Internet And Mobile Association Of India

Self-Guiding Code of Conduct (SGCC) for New Age Models in Surgical Care

Background

Healthcare has become one of the largest sectors of the Indian economy, in terms of both revenue and employment. Growing at a CAGR of 22% since 2016, it employs 4.7 million people directly and has the potential to generate 2.7 million additional jobs between 2017-22. While the country progresses in improving healthcare services, preventive healthcare accounts for less than 15% of India's overall healthcare expenditure.

Currently, 30 million elective surgical procedures are carried out in India every year and most of them are conducted in small and medium size hospitals. Democratisation of access to quality healthcare through for a future ready health system in India is imperative to achieve Prime Minister's goal to enable equality and inclusivity across the healthcare ecosystem. A strong health system can be enabled through a resilient technology support, and, in this light, New Age Models have the potential to transform the approach to non-emergent clinical interventions seamlessly.

The present Code of Conduct provides guidance on how all New Age Models can best serve their patients and communities. These voluntary guidelines represent expectations that the Member adheres to the highest professional standards and have proper safeguards to ensure that patients' health and safety is not compromised. The Code of Conduct is largely adapted from best industry practices and are intended to align with a core principle of universal healthcare. These guidelines will ensure complete transparency, provide access to advanced technology for surgeries, post-surgical care, last-mile connectivity, and create a complete patient-centric ecosystem.

These Guidelines will be voluntarily adopted by New Age Models in Surgical Care. The guidelines laid down here should be taken as guiding principles which may be reviewed from time to time in relation to the prevailing norm of consumers' susceptibilities.

A. **Purpose of this Code**: The purpose of this code is to adhere to the highest professional standards and have proper safeguards to ensure that the health and safety of a patient are not compromised. The Code of Conduct is largely adapted from best industry practices and is intended to align with a core principle of universal healthcare. These guidelines will ensure complete transparency, provide access to advanced technology for surgeries, post-surgical care, last-mile connectivity, and create a complete patient-centric ecosystem.

B. **Ethics and Code of Conduct**: IAMAI Members hereby voluntarily agree to follow the prescribed code of conduct and hold ourselves to the highest standards.

Self-Guiding Code of Conduct for New Age Models in Surgical Care

Components of the Code of Conduct

All members voluntarily commit to hold ourselves to the highest standards and that our entity shall operate with the following safeguards regarding:

1. **Responsible Communication**

- Communication by the health care service provider must ensure confidentiality of the Patients. However, the health care service provider may anonymously disclose the health condition of any patient, to cite as an instance or example.
- Communication by the health care service provider may contain name of the organisation, type of patients treated, type of facilities and services offered, fees/cost and type of training or accreditation
- Communication should be accurate and fair and verifiable, based on credible industry data and should have a credible reference to support the communication.
- Communication shall neither distort facts nor mislead the consumer by means of implications or omissions
- Communication shall not make false claims. For example, in Minimal Invasive Procedure words like 'quick recovery', 'No Blood Loss'; 'Painless'; '100% Success'; 'No Recurrence'; 'No risk of infection', 'Instant recovery' may not be used without any reasonable qualification.
- Ordinarily Communication shall not contain superlative terms such as "top," "world-famous," "world-class," and if used then the communication shall clearly describe how these rankings were established.

2. **Care Coordinator**

- "Care Coordinator" is an individual who is involved in organizing and facilitating the patient to achieve safer and effective care. Activities like scheduling doctor appointments, coordinating with hospital front desk staff for admission and discharge among others reside with the Care Coordinator.
- Care Coordinators must always maintain a high standard of ethical conduct in discharge of their duties. They must comply with all the relevant requirements of Responsible Communication as stated above.
- Care Coordinators shall maintain appropriate and effective communication with the patients, attendants, and health care professionals.
- Members shall train and institutionalize a training module for the care coordinators for ensuring the compliance of the Code.
- Members shall monitor and have documented checks and balances to ensure that the care coordinator does not perform any tasks outside the confines of the position and works strictly under the supervision of the clinical team in charge.

