NQAS SCORE CARD - HOSPITAL

Version: DH/NQAS-2020 Revision-00

Hospital Score Card (Department wise)								
		Paediatrics OPD	Maternity Ward	Labour Room	OPD	Accident & Emergency		
Hospital Score	100%	100%	100%	100%	100%			
			от	NRC	SNCU	Paediatrics Ward		
#REF!	100%	100%	#REF!	100%	100%			
LaOchya MucOan	LaOchya	Lab	Blood Bank	IPD	ICU	PP Unit		
Score MusQan Score	_	100%	100%	100%	100%	#REF!		
		Haemodialysis Centre	Mortuary	Auxiliary	Pharmacy	Radiology		
100% #REF!	100%	100%	100%	100%	100%	100%		
100/0 #REF:	100%		on	General Administration		,		
				100%				

HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE								
Service Provision	Patient Rights	Inputs	Support Services					
#REF!	#REF! #REF! #REF!							
	Hospital Score							
	#REF!							
Clinical Services	Infection Control	Quality Management	Outcome					
#REF!	#REF!	#REF!	#REF!					

MUSQAN QUALITY SCORE CARD AREA OF CONCERN WISE								
Service Provision	Patient Rights	Inputs	Support Services					
#REF!	#REF!	#REF!	#REF!					
	Hospital Score							
	#REF!							
Clinical Services	Infection Control	Quality Management	Outcome					
#REF!	#REF!	#REF!	#REF!					

te No Area of Concern & Standards NQAS Score LaQshya Score MusQan Score

	Area of Concern A- Service Provision			
Standard A1.	Facility Provides Curative Services	#REF!	100%	#REF!
Standard A2	Facility provides RMNCHA Services	#REF!	100%	#REF!
Standard A3.	Facility Provides diagnostic Services	#REF!	100%	#REF!
Standard A4	Facility provides services as mandated in National Health Programmes/ State Scheme	100%	NA	100%
Standard A5.	Facility provides support services	#REF!	NA	#REF!
Standard A6.	Health services provided at the facility are appropriate to community needs.	#REF!	NA	#REF!
	Area of Concern B- Patient Rights			
Standard B1.	Facility provides the information to care seekers, attendants & community about the available services and their modalities	#REF!	100%	#REF!
Standard B2.	Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.	#REF!	100%	#REF!
Standard B3.	Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information	#REF!	100%	#REF!
Standard B4.	Facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitate informed decision making patient.	#REF!	100%	#REF!
Standard B5.	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.	#REF!	100%	#REF!
Standard B6	Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	100%	NA	100%
	Area of Concern C - Inputs			
Standard C1.	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms	#REF!	100%	#REF!
Standard C2.	The facility ensures the physical safety of the infrastructure.	#REF!	100%	#REF!
Standard C3.	The facility has established Programme for fire safety and other disaster	#REF!	100%	#REF!
Standard C4.	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	#REF!	100%	#REF!
Standard C5.	Facility provides drugs and consumables required for assured list of services.	#REF!	100%	#REF!
Standard C6.	The facility has equipment & instruments required for assured list of services.	#REF!	100%	#REF!
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	#REF!	100%	#REF!
	Area of Concern D- Support Services			
Standard D1.	The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.	#REF!	100%	#REF!
Standard D2.	The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas	#REF!	100%	#REF!
Standard D3.	The facility provides safe, secure and comfortable environment to staff, patients and visitors.	#REF!	100%	#REF!
Standard D4.	The facility has established Programme for maintenance and upkeep of the facility	#REF!	100%	#REF!
Standard D5.	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms	#REF!	100%	#REF!
StandardD6	Dietary services are available as per service provision and nutritional requirement of the patients.	#REF!	NA	#REF!
Standard D7.	The facility ensures clean linen to the patients	#REF!	100%	#REF!
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.	100%	NA	NA
Standard D9	Hospital has defined and established procedures for Financial Management	100%	NA	NA
Standard D10.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government	#REF!	NA	#REF!
Standard D11.	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.	#REF!	100%	#REF!
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations	#REF!	NA	#REF!
	Area of Concern E- Clinical Services			

Standard E1.	The facility has defined procedures for registration, consultation and admission of patients.	#REF!	100%	#REF!
Standard E2.	The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.	#REF!	100%	#REF!
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral	#REF!	100%	#REF!
Standard E4.	The facility has defined and established procedures for nursing care	#REF!	100%	#REF!
Standard E5.	Facility has a procedure to identify high risk and vulnerable patients.	#REF!	100%	#REF!
Standard E6.	Facility ensures rationale prescribing and use of medicines	#REF!	100%	#REF!
Standard E7.	Facility has defined procedures for safe drug administration	#REF!	100%	#REF!
Standard E8.	Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage	#REF!	100%	#REF!
Standard E9.	The facility has defined and established procedures for discharge of patient.	#REF!	NA	#REF!
Standard E10.	The facility has defined and established procedures for intensive care.	100%	NA	100%
Standard E11.	The facility has defined and established procedures for Emergency Services and Disaster Management	#REF!	100%	#REF!
Standard E12.	The facility has defined and established procedures of diagnostic services	#REF!	100%	#REF!
Standard E13.	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.	#REF!	100%	#REF!
Standard E14	Facility has established procedures for Anaesthetic Services	#REF!	100%	NA
Standard E15.	Facility has defined and established procedures of Operation theatre services	#REF!	100%	NA
Standard E16.	The facility has defined and established procedures for the management of death & bodies of deceased patients	#REF!	100%	100%
Standard E17	Facility has established procedures for Antenatal care as per guidelines	#REF!	NA	NA
Standard E18	Facility has established procedures for Intranatal care as per guidelines	100%	100%	NA
Standard E19	Facility has established procedures for postnatal care as per guidelines	100%	100%	NA
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines	#REF!	NA	#REF!
Standard E21	Facility has established procedures for abortion and family planning as per government guidelines and law	#REF!	NA	NA
Standard E22	Facility provides Adolescent Reproductive and Sexual Health services as per guidelines	#REF!	NA	NA
Standard E23	Facility provides National health program as per operational/Clinical Guidelines	100%	NA	100%
Standard E24	The facility has defined and established procedure for Haemodialysis Services	100%	NA	NA
	Area of Concern F- Infection Control			
Standard F1.	Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection	#REF!	100%	#REF!
Standard F2.	Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis	#REF!	100%	#REF!
Standard F3.	Facility ensures standard practices and materials for Personal protection	#REF!	100%	#REF!
Standard F4.	Facility has standard Procedures for processing of equipment and instruments	#REF!	100%	#REF!
Standard F5.	Physical layout and environmental control of the patient care areas ensures infection prevention	#REF!	100%	#REF!
Standard F6.	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.	#REF!	100%	#REF!
	Area of Concern G- Quality Control			
Standard G1	The facility has established organizational framework for quality improvement	#REF!	100%	#REF!
Standard G2	Facility has established system for patient and employee satisfaction	#REF!	100%	#REF!
Standard G3.	Facility have established internal and external quality assurance programs wherever it is critical to quality.	#REF!	100%	#REF!
Standard G4.	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.	#REF!	100%	#REF!
Standard G5.	Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages	#REF!	#DIV/0!	#REF!
Standard G6.	The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them	#REF!	100%	#REF!
Standard G7.	Facility seeks continually improvement by practicing Quality method and tools.	#REF!	#DIV/0!	#REF!
Standard G8.	Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.	100%	NA	NA
Standard G9	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan	#REF!	100%	#REF!
Standard G10.	The facility has established clinical Governance framework to improve quality and safety of clinical care processes	#REF!	100%	#REF!

	Area of Concern H- Outcome			
Standard H1.	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks	#REF!	100%	#REF!
Standard H2.	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark	#REF!	100%	#REF!
Standard H3.	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark	#REF!	100%	#REF!
Standard H4.	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark	#REF!	100%	#REF!

		National Quality Assurance Sta	andards for D	District Hospitals	S	Version: DH/NQAS-2020/00
		Checklist for Accide				1
Name of the H	essited	I	Assessmen	t Summary	To	
Names of Asse	-				Date of Assessment Names of Assessee	
Type of Assess	ment (Internal/External)				Action plan Submission Date	
	Ar	Acci ea of Concern wise Score	dent & Emer	gency Score Car	Accident & Emergency	Score
A	Service Provision	100%	6			
					-	
В	Patient Rights	100%	6			
С	Inputs	100%	6			
D	Support Services	100%	6		100%	
E	Clinical Services	100%	6		100/0	
F	Infection Control	100%	6			
G	Quality Management	100%	6			
н	Outcome	100%	6			
	Major Gaps Observed					
1	Major Gaps Observed					
2						
3						
4						
5	Strengths / Good Practices					
1	5 ,					
2						
4						
5						
	Recommendations/ Opportuni	ties for Improvement				
1						
3						
4						
5		1				
	Signature of Assessors Date					
	2410					
Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
			A f C	EMERGENCY	D	
Standard A1.				ncern - A Service rovides Curative S		
5141144147121	The feelite and idea Coursel	Augilabilita of Fundament Marking			Poisoning, Snake Bite, CVA, Acute MI, ARF,	
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures	2	SI/OB	Hypovolemic Shock , Dyspnoea, Unconscious Patients	
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures	2	SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns	
ME A1.4.	The facility provides paediatrics services The facility provides	Availability of emergency Paediatric procedures Availability of Emergency	2	SI/OB	ARI, Diarrhoeal diseases, Hypothermia, PEM,resustication	
ME A1.5.	Ophthalmology Services	Ophthalmology procedures	2	SI/OB	Foreign body and injuries	
ME A1.6.	The facility provides ENT Services	Availability of Emergency ENT procedures	2	SI/OB	Epitasis, foreign body	
ME A1.7.	The facility provides Orthopaedics Services	Availability of Emergency Orthopaedic procedures	2	SI/OB	Fracture, RTA, Poly trauma	
ME A1.9.	The facility provides Psychiatry Services	Availability of Emergency Psychiatric procedures	2	SI/OB	Conversion Reactions, other Psychiatric emergencies Hysteria, mania, psychosis	
ME A1.13.	The facility provides services for OPD procedures	Availability of Dressing room facility	2	SI/OB	Drainage, dressing, suturing	
		Availability of injection room facilities	2	SI/OB	Injection room facility with ARV, ASV and emergency drugs	
ME A1.14.	Services are available for the time period as mandated	24X7 availability of dedicated emergency Services	2	SI/RR		

