRO, 1 Dietician, 1 Order taker, 2 utility, 1 cahier, 1 Store in charge in the dept. and the Manager in the F&B department is an employee of Shalby Hospital Mr. Vikas Chaudhary.

On a daily basis pest control is done and deep cleansing is done on every Sunday. Suma tablets are used for the cleaning of kitchen for 20l of water 1 tablet of Suma is used for disinfection and for every 5l of water 1 tablet of Suma is used for the cleaning of food counters.

1 % Hypochlorite solution is used for the cleaning of outer cafeteria for every 9l of water 1% hypochlorite solution is used.

On a daily basis 15-16 kg of wheat is used, 8 kg of rice is used this consumption is for approx. 80 patients.

For the grocery items Shalby has a fixed vendor named as Aviral through which all the grocery items come.

The room temperature for the F&B store should be maintained at 21°C. And for the Refrigerator it should be 8°C.

Various type of Checklist are maintained by the dept. which are as follows:

- Checklist for freezer temperature- Which is filled by kitchen supervisor and checked by Steward/cook/chef in morning, afternoon, evening, night and is reviewed by Unit manager.
- Training attendant sheet- Which is for the staff
- Checklist for Dry store temperature record- Which is filled by kitchen supervisor and checked by Steward/cook/chef in morning, afternoon, evening, night and is reviewed by Unit manager.
- Checklist for drinking water tank- Which is filled by kitchen supervisor in which task completed and staff sign is present.
- Checklist for food trolley cleaning- Which is filled by kitchen supervisor the cleaning which is checked under it is of inside, outside, wheels, handle then there is signature of the respective staff and supervisor.
- Daily Wastage report which is filled by Unit Manager under which certain things comes Std grammage of the food, std costing, production weight(in gms),consumption on weight, wastage value, consumption value, total food cost which is then signed by Chef and Hospital Manager.
- Liquid Diet Sheet – To be filled by Kitchen supervisor
- Checklist for RT Feed Quality check.
- Daily food tasting record- to be filled by Dietician in which she checks the taste, aroma, texture, garnish, temperature of the food.
- Equipment status checklist – to be filled by kitchen supervisor in the Morning and evening which includes Bain-Marie(patient) & (Cafeteria), microwave, freeze, exhaust hoods, patient food trollies, fly catcher , hot plates/tawa, cooking ranges, burners, kitchen racks, wet pulveriser grinder, idli steamer and any gas leakages.
- Kitchen Cleaning Checklist Record - to be filled by kitchen supervisor in morning, afternoon, evening, night in which they check if the storage containers and cabinets are cleaned or not, walls, floors, filters of exhaust hoods are cleaned or not, all the work tables and equipment's are cleaned and sanitized.
- Checklist for Visitor's Canteen- to be filled by kitchen supervisor in morning, afternoon, evening, night in which they check if the Bain Marie is clean without food particles, area under the BM is cleaned, floor , walls and ceilings are cleaned or not, table tops are wiped and sanitized, hot case/cold case/display counters are cleaned or not.

- Cleaning checklist for Pot wash - to be filled by kitchen supervisor in morning, afternoon, evening, night in which they check walls, floor and drains are cleaned, D/W trays descaled and cleaned, cleaning & sanitization of sinks and utensils, dustbin emptied, cleaned & sanitized, food prep equipment, dishes, utensils, food trolley, & Bain Marie cleaned, sanitized and stored properly and all the items are air dried or not.

So, this is how F&B works in Shalby Hospital by following the various checklist.

Suggestions:

There is lot of space problem in the Cafeteria even there is no segregation in the sitting arrangement for the staff and patient attendant due to which there is high chances of spread of infection.



**A STUDY ON COMPLIANCE OF LICENSES REQUIRED IN
NON CLINICAL DEPARTMENT**

INTRODUCTION –

India, being a developing country, has a critical shortage of medical and healthcare facilities. Senior doctors and businesses who want to engage in the medical profession should come forward to help India develop more hospitals. To open a hospital in India, however, specific licenses and permits are required. Although a hospital is more than a simple structure with doctors, nurses, medical instruments, operating rooms, and intensive care units, it must meet certain legal standards when creating this system. As a result, everyone considering opening a hospital should complete legal procedures and register their firm on a specialized platform. To open a hospital in India, certain licenses and approvals are required. It is preferable to follow the rules in order to avoid legal issues in the future. Government and private hospitals are the two most common types of hospitals. Hospitals can also be general, specialty, or multispecialty. The following are the Non-Clinical Department Licenses that must be considered and implemented when establishing a private hospital in India. In today's regulatory environment, starting a private practice as a health care service provider, whether it's a small clinic, an individual practice, diagnostic services, a single specialty hospital, or a multi-specialty hospital, is fraught with license and compliance requirements. As a preliminary step, you must get familiar with the numerous legal requirements before opening a clinic or hospital.

