In consonance with its mission and vision statements, the objectives and functions of NIMHANS have been delineated.

Objectives:

1) Achieve and sustain heightened standards of care to all patient related services at NIMHANS including establishing and maintaining adequate diagnostic, therapeutic and rehabilitation facilities promoting innovation.
2) Sustain excellence in development of health human resources in the field of Mental Health and Neurosciences.
3) Promote inter-disciplinary and translational research.
4) Provide technical expertise in matters regarding policies, programmes and activities related to mental health, neurological, behavioural and substance use disorders and related communicable and non-communicable diseases.
5) Maintain administrative efficiency and enhance governance by instilling standard procedures in all aspects of administration.

Functions:

1. Delivering good quality and affordable clinical care to persons with neurological, neurosurgical and psychiatric illness.
2. Providing timely care to reduce mortality, morbidity and provide after care rehabilitative services.

3. Maintain state-of-the-art diagnostic facilities for effective and timely patient care and promote innovation by public-private partnership.
4. Ensure out-reach programmes for delivery and expansion of health care in the society
5. Develop and maintain an enriched and supportive professional environment that creates a high value educational experience for trainees.
6. Periodic advanced training in diagnostic, therapeutic and research areas related to mental health and neurological disorders.
7. Promote interdisciplinary research by inter-departmental and inter-institutional collaboration with national and international universities and research centres.
8. Evolve strategies for the implementation, monitoring and evaluation of National Health Programmes in mental health and neurosciences.
9. Enhance the knowledge in scientific and medical ethics in trainees and scientists by periodic refresher courses and mandatory participation.
10. To enhance awareness about neurological and psychiatric disorders among the public and remove stigma and discrimination pertaining to these illnesses.

The trend values of the success indicators (section 3 of RFD) are noted below. The complete RFD of NIMHANS is available on the NIMHANS website.

Trend values of the success indicators

Actions	Success indicators (per year)	Unit	2011-12	2012-13	2013-14	2014-15	2015-16
1.0 Achieve and sustain heightened standards of care to all patient related services at NIMHANS including establishing and maintaining adequate diagnostic, therapeutic and rehabilitation facilities promoting innovation.							
1.1 Maintain, strengthen and enhance the infrastructure for outpatient care / Inpatient care	1.1.1 No of cases screened / new registrations done	Abs. No.	1,51,183	1,56,666	1,62,833	1,70,000	1,75,000
	1.1.2 No of follow ups undertaken	Abs. No.	2,11,463	2,08,978	2,18,596	2,45,000	2,50,000
	1.1.3 Number of innovative or new patient care / supportive services	Abs. No.	2	2	2	3	3
	1.1.4 Number of admissions done	Abs. No.	13,740	15,297	16,631	16,500	17,000
	1.1.5 Maintenance of amenities to patients / attendants (waiting hall with seats, safe drinking water, adequate clean toilets, help desk, signages)	Good grades	2 times satisfactory	1 time good	2 times good	1 time very good	2 times very good
	1.1.6 Patient waiting time in OPD (followup)	Hrs	6.5	5.52	5	5	4
1.2 Undertake patient satisfaction surveys	1.2.1 Patient satisfaction survey undertaken in both IP and OP areas and action taken	Time	By Mar 2012	By Feb 2013	By March 2014	By Jan 2015	By Dec 2015