MF A1.16.	ne facility provides Accident					
& E	ie facility provides Accident	Availability of Emergency	2	SI/OB	Defibrillation, CPR, Mobilization, Chest Tube, Intubations, Tracheotomy, Mechanical	
Standard A2	Emergency Services	procedures	2	31/08	Ventilation	
			Facility pr	ovides RMNCHA		
IVIE AZZ		Availability of Emergency Gynaecology procedure	2	SI/OB	(a) Primary management of Severe pelvic pain, severe vaginal bleeding, vulvar abscesses & toxic shock syndrome etc. (b) Emergency laparotomy - Due to uterine perforation, septic abortion, pelvic abscess, ectopic pregnancy	
IVIE AZ.4		Triage and emergency management of paediatric cases	2	SI/OB		
Standard A3			Facility Pro	ovides diagnostic	Services	
IVIE A3.1.	ne facility provides Radiology ervices	Availability / Linkage to X-ray & USG services	2	SI/OB/RR		
		Radiology Services are functional 24X7	2	SI/OB	Check services are functional at night	
	ne facility Provides aboratory Services	Availability of Emergency diagnostic tests 24x7	2	SI/OB	HB%, CPC, Blood Sugar, RDK, Urine Protein, Electrolyte (Na+K)	
ME A3.3. dia	agnostic services as	Availability of Functional ECG Services	2	SI/OB		
Standard A4		Facility provid	les services as ma	ndated in national Hea	alth Programs/ state scheme	
ME A4.8 Car Car	ancer, Diabetes,	Availability emergency services cardiovascular diseases & cerebro vascular attack	2	SI/OB rovides support s	Acute chest pain, Acute /chronic hypertension, pulmonary oedema, congestive cardiac failure & acute arrhythmias	
The	ne facility provides security				ervices	
MF A5.7.	ervices ne facility has services of	Availability of Required Security gaur Availability of Medico-legal record	2	SI/OB SI/OB		
me	edical record department	services		· ·		
ME A6.1.		Availability of specific procedures for local prevalent emergencies	2	SI/OB	opriate to community needs. Ask for the specific local health frequent emergencies. See if emergency is ready for it or not.	
Chandrad D4	Pasil	lity provides the information to save		oncern - B Patien		uia.
Standard B1.		inty provides the information to care	seekers, atten	uants & commun	ity about the available services and their modalit	iles
ME B1.1.	ne facility has uniform and ser-friendly signage system	Availability departmental signage's .	2	ОВ	Emergency department board is prominently displayed with facility of illumination in night.	
WE B1.1. use	er-friendly signage system	Availability of Directional Signage's.	2	ОВ		
The ME B1.2. ser	ser-friendly signage system ne facility displays the ervices and entitlements				displayed with facility of illumination in night.	
The ME B1.2. ser	ne facility displays the rvices and entitlements vailable in its departments	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated	2	ОВ	displayed with facility of illumination in night.	
The ME B1.2. ser	ser-friendly signage system ne facility displays the ervices and entitlements railable in its departments	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff	2	ОВ	displayed with facility of illumination in night.	
ME B1.2. ser ava	ser-friendly signage system ne facility displays the revices and entitlements railable in its departments formation is available in local nguage and easy to derstand	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank, police and	2 2	OB OB	displayed with facility of illumination in night. Direction is displayed from main gate to direct.	
ME B1.2. ser ava	formation is available in local nguage and easy to derstand he facility provides formation to patients and sitor through an exclusive set-	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are	2 2 2	OB OB OB	displayed with facility of illumination in night.	
ME B1.2. ser ava	formation is available in local nguage and easy to derstand ne facility provides formation to patients and sitor through an exclusive set-to.	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank, police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient	2 2 2 2 2 2	OB OB OB OB RR/OB	displayed with facility of illumination in night. Direction is displayed from main gate to direct. Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter	
ME B1.2. ser ava	formation is available in local inguage and easy to inderstand the facility provides formation to patients and sitor through an exclusive settle. The facility provides formation to patients and sitor through an exclusive settle. The facility ensures access to inical records of patients to intitled personnel Services are delivered in a ma	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank, police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient	2 2 2 2 2 2	OB OB OB OB RR/OB	displayed with facility of illumination in night. Direction is displayed from main gate to direct. Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be	iic, cultural or social reasons.
ME B1.2. ser ava	formation is available in local nguage and easy to nee facility displays the revices and entitlements vailable in its departments and see facility provides formation to patients and sitor through an exclusive setto. The facility ensures access to inical records of patients to initiled personnel services are provided in a material records of patients to need to be serviced and the services are provided in a material records of patients to need to be serviced and the services are provided in a material records of patients to need to be serviced and the services are provided in a material records of patients to need to be serviced and the services are provided in a material records of patients to need to be serviced and the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the services are provided in annot that are sensitive to the sensit the sensitive to the sensitive to the sensitive to the sensitiv	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank, police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient	2 2 2 2 2 2	OB OB OB OB RR/OB	displayed with facility of illumination in night. Direction is displayed from main gate to direct. Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter	iic, cultural or social reasons.
ME B1.2. ser ava	formation is available in local nguage and easy to nderstand he facility provides formation to patients and sitor through an exclusive set-to. The facility provides formation to patients and sitor through an exclusive set-to. The facility ensures access to inical records of patients to ntitled personnel Services are delivered in a materices are provided in anner that are sensitive to ender	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated important numbers including ambulance, blood bank, police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient unner that is sensitive to gender, religes.	2 2 2 2 2 2 2 ious, and culti	OB OB OB OB OB RR/OB	displayed with facility of illumination in night. Direction is displayed from main gate to direct. Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter	ic, cultural or social reasons.
ME B1.2. ser ava	formation is available in local nguage and easy to nderstand ne facility provides formation to patients and sitor through an exclusive set-to. The facility provides formation to patients and sitor through an exclusive set-to. The facility provides formation to patients to ntitled personnel Services are delivered in a materix are provided in anner that are sensitive to ender	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient important in sensitive to gender, religions are that is sensitive to gender, religions are representation of rape victims Availability of sexual assault forensic	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB O	displayed with facility of illumination in night. Direction is displayed from main gate to direct. Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter	ic, cultural or social reasons.
ME B1.2. ser ava	refriendly signage system refacility displays the revices and entitlements railable in its departments railable in its departments reformation is available in local nguage and easy to nderstand refacility provides formation to patients and sitor through an exclusive set- refacility ensures access to ref	Availability of Directional Signage's. List of services including emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient unmer that is sensitive to gender, religions separate room for examination of rape victims Availability of sexual assault forensic evidence kit Availability of protocols /guidelines for collection of forensic evidence in	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB O	displayed with facility of illumination in night. Direction is displayed from main gate to direct. Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter	sic, cultural or social reasons.

	1	T				
		Separate toilets for male and females	2	SI/OB		
		Terriales				
ME B2.3.	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair/ stretcher for emergency	2	ОВ		
		Emergency is located at ground floor (perefebly) with barrier free acess	2	ОВ		
		Ambulance has direct access to the receiving/triage area of the emergency.	2	ОВ	No vehicle parked on the way /in front of emergency entrance. Access road to emergency is wide enough for streamline moment of emergency	
		Availability of specially abled friendly toilet	2	ОВ		
Standard B3.	Faci	lity maintains the privacy, confidentia	ality & Dignity	of patient, and h	as a system for guarding patients related informat	tion
ME B3.1.	Adequate visual privacy is provided at every point of care	Screens provided at emergency	2	ОВ	At the examination and procedure area.	
ME B3.2.	Confidentiality of patients records and clinical information is maintained	Confidentiality of patient record maintained	2	SI/OB	No information regarding patient / parent identity is displayed Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
		MLC cases are kept in secure place beyond access of general public	2	SI/OB		
ME B3.3.	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	OB/PI		
ME B3.4.	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of HIV, Rape, suicidal cases, domestic violence and psychotic cases	2	SI/OB		
Standard B4.	racility has defined and esta	blished procedures for informing pati		e medical condition making patient.	on, and involving them in treatment planning, and	facilitate informed decision
Standard B4. ME B4.1.	There is established procedures for taking informed consent before treatment and procedures				on, and involving them in treatment planning, and	facilitate informed decision
	There is established procedures for taking informed consent before treatment and	Consent is taken for invasive		making patient.	on, and involving them in treatment planning, and	facilitate informed decision
ME B4.1.	There is established procedures for taking informed consent before treatment and procedures Patient is informed about his/her rights and	Consent is taken for invasive emergency procedures Display of patient rights and	2	making patient. SI/RR	on, and involving them in treatment planning, and	facilitate informed decision
ME B4.1. ME B4.2.	There is established procedures for taking informed consent before treatment and procedures Patient is informed about his/her rights and responsibilities Staff are aware of Patients	Consent is taken for invasive emergency procedures Display of patient rights and responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided	2	making patient. SI/RR OB	and involving them in treatment planning, and involving them in treatment planning, and the state of the stat	facilitate informed decision
ME B4.1. ME B4.2. ME B4.3. ME B4.4.	There is established procedures for taking informed consent before treatment and procedures Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place	Consent is taken for invasive emergency procedures Display of patient rights and responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	2 2 2 2	SI/RR OB SI PI OB	Ask patients about what they have been communicated about the treatment plan	
ME B4.1. ME B4.2. ME B4.3. ME B4.4.	There is established procedures for taking informed consent before treatment and procedures Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility	Consent is taken for invasive emergency procedures Display of patient rights and responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	2 2 2 2	SI/RR OB SI PI OB	Ask patients about what they have been	
ME B4.1. ME B4.2. ME B4.3. ME B4.4.	There is established procedures for taking informed consent before treatment and procedures Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place	Consent is taken for invasive emergency procedures Display of patient rights and responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	2 2 2 2	SI/RR OB SI PI OB	Ask patients about what they have been communicated about the treatment plan	
ME B4.1. ME B4.2. ME B4.3. ME B4.4. ME B4.5. Standard B5.	There is established procedures for taking informed consent before treatment and procedures Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government	Consent is taken for invasive emergency procedures Display of patient rights and responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed ensures that there are no financial batherical programmers and there are no financial batherical programmers.	2 2 2 2 2 rrier to access	SI/RR OB SI PI OB	Ask patients about what they have been communicated about the treatment plan	
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		Screening of the patient for pain	2	SI/RR	Symptomatic treatment is given to the patient to prevent complications to extent possible	
ME B 6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific c treatment	Declaration is taken from the LAMA patient	2	RR/SI	Consequences of LAMA are explained to patient/relative	
			Area	of Concern - C Inp	outs	
Standard C1.		The facility has infrastructure for deli	very of assure	d services, and av	railable infrastructure meets the prevalent norms	
ME C1.1.	Departments have adequate space as per patient or work load	Adequate space for accommodating emergency load	2	ОВ	1000 square meters per 100 patient daily loads	
		Availability of adequate waiting area	2	ОВ		
ME C1.2.	Patient amenities are provide as per patient load	Availability of seating arrangement in the waiting area	2	ОВ		
		Availability of cold Drinking water	2	ОВ		
		Availability of functional toilets	2	ОВ		
ME C1.3.	Departments have layout and demarcated areas as per functions	Demarcated trolley bay	2	ОВ		
		Demarcated receiving /triage areas	2	ОВ		
		Demarcated Nursing station Demarcated duty room for doctor	2	OB		
		/nurse	2	ОВ		
		Demarcated resuscitation area	2	ОВ		
		Demarcated observation area/beds	2	ОВ		
		Demarcated dressing area /room Demarcated injection room	2	OB OB		
		Demarcated area for keeping		05		
		serious patient for intensive monitoring	2	ОВ		
		Demarcated areas for keeping dead bodies.	2	ОВ	Separate room or linkage with mortuary/ Post mortem room	
		Lay out is flexible	2	ОВ	All the fixture and furniture are movable to rearrange the different areas in case of mass casualty	
		Dedicated Minor OT	2	ОВ		
		Shaded porch for ambulance	2	ОВ		
		availability of clean and dirty utility room	2	ОВ		
ME C1.4.	The facility has adequate circulation area and open spaces according to need and local law	Corridors at Emergency are broad enough for easy moment of stretcher and trolley	2	OB	2-3 meter	
ME C1.5.	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services	2	ОВ		
		The ambulance(s) has a proper communication system(at least cell phone)	2	ОВ		
ME C1.6.	Service counters are available as per patient load	Availability of emergency beds as per load	2	ОВ	5% of the total beds	
		Availability of buffer beds for handling mass causality and disaster	2			
ME C1.7.	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services.	2	ОВ	Receiving/Triage-Resuscitation-observation beds- Procedures area. There is no crises cross	
		Separate entrance for emergency department	2	ОВ	Entrance of Emergency should not be shared with OPD and IPD	
		Emergency has functional linkage with Major OT , ICU and labour room , Indoors and laboratories	2	OB/SI		
		Emergency is located near to the	2	ОВ		
		entry of the hospital				