DISCLAIMER – The requirements for compliance may vary depending on the services offered by a Hospital.

LITERATURE REVIEW –

A license is an official government or constitutional authority's permission to do something, or a permit to use or own something; it is essentially the written form of the permission issued. A license is provided by one party to another as part of a contract between the two parties. In the event of a government-issued license, the license is obtained by filling out an application. It is by a specific agreement, usually in writing, in the event of a private party (such as a lease or other contract). In India, the component states and territories are responsible for providing a universal healthcare system. Noncompliance with the law may result in retribution in the form of a regulatory fine or jail issued by the appropriate authorities.

“A hospital administrator must be conscious of the licenses that are vital and ensure that they are renewed on a regular basis. Periodic reports and returns must be used as a legal obligation, he must be aware of the reports and returns that are required by various agencies on a regular basis. Regulatory compliance in healthcare refers to a healthcare organization's compliance with applicable laws, regulations, guidelines, and specifications. Regulatory compliance violations frequently result in legal penalties, including federal fines. It is the ongoing process of adhering to or exceeding the applicable legal, ethical, and professional standards.”

AIM – To assess the compliances of license required in non-clinical dept.

OBJECTIVES –

- To understand which licenses are required to establish a hospital?
- To understand what are the compliances under a licenses.
- To understand what are the mandatory requirements to get a license for Non-Clinical Department.

METHODOLOGY – A descriptive qualitative study using secondary data for licenses in non- clinical Dept. was carried out in Shalby Hospital Jaipur under the guidance of Deputy CAO for a period of one month who also heads for all the validation of Licenses whether it's clinical or non-clinical. Under his guidance it was understood what are the different licenses which are required in a non-clinical dept. All dept. were physically visited and crossed checked for all the compliances with the respective Head of the Dept. through which it was understood that each and every compliances are followed up and properly maintained and which are the additional compliances that need to get followed up.

LIST OF LICENSES AND STATUTORY OBLIGATIONS:

Below are the list of all Licenses which are issued to the Hospital according to the scope of services provided by them after completion of Compliances required by the authorities.

Air Act of 1981	CEA Act, 1944
Arms Act, 1950	Central Sales Tax Act, 1956
Atomic Energy Regulatory Board approvals	, 1920
Bio-Medical Waste Management Handling Rules, 1998	Citizenship Act, 1955
Building Permit (from the Municipality concerned)	Constitution of India, 1950

Contract Act, 1982	Act of Environment Protection, 1986
Customs Act, 1962	Act of Equal Remuneration, 1976
Dentist Regulations, 1976	ESI Act, 1948
Drugs and Cosmetics Act, 1940	Excise permit (to store spirit)
Electricity Act, 1998	Explosives Act, 1884
Electricity Rules, 1956	Fatal Accidents Act, 1855
Employees' Provident Fund Act, 1952	Guardians and Wards Act, 1890
Employment Exchange Act, 1969	Hire Purchase Act, 1972
ITA, 1961	Insurance Act, 1938
IT PAN (under IT Act, 1961)	Lepers Act, 1898
Indian Lunacy Act, 1912	License for the Blood Bank
IMC Act and Code of Medical Ethics, 1956	Indian Penal Code, 1860
INC Act, 1947	Maternity Benefit Act, 1961
National holidays under shops and Establishment Act, 1947	Negotiable Instruments Act, 1881
IPC, 1860	Minimum Wages Act, 1948
Indian Trade Union Act, 1926	MTP Act, 1971
Indian Disputes Act, 1947	Narcotic Drugs and Psychotropic Substances Act, 1985

