

Frequently Asked Questions

1. What is meant by category of Nursing Home?

"Category of Nursing Home" means a Nursing Home registered to provide treatment under the recognized system of medicine only for which it is registered viz., Allopathy/AYUSH system of medicine.

2. Can a Nursing Home be registered as both "Allopathy Nursing Home" and "AYUSH Nursing Home" simultaneously?

Yes, a nursing home can be registered as both Allopathy Nursing Home and AYUSH Nursing Home simultaneously, if it is providing treatment according to both systems of medicine.

3. Can a Nursing Home providing both Allopathy and AYUSH treatment services operate under a single common registration?

No, the owner shall need to apply for two separate registrations and maintain services of Registered Medical Practitioner(s) belonging to same system of medicine for which the Nursing Home is registered.

4. How does the amendment affect the status of registration of a Nursing Home or a Clinical Establishment?

- a) A Nursing Home compliant with the revised provisions and having a valid registration and license, shall need to apply for renewal as per the new fee structure, only after end of the term of registration/license.
- b) A Nursing Home not complying with the revised provisions, shall need to apply for a new registration as per the new fee structure, within 30 days from the date of notification i.e 13th October, 2021.
- c) Nursing Homes providing both Allopathic and AYUSH system of treatments, shall need to apply for separate registrations, within 30 days from the date of notification i.e 13th October, 2021.

5. Have the beds been categorized under the new amendment?

The beds have been categorized into General Beds, High Dependency Unit Beds, Intensive Care Unit Beds and Oxygen Supported Beds.

6. What is the stipulated timeline for intimating the Supervising Authority of any change in address?

The keeper or owner must intimate any change in address or in the situation of the Nursing Home or Clinical Establishment, in respect of which he is registered, within 07 days after such change, by online intimation as prescribed.

7. What is the stipulated timeline for intimating the Supervising Authority of any change in staff?

(1) The keeper or owner of Nursing Home or Clinical Establishment shall communicate to the Supervising Authority, by online mode, any change in the medical, nursing or technical staff together with the dates on which such changes have taken place, within 07 days of such change. A communication in this regard shall also be shared with the concerned staff.

(2) The communication shall be duly acknowledged by the supervising authority, by online mode

8. How does a Registered Medical Practitioner or Nursing Staff get intimation about linkage or delinking of his/her name from a Nursing Home?

(1) The keeper or owner of Nursing Home or Clinical Establishment shall communicate to the Supervising Authority, by online mode, any change in the medical, nursing or technical staff together with the dates on which such changes have taken place, within 07 days of such change. A communication in this regard shall also be shared with the concerned staff.

(2) The communication shall be duly acknowledged by the supervising authority, by online mode

9. How will mapping of a Resident Registered Medical Practitioner with a Nursing Home be regulated?

All registration numbers of Registered Medical Practitioners registered with the State Medical Council has been linked with the Nursing Home Services portal, hence, any duplicity of registration number shall be picked by the system, thereby disallowing further processes of new registration/renewal.

10. Is there a change in the Schedule of fees for application of registration, renewal and issuance of duplicate certificate of Registration and License?

SN	Particular	Registration & License Fees (INR)		Issue of a duplicate certificate of Registration and License (INR)	
		Old Provision	New Provision	Old Provision	New Provision
For Nursing Homes and Maternity Homes					
i.	Up to 10 beds	600/-	3000/-	100/-	500/-
ii.	Above 10 beds but up to 20 beds	1050/-	5250/-		
iii.	Above 10 beds but up to 30 beds	1350/-	6750/-		
iv.	For each additional bed above 30 beds	45/-	225/-		
For Clinical Establishments					
	Medical Laboratory, Physiotherapy establishment, outdoor clinic	600/-	3000/-	100/-	500/-

11. Can a Nursing Home apply for a new registration or renewal when authorization certificate from Madhya Pradesh Pollution Control Board for management of Bio Medical Waste Management is not available?

The keeper or owner may apply for registration or renewal during pendency of authorization certificate, however, the institution will be operational only after authorization certificate from Madhya Pradesh Pollution Control Board (as per the Biomedical Waste Management and handling Rules, 2016) is obtained.

12. What is meant by a Resident Registered Medical Practitioner?

"Resident Registered Medical Practitioner" means a Registered Medical Practitioner who shall be in-charge of the persons received and admitted in the Nursing Home and shall render his/her services for providing direct care including diagnosis, managing and treating health conditions of the out-patients and in-patients at all times as specified in the duty schedule of the Nursing Home.

13. Can a Resident Registered Medical Practitioner belong to a separate system of medicine than the one for which the Nursing Home is registered?

The services of Registered Medical Practitioners of the same system of medicine for which the Nursing Home is registered, shall need to be provided.