						<u></u>		
c: 1 100	The facility ensures the physical safety of the infrastructure.							
Standard C2.		The facil	ity ensures th	e physical safety o	of the infrastructure.			
					Charlefor fictures and freniture like supheards			
ME C2.1		Non structural components are	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects			
	safety of the infrastructure	properly secured			are properly fastened and secured			
	The facility ensures safety of	Emergency department does not	2	0.0				
ME C2.3.	electrical establishment	have temporary connections and loosely hanging wires	2	ОВ				
	Physical condition of buildings	Floors of the Emergency are non	_					
ME C2.4.	are safe for providing patient care	slippery and even	2	ОВ				
Standard C3.		The facility has	s established I	Programme for fire	e safety and other disaster			
	The facility has plan for	Emergency has sufficient fire exit to			·			
ME C3.1.	prevention of fire	permit safe escape to its occupant at time of fire	2	OB/SI				
		Check the fire exits are clearly	2	00				
		visible and routes to reach exit are clearly marked.	2	ОВ				
ME C3.2.	The facility has adequate fire	Emergency has installed fire	2	ОВ				
IVIE C3.2.	fighting Equipment	Extinguisher that is Class A , Class B, C type or ABC type	2	ОВ				
		Check the expiry date for fire						
		extinguishers are displayed on each	2	OB/RR				
		extinguisher as well as due date for next refilling is clearly mentioned						
	The facility has a system of							
ME C3.3.	periodic training of staff and conducts mock drills regularly	Check for staff competencies for operating fire extinguisher and what	2	SI/RR				
WIE C3.3.	for fire and other disaster	to do in case of fire	_	3i/ iii				
	situation							
Standard C4.	Т	he facility has adequate qualified and	I trained staff,	required for prov	viding the assured services to the current case loa	d		
ME C4.1.	The facility has adequate specialist doctors as per	Availability of specialist Doctor	2	OB/RR	Check for specialist on call/ full time			
1412 04.21	service provision	Availability of specialist boctor		OBJAN	check for specialist off cally full time			
	The facility has adequate							
ME C4.2.	general duty doctors as per	Availability of emergency medical	2	OB/RR				
	service provision and work load	officer	_					
ME C4.3.	The facility has adequate nursing staff as per service	Availability of Nursing staff	2	OB/RR/SI	At least 2 in day and 1 in night			
	provision and work load							
ME C4.4.	The facility has adequate technicians/paramedics as per	Availability of dresser /paramedic	2	OB/SI				
	requirement							
ME C4.5.	The facility has adequate support / general staff	Dedicated 24X7 house keeping staff	2	SI/RR				
	Support / general stail							
		availability of dedicated security						
		guards 24X7	2	SI/RR				
		Availability of registration clerk Availability of Drivers for	2	SI/RR				
		Ambulance 24X7	2	SI/RR	103/108/State specific ambulance services			
Standard C5.	The departments have	Facility provides Availability of	arugs and cor	isumables require	d for assured list of services.			
ME C5.1.	availability of adequate drugs	Analgesics/Antipyretics/Anti	2	OB/RR	Tracers as per State's EML			
	at point of use	Inflammatory						
		Availability of Anti-	2	OB/RR	Tracers as per State's EML			
		Infective/Antibiotics						
		Availability of Solutions Correcting						
		Water, Electrolyte Disturbances and	2	OB/RR	Tracers as per State's EML			
		Acid-Base Disturbances	1	I	1	1		
		Availability of Davas astir =						
		Availability of Drugs acting on Cardiovascular System	2	OB/RR	Tracers as per State's EML			

Annibility of funds process according to the control and articipates and many according to the control and articipates and art							
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emergency 2 OB Chair, Table, Footstep, cupboard Standard C7 Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff			Availability of fixtures			suction, monitor and defibrillator, X ray view box	
emergency Chair, Table, Footstep, cupboard				2	ОВ		
	Standard C7	Facility has a			 lization, evaluation		ance of staff

ME C7.2		Check for competence assessment is done at least once in a year	2	SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Triage and Mass Casualty Management	2	SI/RR		
		Basic life support (BLS)/ Advance life support (ALS)	2	SI/RR		
		Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
		Training on Quality Management System	2	SI/RR	THE CONTRACTOR OF THE CONTRACT	
		Patient Safety	2	SI/RR		
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Staff is skilled for emergency procedures	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Staff is skilled for resuscitation and use defibrillator	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Staff is skilled for maintaining clinical records	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
			Area of Co	ncern - D Suppor	t Services	
Standard D1.		The facility has established Progra	amme for insp	ection, testing a	nd maintenance and calibration of Equipment.	
	The facility has established	All equipment are covered under			Check with AMC records/ Warranty documents	
ME D1.1.	system for maintenance of critical Equipment	AMC including preventive maintenance	2	SI/RR	2. Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the equipment	2	SI/RR	1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown.	
		There has system to label Defective/Out of order equipment and stored appropriately until it has been repaired	2	OB/RR		
ME D1.2.	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated	2	OB/ RR		
ME D1.3.	Operating and maintenance instructions are available with the users of equipment	Operating instructions for critical equipment are available	2	OB/SI		
Standard D2.	The facility has de	fined procedures for storage, invento	ory manageme	nt and dispensin	g of medicines and consumables in pharmacy and	patient care areas
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs	2	SI/RR	Stock level are daily updated Indents are timely placed	
ME D2.3.	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled	2	ОВ	Labelled with drug name, drug strength and expiry date	
		Empty and filled cylinders are labelled	2	ОВ		
ME D2.4.	The facility ensures management of expiry and	Drugs expiry dates' are maintained at emergency drug tray	2	OB/RR		
	near expiry drugs	No expired drug found	2	OB/RR		
		Records for expiry and near expiry drugs are maintained for drug stored at department	2	RR	Check register/DVDMS/other supply chain software for record of stock of expired and near expiry drugs	
ME D2.5.	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in Emergency	2	SI/RR		

		Department maintained stock register of drugs and consumables in Emergency	2	RR/SI	Record of drug received, issued and balance stock of drug in hand	
		There is practice of calculating and maintaining buffer stock in ambulance	2	SI/RR		
		Department maintained stock register of drugs and consumables in ambulance	2	RR/SI	Check record of drug received, issued and balance stock in hand	
ME D2.6.	There is a procedure for periodically replenishing the drugs in patient care areas	There is established procedure for replenishing drug tray emergency crash cart	2	SI/RR		
		There is established procedure for replenishing drug tray emergency crash cart in ambulance	2	OB/SI		
		There is no stock out of drugs	2	SI/RR	Random stock check of some essential medicines. E.g. Paracetamol, Atenolol, Amlodipine, Azithromycin, etc.	
ME D2.7.	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records twice a day and are maintained	2	OB/RR	Check for refrigerator/ILR temperature charts. Charts are maintained and updated twice a day	
ME D2.8.	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotics and psychotropic drugs are kept separately in lock and key	2	OB/SI		
Standard D3.		The facility provides safe	, secure and co	omfortable enviro	onment to staff, patients and visitors.	
ME D3.1.	The facility provides adequate illumination level at patient care areas	Adequate illumination at procedure area	2	ОВ	Resuscitation area, dressing room and examination area	
		Adequate illumination at receiving and triage area	2	ОВ		
ME D3.2.	The facility has provision of restriction of visitors in patient areas	Visitors are restricted at resuscitation and procedure area	2	OB/SI		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area	2	PI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		Temperature control and ventilation in nursing station/duty room	2	SI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
ME D3.4.	The facility has security system in place at patient care areas	There are set procedures for handling mass situation and violence in emergency	2	SI/OB	See for linkage to police, self protection form staff	
		Hospital has sound security system to manage overcrowding in emergency	2	OB/SI		
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place	2	SI		
Standard D4.		The facility has esta	blished Progra	amme for mainter	nance and upkeep of the facility	
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour	2	ОВ		
		Interior of patient care areas are plastered & painted	2	ОВ		
ME D4.2.	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean Toilets are clean with functional	2	ОВ		
NAT DA 3	Hospital infrastructure is	flush and running water Check for there is no seepage ,	2	OB		
ME D4.3.	adequately maintained	Cracks, chipping of plaster Window panes , doors and other	2	OB OB		
		fixtures are intact Patients beds are intact and	2	ОВ	Mattresses are intact and clean	
ME D4.5.	The facility has policy of removal of condemned junk material	painted No condemned/Junk material in the Emergency	2	ОВ		
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	ОВ		
Standard D5.		The facility ensures 24X7 water and p	ower backup	as per requireme	nt of service delivery, and support services norms	
	The facility has adac					
ME D5.1.	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI		
	-					

ME D5.2.	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Emergency	2	OB/SI		
		Availability of UPS	2	OB/SI		
		Availability of Emergency light	2	OB/SI		
ME D5.3.	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen and vacuum supply	2	ОВ		
Standard D7.		TI	he facility ens	ures clean linen to	the patients	
ME D7.1.	The facility has adequate availability of linen for meting its need.	Clean Linens are provided at observation beds	2	OB/RR		
ME D7.2.	The facility has established procedures for changing of linen in patient care areas The facility has standard	Linen are changed after change shift of each patient or whenever it get soiled	2	OB/RR		
ME D7.3	procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry	2	SI/RR		
Standard D10.		Facility is compliant with all statute	ory and regula	tory requirement	imposed by local, state or central government	
ME D10.1.	The facility has requisite licences and certificates for operation of hospital and different activities	Valid licences for ambulances are available	2	RR/SI		
ME D10.3.	The facility ensure relevant processes are in compliance with statutory requirement	Staff is aware of requirements of medico legal cases	2	SI		
Standard D11.		Responsibilities of administrative and	clinical staff a	re determined as	per govt. regulations and standards operating pro	ocedures.
		Staff is aware of their role and			I	
ME D11.1.	The facility has established job description as per govt guidelines	responsibilities	2	SI		
ME D11.2.	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster	2	RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department	2	SI		
ME D11.3.	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code	2	ОВ		
Standard D12	Fai	cility has established procedure for m	onitoring the	quality of outsou	ced services and adheres to contractual obligation	ns
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis	2	SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff	
				ncern - E Clinical		
Standard E1.	The facility has established	The facility has defined purposed in Unique identification number is	procedures for	registration, cor	sultation and admission of patients.	
ME E1.1.	procedure for registration of patients	given to each patient during process of registration	2	RR		
		Patient demographic details are recorded in admission records	2	RR	Check for that patient demographics like Name, age, Sex, Address, Chief complaint, etc.	
ME E1.3.	There is established procedure for admission of patients	There is established criteria for admission through emergency department	2	SI/RR		
		There is establish procedure for admission of MLC cases as per prevalent laws	2	SI/RR		
		Admission is done by written order of a qualified doctor	2	SI/RR		
		There is no delay in treatment because of admission process	2	SI/RR		
		Time of admission is recorded in	2	RR		
		patient record There is no delay in transfer of patient to respective department once admission is confirmed	2	SI/RR		
		Emergency department is aware of admission criteria to critical care units	2	SI/RR	Like ICU, SNCU, Burn cases	
		Staff is aware of cases that can not be admitted at the facility due to constraint in scope of services	2	SI		