Insecticides Act, 1968	National Building Code
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NOC from the Chief Fire Officer	NOC under the Environment (Protection) Act, 1986
Payment of Bonus Act, 1965	Payment of Gratuity Act, 1972
Payment of Wages Act. 1936	Permit to operate lifts under the Lifts and Escalators Act, 1995
Persons with Disability Act, 1995	Pharmacy Act, 1948
PNDT Act, 1996	PPF Act, 1968
Prevention of Food Adulteration Act, 1954	Protection of Human Rights Act, 1993
Radiation Protection Certificate from BARC for all X-ray and CT Scanners	Registration of Births and Deaths Act, 1969
Retail Drug License	Sale of Goods Act, 1930
Sales Tax Act, 1956	Sales Tax Registration Certificate
SC and ST Act, 1989	Society Registration Act, 1860
Tax Deducted at Source Act (TIN)	Transplantation of Human Organs Act, 1994
Urban Land Act, 1976	Vehicle Registration Certificate
Wireless Operation Certificate from the Indian Post & Telegraphs Dept.)	Workers' Compensation Act, 1923

(NOTE: All the above mentioned Acts / Certificates may not be applicable to all States and the hospitals)

- Apart from all the Licenses mentioned above these are the Licenses which are issued to Shalby Hospital, Jaipur according to the services provided by them in Non-Medical dept.

LICENSE/CERTIFICATE	ISSUING AUTHORITY	SOURCE OF DATA COLLECTION
Registration under Clinical Establishment Act	CMHO	https://rajasthan.gov.in/
Registration under Shops and Establishments Act	Dept. of Labour	https://labour.rajasthan.gov.in/
Bio-Medical Waste Management	RSPCB	https://environment.rajasthan.gov.in/

Consent under the act of Water Prevention and Pollution Control	RSPCB	https://environment.rajasthan.gov.in/
Consent under the act of Air Prevention and Pollution Control	RSPCB	https://environment.rajasthan.gov.in/
Authorization under the Management handling rules of 1989 for the Hazardous Wastes.	RSPCB	https://environment.rajasthan.gov.in/
Employee Provident Fund	Dept. of Labour	https://www.epfindia.gov.in/
PAN		
Fire (NOC)	Municipal Corporation Fire Station, Nagar Nigam	https://urban.rajasthan.gov.in/
Canteen / F&B License	FSSAI	https://www.fssai.gov.in/
Rectified Spirit and ENA	District Excise Officer	https://rajexcise.gov.in/
DG License	Energy Dept.	https://energy.rajasthan.gov.in/
NOC for Height Clearance	Airport Authority of India	https://nocas2.aai.aero/



Here are the Compliances of some of the Licenses which comes under Non-Medical dept.

 Represents Vital Compliances

 Represents Essential Compliances

 Represents Desirable Compliance

CLINICAL ESTABLISHMENT ACT COMPLIANCES

“In 2010 Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribe the minimum standards of facilities and services provided by them.

This Act is applicable to all kinds of clinical establishments from the public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception will be establishments run by the Armed forces.”



LEGAL DOCUMENTS REQUIREMENT:

“Registration under Nursing Home Act/ Medical Establishment Act
Bio-medical Waste Management Licenses Authorization of HCO by PCB, MOU with Vendor
AERB Licenses Type approval Layout Approval License for CT interventional/ Registration for other machines

NOC from Fire Department
 Ambulance Commercial Vehicle Permit
 Commercial Driver License Clinical Establishment Act Standards for Hospital (LEVEL 3)
 CEA/Hospital Pollution Control Licenses
 Building Completion Licenses
 Lift licenses for each lift
 DG Set Approval for Commissioning
 Diesel Storage Licenses
 Retail and bulk drug license (pharmacy)
 Food Safety License
 Narcotic Drug Licenses
 Medical Gases Licenses/ Explosives Act Clinical Establishments and Registration (if applicable)
 Blood Bank Licenses
 Boilers Licenses
 MOU / agreement with outsourced human resource agencies as per labour laws
 Spirit License
 Electricity rules”

COMPLIANCES

*Requirement will depend on the scope of the services provided by a hospital.

Clinical establishment act is the foremost and essential act and there should be no compromise for the compliances of this act.

