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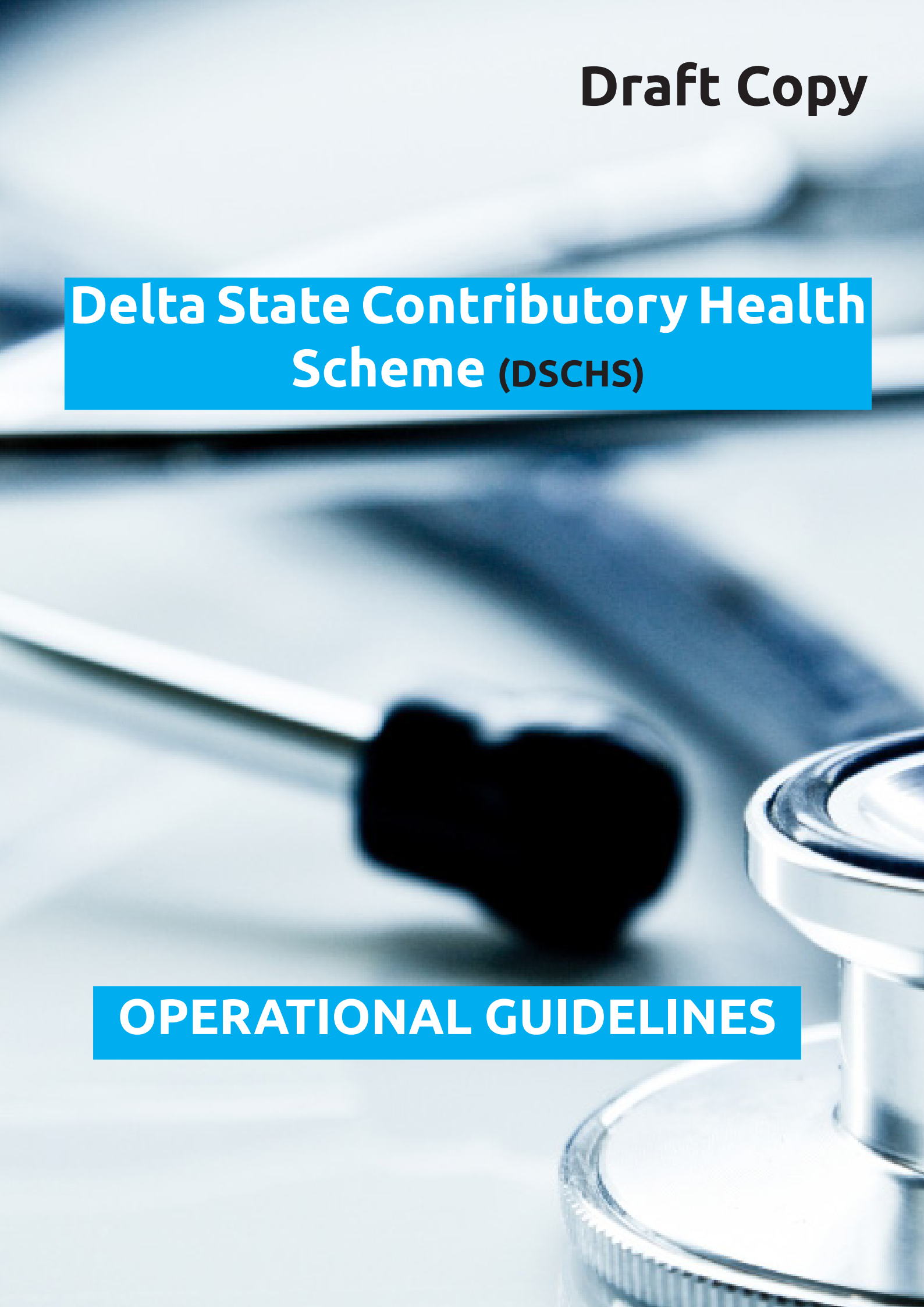
Delta State Contributory Health Scheme (DSCHS)



OPERATIONAL GUIDELINES

Introduction

Universal Health Coverage (UHC) is central to the attainment of the United Nation Sustainable Development Goals especially SDG 3 on Good Health and Wellbeing for all.

It involves the provision of access to quality health services while protecting citizens from financial impoverishments due to costs of ill health.

In pursuit of this goal, the Delta State Contributory Health Commission (DSCHC) was established by Law to improve both physical and financial access to quality health care services for all residents of Delta State.

Goal

To ensure that every resident of Delta State has equitable access to quality and affordable healthcare service when the need arises

Key stakeholders

i. Delta State Contributory Health Commission
ii. Delta State Ministry of Health
iii. National Health Insurance Scheme
iv. Third Party Administrators
v. Registered Enrollees
vi. DSCHC Accredited Health Care Providers
vii. Public and Private sector employers
viii. Civil Society Groups

Any other body that may be considered by the Commission from time to time. e.g

a. Other Health Care Service providers and their relevant agencies
b. Health related programs of Government.
c. Federal Ministry of Health and its relevant agencies.
d. Local and International Non-Governmental Organizations e.g. USAID, CDC, UNESCO, UNICEF, WHO, etc.

Objectives

The Commission shall:

- Implement, supervise and regulate the effective administration of the Delta State Contributory Health Scheme.
- Ensure that every resident of Delta State has access to equitable health care services.
- Ensure that all residents of Delta State have financial protection and physical access to quality and affordable health care services.
- Protect families from the financial hardship of huge medical bills.
- Limit the rise in the cost of healthcare services.
- Ensure equitable distribution of health care costs across different income groups.
- Maintain high standard of health care delivery services within the Health Scheme.
- Ensure efficiency in health care service delivery.
- Improve and harness private sector participation in the provision of health care services.
- Ensure adequate distribution of health facilities within the State.
- Ensure appropriate patronage at all levels of the health care delivery system.
- Ensure the availability of alternative sources of funding to the health sector for improved services.
- In cases where residents do not have available medical and other health services, to take such measures as are necessary to plan, organize and develop medical and other health services commensurate with the needs of the residents.
- Any other action necessary to facilitate access to quality and affordable healthcare services for all residents of Delta State.

Definition of Key terms

- **Health Scheme**

A system of advance financing of health expenditure through contributions, premiums or taxes paid into a common pool to pay for all or part of health services specified by a policy or plan.

- **Social Health Scheme**

A health scheme that is financed by compulsory contributions which is mandated by law or by taxes and the system's provisions are specified by legal statute. The level of contribution is not determined by health risk (e.g. Age, history of illnesses in family, current health problems) but by ability to pay and it is nonprofit based.

- **Private Health Scheme**

A Health scheme that is risk based (both financial and health risk borne by enrollee), organized and administered by a Health service company or private agency, with the provisions specified in a contract.

- **The Commission**

Refers to Delta State Contributory Health Commission. A body corporate established in 2015 by Law of Delta State.

- **Employer**

Public or private organization that hires and pays workers (Local, states and federal government or private companies employing ten or more persons in the case of DSCHC

- **Employee**

A paid worker

- **Beneficiary**

A person who has enrolled (or have been enrolled) with DSCHC and who by being up to date with payment of premium (or having been paid for) is entitled to cover by DSCHS

- **Enrollees**

Same as in beneficiary.

- **Principal Enrollee (Principal)**

A principal enrollee is the main contributor (employee in Formal Sector Social Health Scheme) on behalf of whom the other biological members of the family (dependents) are enrolled.

- **Providers**

These are primary, secondary and tertiary healthcare facilities that are licensed/accredited by relevant authorities to provide services to the populace.

DSCHC Accredited providers are those healthcare facilities that have been accredited by the DSCHC to provide healthcare services to its enrollees

- **Health Maintenance Organization (HMO)**

A private or public incorporated company registered by the DSCHC to manage the provision of health care services through Health Care Providers accredited by the Scheme.

- **Benefit Package**

These are services that the DSCHC defines as within its scope of coverage. DSCHC contracts limit coverage to these services and they are considered important to maintaining sound health.

- **Exclusions**

These are conditions that are excluded from the benefits package of the DSCHC. DSCHC or its agent(s) is not under any obligation to provide such service(s)

- **Vulnerable Groups**

Persons who due to their physical (including age) or mental status cannot engage in any meaningful economic activity.

- **Four Live Births**

Four pregnancies ending in live births under the DSCHC for every insured contributor/couple in the Formal Sector Programme.

- **Capitation**

This is payment to a primary healthcare provider on behalf of a contributor for services to be rendered by the healthcare provider. This payment is made regularly and in advance irrespective of whether the enrollee utilizes the service or not.

- **Fee-For-Service**

This is payment made to secondary/tertiary healthcare providers that render services on referrals from other accredited healthcare providers. Primary healthcare providers may also be paid on fee-for-service basis for emergency cases.

- **Per diem**

This is payment made to secondary/tertiary healthcare providers for bed space (per day) during hospitalization. Primary healthcare providers can also be paid per diem for emergency cases.

DSCHC VISION

A Contributory Health Scheme that is dynamic, effective and efficient with capacity to enhance and ensure a vibrant and sustainable healthcare financing security for all residents of Delta State irrespective of their socioeconomic status.

DSCHC MISSION

The DSCHC mission is to ensure access to quality healthcare and financial protection for all residents of Delta State using a healthcare financing mechanism structured through a mandatory pooling of cost and risk with fair utilization of all available resources and private sector participation that leads to an equitable distribution of healthcare resources across the State for an efficient healthcare services delivery.

SECTION ONE

Health Plans

1.0 HEALTH PLANS

To achieve the mandate of the Commission, the scheme will have the following health plans.

I. Equity Health Plan
II. Formal Health Plan
III. Informal Health Plan
IV. Private Health Plan
V. Other Components not within I – IV above (e.g for Students in Tertiary Institutions etc)

Health Plans I,II And III will have the Basic Minimum Health Care Benefit Package. There will also be the extra healthcare package for those that subscribe through extra contribution or have been approved to benefit from it.

1.1 Key Stakeholders:

To ensure an effective and efficient system, clear cut roles and responsibilities are assigned to the various stakeholders. The stakeholders and their defined roles and responsibilities are as follows.

i. Delta State Contributory Health Commission (DSCHC)
ii.State Ministry of Health
iii.National Health Insurance Scheme
iv.Third Party Administrators.
v.Registered Enrollees.
vi.DSCHC Accredited HealthCare Facilities
vii.Public and Private sector employers
viii.Civil Society Groups
ix.Others

1.2 FUNCTION OF STAKEHOLDERS:

1.2.1 Delta State Contributory Health Commission Shall :-

i. Ensure the effective implementation of the policies and procedures of the health scheme.
ii. Pay Healthcare facilities for services rendered.
iii. Issue appropriate regulations and guidelines, as approved by the board, to maintain the viability of the health scheme.
iv. Manage the health scheme in accordance with the provisions of the DSCHC Law.
v. Approve formats of contracts for the HMOs and all Health Care Providers.
vi. Carry out public awareness and education on the establishment and management of the health scheme.
vii. Promote the development of other programs for wider participation in the scheme including developing new Health Plans.
viii. Determine, after due consideration, capitation, fee-for service and other payment mechanisms due to health care providers, as approved by the Board
ix. Ensure the collection, collation, analysis, and reporting of quarterly returns from the HMOs.
x. Exchange information and data with the National Health Insurance Scheme, State Health Management Information System, relevant Financial Institutions, Development Partners, NGOs; and other relevant bodies;
xi. Ensure manpower development for the Commission.
xii. Receive and investigate complaints of impropriety leveled against any HMO, HCP, Enrollee and other relevant institutions and ensure appropriate sanctions are given.
xiii. Carry out such other activities as are necessary or expedient for the purpose of achieving the objectives of the Commission under the Law.

1.2.2 NHIS to Provide:

i. Counterpart payment for the Equity Fund and Grants.
ii. Technical assistance to Delta State contributory health commission in the following areas:
1. Development of the legal framework.
2. Advocacy, sensitization and mobilization.
3. Information Communication Technology support
4. Capacity building/sharing best practices
5. Quality assurance
6. Actuarial studies
7. Monitoring and evaluation

iii. Any other area that is deemed mutually important to the success of the Delta State Contributory Health Commission and attainment of UHC in Nigeria.

1.2.3 Health Maintenance Organizations (HMOs).

i. Sensitization of the populace on the scheme.
ii. To render to DSCHC returns on its activities.
iii. To contract only healthcare providers approved under the scheme for purpose of rendering health care services to enrollees.
iv. Establishing and maintaining quality and assurance system for contracted health care facilities.
v. Carrying out other activities as may be approved by the Board of the Commission.

1.2.4 Healthcare Facilities Shall:

i. Provide quality services to Enrollees.
ii. Provide health education, promotion and prevention services to enrollees.
iii. Provide data on service utilization to the Commission at periodic intervals.
iv. Participate in health care education when organized by HMOs and DSCHC.
v. Be required to take professional indemnity cover from a registered insurance company approved by the Board.
vi. Take steps to reduce the cost of service delivery.