ME E1.4.	There is established procedure for managing patients, in case beds are not available at the facility	The is provision of extra beds, trolley beds in case of high occupancy or mass casualty	2	OB/SI		
Standard E2.		e facility has defined and established	procedures fo	or clinical assessn	nent, reassessment and treatment plan preparation	1.
ME E2.1.	There is established procedure for initial assessment of patients	Assessment criteria of different kind of medical emergencies is defined and practiced	2	SI/RR	Use of standard criteria of assessment like Glasgow comma scale, Poly trauma, MI, burn patient, paediatric patient, pain assessment criteria etc.	
		Initial assessment and treatment is provided immediately	2	OB/RR		
		Initial assessment is documented preferably within 2 hours	2	RR		
ME E2.2.	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of patient under observation	2	RR/SI		
		There is system in place to identify and manage the changes in Patient's health status	2	SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating	
		Check the treatment or care plan is modified as per re assessment results	2	SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented	
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identified through assessment process	2	SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological, cultural, social factors	
		Check treatment/care plan is prepared as per patient's need	2	RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.	
		Check treatment / care plan is documented	2	RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc	
		Check care is delivered by competent multidisciplinary team	2	SI/RR	Check care plan is prepared and delivered as per direction of qualified physician	
Standard E3.	Facility has defined and established procedures for continuity of care of patient and referral					
ME E3.1.	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure for hand over for patient transfer from emergency to IPD /OT	2	SI/RR	Check for how hand over is given from emergency to ward, ICU, SNCU etc.	
		There is a procedure consultation of the patient to other specialist with in the hospital	2	SI/RR		
ME E3.2.	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.	Patient referred with referral slip	2	SI/RR		
		Availability of referral linkages to	2	SI/RR	Check how patient are referred if services are not available	
		higher centres. Advance communication is done	2	SI/RR	not available	
		with higher centre		-		
		Referral vehicle is being arranged Referral in or referral out register is maintained	2	SI/RR RR		
		Check for if there is any system of follow up	2	RR	Check referral out record is maintained Check randomly with the referred cases (contact them) for completion of treatment or follow up.	
ME E3.3.	A person is identified for care during all steps of care	Doctor and nurse is designated for each patient admitted to emergency ward	2	SI/RR		
Standard E4.		The facility h	nas defined an	d established pro	ocedures for nursing care	

Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure	2	OB/SI	Patient id band/ verbal confirmation/Bed no. etc.	
Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained	2	RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.	
	There is a process to ensure the accuracy of verbal/telephonic orders	2	SI/RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period	
There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift	2	SI/RR		
	Nursing Handover register is	2	RR		
		2	OB/SI		
	mana over is given bed side		00/31		
Nursing records are maintained	Nursing notes are maintained adequately	2	RR/SI	Check for nursing note register. Notes are adequately written	
There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically	2	RR/SI	Check for TPR chart, IO chart, any other vital required is monitored	
	Critical patients are monitored continually	2	RR/OB	Check for use of cardiac monitor/multi parameter	
		procedure to	identify high risk		
The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm	2	OB/SI	Unstable, irritable, unconscious. Psychotic and serious patients are identified	
The facility identifies high risk patients and ensure their care, as per their need	High risk medical emergencies are identified and treatment given on priority	2	OB/SI		
	Facility	ensures ratio	nale prescribing a		
Facility ensured that drugs are prescribed as per the prescription policy of ESIC	Check for BHT if drugs are prescribed as per the prescription policy	2	RR	Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EMI.	TO DISCUSS
There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use	2	RR		
	Check staff is aware of the drug	_			
	regime and doses as per STG	2	SI/RR	Check BHT that drugs are prescribed as per STG	
	Availability of drug formulary at emergency	2	SI/RR SI/OB	Check BHT that drugs are prescribed as per STG	
	Availability of drug formulary at emergency DELETED	2	SI/OB		
There is process for identifying and cautious administration of high alert drugs	Availability of drug formulary at emergency DELETED	2	SI/OB ocedures for safe	Check BHT that drugs are prescribed as per STG drug administration Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc.	
and cautious administration of	Availability of drug formulary at emergency DELETED Facility I High alert drugs available in department are identified Maximum dose of high alert drugs are defined and communicated	2 nas defined pr	SI/OB ocedures for safe	drug administration Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor	
and cautious administration of	Availability of drug formulary at emergency DELETED Facility t High alert drugs available in department are identified Maximum dose of high alert drugs are defined and communicated There is process to ensure that right doses of high alert drugs are only given	2 nas defined pr	SI/OB ocedures for safe SI/OB	edrug administration Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. Value for maximum doses as per age, weight and diagnosis are available with nursing station and	
and cautious administration of	Availability of drug formulary at emergency DELETED Facility the High alert drugs available in department are identified Maximum dose of high alert drugs are defined and communicated There is process to ensure that right doses of high alert drugs are only	2 2 2	SI/OB ocedures for safe SI/OB SI/RR	e drug administration Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor A system of independent double check before administration, Error prone medical	
and cautious administration of high alert drugs Medication orders are written legibly and adequately	Availability of drug formulary at emergency DELETED Facility It High alert drugs available in department are identified Maximum dose of high alert drugs are defined and communicated There is process to ensure that right doses of high alert drugs are only given Every Medical advice and procedure is accompanied with date , time and signature Check for the writing, It comprehendible by the clinical staff	2 2 2 2	SI/OB ocedures for safe SI/OB SI/RR SI/RR	e drug administration Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor A system of independent double check before administration, Error prone medical	
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and cautious administration of high alert drugs Medication orders are written legibly and adequately There is a procedure to check drug before administration/	Availability of drug formulary at emergency DELETED Facility I High alert drugs available in department are identified Maximum dose of high alert drugs are defined and communicated There is process to ensure that right doses of high alert drugs are only given Every Medical advice and procedure is accompanied with date , time and signature Check for the writing, It comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration	2 2 2 2 2 2	SI/OB Ocedures for safe SI/OB SI/RR SI/RR RR RR/SI OB/SI	Edrug administration Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor A system of independent double check before administration, Error prone medical abbreviations are avoided	
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	patients is established at the facility Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility There is established procedure of patient hand over, whenever staff duty change happens Nursing records are maintained There is procedure for periodic monitoring of patients The facility identifies vulnerable patients and ensure their safe care The facility identifies high risk patients and ensure their safe care Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational	patients is established at the facility Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility There is a process to ensure the accuracy of verbal/telephonic orders There is established procedure of patient hand over, whenever staff duty change happens Nursing Handover register is maintained Hand over is given bed side Nursing records are maintained Nursing notes are maintained adequately There is procedure for periodic monitoring of patients The facility identifies vulnerable patients and ensure their safe care The facility identifies high risk patients and ensure their safe care Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational use of drugs Check for that relevant Standard treatment guideline are available at point of use	patients is established at the facility Procedure For ensuring timely and accurate nursing care as per treatment plan is established at the facility There is a process to ensure the accuracy of verbal/telephonic orders There is established procedure of patient hand over, whenever staff duty change happens Nursing Handover register is maintained Hand over is given bed side Nursing records are maintained Nursing notes are maintained There is procedure for periodic monitoring of patients Patient Vitals are monitored and recorded periodically Critical patients are monitored continually Facility identifies vulnerable patients and ensure their safe care The facility identifies high risk patients and ensure their care, as per their need Facility ensured that drugs are prescribed as per the prescription policy of ESIC Check for BHT if drugs are prescribed as per the prescription policy of ESIC Check for that relevant Standard treatment guideline are available at point of use Check for that relevant Standard treatment guideline are available at point of use Check for that relevant Standard treatment given of the drug. 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ME E7.5.	Patient is counselled for self	Patient is advice by doctor/ Pharmacist /nurse about the	2	SI/PI		
	drug administration	dosages and timings .		·		
Standard E8.		Facility has defined and established p	rocedures for	maintaining, upda 	ating of patients' clinical records and their storage	
ME E8.1.	All the assessments, re- assessment and investigations are recorded and updated	Assessment findings are written on BHT	2	RR	Day to day progress of patient is recorded in BHT (Manually/e-records)	
ME E8.2.	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT	2	RR	Treatment prescribed in nursing records	
ME E8.3.	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/treatment registers	2	RR	Treatment given is recorded in treatment chat	
ME E8.4.	Procedures performed are written on patients records	Any procedure performed written on BHT	2	RR	CPR, Dressing, mobilization etc	
ME E8.5.	Adequate form and formats are available at point of use	Availability of form formats for emergency	2	OB/SI	MLC,PIB, Lab /X-ray requisition, death certificate, Initial assessment format, referral slip etc.	
ME E8.6.	Register/records are maintained as per guidelines	Emergency Records are maintained	2	OB/RR	Emergency register, death register, MLC register, are maintained	
		All register/records are identified and numbered	2	OB/RR		
ME E8.7.	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of MLC records	2	OB/SI		
Standard E9.		The facility has o	defined and es	tablished procedu	ures for discharge of patient.	
ME E9.1.	Discharge is done after assessing patient readiness	Assessment is done before discharging patient from emergency	2	SI/RR	See if there is any procedure/protocol for discharging the patient if the condition of patient improves in emergency itself. What is the procedure for discharge for short stay / day care patients	
		Discharge is done by a responsible and qualified doctor	2	SI/RR		
		Patient / attendants are consulted before discharge	2	Pi		
		Treating doctor is consulted/ informed before discharge of patients	2	SI/RR		
ME E9.2.	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided	2	RR/PI	See for discharge summary, referral slip provided.	
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up	2	RR		
		Discharge summary is give to patients going in LAMA/Referral	2	SI/RR		
ME E9.3.	Counselling services are provided as during discharges wherever required	Counselling services are provided wherever it is required	2	SI/PI		
Standard E11.		The facility has defined and e	stablished pro	cedures for Emer	gency Services and Disaster Management	
ME E11.1.	There is procedure for Receiving and triage of patients	Emergency has a implemented system of sorting the patients	2	SI/OB	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead	
		Triage area is marked	2	OB/SI		
		Triage protocols are displayed Responsibility of receiving and	2	OB		
		shifting the patient from vehicle is defined	2	SI		
ME E11.2.	Emergency protocols are defined and implemented	Emergency protocols are available at point of use	2	ОВ	See for protocols of head injury, snake bite, poisoning, drawing etc.	
		Staff is aware of Clinical protocols	2	SI/RR		
NAT SAA	The facility has disaster	There is procedure for CPR	2	SI/RR		
ME E11.3.	management plan in place	Lines of authority is defined	2	SI/RR		

		Procedure for internal communication defined	2	SI/RR		
		There is procedure for setting up control room	2	SI/RR		
		Disaster buffer stock of medicines and other supplies maintained	2	SI/RR		
		Role and responsibilities of staff in disaster is defined	2	SI/RR		
		Staff is aware of disaster plan	2	SI/RR		
ME E11.4.	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	Check for how ambulances are called and patient is shifted	2	SI/RR		
		Ambulances are equipped	2	ОВ		
		If the patient is stable then he is transferred in ambulance with the trained driver and one staff from hospital.	2	SI/RR		
		If the patient is serious (as decided by the Doctor), then trained driver and one paramedical staff is mandatory to accompany him.	2	SI/RR		
		The Patient's rights are respected during transport.	2	SI/RR		
		Ambulance appropriately equipped for BLS with trained personnel	2	OB/RR		
		There is a daily checklist of all equipment and emergency medications	2	RR		
		Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist	2	RR		
		Transfer register is maintained to record the detail of the referred patient	2	RR		
ME E11.5.	There is procedure for handling medico legal cases	Medico legal cases are identified by on patient records	2	RR/SI		
		MLC cases are not delayed because of police proceedings	2	SI/OB/RR		
		There is procedure for informing police	2	SI/RR	Discharge is not done before police consent	
		Emergency has criteria for defining medico legal cases	2	SI/RR	Criteria is defined based on cases and when to do MLC	
Standard E12.			defined and	established proced	dures of diagnostic services	
ME E12.1.	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection	2	ОВ		
ME E12.3.	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests	2	SI/RR		
Standard E13.		The facility has defined and esta	ablished proce	edures for Blood B	ank/Storage Management and Transfusion.	
ME E13.8	There is established procedure for issuing blood	There is a procedure for issuing the blood promptly for life saving measures	2	RR/SI		
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion	2	RR		
		Patient's identification is verified before transfusion	2	SI/OB		
		Blood is kept on optimum temperature before transfusion	2	RR		
		Blood transfusion is monitored and regulated by qualified person	2	SI/RR		
		Blood transfusion note is written in patient record	2	RR		
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person	2	RR		