Each patient shall undergo an initial assessment by qualified and/or trained Personnel.	The minimum medical records to be maintained and nature of information to be provided by the Hospitals shall be as prescribed in CG 2 Annexes as per Section 12 (1) (iii) of this Act	Nurse call system for each bed.
In ICU, 1 MBBS for every 6 beds , on- site for 24X7	The ambulance service shall be in-house and shall comply with the applicable local laws.	Basic diagnostic equipment- Blood Pressure Apparatus, Stethoscope, weighing machine, thermometer
Qualified nurses per unit per shift shall be available as per requirement laid down by “The Indian Nursing Council, 1985”.	Waste management guidelines shall be followed in the case of Mercury & other toxic materials as per applicable local laws.	All necessary equipment such as shadow-less light, Boyle’s apparatus shall be available and in working condition.

The ward should have designated areas for nursing station, doctors' duty room, store, clean and dirty utility, janitor room, toilets and this shall be provided from circulation area.	Prescription shall include name of the patient, date, name of medication, dosage, route, frequency, duration, name, signature and registration number of the medical practitioner in legible writing	
Safety Hazard and Caution signs, for e.g. hazards from electrical shock, inflammable articles, radiation etc. at appropriate places, and as Applicable under law.	Safe injection practices shall be followed as per WHO guidelines	
Space at the head end of bed shall be 0.25 meters.	The laboratory area shall be appropriate for activities including test analysis, washing, biomedical waste storage and ancillary services like Storage of records, reagents, consumables, stationary etc. eating area for staff.	
Adequate multi-sockets with 5 ampere and 15 ampere sockets and/or as per requirement to be provided for each bed.	Resuscitation equipment including Laryngoscope, endotracheal tubes, suction equipment, xylocaine spray, oropharyngeal and nasopharyngeal airways, Ambu Bag- Adult & Pediatric (neonatal if indicated)	
The operation theatre complex shall have appropriate zoning - Sterile area, Clean zone, Protective zone, Dirty area		

PENALTIES:

- Without a license, no one can operate a medical facility. If it is operated deprived of registering, a monetary fine will be applied.
- The first offence is punishable by a fine of up to 10,000 rupees.
- The second offence is punishable by a fine of up to 50,000 rupees.
- Any consequent violation -may extend to 5, 00,000 rupees.
- If a clinical formation fails to pay fines, the land revenue will be repossessed. District management may decide to close the clinical facility.

WATER, AIR, HAZARDOUS WASTE, BMW

DOCUMENTS REQUIRED:

“Id and Address Proof of the authorized person.
Pan card, in case the unit is Partnership/Company.
Authorization letter. (Not required in case of Sole Proprietorship).
Proof of registration of the Unit
CA Letter for total project cost
Site Plan Layout.
FSSAI Certificate for food businesses
Electricity bill and Utility Bill.
Compliance report of NOC.
Completion Certificate of Effluent Treatment Plant or Add-on Pollution Control.
Satellite imagery of the project/industry site.
In case of extension or renewal, Environmental Statement is required.”

BMW Rules 1998, Water and Air Prevention Act and Hazardous Waste i.e. 1974 & 1981,1989 should be followed	The non-chlorinated bags, gloves and blood bags use must be phased out within 2 years from date of notification.	Two bore well should be there.
Consent to establish (let's call it CTE) will have to be obtained prior to commencement of construction	Hospital bar-code system establish within 1 year of establishment.	▪ Total suspended solid – Not to exceed 100mg/l ▪ Oil & grease – Not to exceed 10mg/l ▪ Biochemical oxygen demand – Not to exceed 30mg/l
Annual Report should be submitted before 30 th June.	Hospital built up area 17860 sq.	The ingress of this place must be labelled with “Entry for Authorized Personal Only” and Logo of BMW Hazard.
Consent to operate must be obtained and this CTO is usually effective for a period of 5 years	HCF shall inform the State Board immediately after commission and regular operation of STP & ETP, so that sampling may be carried out.	The autoclave machine used for the fumigation of waste blood bags, and microbiology waste, including the vials containing vaccine / positive controls must be devoted for treatment of BMW only.

After classification of the area by CTP/STP/DTP the hospital must be established in the areas within the Municipal limit of a Town/City.	Hospital shall maintain record of collection, Segregation, Treatment of BMW to CBWTFD submitted to HO & Regional office quarterly.	
NOC FROM CGWA	Water Cess returns	
NOC OF E-Waste	STP Capacity = 150 KLD	
According to the JDA – Incinerator, Autoclave, Shredder, Effluent Treatment Plant and Chemical Disinfection Unit	223 KLD (fresh water & treated water 104 KLD)	
The collection, reception, treatment, storage, transportation and disposal of BMW should be done according to RSPCB.		