1.2.5 Enrollees Shall:

i. Make a choice of a Primary Healthcare Facility close to residence
ii. Present DSCHC Identification cards at point of service
iii. Change healthcare facility only after 6 months of using a facility, with good reasons.
iv. Have access to healthcare services when in need
v. Have emergency treatment in any DSCHC and NHIS accredited healthcare facility
vi. Provide feedback /complaints to DSCHC.

1.2.6 Others:

(Other Health Care Service providers and their relevant agencies, Health related programs of Government. Federal Ministry of Health and its relevant agencies. Local and International Non-Governmental Organizations e.g. USAID, CDC, UNESCO, UNICEF, WHO etc.) Shall carry out activities within their scope of function that will help the Commission achieve her goals

1.3. Management of the Scheme

The Commission will carry out its functions from its Head office at the Delta State capital city and offices across the state.

1.4. Delta State Contributory Health Scheme

i. The Delta State Contributory Health Commission shall provide a mandatory Health Scheme for all residents of Delta State.

ii. This shall be a social health program that will provide access to quality and affordable health services for all residents of Delta State.

1.4.1 Coverage in the mandatory scheme shall include the following:

i. Employees in the Public sector and Private sector organizations with 10 employees and above;
ii. Workers in the informal sector such as artisans, self-employed, farmers, rural community dwellers etc.; and
iii. Vulnerable persons as may be defined from time to time for inclusion after approval by the State Executive Council on the recommendation of the Commission.

1.4.2 Components of the Mandatory Health Scheme.

The Scheme shall have the following components:

i. Delta State Equity Health Plan.
This shall be a plan for the vulnerable groups. These include children under five, pregnant women, elderly (above 65years) and the physically and Mentally Challenged individuals. Other criteria for eligibility into the health plan shall be as approved by the State Executive Council on the recommendation(s) of the commission. The point of entry shall be designated primary health care facilities.

ii. The Formal Health Plan:
This shall be a contributory plan for all public-sector employees and organized private sector employees as defined wherein all shall make contributions as determined by the Board. The point of entry shall be designated Public and Private Primary health facilities.

iii. The Informal Health Plan:
This shall be an affordable plan providing a prescribed package of healthcare services at prescribed contributions accessible to all residents not covered by the other health plans. The point of entry shall be designated public and private primary health care facilities.

iv. Private Health Plan:
This shall consist of a variety of packages providing extra healthcare services in direct proportion to the contribution made by the individual. Eligibility will be for those that subscribe and those approved to benefit by the Commission.

v. Other components not within i -iii categorizations above. (e.g Students in Tertiary Institutions.)

1.5 GUIDELINES FOR PARTICIPATION

1.5.1 Participants: This shall include;

i. Vulnerable persons, as described above and resident in Delta State.
ii. Employees of the public sector and organized private sector in Delta State employing Ten (10) or more persons;
iii. Employees in the informal sector outside the definition in (ii) above; and
iv. All other residents of Delta State not covered in (i, ii & iii) above.

1.5.2 Contributions: Contributions are as follows:

i. Flat rate contribution at a rate determined by the Commission based on Actuarial assessment and paid from the Equity Fund established for the vulnerable persons.
ii. Earnings-related for the Public Sector and Organized Private Sector (OPS) employees. The employee pays 1.75% of the consolidated salary while the employer contributes 3.25% of consolidated salary.
iii. For employees in the Organized Private Sector, the employer may decide to pay the entire contribution for the employees i.e. employer and employee contributions.
iv. Prescribed contributions as approved by the Commission for the informal health plan.

1.5.3 Pooling of Contributions:

- Contributions shall be collected, pooled and used to purchase health care services for all enrollees by DSCHC

1.5.4 Waiting Period:

- There shall be a processing/waiting period of Ninety (90) days before a participant can access healthcare services after registration except for Pregnant Women and children under 5 years, who shall access care after registration processes.

1.5.5 Scope of Coverage:

I. The contributions paid will cover the following:

a. **Formal Sector**: - This shall consist of the contributing employee, a spouse and four (4) biological children below the age of 18 years.
b. **Informal Sector**: - This shall cover the contributing individual only.
c. **Equity Sector**:-Individuals registered and approved by State Executive Council as vulnerable persons and paid for from the Equity Fund by the Commission.

1.6. Organization of Health Service:

Healthcare services will be provided through three levels of service arrangement at the Primary, Secondary and Tertiary healthcare facilities.

1.6.1. Primary Healthcare Facilities:

They will be the entry point for all enrollees into the Scheme and the point of first contact with Healthcare Facilities. They serve as the gatekeepers to the Scheme. They will provide preventive and curative services. These can be from a private or public healthcare facilities.

1.6.2. Secondary Healthcare Facilities:

They will offer services beyond the Primary level of care to patients referred from the primary healthcare facilities with referral code approved by the Commission. Occasionally, particularly in cases of emergencies, direct referrals without first recourse to the Commission can be made. However, the Commission must be notified within 24 hours of such a referral.

1.6.3. Tertiary healthcare facilities:

Tertiary healthcare service though not covered in the benefit package, may be considered on case by case basis with approved referral from the management of DSCHC.

1.7. Provider Engagement/Payment:

i. DSCHC shall utilize accredited healthcare providers in providing healthcare services to its members. The enrollees shall choose the primary healthcare facility close to them.
ii. DSCHC shall ensure that each participating Health Care Facility does not have more than 5000 enrollees at each time.
iii. The DSCHC shall ensure adequate pool of lives per participating primary Health Care Facility.
iv. Provider payment shall be made either by the Commission through capitation and fee-for-service for primary and secondary care respectively.
v. Fee for service rates are as contained in the DSCHC tariff.

1.8. Referral:

i. Referral in the program may terminate at the tertiary level of care. Thus a primary provider is obliged to refer to the next level (secondary) any case that is deemed to be more appropriately managed at that level, in line with the defined functions and expertise for each level of care.
ii. Before making a referral, the primary provider must first seek approval from DSCHC who provides authorization within 24 hours.
iii. In emergency situations, referrals should be effected and approvals sought afterwards from the Commission within 24 hours.

1.8.1 Procedures for Referral

i. A referral line shall be established.
ii. There shall be a clear clinical basis for referral and a referral letter/form shall accompany every case. Relevant information shall be contained in the referral letter/form to the next level.
iii. There must be proper records for all referral cases at all levels.
iv. Referred cases shall be sent back to the referring healthcare facility at the lower level, by the specialist after completion of the treatment, with a medical report and instruction for follow-up management.

1.9. Operational Roles and responsibilities of Stakeholders under the Delta State Contributory Health Scheme;

1.9.1 Healthcare facilities.

a. Secure appropriate Accreditation with DSCHC
b. Sign contract with DSCHC.
c. Provide services as agreed with DSCHC in the benefit package.
d. Comply with DSCHC Operational Guidelines
e. Ensure enrollees satisfaction with best practice standard.
f. Provide information feedback on utilization of services and other data to DSCHC.
g. Report any complaints to DSCHC.
h. Limit delivery of services to level of accreditation.
i. Ensure patients confidentiality in the discharge of its responsibilities.

1.9.2 Health Maintainance Organizations (HMOs)

Carry out duties as may be approved by the DSCHC in line with the Law.

1.9.3 Delta State Contributory Health Commission (DSCHC)

a. Register enrolees.
b. Set guidelines and standards for the Scheme.
c. Accredit Healthcare Facilities.
d. Register HMOs accredited by NHIS
e. Pay healthcare providers for services rendered under the Delta State Contributory Health Scheme.
f. Carry out continuous advocacy, sensitization and mobilization for the program.
g. Carry out continuous quality assurance to ensure qualitative healthcare services and programme management.
h. Carry out Actuarial Review to determine contribution rates to be paid by enrolees and payment rates to service providers.
i. Health education and promotion
j. Liaise with health facilities on the adequate use of their facilities for the Scheme services and utilisation of funds received from DSCHC for continuous improvement of their facility services.
k. Carry out other functions to ensure the viability and sustainability of the programme.

1.10. Allocation of Risks:

1.10.1 Primary healthcare Risk:

This shall be borne by the Primary Healthcare facilities who shall be paid a capitated amount monthly or quarterly on behalf of every enrollee registered with the healthcare facility. This payment shall be made by the DSCHC in advance.

1.10.2 Secondary/Tertiary healthcare Risk:

This shall be borne by the DSCHC who shall pay secondary/tertiary healthcare facility on the basis of fee-for-service, as payment for authorized secondary/tertiary care to registered and referred enrollees.

1.11. Addressing Health Insurance Risks:

1.11.1 Adverse Selection:

This will be addressed by a waiting period of 90 days before accessing care except for the pregnant women and children under 5 years.

1.11.2 Moral Hazard:

i. This will be addressed by the gate keeping function of the primary HCF before referral to check moral hazard at the secondary level.
ii. The pre-authorization code to regulate referral service utilization.

1.11.3 Fraud/Free riding:

This is addressed through proper identification of enrollees using Identity Cards provided by the DSCHC.

1.12. Benefit Package

The Delta State Health Benefit Package shall comprise of preventive and curative services. It shall aim at primary and secondary care, taking into cognizance the prevailing local disease burden and morbidity in Delta.

Tertiary care services will be based on approved referral by the DSCHC.

1.12.1 The Benefit Package under the DSCHC program shall include:

SN	Primary Level Care
1	General consultation with prescribed drug from accredited Primary level Health Care provider.
2	Health Prevention, Promotion and Education.
	i. Family planning excluding provision of commodities. ii.HIV/AIDS. iii.Immunization. iv.Promotion of essential nutrients for children and pregnant women. v.Promotion of personal, domestic and environmental hygiene.
3	Surgery
	i. Minor Surgical Procedures: incision & drainage, suturing of lacerations, minor burns, simple abrasions. ii.Minor wound debridement iii.Circumcision of male infants iv.Corrections of cases of simple polydactyl v. Relief of urinary retention
4	Eye care
	i. Conjunctivitis ii. Allergic ailments iii. Conjunctival Abrasions. iv. Simple Contusions v. Parasitic ailments
5	Child health care
	i. Child Welfare Services: Growth monitoring, routine immunization as defined by the NPHCDA, Vitamin A supplementation, Nutritional advice and health education. ii. Management of uncomplicated malnutrition iii. Treatment of Helminthiasis iv. Treatment of common childhood illnesses such as malaria, diarrheal disease, schistosomiasis, Measles, acute respiratory infections, (upper respiratory tract infections, uncomplicated pneumonia), Urinary Tract Infections, acute otitis media, pharyngitis, Mumps. v. Treatment of anaemia not requiring blood transfusion vi. Other febrile illnesses as may be listed from time to time by the DSCHC.

6	Treatment of minor ailments(adults)
	A. Management of simple infections/infestations i. Malaria ii. Respiratory tract infections iii. Urinary Tract Infections iv. Gastroenteritis v. Ear ,Nose and Throat infections vi. Diarrheal diseases vii. Enteritis/ typhoid fever viii. Schistosomiasis ix. Helminthiasis x. Skin infections/infestations: Chicken pox, scabies, lice/tick infestation, Acne, cutaneous larva migrans, Tineavesicolor, (Malassezia furfur), TineaCapitis, Measles. xi. Emergency Management of Bites and Stings e.g Snakes, Scorpions, Bees, Spiders B. Management of mild anaemia (not requiring blood transfusion) C. Screening, referral and follow up care for Diabetes Mellitus, Hypertension. D. Screening and referral for Eye conditions, E. Treatment of simple arthritis and other minor musculoskeletal diseases F. Routine management of sickle cell disease
7	HIV/AIDS/Sexually Transmitted Diseases/Infections i. Voluntary Counseling and Referral ii. Treatment of STD's
8	Community Mental health counseling and referral
	i. Anxiety neurosis ii. Psychosomatic illnesses iii. Insomnia iv. Other illnesses as may be listed from time to time by the DSCHC
9	Dental care: Oral Hygiene and education
10	Maternal And New Born Health Care Services
	A. Antenatal care i. Routine Antenatal Clinic. ii. Routine drugs to cover duration of pregnancy iii. Routine urine(Urinalysis) and blood tests(PCV, Blood Group and HIV Screening) iv. Referral services for complicated cases of pregnancy B. Delivery Services (Fee for service) i. Spontaneous Vaginal Delivery by skilled attendant including repair of birth injuries and episiotomy ii. Essential drugs for Emergency Obstetric care. C. Postnatal Services i.All eligible livebirths up to 6 weeks from date of birth. (Cord care, Eye care, Management of minor neonatal infections)

11	EMERGENCY
	The primary level emergency care (including First Aid treatment) before referral. These shall include: i. Establishing an intravenous line ii. Management of convulsion/seizures, coma iii. Control of bleeding iv. Cardio-pulmonary resuscitation v. Assisted respiration (e.g. Ambu bag, etc.) vi. Immobilization of fractures (using splints, neck collars, etc) vii. Aspiration of mucus plug to clear airways viii. First aid management of Allergies and hypersensitivity conditions (Asthma).
12	Basic laboratory investigations
	i. Malaria Parasite ii. Widal Test iii. Urinalysis iv. Hemoglobin v. Stool microscopy vi. Urine microscopy vii. Pregnancy Test ix. Blood Sugar Test
13	Other Services as may be listed by DSCHC from time to time

S/N	**SECONDARY LEVEL CARE**
1	Consultation with prescribed drug for referred patients from Primary Healthcare providers: A. Pediatrics i. Management of neonatal infections-Neonatal sepsis, ii. Neonatal conditions such as birth Asphyxia, iii. Neonatal jaundice
2	Emergency cases outside place of residence within the State in accredited DSCHC HCP
3	Admission for maximum of 7 days cumulative per year for medical admission, 10 Days cumulative per year for surgical admissions.
4	**Comprehensive Obstetric Care** A. Management of Postpartum Heamorrhage B. Caesarian section C. Management of Preterm/Pre-labour Rupture of Membrane (P/PROM) D. Detection and management of hypertensive diseases in pregnancy E. Management of bleeding in pregnancy F. Pre-Eclampsia / Eclampsia G. Operative Management for ectopic gestation H. Cervical cerclage I. Management of intra-uterine fetal death J. Management of puerperal sepsis K. Instrumental deliveries L. High risk deliveries – 1stdeliveries, and 5th deliveries, multiple deliveries, and other complications.