Standard E15.		Facility has define	ed and establi	shed procedures o	of Operation Theatre Services	
ME E15.1.	Facility has established procedures OT Scheduling	There is procedure for emergency surgeries	2	SI/RR	See surgeon is available on call/on duty	
	procedures or senedaming	Procedure for arranging logistics	2	SI	Responsibilities are defined and patient is shifted	
Standard E16.			shed procedu	res for the manage	promptly ement of death & bodies of deceased patients	
Standard E10.	Death of admitted patient is	Facility has a standard procedure to	Jilea proceau	Tes for the manage	bodies of acceased patients	
ME E16.1.	adequately recorded and communicated	de cently communicate death to relatives	2	SI		
	The facility has standard	Death note is written on patient record	2	RR		
ME E16.2.	procedures for handling the death in the hospital	Past history and sign of any medico legal cause is looked for	2	RR	Check what is policy for registering brought in dead, death cases as MLC	
		There is criteria for declaring death	2	SI/RR	ask form how death is declared - Physical examination or ECG is done	
		Procedure for handing over the dead body	2	SI		
		Death certificate is issued	2	SI/RR		
			Area of Co	ncern - F Infection	n Control	
Standard F1.	Facili	ty has infection control program and	nrocedures in	nlace for prevent	ion and measurement of hospital associated infec	tion
Standard F1.	Facility has provision for		procedures in	place for prevent	ion and measurement of nospital associated infec	LIOII
ME F1.2.	Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance	2	SI/RR	Swab are taken from infection prone surfaces	
ME F1.4.	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxic etc	
	minumzation of Staff	Periodic medical check-ups of the staff	2	SI/RR		
ME F1.5.	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR		
Standard F2.	· ,		emented prod	edures for ensuri	ng hand hygiene practices and antisepsis	
ME F2.1.	Hand washing facilities are	Availability of hand washing Facility	2	ОВ	Check for availability of wash basin, elbow	
	provided at point of use	at Point of Use Availability of running Water	2	OB/SI	operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Availability of Alcohol based Hand rub	2	OB/SI	Check for availability/ Ask staff for regular supply.	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
ME F2.2.	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration	
		Staff aware of when to hand wash	2	SI		
ME F2.3.	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions	2	ОВ		
		Proper cleaning of procedure site with antisepsis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	
Standard F3.		Facility ensure	s standard pra	ctices and materi	als for Personal protection	
ME F3.1.	Facility ensures adequate personal protection equipment as per requirements	Clean gloves are available at point of use	2	OB/SI		
		Availability of Masks Personal protective kit for infectious patients	2	OB/SI OB/SI		
ME F3.2.	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI		
		Compliance to correct method of wearing and removing the PPE	2	SI	Gloves, Masks, Cap, Aprons etc	
Standard F4.			ard Procedure	s for processing o	f equipment and instruments	
ME F4.1.	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces	2	SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution	
		Decontamination of instruments after use	2	SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction cannula, Airways, Face Masks, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable	

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	Contact time for decontamination	2	SI/OB	10 minutes	
	Cleaning of instruments after	2	SI/OB	Cleaning is done with detergent and running water after decontamination	
	Proper handling of Soiled and	2	SI/OB	No sorting ,Rinsing or sluicing at Point of use/	
	Staff know how to make chlorine	2	SI/OB	ratient care area	
Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment's	Equipment and instruments are sterilized after each use as per requirement	2	OB/SI	Autoclaving/HLD/Chemical Sterilization	
	High level Disinfection of instruments/equipment is done as per protocol	2	OB/SI	Ask staff about method and time required for boiling	
	Chemical sterilization of instruments/equipment is done as per protocols	2	OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization	
	Autoclaved dressing material is used	2	OB/SI		
	Physical layout and enviror	nmental contr	ol of the patient of	care areas ensures infection prevention	
conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic	2	ОВ		
standard materials for cleaning		2	OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
	Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR		
	Cleaning of patient care area with disinfectant detergent solution	2	SI/RR		
	cleaning solution as per standard procedure	2	SI/RR		
	Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out	
Facility ensures segregation infectious patients	Emergency department define list of infectious diseases require special precaution and barrier nursing	2	OB/SI		
	Staff is trained for barrier nursing	2	OB/SI		
	s defined and established procedure	s for segregati	on, collection, tre	eatment and disposal of Bio Medical and hazardou	s Waste.
Rio Medical Waste as per	Availability of colour coded bins at point of waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
	Availability of colour coded non chlorinated plastic bags	2	ОВ		
	Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
	Segregation of infected plastic waste in red bin	2	ОВ	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainer's with their needles cut) and gloves	
	Display of work instructions for segregation and handling of Biomedical waste	2	ОВ	Pictorial and in local language	
	There is no mixing of infectious and general waste	2			
Facility ensures management of sharps as per guidelines	Availability of functional needle cutters	2	ОВ	See if it has been used or just lying idle	
	Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers	2	ОВ	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	
	Availability of post exposure	2	SI/OB	Ask if available. Where it is stored and who is in	
	prophylaxis		· ·	charge of that. Staff knows what to do in case of shape injury.	
	Layout of the department is conducive for the infection control practices Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures segregation infectious patients Facility ensures segregation of Bio Medical Waste as per guidelines and on-site management of waste is carried out as per guidelines Facility ensures management	is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chlorine solution Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment's Facility ensures and equipment is dispersive the infection of instruments and equipment is done as per protocol Chemical sterilization of instruments/equipment is done as per protocol Autoclaved dressing material is used Physical layout and environ general traffic from patient traffic and are areas Facility ensures availability of standard materials for cleaning and disinfection of patient care areas Availability of cleaning agent as per requirement Facility ensures standard practices followed for cleaning and disinfection of patient care areas Cleaning of patient care area with disinfectant detergent solution Staff is trained for spill management areas Cleaning of patient care area with disinfectant detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are followed Emergency department define list of infectious diseases require special precaution and barrier nursing Facility ensures segregation of Sin Medical Waste as per guidelines and on-site management of waste is carried out as per guidelines Facility ensures segregation of Sin Medical Waste as per guidelines and on-site management of waste is carried out as per guidelines Facility ensures segregation of silvent of infectious diseases require special precaution and barrier nursing Facility ensures segregation on silvent on the segregation of silvent of silvent of the segregation of silvent of the segregation of silv	Stadequate 2 Cleaning of instruments after 2 Cleaning of instruments are sterilization of instruments and sterilization of instruments and equipment's High level Disinfection of instruments/equipment is done as per protocol Chemical sterilization of instruments/equipment is done as per protocol Chemical sterilization of instruments/equipment is done as per protocol Chemical sterilization of instruments/equipment is done as per protocol Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Autoclaved dressing material is used 2 Physical layout and environmental control practices Physical layout	is adequate 2 SI/OB	departing of Instruments after decontamination of Instruments after decontamination of Instruments after decontamination of Solide and 2 5/06 Solide and 2 5/06 Solide and 3 5/06 Solide and 3 5/06 Solide and 4 5/06 Solide and 5 5

		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Vials, slides and other broken infected glass	
ME F6.3.	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled	2	SI		
		Disinfection of liquid waste before disposal	2	SI/OB		
		Transportation of bio medical waste is done in close container/trolley	2	SI/OB		
			A £ C	- C Constitut Na		
Standard G1		The facility has es		ern - G Quality M	anagement work for quality improvement	
Standard GI			Luziioiieu oigi		Check if the quality circle has been constituted	
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Emergency	2	SI/RR	and is functional 2. Roles and Responsibility of quality circle has been defined	
Standard G3.			ablished inte	<mark>rnal and external (</mark>	quality assurance programs.	
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR		
		There is system for periodic check up of Ambulances by designated hospital staff	2	SI/RR	Inhouse ambulance check is done by designated hospital staff OR ambulance belonging to the agency- the daily checklist is filled, displayed and updated by the designated person	
ME G3.2	Facility has established external assurance programs at relevant departments	There is periodic assessment of preparedness for disaster by competent authority	2	SI/RR		
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS assessment toolkit is used to conduct an internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5		DELETED				
Standard G4.	Departmental standard	Standard operating procedure for	ed and mainta	ined Standard Op	erating Procedures for all key processes and suppo	ort services.
ME G4.1.	operating procedures are available	department has been prepared and approved	2	RR		
		Current version of SOP are available with process owner	2	ОВ		
		Work instruction/clinical protocols are displayed	2	ОВ	Triage, CPR, Medical clinical protocols like Snake bite and poisoning	
ME G4.2.	Standard Operating Procedures adequately describes process and procedures	Emergency has documented procedure for Registration and patient calling system	2	RR		
		Department has documented procedure for triaging	2	RR		
		Department has documented procedure for taking consent	2	RR		
		Department has documented procedure for initial screening of patient	2	RR		
		Department has documented procedure for nursing care	2	RR		
		Department has documented procedure for admission and transfer of the patient to ward	2	RR		
		Emergency has documented procedure for Handling medical records	2	RR		
		Department has documented procedure for maintaining records in Emergency	2	RR		
		Department has documented procedure to handle brought in dead patient	2	RR		
		Department has documented procedure for storage, handling and release of dead body	2	RR		
		Department has documented procedure for storage and replenishing the medicine in emergency	2	RR		
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	acility has established procedures for	assessing, re	oorting, evaluatin	g and managing risk as per Risk Management Plan	
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	The facility has established clinical	Governance fr	amework to impr	ove quality and safety of clinical care processes	
inical care assessment iteria have been defined and ommunicated	The facility has established process to review the clinical care processes	2	SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.	
	Check regular ward rounds are taken to review case progress	2	SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-	
	Check the patient /family participate in the care evaluation	2	SI/PI	Feedback is taken from patient/family on health status of individual under treatment	
ncility conducts the periodic inical audits including rescription, medical and eath audits	There is procedure to conduct medical audits	2	SI/RR	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission	
	There is procedure to conduct death audits There is procedure to conduct prescription audits	2	SI/RR RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required) (1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in	
inic esc	al audits including ription, medical and	al audits including ription, medical and audits There is procedure to conduct medical audits There is procedure to conduct death audits There is procedure to conduct death audits	There is procedure to conduct medical audits There is procedure to conduct death audits There is procedure to conduct death audits	There is procedure to conduct audits There is procedure to conduct death audits	(a) Completion of the medical records i.e. Medical history, assessment, pre assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. There is procedure to conduct and audits There is procedure to conduct death audits