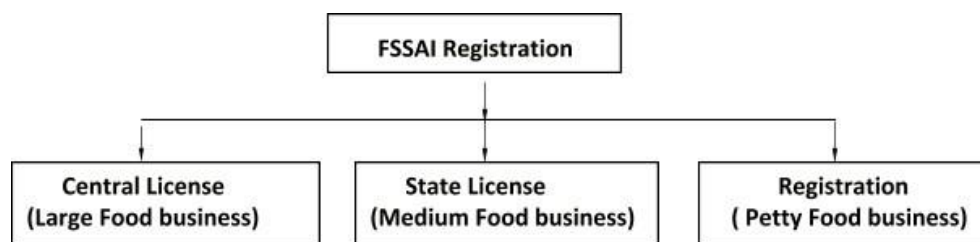
PENALTIES:

“According to Rule 25(2) of the Hazardous Waste (Management, Handling, and Transboundary Movement) Rules, 2008, if any sections of the State Pollution Control Board's rules are violated, the occupier and operator shall pay the financial penalties imposed. According to Section 15 of the 1986 Environment (Protection) Act, The Environment (Protection) Act, 1986, establishes a punishment for violating any of the Act's provisions, as well as the Rules, directives, and directions made thereunder. For imprisonment for the term of 6 months which further may extend to 5 years or, with fine which may extend to one lakh rupees, or with both. If the contravention continues, a further punishment of Rs. 5,000 shall be imposed for each day that the failure or contravention continues after the first conviction.”



FSSAI LICENSE F&B:

The License for kitchen permit in the hospital is issued under MoHFW dept. of food safety and std. authority of India under which a hospital must uphold important kitchen std. and endow hygienic services to the patients admitted in the hospital.



LEGAL DOCUMENTS REQUIRED

“Form B duly completed and signed
 Plan of the processing unit showing the dimensions and operation-wise area allocation
 List of Directors/ Partners/ Proprietor with address, contact details, and photo ID
 Name and list of equipment and machinery used with the number and installed capacity
 List of food category to be manufactured
 Authority letter from manufacturer nominated a responsible person name and address
 Analysis report of water to be used in the process to confirm the portability
 Proof of possession of premises
 Partnership deed/ affidavit of proprietorship
 NOC and copy of License from the manufacturer
 Copy of certificate obtained under Coop Act 1861/Multi state Coop Act 2002
 Food safety management system plan or certificate”

License that is granted under Form C must be displayed at prominent place of the premises all the time.	The temp. should be maintained throughout the supply chain from the place of procurement or sourcing till it reaches the end consumer including chilling, transportation, storage etc.	There should be Periodic audit as per SOP to check compliance.
One technical person should be employed to supervise the production process.	The manufacturer must purchase and retail food products only from the licensed and registered vendors and maintain the Record for it.	There should be preventive maintenance of machinery items as per the manufacturers' instructions.
Periodic annual return furnishing must be done from 1st April to 31st May Of each year.	For the raw material, ingredients, finished products FIFO norms must Be followed.	Alternatively and regular testing must be done from an accredited lab.
There should be no product other than the product specified in the license registration which is produced in the unit.	Detailed SOP must be developed for proper management	
There should be no product other than the product specified in the license Registration which is sold in the unit.	A display board stating dos and don'ts must be displayed in the kitchen.	

PENALTIES:

- Food quality not in compliance with act-2 Lakh Petty manufacturer – 25,000/-
- Sub-standard food-5 Lakh
- Misbranded Food-3 Lakh
- Misleading advertisement or false description-10 Lakh
- Extraneous matter in food-1 Lakh
- Failure to comply with Food safety officer direction-2 Lakh
- Unhygienic processing or manufacture-1 Lakh

FIRE:

“According to the part 4 of NBC of India - 2005 on ‘Fire & Life Safety’ which covers the requirements for fire prevention & life safety in relation to fire and fire protection of buildings. This code specifies the construction, occupancy and protection features that are necessary to diminish the risk of life and property from fire. The fire department does not

Charge any fees for issuing Fire NOC with a view to ensure safety to the public. The department normally takes around **25-30 days** to issue fire NOC if all the information along with the requisite documents provided by the applicant is correct.”