5	Surgeries i. Appendectomy ii. Hernia repair
6	Dental care i. Amalgam filling ii. Simple tooth extraction
7	Laboratory investigations at secondary level of care
	A i. Urea/electrolyte/creatinine ii. Bilirubin (total and conjugated) iii. Microscopy/Culture/Sensitivity-(Urine, Blood, stool, Sputum, Aspirate, Cerebrospinal Fluid, Cervical Swab, High Vaginal Swab). iv. Liver function test B i. Radiology: X-ray of chest, ii. Abdominopelvic& obstetric scan
8	Other Services as may be listed by DSCHC from time to time.

Extra Secondary Healthcare Services

SN	**HEALTHCARE SERVICES**
1	**PEDIATRICS**
	• Treatment of Severe infections/infestations: Respiratory infections, Urinary Tract Infections, Diarrheal disease with moderate to severe dehydration, enteric fever, complicated malaria, septicemia, meningitis, and complicated measles. • Management of childhood non-communicable diseases such as Nephritis and Asthma • Management of severe anaemia requiring blood transfusion (not exceeding two pints of blood). • Management of neonatal infections-Neonatal sepsis, Neonatal Tetanus. • Neonatal conditions such as birth Asphyxia, Neonatal jaundice.
2	**INTERNAL MEDICINE**
	Treatment of moderate to severe infections and infestations: • Management of severe malaria • Management of meningitis, septicaemia • Management of complicated Respiratory Tract Infections • Management of complicated typhoid fever Management of non-communicable diseases: • Management of Diabetes Mellitus and Hypertension • Peptic ulcer Disease. • Management of Sickle cell disease • Treatment of cardiovascular conditions (hypertension, heart failure), renal diseases (Nephritis, Nephrotic syndrome), Liver diseases (Hepatitis), endocrine conditions (Diabetes Mellitus). • Management of severe anaemia (not exceeding two pints of blood)

3	**SECONDARY PSYCHIATRIC CARE**
	• Anxiety neurosis • Psychosomatic illnesses • Insomnia • Schizophrenia • Depression • Bipolar Affective Disorder • Other illnesses as may be listed from time to time by the DSCHC
4	**GYNAECOLOGICAL INTERVENTION**
	• Bartholin cyst marsupialisation
5	**SURGERIES**
	• Hydrocoelectomy • Management of Fractures excluding internal fixation
6	**OPHTHALMOLOGY**
	• Eye problems, e.g. major trauma, • Removal of foreign bodies
7	**PHYSIOTHERAPY**
	• Management of palsies within 15 days after initial treatment with a maximum of 3 sessions.
8	**LABORATORY INVESTIGATIONS**
	• Genotype • Cerebrospinal fluid biochemistry. • Occult blood in stool • Blood grouping and Cross matching(not exceeding 2 pints of blood) • Full Blood Count
9	**RADIOLOGY**
	• X-ray of the Abdomen, Skull & Extremities, Dental X-rays

SECTION TWO
Standards and Accreditation

Introduction

To ensure quality healthcare services across the State, the Delta State Contributory Health Commission has developed various standards and requirements for accreditation as Healthcare Facility (HCF) and Health Maintenance Organizations (HMOs).

Accreditation of Healthcare Facilities

Accreditation of Health Maintenance Organizations (HMOs)

Accreditation of Insurance Companies

Accreditation of Insurance Brokers

Accreditation of Banks

2.0 ACCREDITATION OF HEALTHCARE FACILITIES

2.1 HEALTHCARE PROFESSIONALS UNDER THE DSCHC

2.1.1. General Medical Practitioners
2.1.2. Specialist Medical Practitioners
2.1.3. Pharmacists
2.1.4. Nurses/Midwives
2.1.5. Medical Laboratory Scientists
2.1.6. Radiographers
2.1.7. Physiotherapists
2.1.8. Dental Surgeons
2.1.9. Optometrists
2.1.10. Medical Records Officers
2.1.11. Dental Technologist
2.1.12. Pharmacy Technicians
2.1.13. Medical Laboratory Technicians
2.1.14. Community Health Workers
2.1.15. Nutritionists
2.1.16. Social workers (for counseling)

2.2 REQUIREMENTS FOR HEALTHCARE PROFESSIONALS

2.2.1 General Medical Practitioners

2.2.1.1 Possession of the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, or its equivalent, recognized by the Medical and Dental Council of Nigeria;
2.2.1.2 Registration with the Medical and Dental Council of Nigeria
2.2.1.3 Possession of the current license to practice, issued by the Medical and Dental Council of Nigeria (MDCN).

2.2.2. Specialist Medical Practitioners

2.2.2.1 They include: Physicians, Dental surgeons, Radiologists, Pediatricians, Psychiatrists, Surgeons, Gynecologists, Obstetricians, ENT surgeons, Ophthalmologists, etc.
2.2.2.2 Possession of recognized specialist qualifications in the proposed area of practice in addition to (2.2.1 and 2.2.1.2) above.

2.2.3. Pharmacists

2.2.3.1 Possession of the Bachelor of Pharmacy (B. Pharm) degree or equivalent qualification, recognized by the Pharmaceutical Council of Nigeria (PCN)
2.2.3.2 Registration with PCN
2.2.3.3 Possession of the professional license to practice, issued by the Pharmaceutical Council of Nigeria (PCN).

2.2.4. Pharmacy Technicians

2.2.4.1 Possession of pharmacy technician certificate issued by the school of health technology accredited and recognized by the Pharmacists Council of Nigeria(PCN)
2.2.4.2 Registration with the PCN
2.2.4.3 Possession of current annual permit to practice, issued by the Pharmacists Council of Nigeria (PCN).

2.2.5 Medical Laboratory Scientists

2.2.5.1 Possession of the Bachelor of Medical Laboratory Science (BMLS) degree or equivalent qualification, recognized by the Medical Laboratory Science Council of Nigeria(MLSCN)
2.2.5.2 Registration with the MLSCN
2.2.5.3 Possession of the current license to practice, issued by the MLSCN.

2.2.6 Medical Laboratory Technicians

2.2.6.1 possession of certificate issued by Medical Laboratory Science Council Of Nigeria(MLSCN)
2.2.6.2 registration with the MLSCN
2.2.6.3 Possession of current annual tag issued by MLSCN

2.2.7. Nurse Practitioners

2.2.7.1 Qualified Nurse (i.e. BNSc or its equivalent, Registered Nurse/Midwife [RN/RM] or other specialized areas of Nursing)
2.2.7.2 Registration by the Nursing and Midwifery Council of Nigeria (NMCN)
2.2.7.3 Possession of the current licence to practice, issued by the NMCN

2.2.8 Radiographers and Ultrasonographers

2.2.8.1 Possession of the Bachelor of Radiography degree, or equivalent qualification recognized by the Radiographers Registration Board of Nigeria(RRBN)

2.2.8.2 Registration with the RRBN

2.2.8.3 Possession of the current license to practice, issued by the RRBN.

2.2.9. Physiotherapists

2.2.9.1 Possession of the BSc, BMR or B physiotherapy or equivalent qualification, recognized by the Medical Rehabilitation Therapist Board of Nigeria(MRTBN)

2.2.9.2 Registration with the MRTBN

2.2.9.3 Possession of the current license to practice, issued by the MRTBN.

2.2.10 Medical Rehabilitation Therapy Technician

2.2.10.1 Possession of Medical Rehabilitation Therapy Technician certificate issued by schools accredited and recognized by the MRTBN

2.2.10.2 Registration with the MRTBN

2.2.10.3 Possession of current annual permit to practice, issued by MRTBN

2.2.11 Dental Surgeons

2.2.11.1 Possession of the Bachelor of Dental Surgery degree, or equivalent qualification, recognized by the Medical and Dental Council of Nigeria(MDCN)

2.2.11.2 Registration with the MDCN

2.2.11.3 Possession of the current license to practice issued by the MDCN.

2.2.12 Dental Technicians/Technologist

2.2.12.1 Possession of the certificate, BSc. Or HND in Dental Technology or equivalent qualification from accredited Schools or institution

Note:

Dental Technologists are required to be registered with their relevant Regulatory body.

2.2.13 Optometrists

2.2.13.1 Possession of Doctor of Optometry degree, or equivalent qualification recognized by optometrist and dispensing optician registration board of Nigeria(ODORBN)

2.2.13.2 Registration with ODORBN

2.2.13.3 Possession of current license to practice issued by ODORBN.

2.2.14 Community Health Workers

2.2.14.1 Community Health Officers

a. Must have completed a 12-month course for Community Health Officer Course in an approved University Teaching Hospital or College of Health Technology as additional to qualification in (2.2.14.2) and (2.2.14.3) below.

i. Must be registered by Community Health Practitioners Registration Board of Nigeria(CHPRBN)

ii. Possesses a current license to practice by the CHPRBN

iii. Must have the Standing Orders from Federal Ministry of Health for Community Health Officers and Community Health Extension Workers

b. Senior Community Health Extension Workers

i. Must have completed a 36 month course for Community Health Extension Worker in an approved Health Institution

ii. Must have complied with 2.2.14.1.2 –2.2.14.1.4

c. Junior Community Health Extension Workers

i. Must have completed a 24-month course for Junior Community Health Extension Worker in an approved Health Institution.

ii. Must have complied with 2.2.14.1.2 –2.2.14.1.4

Note:

Healthcare facilities are advised to train their staff on basic life support (BLS)

2.3. CLASSIFICATION OF HEALTHCARE FACILITIES

2.3.1. Primary Health Care Facilities

Primary Health Care Facilities - First contact with the health system,
i.e. gatekeepers. These include:

2.3.1.1 Primary Health Care Centers
2.3.1.2 Comprehensive Health Care Centers
2.3.1.3 Nursing and Maternity Homes (Proof of Access to Medical Practitioner).
2.3.1.4 Out-patient Departments of General Hospitals, Company Clinics, Armed Forces, the Police and Other Uniformed Services Hospitals/Clinics, University Medical Centers, Federal and State Staff Hospitals and Outpatient Department of Federal Medical Centers, Specialist Hospitals.
2.3.1.5 Non-specialist Private Hospitals and Clinics

2.3.2. Secondary Health Care Facilities

Secondary Health Care Facilities provide health services on referral from Primary Facilities. These include:

2.3.2.1. General/Divisional Hospitals (out-patient specialist care and in-patient care for medical, surgical, Paediatrics, obstetrics and Gynecology etc)
2.3.2.2. Specialist Hospitals/Reference Hospitals
2.3.2.3. Federal Medical Centres
2.3.2.4. Specialist Private Hospitals and Clinics

2.3.3. Tertiary HealthCare Facilities

Tertiary Health Care Facilities provide health services on referral from secondary levels. These include:

2.3.3.1 Teaching Hospitals
2.3.3.2 Federal Medical Centres

2.4. OBLIGATIONS OF HEALTHCARE FACILITIES

The obligations of healthcare facilities shall include:

2.4.1. Providing the DSCHC with the following information:-
2.4.1.1.1 Names of serving health professionals and their qualifications (Doctors, Pharmacist, Nurses, etc)
2.4.1.1.2 Hours of duty coverage
2.4.1.1.3 Details of equipment available for medical services;
2.4.2 Ensuring that every beneficiary who visits the facility for care is attended to with utmost care, skill and prompt attention.
2.4.3 Provide service to duly identified enrollee at all times using the current DSCHC enrollee register.
2.4.4 All primary healthcare facilities must have facilities for ante- natal, delivery and post-natal care.