		All non compliance are enumerated recorded for medical audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for prescription audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per death audit record's findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per prescription audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
	point or cure	Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
				I		
			Area o	f Concern - H Outo	rome	
Standard H1.		The facility measures Product			npliance with State/National benchmarks	
	Facility measures productivity	No. of trauma cases treated per				
ME H1.1.	Indicators on monthly basis	1000 emergency cases No. of poisoning cases treated per	2	RR		
		1000 emergency cases No. of cardiac cases treated per	2	RR RR		
		1000 emergency cases No of resuscitation done per thousand population	2	RR	Resuscitation should include: Chest Compression, Airway and Breathing	
		Number of emergency cases treated	2	RR	Check at lease last 3 month data	
Standard H2.		at night per month	fficionas India	otors and ansure t		
	Facility measures efficiency	The facility measures E		ators and ensure	to reach State/National Benchmark	
ME H2.1.	racine, incasares emerency					
	Indicators on monthly basis	Response time for ambulance	2	RR		
	Indicators on monthly basis	Proportion of cases referred	2	RR RR		
	Indicators on monthly basis				Sum of time taken for initial assessment of all patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period	
	Indicators on monthly basis	Proportion of cases referred Response time at emergency for	2	RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency	
ME H2.2	Indicators on monthly basis	Proportion of cases referred Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per	2	RR RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period	
ME H2.2 Standard H3.	Indicators on monthly basis	Proportion of cases referred Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per 1000 referral cases	2 2 2	RR RR RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency	
	Facility measures Clinical Care & Safety Indicators on monthly basis	Proportion of cases referred Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per 1000 referral cases	2 2 2	RR RR RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency observation bed ries to reach State/National benchmark	
Standard H3.	Facility measures Clinical Care & Safety Indicators on monthly	Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per 1000 referral cases The facility measures Clinica	2 2 2 2 2 sl Care & Safet	RR RR RR RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency observation bed ries to reach State/National benchmark No of Deaths in Emergency/ Total no of	
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Standard H3. ME H3.1. Standard H4.	Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly	Proportion of cases referred Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per 1000 referral cases The facility measures Clinical No of adverse events per thousand patients Death Rate The facility measures Service LAMA Rate Absconding rate	2 2 2 2 31 Care & Safet 2 2 2 e Quality India	RR RR RR RR RR RR RR RR RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency observation bed ries to reach State/National benchmark No of Deaths in Emergency/ Total no of emergency attended ours to reach State/National benchmark No of LAMA X 100/ No of Patients seen at emergency No of Absconding X 100/ No of Patients seen at emergency	
Standard H3. ME H3.1. Standard H4.	Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly	Proportion of cases referred Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per 1000 referral cases The facility measures Clinical No of adverse events per thousand patients Death Rate The facility measures Service LAMA Rate Absconding rate Response Time in Emergency department	2 2 2 2 3l Care & Safet 2 2 e Quality Indic	RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency observation bed ries to reach State/National benchmark No of Deaths in Emergency/ Total no of emergency attended ours to reach State/National benchmark No of LAMA X 100/ No of Patients seen at emergency No of Absconding X 100/ No of Patients seen at emergency The time from entry of patient at emergency department to admission/transfer-out/discharge	
Standard H3. ME H3.1. Standard H4.	Facility measures Clinical Care & Safety Indicators on monthly basis Facility measures Service Quality Indicators on monthly	Proportion of cases referred Response time at emergency for initial assessment Average Turn Around Time Proportion of patient referred by state owned/108 ambulance per 1000 referral cases The facility measures Clinical No of adverse events per thousand patients Death Rate The facility measures Service LAMA Rate Absconding rate Response Time in Emergency	2 2 2 2 3l Care & Safet 2 2 e Quality Indic	RR	patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period Average time a patient stays at emergency observation bed ries to reach State/National benchmark No of Deaths in Emergency/ Total no of emergency attended ours to reach State/National benchmark No of LAMA X 100/ No of Patients seen at emergency No of Absconding X 100/ No of Patients seen at emergency The time from entry of patient at emergency	
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Availability of functional Optitualization of Springer Sp	
### Recommendations/ Opportunities for improvement 1	
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Clinic is available	
Availability of functional Oncology Clinic 2 SV/OB Standard A2 Facility provides RMNCHA Services	
DELETED DELETED	
Standard A3 Facility Provides diagnostic Services	
ME A3.2 The facility Provides Laboratory Services Availability of Sample collection Centre 2 SI/OB	
ME A3.3 The facility provides other diagnostic services, as mandated provided by the facility provides of the diagnostic services, as functional ECG Services are available 2 SI/OB	
mandated Availability of TMT services 2 SI/OB	
Standard A4 Facility provides services as mandated in national Health Programs/ state scheme The facility provides services under National Availability of OPD Services Under	
ME A4.1 Vector Borne Disease Control Programme as per NVBDCP 2 SI/RR OPD Management of	