Actions	Success indicators (per year)	Unit	2011-12	2012-13	2013-14	2014-15	2015-16
1.3 Strengthen health literacy and improve follow-up for patient care	1.3.1 Patient education leaflets prepared	Abs. No.	10	15	18	19	20
	1.3.2 Protocol for follow-ups developed by clinical departments	Abs. No.	4	6	7	9	11
1.4 Enhance standards of care	1.4.1 Medical audits done by clinical departments	Abs. No.	0	1	1	5	10
1.5 Improve provision of emergency services	1.5.1 Number of emergency cases attended to	Abs. No.	30,322	28,368	38,516	31,000	31,500
	1.5.2 Proportion of patients seen within 5 minutes of arrival	%	60%	75%	80%	85%	90%
	1.5.3 Number of times mortality in the Casualty and emergency reviewed	Abs. No.	1	2	3	4	5
1.6 Ensure routine and special diagnostic facilities	1.6.1 Number of routine investigations diagnostic services provided	Abs. No.	8,45,681	8,68,318	8,75,710	8,95,000	9,00,000
	1.6.2 Number of special diagnostic services undertaken	Abs. No.	26,168	27,059	28,461	28,500	29,000
	1.6.3 Proportion of patients receiving diagnostic services within the stipulated time	%	70%	75%	80%	85%	90%
2.0 Sustain excellence in the health human resource development both for service and research							
2.1 Plan and conduct departmental teaching programmes	2.1.1 Proportion of teaching programmes run as planned	%	90%	95%	98%	98%	100%
2.2 Share research work undertaken 2.2.2 Number of presentation by students in different scientific fora.	2.2.1 Number of research work presentation by staff in different fora	Abs. No.	112	140	150	160	175
	Abs No	220	176	136	200	220	
2.3 Short term training programs in the relevant fields for graduate students (upto 6 months)	2.3.1 No of persons undertaking short term training programmes	Abs. No.	>500	>500	>500	>500	>500
2.4 Undertake fellowships and long term training programs in collaboration with national and international agencies (Post Doctoral Fellowship, etc.,)	2.4.1 No of fellowships and long term training programmes held	Abs. No.	8	9	10	13	15
2.5 Conduct workshops / symposia / seminars / conferences at International, national and regional level	2.5.1 No of workshops / symposia / seminars / conferences conducted	Abs. No.	15	25	28	32	35
2.6 Enhance facilities / amenities / resources for students	2.6.1 No of new facilities / amenities / resources for students	Abs. No.	2	1	2	2	2
2.7 Develop training modules and manuals	2.7.1 No of modules / manuals prepared to train the people in the field	Abs. No.	5	5	6	6	7
3.0 Promote inter-disciplinary and translational research							
3.1 Promote academic networks and plan for undertaking research	3.1.1 No of new projects proposed	Abs. No.	30	35	41	45	50
	3.1.2 No of projects sanctioned (extramural)	Abs. No.	10	16	38	22	25
	3.1.3 No of projects sanctioned (intramural)	Abs. No.	10	11	11	18	20
3.2 Encourage participation in extramural training (> 3 months) programmes	3.2.1 No of students / faculty who undergo training both within and outside country	Abs. No.	3	8	20	14	16

Actions	Success indicators (per year)	Unit	2011-12	2012-13	2013-14	2014-15	2015-16
3.3 Publish in peer reviewed indexed journals	3.3.1 No of publications in peer - reviewed indexed journals	Abs. No.	452	463	475	480	500
3.4 Contribution to monographs / books and other publications / teaching materials	3.4.1 No of monographs / books and other publications / teaching materials in relevant field	Abs. No.	16	20	22	24	26
4.0 Provide technical expertise in matters regarding policies, programmes and activities							
4.1 Provide technical advise / expertise given to Governmental organisations / agencies / Non governmental organizations / International and multilateral agencies	4.1.1 No of times technical advise provided	Abs. No.	20	30	35	40	45
5.0 Maintain administrative efficiency and enhance governance by instilling standard procedures in all aspects of administration							
5.1 Develop Health Management Information systems (HMIS)	5.1.1 HMIS implemented	Time	Initiated phase 1	Implemntation phase 1	Completed phase 1 Initiated phase 2	Completed	Maintenance
5.2 Plan and develop for systems and sub systems for accreditation	5.2.1 SOPs available in relevant department	Time	Draft 1 March 2012	Complted in labs / Draft 1 Hospital Dec 2012	Draft 2 Hospital 3 Dec 2013	Final Dec 2014	Review Dec 2015
5.3 Improve protocols and procedures in administration	5.3.1 No of audits carried out to ensure adherence of turn around time for disposal of files in different sections	Time	Initiated	1	1	2	3
5.4 Implement Institutional policy for disinfection/ antibiotic use	5.4.1 Reduction in Nosocomial infections	%	50%	55%	60%	65%	70%
5.5 Support systems for patient safety	5.5.1 Installation, functioning and review of facilities for patient and environment safety	Date	Initiated	Implemeted STP	MSWM initiated	ISWM initiated	ISWM maintained
5.6 Optimise use of medical equipment and reduce down time	5.6.1 Down time for CT / MRI (major problems)	No of days	15	13	10	7	<7
	5.6.2 % complaints attended within stipulated time frames	%	70	75	80	85	90
5.7 Encourage co-curricular and extra-curricular activities / events	5.7.1 No of activities / events held	Abs. No.	10	12	13	20	22
5.8 Efficient functioning of RFD system	5.8.1 Timely submission of RFD	Date	18th April	5th May	15th May	15th May	15th May
5.9 Improving internal efficiency	5.9.1 No of audits done regarding implementation of Citizens Charter	Abs. No.	-	Initiated	Initiated	2	3
	5.9.2 No of audits done for implementation of public grievance redressal system	Abs. No.	Initiated	1	1	3	4
5.10 use of Hindi in official communication	5.10.1 Number bilingual (English and Hindi) circulars issued	%	10%	20%	20%	25%	30%

Note: Abs. No = Absolute Numbers. Figures for 2014-15 and 2015-16 are projections.