2.5 REQUIREMENTS FOR HEALTH CARE FACILITIES (HCFS)

2.5.1 Registration with the Delta State Ministry of Health
2.5.2 Possession of professionals with relevant academic qualifications
2.5.3 Registration with the relevant regulatory body
2.5.4 Possession of the current license to practice
2.5.5 Appropriate facility for service delivery
2.5.6 Registration by State authorities where applicable
2.5.7 Possession of professional indemnity cover
2.5.8 Possession of evidence of registration with Corporate Affairs Commission (CAC) or official gazette for government owned health institutions
2.5.9 Possession of adequate information and communication technology (ICT) infrastructure which must include internet access

2.6 FACILITY AND PERSONNEL REQUIREMENTS FOR PRIMARY HEALTH CARE FACILITY

2.6.1. Facility Requirements:

The following minimum features shall be provided at a Primary Health Care Facility:

2.6.1.1. Waiting and Reception Area

2.6.1.1.1 At least 4 x 3metres
2.6.1.1.2 Sitting facilities
2.6.1.1.3 Reception table
2.6.1.1.4 Registration table
2.6.1.1.5 Medical record keeping facilities
2.6.1.1.6 Wheel chair/patients' Trolley
2.6.1.1.7 Adequate ventilation
2.6.1.1.8 Weighing scale
2.6.1.1.9 Measure for heights

2.6.1.2. Consulting Room

2.6.1.2.1. At least 4 x 3 metres
2.6.1.2.2. Examination couch
2.6.1.2.3. Wash hand basin
2.6.1.2.4. Thermometer
2.6.1.2.5. Good light source
2.6.1.2.6. Stethoscope
2.6.1.2.7. Diagnostic set
2.6.1.2.8. Sphygmomanometer
2.6.1.2.9. Table and chairs
2.6.1.2.10. Adequate ventilation

2.6.1.3. Treatment Room

2.6.1.3.1. At least 2 x 3metres
2.6.1.3.2. Instruments cabinet
2.6.1.3.3. Dressing trolley/tray
2.6.1.3.4. Cotton swab
2.6.1.3.5. Needles and syringes
2.6.1.3.6. Galipot
2.6.1.3.7. Dressing forceps
2.6.1.3.8. Needle holder
2.6.1.3.9. Suture materials
2.6.1.3.10. Antiseptics and disinfectants
2.6.1.3.11.Gauze/bandages
2.6.1.3.12. Disposable gloves
2.6.1.3.13. Wash hand basin
2.6.1.3.14. Dressing stool
2.6.1.3.15. Colour coded containers for waste disposal
2.6.1.3.16. Safety box(es) for sharps

2.6.1.4. Patients' toilet facilities with adequate water supply

2.6.1.5. Sterilizer/Autoclave

2.6.1.6. Containers for disposal of sharp objects

2.6.1.7. Emergency tray containing:

2.6.1.7.1 Needles and syringes
2.6.1.7.2 Scalp vein needles
2.6.1.7.3 I V giving set
2.6.1.7.4 Injection hydrocortisone

2.6.1.7.5 Injection adrenaline
2.6.1.7.6 5% dextrose
2.6.1.7.7 Normal saline
2.6.1.7.8 Injection Aminophyline
2.6.1.7.9 Gloves

2.6.1.8. Resuscitative equipment

2.6.1.8.1. Ambu bag
2.6.1.8.2. Oxygen cylinder and trolley
2.6.1.8.3. Suction machine (auto orpedal)
2.6.1.8.4. Drip stand
2.6.1.8.5. Oropharyngeal airway

2.6.1.9. Appropriate fire fighting equipment

2.6.1.10. Adequate waste disposal facilities

2.6.1.11. Refrigerator

2.6.1.12. Alternate power supply

2.6.2. MINIMUM FACILITIES FOR LABOUR ROOM

2.6.2.1. Labour room at least 4 x 3 metres
2.6.2.1.1. Equipment and consumables in labour room
a) Delivery bed
b) Baby's cot
c) Weighing scale for babies
d) Delivery packs containing:
i. Episiotomy scissors
ii. Kocher forceps
iii. Artery forceps
iv. Surgical scissors
v. Kidney dish without cover
vi. Galipot
vii. Straight scissors (long)
viii. Cord scissors
ix. Kidney dish with cover
x. Cord Clamp
xi. Needle & Syringe
xii. Mucus extractor
xiii. Surgical gloves
xiv. Disposable gloves
xv. Draw Mackintosh
xvi. Tape rule
xvii. sterilizer (for delivery pack)
xviii. Suturing materials
xix. Gauze bowl
xx. Vitamin K, Oxytocin and Ergometrine injections

2.6.2.2. Resuscitative Equipment:
a. Oxygen
b. Suction machine (auto or pedal)
c. Resuscitative table
d. Oropharyngeal airway
e. Disposable gloves
f. Needles & syringes
g. 10%/50% dextrose
h. Scalp vein needle 21G, 23G
i. IV giving set
j. Normal saline
k. Dextrose saline

2.6.2.3 At least 1 bed

2.6.2.4 Adequate toilet facilities

2.6.2. 5 Adequate lighting

2.6.2.6 Adequate water supply

2.6.2. 7 Adequate waste disposal

2.6.2. 8 Washable floor

2.6.2. 9 Ward

2.6.2.9.1 Lying-in ward with minimum distance of one metre in- between adjoining beds, and 1 x 3 sq. metres between two rows of beds

2.6.2.9.2 A locker and an over-bed table for each bed
2.6.2.9.3 Sterilizer/Autoclave
2.6.2.9.4 Wheel chair/patients' trolley
2.6.2.9.5 Ward screen
2.6.2.9.6 Sluice room
2.6.2.9.7 Adequate lighting
2.6.2.9.8 Clean water
2.6.2.9.9 Clean toilet and bath facilities with adequate water supply
2.6.2.9.10 Adequate drainage
2.6.2.9.11 Fire fighting facilities in good condition that are appropriately distributed throughout the premises
2.6.2.9.12 Mosquito screening for the wards
2.6.2.9.13 Nurses 'bay
2.6.2.9.14 Doctors' room
2.6.2.9.15 Possession of required professional indemnity insurance cover as stipulated in the DSCHC Operational Guidelines
2.6.2.9.16 Possession of appropriate equipment and staff to render services in the field of specialization
2.6.2.9.17 Registration of premises by the Government of the State in which they operate, where applicable
2.6.2.9.18 Alternative power supply in good condition

2.6.3. SIDE LABORATORY

2.6.3.1 Microscope
2.6.3.2 Bench centrifuge
2.6.3.3 Refrigerator
2.6.3.4 Glassware (slide, cover slips, etc)
2.6.3.5 Stains
2.6.3.6 Reagents/Kits
2.6.3.7 Haematocrit centrifuge and reader
2.6.3.8 Adequate waste disposal

Note: Side laboratory is a prerequisite for registration as a primary healthcare facility

2.6.4. PERSONNEL REQUIREMENTS

2.6.4.1. Primary HealthCare Facilities

Public and private hospitals should have the following:
a. At least one Medical Practitioner
b. At least five Registered Nurses/Midwives
c. At least two Hospital Assistants
d. At least one administrative staff for medical record and secretarial duties
e. At least one Medical Laboratory scientist

2.6.4.1.1 Health Centres
Primary Healthcare centers should meet the standards as set by the National Primary Health Care Development Agency (NPHCDA)

2.6.4.2. Nursing and Maternity Homes

a. Proof of access to Medical Practitioner
b. At least two registered nurses/midwives
c. At least two hospital assistants
d. At least one administrative staff for medical records and secretarial duties
e. Adequate infrastructure and facility to comply with Primary care services delivery requirement.

2.7. FACILITY AND PERSONNEL REQUIREMENTS FOR SECONDARY HEALTH CARE FACILITY

This level of health care will have facilities for out-patient and in- patient services, for general, medical, surgical, paediatric, maternal care, etc. The wards will be divided strictly into gender compartments. For a facility to be accredited as secondary facility it must also possess the following accredited services:
i. Pharmacy
ii. Laboratory
iii. Operating theatre (where applicable)

2.7.1. Facility Requirements

In addition to the requirements specified for primary health care facilities and the compulsory requirement above, the secondary health care facility depending on the services applied for, shall possess the following:

2.7.1.1 X-ray and allied diagnostics
2.7.1.2 Surgical operating theatre
2.7.1.3 Lying-in ward with minimum distance of one metre in- between adjoining beds, and 1 x 3 sq. metres between two rows of beds
2.7.1.4 A locker and an over-bed table for each bed
2.7.1.5 Separate wards for male, female and children
2.7.1.6 Delivery room, where applicable, to be 12sq. metres
2.7.1.7 Wheel chair/patients' trolley
2.7.1.8 Sluice room
2.7.1.9 Possession of required professional indemnity insurance cover as stipulated in the DSCHC Operational Guidelines
2.7.1.10 Possession of appropriate equipment and staff to render services in the field of specialization
2.7.1.11 Laundry Services
2.7.1.12 Medical Equipment Management System
2.7.1.13 Medical Janitorial Services
2.7.1.14 Catering Services
2.7.1.15 Bed pan/Urinary
2.7.1.16 At least four Bed linens per bed
2.7.1.17 Screens
2.7.1.18 Adequate waste disposal
2.7.1.19 Adequate alternate power source
2.7.1.20 Fire fighting equipment

Note: Any other facility that may be prescribed by the DSCHC

2.7.2. Minimum Requirements for O&G

2.7.2.1 Personnel
a. Consultant Obstetrician and Gynaecologist
b. At least a visiting Paediatrician
c. At least two RN/RM per shift
d. Peri-operative nurse
e. Anaesthetic personnel

2.7.2.3 Gynaecological Clinic
2.7.2.4 Antenatal, Post-natal and Family Planning Clinics

2.7.2.5 Antenatal, Post-natal and Gynae Wards

2.7.2.5.1Delivery Suite:
a. First Stage
i. At least one bed
b. Labour room at least 4 x 3metres
Equipment and consumables in labour room should include the following:
i. At least 2 Delivery beds
ii. Baby's cot
iii. Weighing scale for babies
iv. Delivery pack containing:
• Episiotomy scissors
• Kocher forceps
• Artery forceps
• Surgical scissors
• Kidney dish without cover
• Galipot
• Straight scissors (long)
• Cord scissors
• Kidney dish with cover
• Cord Clamp
• Needles & Syringes–
v. Mucus extractor
vi.Surgical gloves
vii. Disposable gloves
viii. Draw Mackintosh
ix. Tape rule
x. Sterilizer (for delivery pack)
xi. Suturing materials
xii. Gauze bowl
xiii. Vitamin K, Oxytocin and Ergometrine injections
xiv. Resuscitative Equipment:
xv. Oxygen
xvi. Suction machine (auto or pedal)
xvii. Ambu bag
xviii. Resuscitative table
xix. Oropharyngeal airway
xx. Disposable gloves
xxi. Needles & syringes
xxii. 10%/50% dextrose
xxiii. Scalp vein needle 21G,23G
xxiv. IV giving set
xxv. Normal saline
xxvi. Dextrose saline
xxvii. At least 4 beds
xxviii. Adequate toilet facilities
xxix. Adequate lighting
xxx. Adequate water supply
xxxi. Adequate waste disposal
xxxii. Washable floor

2.7.2.6. Operating Theatre

2.7.2.6.1 Standard theatre room
2.7.2.6.2 Operating table
2.7.2.6.3 Diathermy Machine
2.7.2.6.4 Gynae and Obstetrics Packs
2.7.2.6.5 Anaesthetic machine
2.7.2.6.6 Cardio-Respiratory Monitor

2.7.2.6.7 Suction Machine
2.7.2.6.8 Autoclave
2.7.2.6.9 Emergency Tray
2.7.2.6.10 Adequate air conditioning units
2.7.2.6.11 Adequate resuscitative equipment
2.7.2.6.12 Operating light source
2.7.2.6.13 Washable floor

2.7.3. MINIMUM REQUIREMENTS FOR SURGERY

2.7.3.1. Personnel
2.7.3.1.1 Consultant Surgeons
2.7.3.1.2 Peri-operative nurse
2.7.3.1.3 Anaesthetic personnel(doctors/nurses)
2.7.3.1.4 Intensive Care Nurse or Accident and Emergency Nurse, Theater technician
2.7.3.1.5 Surgical Clinic
2.7.3.1.6 Male and Female Surgical Ward