ME A4.2	The facility provides services under national tuberculosis elimination programme as per	Availability of Functional DOTS clinic	2	SI/OB		
	guidelines.	Availability of Fairctional DO15 clinic	_	3,705		
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of OPD services under NLEP	2	SI/RR		
	Leprosy Eradication Programme as per guidelines	Assessment of Disability Status	2	SI/RR		
		Supply of Customized Foot wear	2	SI/RR		
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability of Functional ICTC	2	SI/OB		
		Availability of HIV Testing and	2	SI/RR		
		PPTCT Services for HIV positive	2	SI/OB		
		Pregnant Women Availability of Functional ART Centre	2	SI/OB		
		Availability of CD4 testing facility	2	SI/OB		
ME A4.5	The facility provides services under National Programme for prevention and control of	Screening and early detection of visual	2	SI/RR	Refraction, syringing and probing, foreign body	
	Blindness as per guidelines	impairment and refraction		.,	removal, Tonometry and retinoscopy	
		Availability of OPD procedures	2	SI/OB	Syringing and probing, foreign body removal , Tonometry ,Perimetry, Retinoscopy, Retrobulbar	
					Injection (a) Acute/ chronic headache Epilepsy, Dementia,	
ME A4.6	The facility provides services under Mental	Availability of services under MHP	2		Vertigo.	
	Health Programme as per guidelines	,			(b) Anxiety disorders, Substance abuse	
		Availability of counselling centre for Suicide prevention	2	SI/OB		
		Suicide prevention			(a)Dedicated OPD services for geriatric patients	
ME A4.7	The facility provides services under National Programme for the health care of the elderly as	Dedicated Geriatric Clinic	2	SI/OB	daily	
	per guidelines	bedieuted deriutive einne	_	-,	(b) Lab investigation & medicine for geriatric cases	
	The facility provides services under National				(a) Diagnosis & management of cases of hypertension,	
ME A4.8	Programme for Prevention and control of Cancer,	Functional NCD clinic is available	2	SI/OB	diabetes, CVD, Stroke & cancer	
	Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines				(b) Follow up chemotherapy cases (c) Rehabilitation and physiotherapy	
ME A4.10	The facility provide services under National	Management of case referred from	2	SI/RR		
	health Programme for deafness	PHC/CHC directly reported to Hospital				
ME A4.11	The facility provides services as per State specific health programmes	Availability of OPD services as per State Health Programs	2	SI/RR		
					(a) Screening of the suspected cases of HBV & HCV	
					(b) Confirmation of cases - Referral/Linkage (c) Treatment of uncomplicated cases	
ME A4.14	The facility provides services as per National Viral Hepatitis Program	Availability of services under NVHCP	2	SI/RR	(d) Referral of complicated cases to Medical college/	
					Model Hepatitis Treatment Centre (e) Follow-up visits - after starting the treatment	
					.,,	
ME A4.15	The facility provide services under National Programme for palliative care	Availability of palliative care OPD	2	SI/RR	Frequency as mandated the state	
Standard A6	The facility provides curatives & preventive	Health service	es provided at the f	acility are appropriate t	community needs.	
ME A6.1	services for the health problems and diseases,	Special Clinics are available for local prevalent endemics	2	SI/OB	Ask for the specific local health problems/ diseases .i.e Kala azar, Swine Flue, arsenic poisoning etc.	
	prevalent locally.	prevalent endenics	Area of Co	ncern - B Patient Rights	ine Rala azar, Swille Flue, arsenic poisoning etc.	
Standard B1.	To the second se	Facility provides the information to ca			the available services and their modalities	
Standard B1	Facility provides the information to care seekers, attendants & community about the available		2			
ME B1.1	services and their modalities The facility has uniform and user-friendly signage				(Numbering, main department and internal sectional	
	system	Availability departmental signage's	2	ОВ	signage	
ME B1.2	The facility displays the services and	List of OPD Clinics are available	2	OB OB		
					signage	
	The facility displays the services and	List of OPD Clinics are available	2	OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other	
	The facility displays the services and	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are	2	OB OB	signage	
	The facility displays the services and	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed	2 2 2	OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other	
	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are	2 2 2	OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other	
ME B1.2	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter	2 2 2 2	OB OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other	
ME B1.2	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients efficitively	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed	2 2 2 2	OB OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other	
ME B1.2	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively Patients & wistors are sensitised and educated	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter	2 2 2 2	OB OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other	
ME B1.2 ME B1.3 ME B1.4	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed	2 2 2 2 2 2 2	OB OB OB OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes	
ME B1.2 ME B1.3 ME B1.4	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available	2 2 2 2 2 2 2	OB OB OB OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes	
ME B1.3 ME B1.4 ME B1.5	The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively Patients & visitors are sensitised and educated through appropriate IEC / SCC approaches Information is available in local language and easy to understand The facility provides information to patients and	List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB OB OB	signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes	
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ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment been provided	2	PI	Ask patients about what they have been communicated about the treatment plan	
	patients of attenuants, regularly	condition and deatment been provided			Communicated about the treatment plan	
	The facility has defined and established	Availability of complaint box and display				
ME B4.5	grievance redressal system in place	of process for grievance re redressal and whom to contact is displayed	2	ОВ		
Standard B5			barrier to access a	nd that there is financia	protection given from cost of hospital services.	
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per	Free OPD Consultation / ANC Check-ups	2	PI/SI	For JSSK entitlement	
	prevalent government schemes	Check that patient party has not spent				
ME B5.2	The facility ensures that Medicines prescribed are available at Pharmacy and wards	on purchasing Medicines or	2	PI/SI		
ME B5.3	It is ensured that facilities for the prescribed	consumables from outside. Check that patient party has not spent	2	PI/SI		
ME B5.4	investigations are available at the facility	on diagnostics from outside.		,-	Deleted	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the	If any other expenditure occurred it is	2	PI/SI/RR		
	patients	reimbursed from hospital	Area of	Concern - C Inputs		
Standard C1	Departments have adequate space as per patient		lelivery of assured	services, and available in	nfrastructure meets the prevalent norms	
ME C1.1	or work load	consultation and examination	2	ОВ	Adequate Space in Clinics (12 sq. ft)	
		Availability of adequate waiting area	2	ОВ	Waiting area at the scale of 1 sq. ft per average daily patient with minimum 400 sq. ft of area	
ME C1.2		Availability of seating arrangement in	2	OB		
IVIE C1.2	Patient amenities are provide as per patient load	waiting area Availability of sub waiting at for		-	As per average OPD at peak time	
		separate clinics	2	OB OB	For clinics has high patient load	
		Availability of cold Drinking water Availability of functional toilets	2	OB	See if its is easily accessible to the visitors Urinals 1 per 50 person	
		Availability of patient calling system	2	ОВ	water closet and wash basins 1 per 100 person	
ME C1.3	Departments have layout and demarcated areas as per functions	There is designated area for registration	2	ОВ		
		Dedicated clinic for each speciality Dedicated examination areas is	2	OB		
		provided with each clinics	2	OB		
		Demarcated dressing area /room Demarcated injection room	2	OB OB		
		Demarcated immunization room for pregnant women and children		ОВ		
		availability of clean and dirty utility room	2	ОВ		
		Demarcated trolley/wheelchair bay	2	OB		
	The facility has adequate circulation area and	Corridors at OPD are broad enough to				
ME C1.4	open spaces according to need and local law	manage stretcher and trolleys	2	ОВ		
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services	2	ОВ		
	extended communication	Availability of Registration counters as			Average Time taken for registration would be 3-5 min	
ME C1.6	Service counters are available as per patient load	per Patient load	2	ОВ	so number of counter required would be worked on scale of 12-20 patient/hour per counter	
	The facility and departments are planned to				Layout of OPD shall follow functional flow of the	
ME C1.7	ensure structure follows the function/processes	Unidirectional flow of services	2	ОВ	patients, e.g.: Enquiry→Registration→Waiting→Sub-waiting→	
	(Structure commensurate with the function of the hospital)				Clinic Dressing room/Injection Room→ Diagnostics (lab/X-ray)→Pharmacy→Exit	
		All OPD clinics and related auxiliary	,	22	Diagnostics (IdD) A-I dy) -> Fildi IIIdCy -> Exit	
		services are co located in one functional area	2	OB		
Standard C2		The fa	acility ensures the p	physical safety of the inf		
ME C2.1	The facility ensures the seismic safety of the	Non structural components are properly	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are	
	infrastructure	secured		-	properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires	2	ОВ		
ME C2.4	Physical condition of buildings are safe for	Floors of the OPD are non slippery and	2	ОВ		
	providing patient care	even	2	OB		
Standard C3		Windows have grills and wire meshwork The facility		UB		
ME C3.1			has established Pro	peramme for fire safety a	and other disaster	
IVIE CS.1	The facility has plan for propertion of fire	OPD has sufficient fire exit to permit		gramme for fire safety a	and other disaster	
	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire	has established Pro 2	ogramme for fire safety a	and other disaster	
	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of			and other disaster	
	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly marked.	2	OB/SI	and other disaster	
ME C3.2	The facility has plan for prevention of fire The facility has adequate fire fighting Equipment	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly	2	OB/SI	and other disaster	
ME C3.2		OPD has sufficient fire exit to permit safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly marked. OPD has installed fire Extinguisher that is class A, class B C type or ABC type Check the expiry date for fire	2	OB/SI OB	and other disaster	
ME C3.2		OPD has sufficient fire exit to permit safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly marked. OPD has installed fire Extinguisher that is class A, class B C type or ARC type Check the expiry date for fire extinguishers are displayed on each extinguishers are displayed on each extinguishers as well as due date for next extinguishers are well as due date for next	2	OB/SI OB	and other disaster	
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ME C3.2	The facility has adequate fire fighting Equipment The facility has a system of periodic training of staff and conducts mock drills regularly for fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire. Check the fire exits are clearly visible and routes to reach exit are clearly marked. The sinstalled fire Extinguisher that is Class A, Class B C type or ABC type. Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next retifling is clearly mentioned. Check for staff competencies for operating fire extinguishers and what to operating fire extinguishers.	2 2 2	OB/SI OB OB	and other disaster	
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ME C3.3	The facility has a dequate fire fighting Equipment The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation The facility has adequate specialist doctors as	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire. Check the fire exits are clearly visible and routes to reach exit are clearly marked. OPD has installed fire Extinguisher that is Class A, Class B C type or ABC type. Check the expiry date for fire extinguishers are displayed on each extinguishers as well as due date for next retifling is clearly mentioned. Check for staff competencies for operating fire extinguisher and what to do in case of fire. The facility has adequate qualified a Availability of specialist Doctor at OPD	2 2 2 2	OB/SI OB OB OB/RR	e assured services to the current case load (a) Check for specialist are available at scheduled time	
ME C3.3 Standard C4	The facility has adequate fire fighting Equipment The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly marked. OPD has installed fire Extinguisher that is class A, Class B C type or ABC type Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned Check for saft Gromptendies for operating fire extinguisher and what to do in case of fire. The facility has adequate qualified in the facility has adequate qualified in the control of	2 2 2 2 2 and trained staff, in	OB/SI OB OB/RR OB/RR	e assured services to the current case load (a) Check for specialist are available at scheduled	
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ME C3.3 Standard C4 ME C4.1	The facility has adequate fire fighting Equipment The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation The facility has adequate specialist doctors as per service provision	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly marked. OPD has installed fire Extinguisher that is Class A, Class B C type or ABC type Check the expiry date for fire extinguishers are displayed on each extrapsishers are displayed on each extrapsisher save ull as due date for nex refilling is clearly mentioned. Deck for staff competencies for operating fire extinguisher and what to do in case of fire the facility has adequate qualified a Availability of specialist Doctor at OPD time.	2 2 2 2 and trained staff, re 2	OB/SI OB OB OB/RR OB/RR OB/RR	e assured services to the current case load (a) Check for specialist are available at scheduled time (b) 1 OBG specialist per 100 ANC - regular or private -	
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ME C5.1	The departments have availability of adequate Medicines at point of use	Availability of injectables at injection room	2	OB/RR	ARV, TT	
	Wedenes de pont of de	Availability of drugs for management of	2		Metformin & insulin	
	The departments have adequate consumables at	GDM Availability of disposables at dressing			Examination gloves, Syringes, Dressing material,	
ME C5.2	point of use	room and clinics	2	OB/RR	suturing material	
		HIV testing Kits I, II and III at ICTC Availability of glucometer & OGTT	2	OB/RR	for screening of GDM	
ME C5.3	Emergency Medicine trays are maintained at	Emergency Medicine Tray is maintained	2	OR/RR		
INIE CS.3	every point of care, where ever it may be needed	at injection room & immunization room		OB/RR		
Standard C6		The facility has Availability of functional Equipment	equipment & inst	ruments required for as		
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	&Instruments for examination &	2	ОВ	BP apparatus, thermometer, weighting machine, torch, stethoscope, Examination table	
	Availability of equipment & instruments for	Monitoring Availability of functional				
ME C6.2	treatment procedures, being undertaken in the	Instruments/Equipment for Gynae and	2	ОВ	PV examination kit, Inch tape, fetoscope, Weighting machine, BP apparatus etc.	
	facility	obstetric Availability of functional			, , , , , , , , , , , , , , , , , , , ,	
		Equipment/Instruments for	2	OB	X ray view box, Equipment for plaster room	
		Orthopaedic Procedures Availability of functional Instruments /			Retinoscope, refraction kit, tonometer, perimeter,	
		Equipment for Ophthalmic Procedures	2	ОВ	distant vision chart, Colour vision chart.	
		Availability of Instruments/ Equipment			Audiometer, Laryngoscope, Otoscope, Head Light,	
		Procedures for ENT procedures	2	ОВ	Tuning Fork, Bronchoscope, Examination Instrument Set	
		Availability of functional Instruments/	2	ОВ	Dental chair, Air rotor, Endodontic set, Extraction	
		Equipment for Dental Procedures		05	forceps	
		Availability of functional Equipment/Instruments of	2	ОВ	Traction, Wax bath, Short Wave Diathermy, Exercise	
		Physiotherapy Procedures			table Etc .	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the	Availability of Equipment for ICTC lab	2	ОВ	Micropipettes, Centrifuge, Needle destroyer,	
	facility				Refrigerators Pefrigerator Crash cart/Medicine trolley instrumental	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for Medicines	2	ОВ	Refrigerator, Crash cart/Medicine trolley, instrumental trolley, dressing trolley	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste trolley, Deck brush	
	and the appoint services	Availability of equipment for	2	ОВ	Boiler	
MECCA	Departments have patient furniture and fixtures	sterilization and disinfection		-	Spot light, electrical fixture for equipment, X ray view	
ME C6.7	as per load and service provision	Availability of Fixtures	2	OB	box	
		Availability of furniture at clinics	2	ОВ	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard	
Standard C7 ME C7.1	Facility	has a defined and established procedur	e for effective utili	ation, evaluation and a	ugmentation of competence and performance of staff	
WIE C/.1	Competence assessment of Clinical and Para				Check for records of competence assessment including	
ME C7.2	clinical staff is done on predefined criteria at	Check for competence assessment is done at least once in a year	2	RR/SI	filled checklist, scoring and grading . Verify with staff	
	least once in a year	done de least once in a year			for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
					Check supervisors make periodic rounds of	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job	Check the competency of staff to use	2	SI/RR	department and monitor that staff is working	
	supportive supervision	OPD equipment like BP apparatus etc			according to the training imparted. Also staff is provided on job training wherever there is still gaps	
					Check supervisors make periodic rounds of	
		At ANC clinic staff is skilled to identify				
		The First Comme Start is skined to identify	2	CI/DD	department and monitor that staff is working	
		high risk pregnancies	2	SI/RR	according to the training imparted. Also staff is	
			2	SI/RR	according to the training imparted. Also staff is provided on job training wherever there is still gaps	
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Standard D1 ME D1.1	The facility has established system for maintenance of critical Equipment	high risk pregnancies Staff is skilled for maintaining clinical records The facility has established Pro	2 Area of Conc gramme for inspec	SI/RR ern - D Support Service: tion, testing and mainte	according to the training imparted. Also staff is provided on job training wherever there is still gaps. Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps. enance and calibration of Equipment. 1. Check with AMC records/	
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ME D3.3	The facility ensures safe and comfortable	Temperature control and ventilation in waiting areas	2	PI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
	environment for patients and service providers	0				
		Temperature control and ventilation in clinics	2	SI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
ME D3.4	The facility has security system in place at	Hospital has sound security system to	2	OB/SI		
ME D3.5	The facility has established measure for safety	manage overcrowding in OPD Ask female staff whether they feel	2	SI		
Standard D4	and security of female staff		stablished Progran	me for maintenance an	d upkeep of the facility	
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour	2	ОВ		
		Interior of patient care areas are plastered & painted	2	ОВ		
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are	2	ОВ	All area are clean with no dirt, grease, littering and	
	100	Clean Surface of furniture and fixtures are			cobwebs	
		clean	2	ОВ		
		Toilets are clean with functional flush and running water	2	ОВ		
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	2	ОВ		
		Window panes , doors and other fixtures are intact	2	ОВ		
		Patients beds are intact and painted Mattresses are intact and clean	2	OB OB		
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material lying in the OPD	2	ОВ		
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	ОВ		
Standard D5	The facility has adequate arrangement storage		d power backup as	per requirement of serv	ice delivery, and support services norms	
ME D5.1	and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI		
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OPD	2	OB/SI		
StandardD6			lable as per service	provision and nutrition	al requirement of the patients.	
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done as required and directed by doctor	2	RR/SI		
Standard D7				es clean linen to the pat	ients	
ME D7.1 Standard D11	The facility has adequate sets of linen	Availability of linen in examination area	2 nd clinical staff are	OB	regulations and standards operating procedures.	
Standard D11		Staff is aware of their role and	ina cimicai stair are	determined as per gove	regulations and standards operating procedures.	
ME D11.1	The facility has established job description as per govt guidelines	responsibilities	2	SI		
	The facility has a established procedure for duty	There is procedure to ensure that staff	_		Check for system for recording time of reporting and	
ME D11.2	roster and deputation to different departments	is available on duty as per duty roster	2	RR/SI	relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department	2	SI		
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health	Doctor, nursing staff and support staff adhere to their respective dress code	2	ОВ		
Standard D12	department	· ·	r monitoring the qu	rality of outsourced serv	ices and adheres to contractual obligations	
ME D12.1	There is established system for contract	There is procedure to monitor the quality and adequacy of outsourced	2	SI/RR	Verification of outsourced services (cleaning/Laundry/Security/Maintenance) provided	
	management for out sourced services	services on regular basis	A		are done by designated in-house staff	
			Area of Con	ern - E Clinical Services		
Standard E1					and admission of patients.	
Standard E1 ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of			n and admission of patients.	
		Unique identification number is given to each patient during process of registration Patient demographic details are	ed procedures for r	egistration, consultation	Check for that patient demographics like Name, age,	
		Unique identification number is given to each patient during process of registration	2 2	egistration, consultation RR RR		
		Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records	ed procedures for r	egistration, consultation RR	Check for that patient demographics like Name, age,	
ME E1.1		Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic	2 2 2 2	RR RR RR PI/SI	Check for that patient demographics like Name, age,	
	registration of patients	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic by registration clerk based on complaint	2 2	egistration, consultation RR RR	Check for that patient demographics like Name, age, Sex, Address etc.	
ME E1.1	registration of patients The facility has a established procedure for OPD	Unique identification number is given to each patient during process of registration. Patient demographic details are recorded in OPD registration recorded in OPD registration records. Patients are directed to relevant clinic by registration clerk based on complaint. There is procedure for systematic calling.	2 2 2 2	RR RR RR PI/SI	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same	
ME E1.1	registration of patients The facility has a established procedure for OPD	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic by registration clerk based on complaint There is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and	2 2 2 2 2	RR RR RR PI/SI	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis.	
ME E1.1	registration of patients The facility has a established procedure for OPD	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic by registration clerk based on complaint by registration clerk based on complaint There is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and recorded wherever required	2 2 2 2 2 2 2	RR RR PI/SI OB	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional	
ME E1.1	registration of patients The facility has a established procedure for OPD	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic by registration clerk based on complaint There is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and	2 2 2 2 2	RR RR RR PI/SI OB	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket.	
ME E1.2	registration of patients The facility has a established procedure for OPD	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic by registration clerk based on complaint There is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR PI/SI OB RR OB/RR	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket Check treatment plan and confirmed diagnosis is	
ME E1.1	registration of patients The facility has a established procedure for OPD consultation	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records. Patient are directed to relevant clinic by registration clerk based on complaint by registration clerk based on complaint. There is procedure for systematic calling of patients one by one Patient History is taken and recorded. Physical Examination is done and recorded wherever required. Provisional Diagnosis is recorded.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR PI/SI OB RR OB/RR	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket Check treatment plan and confirmed diagnosis is	
ME E1.2 ME E1.3	registration of patients The facility has a established procedure for OPD consultation There is established procedure for admission of	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records. Patients are directed to relevant clinic by registration clerk based on complaint by registration clerk based on complaint. There is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gistration, consultation RR RR PI/SI OB RR OB/RR OB/RR	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket Check treatment plan and confirmed diagnosis is recorded	
ME E1.2	The facility has a established procedure for OPD consultation There is established procedure for admission of patients There is established procedure for initial	Unique identification number is given to each patient during process of registration Patient demographic details are recorded in OPD registration records Patients are directed to relevant clinic by registration clerk based on complant There is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded There is setablish procedure for admission through OPD There is establish procedure for day care admission The facility has defined and establist three is screening clinic for initial	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gistration, consultation RR RR PI/SI OB RR OB/RR OB/RR	Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket Check treatment plan and confirmed diagnosis is	
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		Thoro is a sustant of follow up of			Check referral out record is maintained	
		There is a system of follow up of referred patients	2	RR	Check randomly with the referred cases (contact them) for completion of treatment or follow up.	
					them) for completion of treatment of follow up.	
ME E3.4	Facility is connected to medical colleges through telemedicine services	Telemedicine service are used for consultation	2	RR/SI		
	Commence Services	Patient records are maintained for the				
		cases availing the telemedicine services	2	RR/PI	Check the records for completion.	
Standard E5		Facility ha	s a procedure to id	entify high risk and vulr	nerable patients.	
	The facility identifies high risk patients and	For any critical patient needing urgent	2	00/51		
ME E5.2	ensure their care, as per their need	attention queue can be bypassed for providing services on priority basis	2	OB/SI		
Standard E6			ity ensures rationa	le prescribing and use of	f medicines	
					Check for:	
					No. of medicines prescribed High-end antibiotics are not prescribed	
ME E6.1	Facility ensured that Medicines are prescribed ias per the prescription policy of ESIC	prescribed as per the prescription policy	2	RR	3. polypharmacy	
					No of multivitamins prescribed No of injectables prescribed	
					6. Medicines are prescribed from EML	
		A copy of Prescription is kept with the facility	2	RR		
ME E6.2		Check for that relevant Standard	2		TO DISSUES	
ME E6.2	There is procedure of rational use of Medicines	treatment guideline are available at point of use	2	RR	TO DISCUSS	
		Availability of Medicine formulary	2	SI/OB		
ME E6.3		DELETED				
Standard E7		Facility Every Medical advice and procedure is	has defined proced	dures for safe Medicine	administration	
ME E7.2	Medication orders are written legibly and adequately	accompanied with date , time and	2	RR		
	aucqudtely	signature				
	There is a procedure to check Medicine before	Medicines are checked for expiry and				
ME E7.3	administration/ dispensing	other inconsistency before administration	2	OB/SI	Check in Injection room	
		Check single dose vial are not used for	2	ОВ	Check for any open single dose vial with left over	
		more than one dose		35	content intended to be used later on	
		Check for separate sterile needle is used every time for multiple dose vial	2	ОВ	In multi dose vial needle is not left in the septum	
		Any adverse Medicine reaction is			Adverse drug event trigger tool is used to report the	
		recorded and reported	2	RR/SI	events	
ME E7.5	Patient is counselled for self Medicine	Patient is advice by doctor/ Pharmacist	2	SI/PI		
	administration	/nurse about the dosages and timings .				
Standard E8		Patient History, Chief Complaint and	d procedures for m	aintaining, updating of p	patients' clinical records and their storage	
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Examination Diagnosis/ Provisional	2	RR	(Manually/e-records)	
		Diagnosis is recorded in OPD slip				
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Written Prescription Treatment plan is written	2	RR	(Manually/e-records)	
	Procedures performed are written on patients	Any dressing/injection, other procedure	_			
ME E8.4	records	recorded in the OPD slip	2	RR	(Manually/e-records)	
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.	2	OB/SI		
ME E8.6	Register/records are maintained as per	OPD records are maintained	2	OB/RR	OPD register, ANC register, Injection room register etc	
	guidelines	All register/records are identified and	2	OB/RR	,, ,,	
	The firstly and the state of th	numbered	2	OB/RR		
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records	2	OB/SI		
Standard E11	The facility has disaster management plan in				rvices and Disaster Management	
ME E11.3	place	Staff is aware of disaster plan	2	SI/RR		
		Role and responsibilities of staff in disaster is defined	2	SI/RR		
Standard E12		The facility I	has defined and est	ablished procedures of	diagnostic services	
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection	2	ОВ		
ME E12.3	There are established procedures for Post-	Clinics is provided with the critical value	2	SI/RR		
	testing Activities	of different tests	Maternal 8	& Child Health Services		
Standard E17		Facility has	established proces	dures for Antenatal care	as per guidelines	
ME E17.1	There is an established procedure for	Facility provides and updates "Mother	2	RR/SI	Line listing	
	Registration and follow up of pregnant women.	and Child Protection Card".		7		
		Records are maintained for ANC registered pregnant women	2	RR	Records of each ANC check-ups is maintained in Mother and child protection card	
	There is an established procedure for History	ANC check-ups is done by Qualified			and child proceeded card	
ME E17.2	taking, Physical examination, and counselling for each antenatal visit.	personnel	2	RR/SI		
		At ANC clinic, Pregnancy is confirmed by	2	RR/SI		
		performing urine test Last menstrual period (LMP) is recorded		9.00		
	TO DISCUSS	and Expected date of Delivery (EDD) is	2	RR/SI		
		Calculated Assessment of Clinical condition of			Gestational Age, general & systemic examination	
		pregnant women & foetus during all	2	RR/SI	including breast examination , medical, surgical &	
		ANC Check-up		DD /61	personal history etc	
		Weight & Blood pressure measurement	2	RR/SI RR/SI		
		Pallor, oedema and icterus. Abdominal palpation for foetal growth,	2			
		foetal lie	2	RR/SI RR/SI		
		Auscultation for foetal heart sound PV examination during 4th ANC	2	RR/SI	to check pelvic adequacy - in 37 weeks	
			2	RR/SI		
		4 ANC & 1 PMSMA check-ups of women				
		is done	-		(a) Confirm hypertension & identify the pregnant	
		is done Identification & Management of	2	RR/SI	women with severe PE/E	
		is done		RR/SI	women with severe PE/E (b) Manage hypertension as per guidelines	
		is done Identification & Management of	2		women with severe PE/E (b) Manage hypertension as per guidelines (a) Treatment as per the guidelines	
		is done Identification & Management of hypertensive disorders Management of the Syphilis reactive pregnant women		RR/SI	women with severe PE/E (b) Manage hypertension as per guidelines (a) Treatment as per the guidelines (b) Quantitative & qualitative RPR/VDRL test (c) Test/treat the spouse/partner	
		is done Identification & Management of hypertensive disorders Management of the Syphilis reactive	2		women with severe PE/E (b) Manage hypertension as per guidelines (a) Treatment as per the guidelines (b) Quantitative & qualitative RPR/VDRL test	