LEGAL DOCUMENTS REQUIRED

“Site Plan

Basement Floor Plan

Stilt/Ground Floor Plan

Floor-wise plan

Terrace plan.

Section plan

Elevation plan

Complete Detail of Building

Photo of the fire system in working condition.

Sanction of Building Plan.

Fire Consultant Certificate

And if any other supporting records related to the above documents.”

Doors leading directly outside the building for emergency exit.	According to the NBC guidelines adequate fire detection system must be present across the Hospital I.e. smoke & Fire sensors.	NOC for the fire should be renewed every year.
Ramps, Horizontal exits; and Fire tower should be present.	According to the NBC guidelines satisfactory amount of firefighting system must be installed across the Hospital i.e. sprinklers, extinguishers, hydrants.	Code announcement should be done at the time of fire related emergency.
There should be enough space in patient lifts for transporting a stretcher trolley.	The monitoring of central fire alarm system should be done 24 X 7.	The width of the corridor doors which are opening in smoke barriers should not be less than 200mm
Any area which is exceeding the limit of 500 m2 must be divided into compartments by fire resistant walls. The fire signages used should be bilingual with one local language and visible.	Mock drills should be conducted and proper maintenance of the records must be kept.	There should be appropriate fire dampers for HVAC system from preventing the spread of fire that should function properly in case of fire. These fire dampers testing must have a regular preventive maintenance Schedule.
Flammable material/items such as chloroform, ethyl alcohol, spirit, etc. should be	There should be regular preventive maintenance schedule for the fire	There should be proper ventilation for UPS and

Stored in minimum quantities.	Extinguishers and stickers should be put on it showing the date of checking and the next scheduled date for checking.	Equipment rooms for avoiding overheating.
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PENALTIES:

In case of delay in renewal of NOC, the below mentioned charges should be levied-

- In case of delay, a fine of Rs 5000 has to be paid.
- In case of delay of renewal of license, a fine of Rs 5000 per day has to be paid.
- In case of any kind of NC, building can be shut done by the Municipal Corporation.
- For the convenience of the Hospital Shalby has made its own Legal Tracker through which it can keep a check on the validity of a license and can avoid unnecessary penalties or fines. Below is the list of all the Licenses which Shalby holds with their validity.



LEGAL TRACKER OF SHALBY HOSPITAL:

LEGAL TRACKER	License/ registration/ certificate Number	Issuing Authority with either website address or post address	Date of Issue (dd/mm/yy yy)	Valid up to (dd/mm/yy yy)
License/Certificate (dd/mm/yyyy)				
	Gen/AF/- (95)2/2020/282	CMHO	06-08-2020	05-08-2021
(dd/mm/yyyy)	SCA/2017/14/14023 3	Department of Labour	01-01-2021	31-12-2023
General	F(BMW)/JAIPUR(J aipur)124(1)/2017- 2018/1277-1279	Rajasthan State Pollution Control Board	19-05-2017	30-04-2022
Registration under Clinical Establishment Act (or equivalent state act)	F(BMW)/JAIPUR(J aipur)124(1)/2017- 2018/1274-1276	Rajasthan State Pollution Control Board	19-05-2017	30-04-2022
Registration under Shops and Establishments Act	F(BMW)/JAIPUR(J aipur)124(1)/2017- 2018/1274-1276	Rajasthan State Pollution Control Board	19-05-2017	30-04-2022
BMW Management and Handling Authorization from Pollution Control Board	F(BMW)/JAIPUR(J aipur)124(1)/2017- 2018/1277-1279	Rajasthan State Pollution Control Board	19-05-2017	30-04-2022
Consent under the act of Water Prevention and Pollution Control				
Consent under the act of Air Prevention and Pollution Control				
Authorization under the management handling rules of 1989 for the Hazardous Wastes.	AAICS5593B			
Employee Provident Fund				
Employee State Insurance	F-132	Chief Medical & Health Officer Jaipur	21-06-2017	Life time
PAN	FA9/AF/JNN/20/360 0	Municipal Corporation Fire Station, Nagar Nigam, Jaipur	03-07-2020	02-07-2021
Clinical departments:	JVP/SS/BPC/2017/d 2524	JDA	14-11-2017	Lifetime
License for MTP				