2.7.3.2. Operating Theatre

2.7.3.2.1 Standard theatre room
2.7.3.2.2 Operating table
2.7.3.2.3 Diathermy Machine
2.7.3.2.4 Minor and Major Surgical Packs
2.7.3.2.5 Anaesthetic machine
2.7.3.2.6 Cardio-Respiratory Monitor
2.7.3.2.7 Suction Machine
2.7.3.2.8 Autoclave
2.7.3.2.9 Emergency Tray
2.7.3.2.10 Adequate air conditioning units
2.7.3.2.11 Adequate resuscitative equipment
2.7.3.2.12 Operating light source
2.7.3.2.13 Washable floor

2.7.3.3 Casualty (Accident &Emergency)

2.7.3.3.1 Stretcher
2.7.3.3.2 Couch
2.7.3.3.3 Drip stand
2.7.3.3.4 Emergency Trolley/Cupboard
2.7.3.3.5 Adequate resuscitative equipment

2.7.4. Minimum Requirements For Paediatrics

2.7.4.1 Personnel
2.7.4.1.1 Paediatrician
2.7.4.1.2 Paediatric nurses
2.7.4.1.3 Nutritionist/dietician

2.7.4.2. Equipment
2.7.4.2.1 Paediatric Clinic
i. Examination couch
ii. Auroscope
iii. Laryngoscope/Endotracheal tube
iv. Oxygen cylinder with face mask
v. Torch light/spotlight
vi. Tongue depressor
vii. Weighing scale
viii. Tape rule
ix. Suction machine

x. Treatment tray/Cupboard
xi. Paediatric sphygmomanometer
xii. Paediatric stethoscope
xiii. Sterilizer
xiv. Waiting area
xv. Clinical thermometer

2.7.4.2.2 Emergency Paediatric Unit (EPU)
i. Paediatric couch/beds
ii. Solusets and Haemosets
iii. Weighing scale
iv. Tape rule
v. Suction machine
vi. Oxygen cylinder/face mask/endotracheal tube
vii. Diagnostic set
viii. Emergency drug tray/cupboard
ix. Treatment tray
x. Sphygmomanometer/stethoscope
xi. Paediatric resuscitative kit
xii. Paediatric ambu bag
xiii. Gloves

2.7.4.2.3 Special Care Baby Unit (SCBU):
i. Scrubbing Room
ii. Incubator
iii. Heat radiant
iv. Exchange blood transfusion kits
v. Solusets (various set)
vi. Phototherapy machine
vii. Oxygen cylinder/face mask/endotracheal tube
viii. Weighing scale and tape rule
ix. Spot light/torch light
x. Diagnostic set
xi. Emergency drug tray/cupboard
xii. Treatment/instrument tray

2.7.4.2.4 Nutritional Rehabilitation Unit (NRU)
i. Demonstration laboratory (i.e. room with demonstration aids)
ii. Nutritional clinic
a. Weighing scale
b. Tape rule
c. Health Education Aids (i.e. posters, flowcharts)

2.7.5 MINIMUM REQUIREMENTS FOR INTERNAL MEDICINE

2.7.5.1 Personnel
2.7.5.1.1 Consultant Physicians
2.7.5.1.2 Qualified Nurse with Relevant Specialization

2.7.5.2 Medical Out-patient Department

2.7.5.2.1 Diabetic Clinic
2.7.5.2.2 Hypertensive Clinic
2.7.5.2.3 Cardiac Clinic
2.7.5.2.4 G I Clinic
2.7.5.2.5 Renal/Nephrology Clinic
2.7.5.2.6 Neurology Clinic
2.7.5.2.7 Relevant Equipment such as: ECG, EEG, Echo – Cardiography

2.7.6 MINIMUM REQUIREMENTS FOR DENTAL CLINICS

2.7.6.1 Personnel

2.7.6.1.1 Dental Surgeon
2.7.6.1.2 Dental Therapist
2.7.6.1.3 Dental Technologist

2.7.6.2 Dental Clinic

2.7.6.2.1 General outlay (20 sqmeter)
2.7.6.2.2 Waiting area
2.7.6.2.3 Screened/partitioned cubicle
2.7.6.2.4 Complete dental unit
2.7.6.2.5 Autoclave
2.7.6.2.6 Extraction forceps
2.7.6.2.7 Elevators
2.7.6.2.8 Amalgamator
2.7.6.2.9 Tooth filling instruments (temporary/permanent)
2.7.6.2.10 Tooth extraction materials
2.7.6.2.11 Dental syringes
2.7.6.2.12 Xylocaine cartridge/spray
2.7.6.2.13 Dental X-ray machine

NOTE: Dental services may be provided by in-house facilities or stand- alone dental centres accredited by the DSCHC.

2.7.7 MINIMUM REQUIREMENTS FOR EAR, NOSE AND THROAT (OTORHINOLARYNGOLOGY)

2.7.7.1 Personnel

2.7.7.1.1 ENT Surgeon
2.7.7.1.2 ENT Nurse

2.7.7.2 Well-Equipped Clinic

2.7.7.2.1 ENT examination table with instrument set (Console)
2.7.7.2.2 Head lamp/head mirror
2.7.7.2.3 Auroscope
2.7.7.2.4 Fibre optic Naso-laryngo-pharyngoscope
2.7.7.2.5 Suction machine
2.7.7.2.6 Sterilizing systems
2.7.7.2.7 Chemical sterilization
2.7.7.2.8 Steam sterilization(Autoclave)

2.7.7.3 Audiometry Unit

2.7.7.3.1 Audiometer
2.7.7.3.2 Tympanometer
2.7.7.3.3 Bera equipment
2.7.7.3.4 Calorimeter

2.7.7.4 Special Therapy Unit

2.7.8 MINIMUM REQUIREMENTS FOR OPHTHALMOLOGY

2.7.8.1 Personnel

2.7.8.1.1 Consultant Ophthalmologist
2.7.8.1.2 Ophthalmic Nurse
2.7.8.1.3 Anaesthetic Personnel

2.7.8.2 Ophthalmology Clinic

2.7.8.2.1 Waiting area
2.7.8.2.2 Instrument tray/trolley
2.7.8.2.3 Slit lamp
2.7.8.2.4 Applanation tonometer
2.7.8.2.5 Opthalmoscope
2.7.8.2.6 Retinoscope
2.7.8.2.7 Flashlight
2.7.8.2.8 VA chart box
2.7.8.2.9 Trial lens set (for refraction)
2.7.8.2.10 Visual field machine
2.7.8.2.11 AB scoring machine
2.7.8.2.12 CVF machine
2.7.8.2.13 Ophthalmic drops
2.7.8.2.14 lensometer

2.7.8.3 Treatment Room

2.7.8.3.1 Examination couch
2.7.8.3.2 Minor treatment set
2.7.8.3.3 Sterilization systems
2.7.8.3.4 Autoclave
2.7.8.3.5 Angle poised lamp
2.7.8.3.6 Treatment tray/trolley
2.7.8.3.7 Flash light

2.7.8.4 Adequate Inpatient Ward

2.7.8.5 Theatre

2.7.8.5.1 Operating microscope
2.7.8.5.2 General ophthalmic surgery set
2.7.8.5.3 Oxygen and delivery system

2.7.9 MINIMUM REQUIREMENTS FOR OPTOMETRY

2.7.9.1 Personnel
2.7.9.1.1 Optometrist
2.7.9.1.2 Ophthalmic Technician
2.7.9.2 Clinic
2.7.9.2.1 Waiting area
2.7.9.2.2 Instrument tray/trolley
2.7.9.2.3 Slit lamp
2.7.9.2.4 lensometer
2.7.9.2.5 Opthalmoscope
2.7.9.2.6 Retinoscope
2.7.9.2.7 Flashlight
2.7.9.2.8 VA chart box
2.7.9.2.9 Trial lens set (for refraction)
2.7.9.2.10 Visual field machine
2.7.9.2.11 AB scoring machine
2.7.9.2.12 CVF machine
2.7.9.2.13 Ophthalmic drops
2.7.9.2.14 Applanation tonometer

2.7.9.3 Optometry laboratory
2.7.9.3.1 Glazing Machine
2.7.9.3.2 PD (pupillary distance) rule

2.7.10 MINIMUM REQUIREMENTS FOR PSYCHIATRY

2.7.11 MINIMUM REQUIREMENTS FOR PHARMACY
2.7.11.1Personnel

2.7.11.1.1 Superintendent Pharmacist
2.7.11.1.2 Pharmacy Technician where applicable

2.7.11.2 Pharmacy

2.7.11.2.1 Possession of approved and registered premises as specified by the Pharmacists Council of Nigeria(PCN)
2.7.11.2.2 Possession of required professional indemnity insurance cover as stipulated in the DSCHC Operational Guidelines

2.7.11.2.3 Pharmacy must be equipped to meet the minimum requirements as prescribed below:

a. Pharmacist with basic qualification and registered with the Pharmacists Council of Nigeria
b. Pharmacists possession of current license to practice from the Pharmacists Council of Nigeria(PCN)
c. Possession of current premises license issued by the PCN
d. Pharmacy must be supervised by a Superintendent pharmacist, approved and registered by the Pharmacists Council of Nigeria
e. Pharmacy must provide services 24 hours a day and 7 days a week.

2.7.11.2.4 General outlay of the premises:

a. Entire space area as prescribed by PCN
b. Arrangement of shelves and drugs for easy access
c. Pharmacist's office/counseling area
d. Display of original certificates
e. Separate dispensing area with tray and spatula/spoon
f. Air-conditioner
g. Fans
h. Refrigerator
i. Washable floor

2.7.11.2.5 Adequate storage for drugs:

a. Separate air-conditioned store with shelves
b. Refrigerator

2.7.11.2.6 Drug Information Unit:

a. Computer, Printer and Internet access
b. Medi-Pharm or MIMs Africa
c. Martindale–Extra-pharmacopoeia
d. Pharmacy Laws
e. British Pharmacopoeia
f. National Drug Policy
g. National Essential Medicines List
h. Pharmacy Journals
i. The 4 part compendium of standards for the assurance of pharmaceutical care in Nigeria.

2.7.11.2.7 Schedule drugs

a. Separation of schedule drugs from over-the- counter drugs
b. Availability of lockable DDA cupboard
c. Availability of disposal of Dangerous Drugs Register (PCN Form K)
d. Regular entries into the Dangerous Drugs Register (PCN Form K)

2.7.11.2.8 Adequate record keeping/computerization
a. Drug receipts
b. Sales invoices
c. Sales books/ledgers
d. Bin cards
e. Adverse Drug Reaction Register

2.7.11.2.9 Alternative power supply

2.7.11.2.10 Fire Extinguisher

Note: Pharmacy services may be provided by hospital facilities as stated above, or by the community pharmacies accredited as a partnership with a Clinic/ Hospital accredited by the DSCHC.

2.7.12 MINIMUM REQUIREMENTS FOR MEDICAL LABORATORY SERVICES

2.7.12.1Personnel

2.7.12.1.1 Medical Laboratory Scientist
2.7.12.1.2 Medical Laboratory Technician
2.7.12.1.3 Medical Laboratory Assistant

Note: It is necessary to have an officer dedicated to Quality assurance/bio-safety at secondary and tertiary healthcare facilities.

2.7.12.2 Laboratory

2.7.12.2.1 Possession of a laboratory approved by the Medical Laboratory Science Council of Nigeria(MLSCN)

2.7.12.2.2 The laboratory should be equipped to perform full investigations in the following areas:
a. Haematology/Blood group serology
b. Clinical Chemistry
c. Medical Microbiology
d. Medical Parasitology
e. Histopathology (where necessary)

2.7.12.2.3 Possession of personnel requirements for comprehensive laboratory services, i.e. qualified Medical laboratory scientists in the following specialized areas:
a. Medical Microbiology
b. Heamatology/Blood group serology
c. Clinical Chemistry
d. Medical Parasitology
e. Histopathology (where necessary)

2.7.12.2.4 Possession of the following general minimum equipment and consumables:
i. Binocular Microscope
ii. Incubator
iii. Weighing balance
iv. Water or Dry bath
v. Bench Centrifuge
vi. Haemoglobin electrophoresis machine and accessories
vii. Haematocrit centrifuge and reader
viii. ESR system and accessories
ix. Bunsen burner and gas cylinder
x. Laboratory consumables (disposables, reagents, chemicals, stains e.t.c)
xi. Laboratory glasswares
xii. Colorimeter/Spectrophotometer
xiii. Improved Neubauer counting chamber
xiv. Domestic and Blood Bank Refrigerators
xv. Sterilizer/Autoclave

xvi. Bleeding Bay/Sample Collection Room
xvii. Pipetting devices (single or variable, serologic, etc)
xviii. Microtome (where necessary)
xix. Wooden or plastic racks
xx. Wash- up room/special media room
xxi. Adequate water supply
xxii. Air-conditioner
xxiii. Fire extinguishing facilities
xxiv. Alternative power supply
xxv. Toilet facilities/washable floor
xxvi. Adequate Sharp/Waste Disposal
xxvii. Bio-safety cabinet
xxviii. Waste disposal (local incinerator must be provided
xxix. Impermeable working benches(Formica/tiles)
xxx. No cloth blinds
xxxi. Separate media room for microbiology which must be air-conditioned
xxxii. Adequate illumination is vital
xxxiii. Copy of certificate of incorporation or business name registration certification.