3. Relationship with the Health Care Professionals

- Members shall be obligated to ensure that the patients using the services of the Members are consulting with medical practitioners duly registered with national medical councils or respective state medical councils and comply with the applicable laws.
- Members must ensure that the required details of the registered medical practitioner are displayed/mentioned on the prescriptions and/or any diagnostic document generated to be provided to for the patients.
- Members shall be committed to supporting and promoting professional discretion, clinical independence of the doctors and in the best interest of the patients, free from any fear or favour. For clarity, the Members shall not influence / interfere in the prognosis and diagnosis being carried out by the registered medical practitioners who work with the Members.
- Members shall encourage the registered medical practitioners to adopt a standardised treatment procedure, as far as possible
- Members shall enter into professional services agreements with consultant doctors and surgeons for professional remuneration for the professional services rendered by the doctors. Members shall not make any payments to the healthcare professional except for the agreed professional fees / salaries and/or fees for joint services provided to the patient.
- Members shall accept with any referral fee for any healthcare professional under any pretext.
- Members shall ensure that all registered medical practitioners have adequate coverage of their professional indemnity to cover for any medico legal litigations that may arise in course of treatment from the patients' side due to any unforeseen adverse clinical outcome.

In all the cases, the code of National Medical Commission as per Indian Medical Council Regulation (Professional Conduct, Etiquette and Ethics) 2002, as applicable to the registered medical practitioners, and as amended from time to time, will prevail.

4. Relationship with the Partner Hospitals

- Members shall be obligated to ensure that the onboarded hospitals have requisite licenses and registration such as (Regulations Building Permit and Licenses [From the Municipality], No objection certificate from the Chief Fire Officer, "License under Bio-Medical Management and Handling Rules, 1998, No objection certificate under Pollution Control Act. Narcotics and Psychotropic substances Act, 1985).
- Members shall have a documented procedure and checklist for evaluating and selecting any hospital that will include infrastructure, licenses, safety process measures, and staffing capabilities for ensuring quality care and for producing good clinical outcome. (Annexure – I)
- Members shall develop appropriate key performance indicators suitable for monitoring clinical structures, processes, and outcomes. Members shall ensure that there is documentation of the monitoring activity and corrective & preventive measures that have been undertaken in this regard.

5. Insurance and Billings

- Members shall extend support/strive to assist patients and attendants in the process of insurance claim without any breach of any agreement between the concerned hospital and Insurance/third party administrators.
- Members shall strive to ensure that billing process of the hospital partner is clear, concise

and accurate

- Members shall ensure that hospital partners shall accurately raise bills for its / joint services based upon a standard billing tariff
- Members shall ensure that hospitals should respond promptly to patients' questions about their bills and requests for financial assistance.
- Members shall ensure that there is a process for checking for coding and billing compliance as well as observance of zero tolerance to submission of misrepresented claims to private health insurance plans and/or tax-funded public health insurance programs.

6. Customer Grievances

- Members shall have policies and procedures in place, for the resolution of grievances received from clinicians, patients, or involved stakeholders.
- Records of complaints and of Internal Investigations and corrective actions taken by the members shall be maintained for a minimum period of 12 months. "Internal Investigations" shall mean any check of records carried out either suo motu or on the basis of any grievance submitted by a patient.
- All members should be registered with the National Consumer Helpline and try & address all issues raised there actively.

Annexure – I

Checklist for Empanelment of Healthcare Organizations/Hospitals for Surgeries:

Two stage audit process is conducted for evaluating and selecting a healthcare organization (HCO)/hospital for ensuring quality of care and good clinical outcomes.

Stage 1 - Audit of documents pertaining to legal/statutory requirements, to establish whether the HCO/hospital is legally compliant or not.

Stage 2 - Audit of the HCO's/hospital's medical and infrastructure facilities, human resources/manpower, clinical operations etc.

Some of the areas included in audit checklist in Stage - 1 and Stage - 2 are:

S. No.	Stage – 1
1.	Certificate of Incorporation
2.	Building Permit/MOU with the Main owner if hospital is in a complex
3.	Clinical Establishment Act license/ DGHS / Shop and establishment license
4.	Fire License/Third Party Audit Report
5.	Biomedical Waste License and MOU with vendor
6.	Drug license (Form 20/ Form 21/ Schedule X)
7.	Narcotic License/Proof of buying narcotics in the name of the patient through a doctor's prescription and return of the empty vial back to the distributor.
8.	PNDT license
9.	X-ray /CT /C-Arm AERB approval
10.	Blood Bank license or MOU
11.	Life License, if applicable
12.	Consent to operate and consent to establish License
13.	Authorisation for MTP
14.	Authorization under Hazardous Wastes (Management and Handling) Rules, 1989.
15.	License for Possession and Use of Methylated Spirit, Denatured spirit and Methyl alcohol