14. What is the scale for positioning of Nursing Staff in a registered Nursing Home?

Services of nurse shall be provided at the scale of 04 nurses for 20 beds with a minimum of 03 nurses in a Nursing Home/Maternity Home of 10 beds or part thereof.

15. When does a Nursing Home need to hire a Nursing Sister?

A Nursing Home having 50 beds or more shall position 01 Nursing Sister for every 50 beds or part thereof.

16. What is the scale for positioning of Registered Medical Practitioners in a Nursing Home?

- (i) One Resident Registered Medical Practitioner of the same system of medicine for which the Nursing Home is registered for every 20 patients bed strength or part thereof, to look after indoor patients, shall be provided.
- (ii) One additional Registered Medical Practitioner for every 50 out patients or part thereof per day, shall be provided.

17. What is the requirement for Oxygen delivery in 100 bedded Nursing Homes?

All Nursing Homes with 100 or more beds shall compulsorily maintain 25 % beds as Oxygen beds with Medical Gas Pipeline. For such Nursing Homes the Oxygen requirement shall be fulfilled either by Liquid Medical Oxygen (LMO) tank or Pressure Swing Adsorption (PSA) plant which shall **need to be operationalized within 04 months from date of notification i.e., 13th February 2022.**

18. How is the notified bed strength of a Nursing Home linked with the mandated scale for manpower and reservation of Oxygen supported beds by Oxygen delivery systems?

SN	No. of Beds	Mandated. No. of Nursing Staff (@4 Nurses/20 Beds)	Mandated No. of Resident Regtd. Medical Practitioner (@ 1 RRMP per 20 Beds or part thereof)	Mandated No. of Nursing Sister (@ 1 Nursing Sister for every 50 Beds)	Mandated No. of Oxygen Beds
1.	10	3	1	-	-
2.	20	4	1	-	-
3.	21-40	8	2	-	-
4.	41-60	12	3	1	-
5.	61-80	16	4	1	-
6.	81-100	20	5	2	-
7.	101-120	24	6	2	25% of total No. of beds
(a) For every 100 beds or part thereof, the Nursing Home shall have 25% beds as Oxygen beds with Medical Gas Pipeline.					
(b) For every 100 beds or part thereof, the Nursing Home shall either have Liquid Medical Oxygen (LMO) tank or Pressure Swing Adsorption (PSA) plant for fulfilling Oxygen need of minimum 25 per cent of oxygen supported beds;					

19. Can a Resident Registered Medical Practitioner work in more than one Nursing Home of the State simultaneously?

A Resident Registered Medical Practitioner is permitted to work in only one Nursing Home of the State, at a time. No part time engagements in any other Nursing Home is permissible.

20. Can a punitive action be taken if a Resident Registered Medical Practitioner is found to be working in two Nursing Homes of the State, at a time?

Any such proven engagement shall be a ground for cancellation of registration and license.

21. Can a Resident Registered Medical Practitioner render his services by online or any other mode?

A Resident Registered Medical Practitioner needs to be physically be present in the Nursing Home and render his services for attending to in-patients at all times, as specified in the duty schedule of the Nursing Home.

22. Can a Nursing Home employ services of an AYUSH Registered Medical Practitioner for treatment in an Allopathy Nursing Home or can services of an Allopathic Registered Medical Practitioner be hired in an AYUSH Nursing Home?

Services of Registered Medical Practitioners of the same system of medicine for which the Nursing Home is registered shall need to be provided.

23. Is there any restriction on the number of Nursing Homes that a specialist doctor can visit?

There is no restriction on the number of Nursing Homes that a specialist doctor may visit or provide consultation. As a Supervising Medical Practitioner, a specialist may provide expert or professional advice for direct review and planning of therapeutic activities or clinical approaches, in order to oversee and improve the clinical outcome of admitted patients, either in person or by any other mode of communication, so that rendered treatment is consistent with the appropriate treatment protocols.

24. Is it mandatory for the Nursing Home/Clinical Establishment to record Form 'F' (as prescribed in PCPNDT Act) details?

Nursing Homes/Clinical Establishments registered under PCPNDT Act shall maintain record of Form 'F' in the revised Form 'D' and 'E' of the amended Rules.

25. What all diseases need to be immediately reported to the Supervising Authority by the Nursing Home/Clinical Establishments?

Immediate report about contagious or communicable/notifiable diseases needs to be submitted to the Supervising Authority, as soon as it comes to the notice of keeper or owner that any person, who has been admitted or examined as an indoor or outdoor patient in the Nursing Home/Clinical Establishment is suffering from or has been attacked with Tetanus, Gas Gangrene, Chickenpox, Cholera, Gastroenteritis (in the event of reporting of at least 05 cases in 24 hours), Measles, Infective Hepatitis (in the event of reporting of at least 05 cases in 24 hours), Poliomyelitis, Meningitis, COVID-19 or such communicable/notifiable diseases and the premises shall be disinfected in a proper manner.