Note: Possession of the following equipment at the different departments/benches

2.7.12.2.5. Chemical Pathology
a. Flame Photometer
b. Colorimeter/spectrophotometer
c. Fridge
d. Deep freezer
e. Chemical Balance
f. Automatic Pipette

2.7.12.2.6. Haematology
a. Haematocrit
b. Microscope
c. Centrifuge
d. Colorimeter (if offering chemical pathology colorimeter spectrometer provided for chemical pathology will suffice)

2.7.12.2.7. Parasitology
a. Microscope
b. Centrifuge
c. Hot air oven

2.7.12.2.8. Bacteriology
a. Binocular
b. Autoclave
c. Hot air oven
d. Anaerobic jar
e. Facilities for CO_2 incubation
f. Centrifuge
g. Incubator

2.7.12.2.9. Blood transfusion Science
a. Blood Bank
b. Facilities for bleeding of donors (bleeding couch)
c. Centrifuge
d. Microscope
e. Water bath

2.7.12.2.10. Histology

a. Microtome
b. Microscope
c. Water bath
d. Tissue processor

NOTE:
a. Laboratory services may be provided by in-house facilities as stated above, or by stand-alone laboratories accredited in partnership with a Clinic/Hospital accredited by the DSCHC.
b. Laboratory accredited by DSCHC shall operate on 24 hours basis.

2.7.13 MINIMUM REQUIREMENTS FOR RADIOGRAPHY

2.7.13.1 Personnel
2.7.13.1.1 At least a part time Radiologist
2.7.13.1.2 Radiographer
2.7.13.1.3 Radiological Centre

Premises duly registered with the Government of the State in which the facility operates as an X-ray centre, and possession of minimum of radiological equipment for routine and special investigations, as specified by the Radiographers Registration Board of Nigeria (RRBN) and Nigeria Nuclear Regulatory Agency (NNRA).

2.7.13.2. Radio Diagnosis

Minimum requirements as follows:
a. Waiting room
b. Standard X-Ray room as specified by the RRBN
c. At least one static X-Ray machine with a minimum of 100 MAS and 125 KVP output rating
d. One sizeable processing room equipped with a set of manual processor, including a drier
e. One X-Ray couch with Bucky
f. One chest stand
g. Lead aprons
h. 1 protective cubicle
i. Hangers – all sizes
j. Cassettes – all sizes
k. X-ray viewing box
l. Gloves and masks
m. Gonad Shields
n. Safe Light
o. Lead Lining as specified by RRBN

2.7.14 MINIMUM REQUIREMENTS FOR ULTRASONOGRAPHY

2.7.14.1Personnel
2.7.14.1.1 Sonographer
2.7.14.1.2 Visiting Sonologist

2.7.14.2 USS Centre

2.7.14.2.1 Registration with RRBN
2.7.14.2.2 Possession of professional indemnity cover as may be determined from time to time by the DSCHC
2.7.14.2.3 Patient waiting room
2.7.14.2.4 One ultrasound machine – with at least standard probes of different resistance rating
2.7.14.2.5 Gel

NOTE: The above services may be provided by in-house facilities or by stand-alone centres accredited in partnership with Clinic/Hospital accredited by the DSCHC.

2.7.15 MINIMUM REQUIREMENTS FOR PHYSIOTHERAPY AND OTHER MEDICAL REHABILITATION THERAPY PROFESSIONS

2.7.15.1 Personnel

1.7.15.1.1 Registered Physiotherapists and Other medical rehabilitation therapists
1.7.15.1.2 Medical rehabilitation therapy technicians

2.7.15.2 Clinic/Centre

2.7.15.2.1 Certification of equipment and premises by MRTB
2.7.15.2.2 Registration with the Medical Rehabilitation Therapists Board(MRTB)
2.7.15.2.3 Possession of professional indemnity cover as stipulated in the DSCHC Operational Guidelines.
2.7.15.2.4 Current license to practice

2.7.15.2.5 Well-equipped gym containing:
a. Bicycle ergometer Wall & parallel bars
b. Hand and wrist exerciser
c. Traction machines
d. Re-education boards
e. Exercise mats/mattresses
f. Shoulder wheels
g. Tread mill
h. Air-conditioner
i. Compression Bands
j. Foam Pads of all sizes and shapes
k. Bowls and dishes
l. Sterilizers/Autoclave

2.7.15.2.6 Treatment room (rehabilitation equipment)
a. Short-wave diathermy
b. Infra-red
c. Hydropack (Hot,cold)
d. Electrical stimulators
e. Ultrasound stimulators
f. Wax bath stimulators
g. Ultraviolet stimulators
h. Micro wave stimulators
i. Sphygmomanometer
j. Splints
k. Clean linen
l. Gloves and masks
m. Crepe bandages
n. Stadiometer
o. Ointment/cream for massage

2.7.15.2.7 Assistive devices(store)
a. Walking stick
b. Crutches
c. Walking frame
d. Wheel chairs

2..7.16. MEDICALRECORD
2..7.16.1. Minimum Requirement for Health Records
2.7.16.1.1 Personnel
a. Health Technicians in Health Information Management
i. Register with NHRA and HRORBN
ii. OND/HND in Health Information Management register with NHRA and HRORBN
Material

Note:
Physiotherapy and Other medical rehabilitation therapy services may be provided by in-house facilities or by stand-alone physiotherapy clinics/centres accredited in Partnership with a Clinic/Hospital accredited by the DSCHC.

2.8 FACILITY AND PERSONNEL REQUIREMENTS FOR TERTIARY HEALTHCARE FACILITY

Categories
2.8.1. Teaching Hospitals
2.8.2. Federal Medical Centres

2.8.3. Specialist Hospitals
2.8.4. Specialized Hospitals

2.8.1. TEACHING HOSPITALS
2.8.1.1. Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.1.2. Clinics

a. Psychiatry
b. Subspecialty in: Surgery (viz: Urology, ENT, ophthalmology, orthopaedics, pediatric surgery,etc)
c. Internal medicine (viz. dermatology, nephrology, neurology, cardiology etc)
d. O&G (Reproductive endocrinology, high risk obstetrics and gyneacological oncology etc)
e. Pediatrics (viz. paediatric oncology, paediatric nephrology, paediatric neurology, paediatric cardiology and neonatology)

2.8.1.3. Services

In addition to all the departments identified at the secondary level:
a. Specialized Laboratory services
i. Blood Transfusion services
ii. Histopathology
iii. Forensic Services
iv. PAP smear
v. HIV confirmation, CD 4 count and Viral load etc

b. Specialized medical imaging department

i. Magnetic Resonance Imaging(MRI)
ii. Radiotherapy
iii. Nuclear Medicine
iv. Computerized Tomography Scan

c. Physiotherapy

d. Pharmacy.

i. Satellite Pharmacy
ii. Pharmaceutical Care
iii. Compounding
iv. Drug Information Service
v. Therapeutic Drug Monitoring
vi. Unit dose dispensing

e. Medical Library
f. Adequate Information and Communication Technology (ICT) infrastructure to include internet access.
g. Dialysis
h. Optometry

2.8.1.4. Minimum Bed Space – 70 Beds
2.8.1.5. Equipment: As for each sub-specialty

2.8.2. FEDERAL MEDICAL CENTERS

2.8.2.1 Personnel

Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.2.2 Clinics
All the clinics identified at the secondary level and available sub-specialties.

2.8.2.3 Services
As per existing departments and sub-specialties

2.8.2.4 Equipment
As for each sub-specialty in addition to requirements at secondary level.

2.8.2.5 Minimum Bed Space - 50Beds

2.8.3 SPECIALIST HOSPITALS

2.8.3.1 Personnel
Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.3.2 Clinics
All the clinics identified at the secondary level and available sub-specialties.

2.8.3.3 Services
As per existing departments and sub-specialties

2.8.3.4 Equipment
As for each sub-specialty in addition to requirements at secondary level.

2.8.3.5 Minimum Bed Space - 40Beds

2.8.4 SPECIALIZED HOSPITALS

2.8.4.1 Personnel
Each department/ subspecialty must be headed by the appropriately qualified and licensed professional/ skilled experienced personnel

2.8.4.2 Clinics
All relevant clinics and available sub-specialties.

2.8.4.3 Services
As per existing departments and sub-specialties

2.8.4.4 Equipment
As for each sub-specialty in addition to requirements at secondary level for the specific service.

2.8.4.5 Minimum Bed Space – 20 Beds

2.9. PROCEDURES FOR ACCREDITATION
Accreditation is the process of assessing and certifying healthcare facilities using commonly accepted standards for participation in the programmes of the Scheme. The Delta State Contributory Health Commission will perform accreditation for the following purposes:

a. To ensure accessibility and availability of healthcare services for enrollees of the DSCHS
b. To promote and ensure quality Healthcare services for enrollees of the DSCHS
c. To ensure continuous improvement of quality of services provided under the Scheme
d. To improve public confidence in the Health care system

A full accreditation procedure for any health care facility includes the following steps:

a. Application for participation in the Scheme (which attracts a non-refundable fee of Ten thousand naira N10, 000.00 for the Application form)
b. Screening of completed applications to determine suitability for possible inspection
c. Accreditation visits by teams of Healthcare professionals to perform an in-depth evaluation to determine whether the facilities meet the established standards.
d. HCF shall be accredited provisionally for one years in the first instance.
e. DSCHC shall pay a minimum of two compulsory quality assurance visits to the HCF before the next accreditation visit.
f. At the expiration of one year, the HCF shall be assessed with emphasis on any deficiency noted during the first accreditation visit.
g. If there is no improvement, the HCF shall have its accreditation withdrawn.
h. A HCF that meets the DSCHC accreditation requirements shall be issued full accreditation.
i. Publish list of institutions that have met these requirements and have been accredited by the Scheme
j. Periodic review of accredited Health care facilities to determine their continuous capacity to provide services to enrollees of DSCHS.

2.10. ACCREDITATION FEES

Each healthcare facility shall pay the sum of fifty thousand naira (N50, 000:00 and shall comprise of both the registration fee and the accreditation fee. It shall be for each service applied for).

All re-accredited facilities shall be required to pay re-accreditation fees as follows:
a. Primary Facilities Forty Thousand Naira(N40,000.00) for all services
b. Secondary and Tertiary Facilities Forty Thousand Naira (N40, 000.00) per service.
All fees are subject to review.

2.11. AGREEMENT BETWEEN HEALTH CARE FACILITIES AND DSCHC
Agreement between the Health Care Facilities and DSCHC shall include the following terms:

2.11.1. Acceptance by the Facility to provide healthcare services, 24 hours a day and 365 days in a year

2.11.2. Accepting beneficiaries without discrimination. A Facility cannot reject a patient except on appeal to the DSCHC stating the grounds for rejection.

2.11.3. Pharmacy facilities shall stock quality drugs based on the DSCHC Drugs List

2.11.4. All prescriptions by the Facility shall be in quadruplicate. Two copies shall be sent to the pharmacy, a copy to DSCHC and a copy retained by the Healthcare facility

2.11.5. All beneficiaries shall be given adequate treatment in line with DSCHC standard treatment and referral protocol.

2.11.6. A Facility shall not solicit to see a DSCHC enrollee as a fee paying patient

2.11.7. Patients should only be referred to DSCHC accredited secondary and tertiary facilities

2.11.8. A facility shall not misrepresent an enrollee as to the benefit package of DSCHC programmes

2.11.9. Acceptance by the facility to provide healthcare to enrollees even during periods of strike/industrial action or any other unforeseen circumstance in which services has been disrupted by making adequate alternative arrangement for provision of service at a nearby accredited facility

2.11.10.To accord DSCHC enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme

2.11.11.Facility shall maintain a dedicated account for the sole purposes of improving health care services infrastructure and render account to DSCHC during periodic inspections

2.12. EXIT FROM THE SCHEME/RELOCATION/ CHANGE OF NAME
A Healthcare Facility wishing to exit from operation of the DSCHC shall:

i. Give three (3) months written notice to the DSCHC and the enrollees registered with it of its intention.
ii. The Facility shall accord DSCHC enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.
Any healthcare facility wishing to relocate to a new site and still operate under DSCHC must:
i. Give a three (3) months written notice to DSCHC and the enrollees registered with it of its intention.
ii. Apply for inspection and accreditation of the new premises.
iii. The Facility shall accord DSCHC enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.