S. No.	Stage – 2
1.	OT with Zoning
2.	OT pre Opdia with emergency drugs
3.	OT pre op area with monitors
4.	OT room- end to end –max view-covering –OT walls, Ceilings, Entry door
5.	Anaesthesia Workstation-With Ventilator
6.	Defibrillator, large jumbo size CO2 cylinder in OT, additional oxygen cylinder at the anaesthesia head end
7.	Anaesthesia (format with risks indicated with each of anaesthesia) & surgery consent format (format with option to document surgery specific risks, alternatives & benefits)
8.	All the concerned surgical, laparoscopic and monitoring equipments and devices and systems
9.	OT table-with remotes and all extra attachments, Laminar OT/Air Conditioning system/mechanism in the OT, HEPA filter cleaning/change schedule
10.	Narcotic cupboard and Register-with labels
11.	OT culture reports of last 2 months
12.	OT should have fogging facility with records
13.	All anaesthesia emergency drugs with Crash cart (Atropine, Adrenalin, Phenylephrine, Mephenteramine, Propofol, etomidate, scoline, vecoronium, atracurium, Zofer 4mg, Dexamethasone 4mg, Hydrocortisone 100mg) & their, expiry dates
14.	RL/NS/DNS/25% Dextrose/Kabilyte or plasmalyte/ Gelofusin/Volulyte
15.	IV cannula of 22,20,18,16-2 of each,MacCoy laryngoscopic blade, normal Mackintosh Blade, Bougie,size 3,4 LMA together,spinal needles of 26, 27 gauge
16.	Endotracheal tubes 7,7.7,8,8.5#, Oral airway, Nasal Airways, Yankar suction
17.	Equipment for nebulisation with the following ampoules showing the labels-Duolin, Budecort, levolin
18.	Anti-epileptic medications
19.	Sonosite/or other USG machine –used for regional blocks and vascular access-showing the ‘’Linier Probe’’ used for both

20.	Pressure transducer kit (Edward life sciences/BL Lifesciences) for monitoring of Arterial BP
21.	Neuromuscular monitor (handheld) to R/O incomplete reversal of anaesthesia
22.	Pre-Anaesthesia Check-up (PAC) format
23.	WHO surgical Safety Checklist-in use
24.	Fire safety signage in the OT area showing the path to exit and the nearest Fire Exit door
25.	Number of ICU beds for surgical cases
26.	Ventilators, ECG, mutipara-monitors in ICU, defibrillator, ABG machine, crash cart, available in the ICU and ICU manned by trained personnel (Intensivists/ACLS trained RMOs)
27.	Number of OTs (Modular / Non-Modular) with Thermo Hygrometer
28.	Doctor's and Nurses' list with Name, Qualification, Registration number
29.	Number of ACLS trained nurses in ICU and OT.
30.	Number of BLS trained Nurses wards & other patient care areas
31.	Number of full time and part-time Anaesthetists (with credentialed for GA/SA/ LA)
32.	Number of Full time Surgeons (as per scope defined)
33.	Number of Visiting Consultants
34.	Number of OT and CSSD technicians and No of trained OT Assistants for the surgery (credentialed for each speciality)
35.	Laboratory and Radiology services in-house or outsourced
36.	Scope of Lab and Radiology services
37.	Number of full time/visiting consultants in Lab for Histopathology, Microbiology, Biochemistry
38.	Total number of Lab and Radiology technicians
39.	QA reports available for all lab services
40.	TLD badges available for radiology personnel
41.	Implant register-page with sticker against the patient's name and surgery
42.	PM/Calibration report for equipment in ICU & OT
43.	Autoclave/ETO/Plasma sterilizer available with records

44.	Biological and chemical indicators in CSSD & sterile storage area for autoclaved/sterilized items
45.	Medical gas pipeline system in OT, ICU & wards, MGPS alarm system in OT
46.	Biomedical waste segregation area in all patient care areas with records
47.	DG & UPS available
48.	**A detailed checklist is also followed for Clinical Operations**