Fire (NOC)	CM&HO-I/PCPNDT Act/558	CMHO	10.04.2017	09.04.2022
Building Occupancy / Completion Certificate	17-LOP-186980	Atomic Energy Regulatory Board	19-05-2017	19-05-2022
Radiology:	17-LOP-207729	Atomic Energy Regulatory Board	14-08-2017	14-08-2022
PC-PNDT Act Registration	17-LOP-183104	Atomic Energy Regulatory Board	01-05-2017	01-05-2022
AERB Consent for Fixed X-Ray	17-LOP-214921	Atomic Energy Regulatory Board	15-09-2017	15-09-2022
AERB Consent for Mobile X-Ray	17-LOP-206141	Atomic Energy Regulatory Board	07-08-2017	07-08-2022
AERB Consent for Mobile X-Ray	17-LOP-200143	Atomic Energy Regulatory Board	14-07-2017	14-07-2022
AERB Consent for Dental X-Ray (Intra Oral)	17-LOP-187116	Atomic Energy Regulatory Board	19-05-2017	19-05-2022
AERB Consent for CT Scan	17-LOP-197955	Atomic Energy Regulatory Board	07-07-2017	07-07-2022
AERB Consent for Mammography	17-LOP-206736	Atomic Energy Regulatory Board	09-08-2017	09-08-2022
AERB Consent for C-Arm	16-SLA-143487	Atomic Energy Regulatory Board	15-11-2016	Life time
AERB Consent for C-Arm	18-LIC-275695	Atomic Energy Regulatory Board	24-04-2018	24-04-2023
AERB Consent for Interventional Radiology (Cath Lab)	17-LIC-228713	Atomic Energy Regulatory Board	16-11-2017	16-11-2022
AERB Consent for Radiotherapy Equipment	17-LIC-228712	Atomic Energy Regulatory Board	16-11-2017	16-11-2022
ø Brachytherapy Unit				
License for Operation of kV Imaging Unit				
ø Linear Accelerator	20-PROC-549981	Atomic Energy Regulatory Board	09-08-2017	09-08-2022
Radiation Oncology:	20-RSO-544684	Atomic Energy Regulatory Board	13-10-2020	13-10-2023
License for operating Radiation Therapy Dept.				
License for procuring source material. Drugs retail license (OPD)		Drugs Control Organization, Rajasthan	24.03.2017	23.03.2022
	JPR/2017/E3341 (FORM 21)		24.03.2017	23.03.2022
	JPR/2017/E3342 (FORM 20-B)		24.03.2017	23.03.2022

	JPR/2017/E3343 (FORM 21-B)		24.03.2017	23.03.2022
	JPR/2017/E3344 (FORM 20-F)		24.03.2017	23.03.2022
	JPR/2017/E3345 (FORM 20-G)		24.03.2017	23.03.2022
Drugs Retail License (IPD)	JPR/2017/E3461 (FORM 20)	Drugs Control Organization, Rajasthan	04.05.2017	03.05.2022
	JPR/2017/E3462 (FORM 21)		04.05.2017	03.05.2022
	JPR/2017/E3463 (FORM 20-B)		04.05.2017	03.05.2022
	JPR/2017/E3464 (FORM 21-B)		04.05.2017	03.05.2022
	JPR/2017/E3465 (FORM 20-F)		04.05.2017	03.05.2022
	JPR/2017/E3466 (FORM 20-G)		04.05.2017	03.05.2022
Drugs Retail License (IPD) OT	DRUG/2020- 21/46675	Drugs Control Organization, Rajasthan	13.11.2020	31.12.2022
	DRUG/2020- 21/46677		13.11.2020	31.12.2022
	DRUG/2020- 21/46679		13.11.2020	31.12.2022
	DRUG/2020- 21/46676		13.11.2020	31.12.2022
	DRUG/2020- 21/46678		13.11.2020	31.12.2022
	DRUG/2020- 21/46674		13.11.2020	31.12.2022
Narcotic license	P1/aa/AAB/NDPS/2 020/8120	Drugs Control Organization, Rajasthan	23-09-2020	22-09-2021
Miscellaneous				
Canteen/ F & B license	22219043002301		29-07-2019	28-07-2024
Canteen/ F & B license Shalby	12217026000659		05-06-2018	04-06-2023
License used for the possession of rectified Spirit & ENA	NA	District Excise Officer	31-03-2018	31-03-2027
DG Licence	EID/2017- 18/G/1479		13-12-2017	Lifetime