Any health care facility wishing to change name/ownership and still operate under DSCHC must:
i. Give a three (3) months written notice to DSCHC and the enrollees registered with it of its intention
ii. Notify DSCHC formally attaching evidence of Newspaper publication and CAC approval
iii. The Facility shall accord DSCHC enrollees the necessary rights and privileges due to them as beneficiaries of the Scheme within the 3months period of this notice.

NOTE:
i. The enrollees will be at liberty to remain with a relocating facility or choose a new one.
ii. A Facility must publish its intention to exit the Scheme or relocate to a new site in at least One (1) National Daily Newspaper.

2.13. CONDITIONS FOR RENEWAL OF THE ACCREDITATION OF HEALTH CARE FACILITIES
Accreditation of every HCF shall be renewable every two (2) years. Some of the criteria for re-accreditation shall include:

2.13.1. Availability of requisite skilled/experienced personnel

2.13.2. Availability of facilities to provide prompt and efficient services to enrollees

2.13.3. The institution of well organized and proper management structures.

2.13.4. Employment of trained managers to run the administration of facilities professionally.

2.13.5. Attendance of DSCHC-HCF meetings shall be mandatory as an avenue to educate stakeholders. It shall be mandatory for the Director/CEO of DSCHC accredited facilities with appreciable number of enrollees to attend these meetings at least annually and DSCHC shall use attendance of these meetings as one of the prerequisite for reaccreditation.

2.13.6. HCF must have made all returns due to DSCHC

2.13.7. Current licenses of personnel and registration with regulatory bodies. (current licenses of personnel to be sent to DSCHC on yearly basis or as applicable).

2.13.8. For a hospital/clinic to be accredited as secondary or tertiary healthcare facilities, it should have in-house pharmacy and laboratory.

2.13.9. Every HCF shall meet the basic ICT infrastructure requirement for their category of accreditation.

2.13.10.All DSCHC accredited HCFs shall put in place a functional medical records unit/department as a prerequisite to their re-accreditation. The unit/department shall coordinate the ICT of the facility.

2.13.11.The institutionalization of internal total quality management system that will ensure effective delivery of qualitative healthcare in liaison with DSCHC.

2.13.12.Compliance with DSCHC operational guidelines

2.13.13.Compliance with the judgment of the Arbitration board

2.13.14.Application for re-accreditation

Note:
1. DSCHC shall rank accredited HCFs. This will enable the Scheme to set ceiling for the number of enrollees a HCF can efficiently and effectively manage.
2. DSCHC shall encourage group practice as a means of providing qualitative healthcare to enrollees.

2.14. ACCREDITATION OF HEALTH MAINTENANCE ORGANISATIONS(HMOs)

2.14.1. Definition

A Health Maintenance Organization (HMO) is a private or public incorporated company registered by the Commission solely to manage the provision of health care services through Health Care Facilities accredited by the Scheme.

2.14.2. Eligibility
DSCHC shall register and accredit HMOs registered with NHIS that have a strong presence in Delta State.

2.14.3. HMOs Accreditation Process

Any HMO applying for accreditation under the Scheme shall meet the following requirements:
1. Must be registered with the NHIS and must be in good standing with NHIS
2. Must have Zonal Offices in each Senatorial District and in each LGA where they have 5000 or more life in their care
3. Collect the DSCHC application form after the payment of a non refundable deposit of ₦100,000.00 application fee.
4. Fill and Submit application form to DSCHC with all relevant document
5. DSCHC will carry out Verification visit and if report is satisfactory, recommendation for accreditation is made to the Board
6. Accreditation Certificate is Issued after Board approval and Payment of accreditation fee of N250,000.00 (Two Hundred and Fifty Thousand Naira only)
7. Accreditation shall be renewed annually

2.14.4. Accreditation Fee Payable by Health Maintenance Organizations

The accreditation fee payable by an HMO to the Commission shall be N250,000.00 (Two Hundred and Fifty Thousand Naira only). The fee for renewal of accreditation shall be N500,000.00 (Five hundred thousand Naira Only)

The Commission shall issue a certificate of Accreditation to every successful HMO.

ACCREDITATION OF INSURANCE COMPANIES AND BANKS

The Commission shall also accredit Insurance Companies and Banks for the Scheme. Accreditation shall be in line with guidelines for accreditation by NHIS and Payment of the required accreditation fees.

SECTION THREE
Records and Information

3.0 RECORDS AND INFORMATION

3.1. HMOs

3.1.1 Information to be provided to the DSCHC for Accreditation

3.1.1.1. Name of HMO
3.1.1.2. Head office/addresses
3.1.1.3. Delta State Office/address
3.1.1.4. Telephone no.
3.1.1.5. Email address.
3.1.1.6. Date of Incorporation
3.1.1.7. RC No.
3.1.1.8. Chief Executives Officer Name
3.1.1.9. Names and addresses of Directors
3.1.1.10.Bankers
3.1.1.11.Insurance Companies
3.1.1.12.Name and Address of Auditors
3.1.1.13.Three (3) years audited account
3.1.1.14.Operations Manual
3.1.1.15.Staff Manual
3.1.1.16.Administrative Structure
3.1.1.17.Addresses & telephone no of branch offices

3.1.2 Periodic information to be provided to the DSCHC on registration of new enrollees

3.1.2.1. DSCHC Registration Number.
3.1.2.2. Name
3.1.2.3. Address
3.1.2.4. Date of Birth
3.1.2.5. Sex
3.1.2.6. Next of Kin
3.1.2.7. E-mail Address
3.1.2.8. Telephone No
3.1.2.9. National ID No. (If available)
3.1.2.10.Employer Number.
3.1.2.11.Date of DSCHC Registration
3.1.2.12.Expiry date
3.1.2.13.Nationality
3.1.2.14.Photograph
3.1.2.15.Blood group
3.1.2.16.Genotype
3.1.2.17.Allergies
3.1.2.18.Relationship:
a. Principal
b. Spouse
c. Child
d. Extra-dependant
3.1.2.19. Expiry date of ID card
3.1.2.20. Primary healthcare facility
3.1.2.21. Alternate Healthcare facility

Note:
DSCHC will provide unique registration numbers to each enrollee.
This is to ensure that:
a. Each enrollee has a unique number
b. Each enrollee retains the number, even after changing place of employment or healthcare facility

3.1.3. Monthly Enrollee data Update.
This shall show changes in the following enrollee data:

3.1.3.1 Primary facility
3.1.3.2 Employer
3.1.3.3 Location
3.1.3.4 Next of kin
3.1.3.5 Contact information
3.1.3.6 Exit from the scheme (withdrawal or death)

The enrollee data Update Form to be filled by each enrollee to capture the above.

3.2 HEALTHCARE FACILITIES (HCFs)
3.2.1 HCFs INFORMATION TO BE SUBMITTED TO THE DSCHC ON APPLICATION FOR ACCREDITATION

3.2.1.1 Name
3.2.1.2 Address
3.2.1.3 Telephone
3.2.1.4 Fax
3.2.1.5 Email
3.2.1.6 Type of Facility
3.2.1.7 Category of Registration
3.2.1.8 State Registration No.
3.2.1.9 Name of Director
3.2.1.10 Name of Supervising Health Professional
3.2.1.11 Professional Indemnity Cover
3.2.1.12 Certificate and Current Practice Licence of all Health Professionals
3.2.1.13 Registration with Regulatory Bodies and Relevant Bodies
3.2.1.14 Detailed list of equipment/personnel/services in the facility
3.2.1.15 OperatingHours
3.2.1.16 Incorporation/Business Registration
3.2.1.17 Any other information requested in the DSCHC Registration form.

3.2.2 MONTHLY REPORTS FROM FACILITIES TO DSCHC

3.2.2.1. Encounter information for all the DSCHS enrollees.
a. Name of patient
b. DSCHS no of patient
c. Presenting complaints
d. Diagnosis/ disease code (ICDNo)
e. Treatment/Procedure
f. Admission days (if applicable)
g. Doctor's remark
h. Signature of enrollee

3.2.2.2. Hospital attendance data booklets are to be supplied to all facilities by the DSCHC. The information may also be submitted electronically in a prescribed format.
3.2.2.3. Copies of prescriptions and referrals issued during the month and claim forms (for secondary facilities) containing the following:

a. Name and DSCHC No. of patient
b. Name and DSCHC No. of patient's primary healthcare facility
c. Name and DSCHC No. of Secondary Facilities
d. Complaints
e. Diagnosis/disease code (ICDNo.)
f. Treatment given
g. Date of treatment
h. Amount billed

Copy of prescription or referral form from healthcare facilities should be attached to claim form

3.3. REPORTS FROM DSCHC TO FACILITIES

3.3.1 Information to be provided to other stakeholders on Accreditation
3.3.1.1 List of accredited Facilities and their code numbers
3.3.1.2 List of accredited HMOs and their code numbers, email addresses, call center no.
3.3.1.3 List of accredited Banks and Insurance companies and their code numbers
3.3.1.4 DSCHC Drug Price List.
3.3.1.5 DSCHC Fee-for-Service Tariff
3.3.1.6 Detailed Enrollee Register under the network of each facility(monthly)

SECTION FOUR

Offences, Penalties and Legal Proceedings

OFFENCES, PENALTIES AND LEGAL PROCEEDINGS

Offences, penalties and legal proceedings are the rules ensuring compliance with all the provisions of the DSCHC Operational Guidelines by the relevant stakeholders.

4.1 HEALTH MAINTENANCE ORGANIZATIONS (HMOs) AND OTHER PROGRAMME MANAGERS

The Scheme will, upon a complaint by the Healthcare Facility, Enrollee or any other stakeholder and after investigation, including affording the HMO (or other programme managers) or his legal representative an opportunity of being heard, if found wanting, impose the following penalties to any defaulting HMO/other programme managers that :

S/N	OFFENCES	PENALTIES
4.1.1	Refuse to remit capitation, fee- for-service or other claims to Facilities after receiving such from the Scheme within the specified period indicated in the Operational Guidelines.	Payment of appropriate capitation, fee-for-service and other claims to the affected facilities. i. Suspension for not less than3 months ii. To pay a fine not less than N500,000 iii. Liable to prosecution under the relevant laws guiding financial transactions iv. Repeated offenders to be delisted
4.1.2	Deliberately manipulates the enrollees register for the benefit of other parties or circulates a different register other than the register released by the Scheme.	i. Withdrawal of the fake register in writing. ii. To pay a fine of not less than N500,000 ii. Liable to prosecution under the relevant laws guiding financial transactions iv. Repeated offenders to be delisted
4.1.3	Deliberately issues Dud cheque (s)	i. To make full payment to the relevant receiving body the full value of the dud cheque ii. Liable to prosecution under the relevant laws guiding financial transactions iii. To pay a fine of not less than N500,000 iv. Delisting of offenders

4.1.4	Refuses to abide by the judgments of the Arbitration Panel	i. To refund all DSCHC fund in its custody with the prevailing interest. ii. Delisting of such HMO
4.1.5	Restricts the Scheme free access to information on their activities and accounts with the DSCHC accredited banks	Delisting of the HMO and refund of all DSCHC fund in its custody with interest.
4.1.6	Willfully refuses to meet with and monitor all facilities quarterly in their network with a view to maintaining standards and other operational modalities.	i. To monitor all facilities and submit report of same to DSCHC within 14 days ii. Warning the HMO ii. Suspension for not less than 3 months iv. To pay a fine of not less than N250,000 v. Withdrawal of accreditation for repeated offenders
4.1.7	Where it is found out that authorization approval for referrals is not made by a licensed medical doctor.	i. Warning the HMO ii. Suspension for not less than 3 months iii. To pay a fine of N200,000 iv. Delisting of repeated offenders
4.1.8	Willfully or negligently refuses to forward the prescribed remittances as required under DSCHC Operational Guidelines and appropriate notices/ reminders have been sent and ignored	i. Immediate remittance of the amount due to DSCHC by the HMO. ii. Warning to the HMO ii. Suspension for not less than 3 months iv. To pay a fine of not less than N500,000 v. Delisting of repeated offenders
4.1.9	Fails to submit Annual report and audited accounts to the Scheme within the stipulated time allowed in the Operational Guidelines.	i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N500,000 iv. Delisting of repeated offenders
4.1.10	Where HMO fails to permit DSCHC Officers the right to enter upon any part of the Company for the purpose of examining or inspecting the facilities, books, records, files maintained in respect of each or registered enrollees.	i. To pay a fine of not less than N500,000 ii. Withdrawal of accreditation for repeated offenders