S.No	List of MoU's	MoU with	Valid Fro m	Valid Up to
1	Medical Gases	Rashi Medical		

2	Food & Beverages	Shree Udai Dev's		
3	Security	Bajiya Security	01/09/2018	31-08-2021
4	Housekeeping & Attendant	GTFM		
5	Biomedical Waste Management	Instro Medix (India) Pvt. Ltd	01-04-2021	31-03-2021
6	Laundry	M/s. Nice n Clean	09-05-2019	08-05-2022
7	Outsourced Laboratory	Reliable Lab	24-07-2020	23-07-2021
8	Blood Bank	Gurukul Blood Bank	09-06-2020	08-06-2021

RECOMMENDATIONS:

- According to the Clinical Establishment act Emergency Ward should be placed at Ground floor but in the Hospital it is present in the basement floor.
- Ramp should be present as an alternative option in case of fire emergencies which is not there in the Hospital.
- Food Waste Composting Machine should be there so that any waste can be turned into useable fertilizer.
- Color-coded bags must be used for the segregation of waste at the generation point.
- Metal Detector must be used for Frisking at the entrance level.
- GPS tracker should be installed in all Ambulance as per the RTO.
- Location of CSSD should be either on the brink of OT or should be connected to OT with safe & quick transfer mechanism, like dumbwaiters and therefore the direction should be Unidirectional.
- Parasite and Salmonella typhi screening should be done every 6 months and whenever a staff member returns after taking 15 days or more off. Annual check-ups are common for various examinations.

CONCLUSION

From the study conducted on the Compliances of Non-Clinical Licenses it is understood that it is very important for an Hospital to follow all the legal protocols, if they are not following it, it may lead to NC of that dept. also renewal of all the Licenses should be done on time as it will reduce the chances of paying a fine or a penalty. Also Compliances are very important for an Hospital as it tells the overall Quality Standard of that Hospital the compliances should not only be maintained while taking a License or renewal of an license it should be maintained throughout the Hospital is run as it is for the betterment of the Hospital, also the Patients are attracted to an Hospital which provides proper Quality Standards and which are Accredited to NABH & JCI. If in near future Shalby Hospital, Jaipur extends its Scope of Services(like – Organ Transplant, Blood Bank etc.) it has to follow many Compliances to get their MOU's or Certification. Though there are multiple services which are offered by Shalby Hospital Jaipur and also it is accredited to NABH but it in near future it goes for JCI Accreditation it has to work on its Quality Standard so that the quality of treatment provided by them can be enhanced whether it is infrastructure or scope of the services.

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ANNEXURES

Sr. No	Name of the Department	Date(s) of Visit	% Of Time Spent	Interacted with (Name and Designation)
1	Front Office	10 th May	10%	With the Deputy Operation Head of Front Office Mrs. Kiran and the other Operation Executive staff workers Mr. Jeetendra, Miss Komal, Mr. Ashwini, and Mrs. Rakhi.
2.	Housekeeping	15 th May	20%	With the GTFM staff of the hospital mainly Mr. Laxman and Mr. Monu
3.	BMW Management	20 th May	20%	With Assistant Manager of Non-clinical operations Mr. Surjo Halder
4.	Linen/Laundry	30 th May	10%	With Assistant Manager of Non-clinical operations Mr. Surjo Halder and GTFM staff Mr. Laxman and Mr. Monu
5.	Fire	5 th June	5%	Fire Safety Head Mr. Kishan
6.	Maintenance	10 th June	5%	Maintenance head and Engineer Mr. Rajendra Sharma
7.	Purchase	15 th June	5%	Purchase Head Mr. Ajay Kumar
8.	Pharmacy	20 th June	2%	IPD Pharmacy head Mr. Mahendra

9.	Quality	25 th June	5%	Quality Manager Mr. Gyanender Sindhu
10	F&B	30 th June	5%	F&B Manager Vikas Chaudhary
11	Financial Counselling	20 th June-25th	5%	Financial Counsellor Mr. Rajpal and Mr. Ali