4.1.11	Where HMO fails to duly notify the Scheme, the Enrollees, Facilities within 3 months of its intention to relocate to a new place by way of publication in the Delta State newspapers.	i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N200,000
4.1.12	Where HMO breaches the 3 months written notice to the Scheme, and also fails to publish in the Delta State newspapers, notify the enrollees and Facilities of its intention to exit from the Scheme.	i. To refund all DSCHC fund in its custody with interest at prevailing Bank interest rate ii. Liable to prosecution under the relevant laws guiding financial transactions iii. To be delisted
4.1.13	Where HMO circulates a Total or Partial Exclusions list, benefit package and other services different from those covered in the DSCHC Operational Guidelines	i. Warning to the HMO ii. Suspension for not less than3 months iii. To pay a fine of not less than N500,000 iv. Delisting of repeated off enders
4.1.14	Where HMO fails to enter into agreement with DSCHC accredited facilities	i. Warning to the HMO ii. Suspension for not less than 3 months iii. To pay a fine of not less than N200,000 iv. Delisting of repeated Offenders
4.1.15	Where an HMO engages in any fraudulent activity	i. Liable to prosecution under the relevant laws guiding financial transactions ii. To pay a fine of not less than N500,000 iii. Repeated offenders to be delisted
4.1.16	Where it is discovered that there was false presentation on the part of HMO at time of application	To be delisted
4.1.17	Where it is discovered that the HMO no longer meets with specified DSCHC technical requirements	i. To refund all DSCHC fund in its custody with interest at prevailing Bank interest rate ii. To be delisted

4.1.18	Where it is discovered that the HMO is engaged in business other than managed health care as stipulated in the DSCHC operational guidelines	i. To refund all DSCHC fund in its custody with interest at prevailing Bank interest rate ii. To be delisted
4.1.19	Willfully and intentionally engages in multiple registration of enrollees	i. Delete the excess registration ii. Refund the excess capitation, fee for service and administrative charge iii. Warning to HMO iv. Suspension for not less than 3 months v. To pay a fine of not less than N500,000 vi. Liable to prosecution
4.1.20	Where it is discovered that a HMO refuses to approve a referral without any justification and/or is inaccessible to authorize referrals	i. Pay for the expenses incurred by enrollee ii. Warning to HMO iii. Suspension for not less than 3 months iv. To pay a fine ofN500,000 v. Delisting of repeated offenders
4.1.21	Where an HMO deliberately and against Medical ethics divulges information about patients	i. Warning ii. Suspension for not less than 3 Months iii. To pay a fine of not less than N500,000 iv. Delisting of HMO

NOTE:

a). The Advance Payment Guarantee Bond provided by the HMO shall be used to defray bills of Facilities affiliated to the HMO in case of default.

b). Any HMO that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.

c). When an HMO is delisted, the Scheme shall act as receiver from date such action (s) is taken and may appoint any HMO to act on her behalf.

d). Offences and penalties under this section shall apply to both HMOs and all other programme managers.

4.2 HEALTHCARE FACILITIES (HCFs)

The Scheme will, upon a complaint by the HMO, Enrollee or other stakeholders and after investigation, including affording the Health Care Provider or his legal representative an opportunity of being heard, if found wanting, impose the following penalties to any defaulting Health Care Provider that :

S/N	OFFENCES	PENALTIES
4.2.1.	Discriminates and refuses to treat/ manage any enrollees and their covered dependants after receiving payments from the relevant HMOs on behalf of such enrollees.	i. Warning of the HCP ii. To pay a fine of not less than N100,000 and/or iii. Report to regulatory body where applicable. iv. Suspension for not less than 3months v. Delisting of repeated offenders
4.2.2.	Receives, consults with or manage any enrollee as a fee paying patient.	i. To make a full refund of all payments made by the enrollee ii. Warning iii. To pay a fine of not less than N100,000 iv. Suspension for not less than 3months v. Delisting of repeated offenders.
4.2.3.	Solicit, collect or charge any fee from any enrollee in addition to the fees payable by DSCHC, except for 10% co-payment for prescribed drugs.	i.To make a full refund of all payments made by the enrollee ii. Warning iii. To pay a fine of not less than N100,000 iv. Suspension for not less than 3months v. Delisting of repeated offenders
4.2.4.	Where a Primary facility is found not operating 24 hours a day, 7 days a week.	i. Warning ii. Delisting of such facilities
4.2.5.	Where a Health Care Provider fails to refer an enrollee promptly to appropriate health care facilities accredited by the Scheme.	i. Warning ii. Report to regulatory body where applicable. iii. Suspension for not less than 3months iv. Delisting of repeated offenders
4.2.6.	Where a Health Care Provider fails to keep and maintain standard medical records in respect of each or all enrollees, and/or fail to make monthly returns to the TPA or its duly authorized agents.	i. Forward the appropriate report ii.Warning iii. To pay a fine of not less than N100,000 iv. Suspension for not less than 3months v. Delisting of repeated offenders

4.2.7.	Where Health Care Provider fails to permit DSCHC officers and/or representative of the HMO the right to enter upon any part of the premises for the purpose of inspection and monitoring of facilities for quality assurance.	i. Delisting of such facilities
4.2.8.	Where Health Care Provider fails to duly notify the Scheme, the Enrollees registered with it and HMOs within 3 months of its intention to relocate to a new place by way of publication in theDelta State newspapers.	i. Warning ii. To pay a fine of not less than N100,000 iii. Delisting of such facilities
4.2.9.	Where Health Care Provider breaches the 3 months written notice to the Scheme, and also fails to publish in the Delta State newspapers, notify the enrollees registered with it and the HMOs of its intention to exit from the Scheme.	i. Liable to prosecution under the relevant laws guiding financial transactions ii. Delisting of the HCP
4.2.10.	Where Health Care Provider refuses to abide by the judgments of the Arbitration Panel.	i. Formal report to relevant Regulatory body where applicable ii. Suspension for not less than 3months iii. Delisting of such facilities
4.2.11.	Where a Health Care Provider makes false claims to the HMOs for a treatment/procedure not carried out	i. Formal report to relevant Regulatory body where applicable. ii. To pay a fine of not less than N100,000 iii. Delisting of such facilities
4.2.12.	Where a Health Care Provider deliberately and against Medical ethics undermanages an enrollee	i. To pay a fine of not less than N100,000 ii. Formal report to relevant Regulatory body where applicable. iii. Delisting of such facilities
4.2.13.	Where a Health Care Provider engages in any fraudulent activity	i. To pay a fine of not less than N100,000 ii. Formal report to relevant Regulatory body where applicable and/or iii. Suspension for not less than 3months iv. Delisting of such facilities

4.2.14.	Where it is discovered that there was misrepresentation on the part of Health Care Provider at time of application	i. To be delisted
4.2.15.	When specified DSCHC technical/ personnel requirements are no longer being met	i. To be delisted
4.2.16.	Where a Health Care Provider deliberately and against Medical ethics divulges information about patients	i. Formal report to relevant Regulatory body where applicable ii. Suspension for not less than 3months iii. To pay a fine of not less than N200,000 iv. Delisting of such facilities

NOTE:

a) Any HCP that fails to comply with the sanctions under these guidelines within 30days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
b). When a HCP's accreditation is suspended/withdrawn, the DSCHC shall act as the receiver from the date such action(s) is taken and may appoint any HCP to provide cover to the affected enrollees
c). Any healthcare facility that is suspended/delisted shall refund all monies in its custody to the HMOs/DSCHC

4.3 BENEFICIARIES

The DSCHC will, upon a complaint by the HMO, HCP or other stakeholders and after investigation, including affording the beneficiary or his legal representative an opportunity of being heard, if found wanting, impose the following penalties to any defaulting beneficiary that :

S/N	OFFENCES	PENALTIES
4.3.1	Willfully or intentionally engages in multiple registration	i. Delete the excess registration ii. Notify the employer iii. Warning iv.Liable to prosecution
4.3.2	Falsification of personal/medical records	i. Correct the records ii. Warning iii. Notify the employer iv. Liable to prosecution
4.3.3	Willfully and intentionally allowing usage of DSCHC ID cards by unauthorized persons for service access	i. Persons involved are liable to prosecution ii. The enrollee involved should refund the cost of consumed medical care

4.4 ACCREDITED BANKS

The DSCHC will, upon a complaint by any stakeholder and after investigation, including affording the accredited bank or its Legal representative an opportunity of being heard, if found wanting, impose the following penalties to any defaulting bank that:

S/N	OFFENCES	PENALTIES
4.4.1	Restricts the Scheme free access to information on DSCHC accounts	i. Suspension of the Bank ii. Delisting of the Bank and refund of all DSCHC fund in its custody with interest at the prevailing interest rate.
4.4.2	Fails to submit Annual statements of the Scheme's accounts within the stipulated time allowed in the Operational Guidelines	i. Warning to the Bank ii. Suspension of theBank ii. Delisting of repeated offenders.
4.4.3	Where the Bank fails to enter into agreement with DSCHC.	i. Warning to the Bank ii. Delisting of repeated offenders
4.4.4	Where the Bank engages in any other fraudulent activity.	i. Suspension of the Bank ii. Liable to prosecution under the relevant laws guiding financial transactions iii. Repeated offenders to be delisted
4.4.5	Where it is discovered that there was false representation on the part of the Bank at time of application.	i. To be delisted ii. Report to appropriate regulatory body
4.4.6	Where it is discovered that the Bank no longer meets with specified DSCHC Banking requirements	i. To refund all DSCHC fund in its custody with interest at prevailing Bank interest rate ii. To be delisted
4.4.7	Willfully or intentionally engages in alteration of figures/accounts	i. To be delisted ii. Report to appropriate regulatory body
4.4.8	Refuses to abide by the judgments of the Arbitration Panel.	To refund all DSCHC fund in its custody with interest at prevailing Bank interest rate ii. To be delisted

NOTE:

a) Any Bank that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
b) Where a Bank accreditation is withdrawn, the Scheme shall appoint a receiver from the date such action(s) is taken and may appoint any Bank to act on her behalf

4.5 INSURANCE BROKERS

The Scheme will upon a complaint by any stakeholder and after investigation, including affording an accredited Insurance Broker or its Legal representative an opportunity of being heard, if found wanting, impose the following penalties to a defaulting Broker that:

S/N	OFFENCES	PENALTIES
4.5.1	Refuses to enter into agreement with the DSCHC.	i. To be delisted
4.5.2	Fails to properly and professionally advise DSCHC of its interest regarding its insurance cover.	i. Warning ii.Repeated offenders to be delisted
4.5.3	Neglects and or fails to hold quarterly meetings with DSCHC accredited Insurance companies with a view to advising DSCHC.	i. To be delisted
4.5.4	Indulges in fraudulent activities	i. Warning ii. Repeated offenders to be delisted
4.5.5	No longer meets the accredited requirements of DSCHC as stipulated in the operational guidelines.	i. To be delisted
4.5.6	Where an Insurance Broker fails to duly notify the Scheme of its intention to relocate to a new place by way of publication in the Delta State newspapers.	i. Warning to the Insurance Broker ii. Suspension of the Insurance Broker
4.5.7	Refuses to abide by the judgments of the Arbitration Panel	i. To refund all DSCHC fund in its custody with the prevailing interest. ii. To be delisted

NOTE:

a) Any Insurance Broker that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.
b) Where an Insurance Broker's accreditation is withdrawn, the Scheme shall appoint a receiver from the date such action(s) is taken and may appoint any Insurance Broker to act on her behalf

4.6 INSURANCE COMPANIES

The Scheme will upon a complaint by any stakeholder and after investigation, including affording an accredited Insurance company or its Legal representative an opportunity of being heard, if found wanting, impose the following penalties to a defaulting Insurance company that:

S/N	OFFENCES	PENALTIES
4.6.1.	Refuse to enter into agreement with the DSCHC.	i. To be delisted
4.6.2.	Fails and/or neglects to provide necessary Insurance cover to the DSCHC	i. To be delisted
4.6.3.	Deliberately issues dud cheque(s).	i.To make full payment to the relevant receiving body the full value of the dud cheque ii.Formal report to relevant Regulatory body iii. Liable for prosecution under the relevant laws guiding financial transactions. iv. Delisting of repeated offenders.
4.6.4.	Refuses to abide by the judgment of the Arbitration Panel.	i. Formal report to relevant Regulatory body ii. Delisting of the Insurance company
4.6.5.	Restricts the DSCHC free access to information regarding its activities on the Scheme's insured interests.	i. Warning ii. Suspension of the Insurance company. iii. Delisting of repeated offenders.
4.6.6.	Fails to duly notify the DSCHC of its intention to relocate to a new place by way of publication in the DELTA STATE newspapers.	i. Warning to the Insurance company ii. Suspension of the Insurance company

NOTE:

a) Any Insurance company that fails to comply with the sanctions under these guidelines within 30 days of the imposition of the sanction shall have its certificate of accreditation withdrawn by the Scheme.

b) Where an Insurance company accreditation is withdrawn, the Scheme shall appoint a receiver from the date such action(s) is taken and may appoint any Insurance company to act on her behalf.