		Management of pregnant women with GDM	2		[a) Medical Nutrition Therapy (MNT) & Physical exercise for 2 weeks (b) After 2 weeks of NMT & physical exercise - 2 hrs PBPS - If 2 hrs PBPS is less than 120mg/dl-repeat the test as per protocol- one test every month during 2nd & 3rd trimesters - If 2 hrs PBPS is more 120mg/dl-medical management (metformin or insulin therapy to be started as per guidelines (c) Foetal surveillance - Foetal auscultation in Antenatal visits)	
		Identification & management of hypothyroidism	2		(a) Screening of high-risk Pregnant women (Areas with moderate to severe lodine deficiency, obesity, history-of thyroid dysfunction/ surgery, to first-degree relatives, mental retardation, autoimmune disease, frequent miscarriage, pre-term delivery etc.) (b) Hormonal assay - TSH & FT4 (c) Treatment as pre guidelines- Levothyroxine	
ME E17.3	Facility ensures availability of diagnostic and Medicines during antenatal care of pregnant women	Diagnostic test under ANC check up are prescribed by ANC clinic	2	RR/SI	Check for Haemoglobin, urine albumin, urine sugar, blood group and Rh factor, Syphilis (VDRL/RPR) HIV, blood sugar, malaria & Hepatitis B	
		Oral glucose tolerance test (OGTT) is done for all pregnant women	2	RR/SI	(a) Universal screening of all pregnant women at the time of first antenatal contact. (b) if the first test is negative second test - 24-28 week of gestation	
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.	High risk pregnant women are referred to specialist	2	RR/SI	(a) PIH, GDM, Malaria, HIV, syphilis, APH, (b) From ANC clinic to PMSMA (c) Sticker indicating the risk factor/ condition of the pregnant woman - placed in MCP card in PMSMA	
ME E17.5	There is an established procedure for identification and management of moderate and	Line listing of pregnant women with moderate and sever anaemia	2	RR/SI		
	severe anaemia	Provision for Injectable Iron Treatment	2	RR/SI		
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age	for moderate anaemia Nutritional counselling	2	RR/PI		
	standard protocol and gestational age	Nutrition & Rest	2	RR/PI	Iron, folic acid & calcium supplementation	
		Recognizing danger sign of labour Breast feeding	2	RR/PI RR/PI		
		Institutional delivery Arrangement of referral transport	2	RR/PI RR/PI		
		Birth preparedness	2 2	RR/PI RR/PI		
Standard E22		Family planning Facility provides Act		tive and Sexual Health	services as per guidelines	
ME E22.1	Facility provides Promotive ARSH Services	Provision of Antenatal natal check up for pregnant adolescent	2	SI/RR	Nutritional Counselling, contraceptive counselling, Couple counselling ANC check-ups, ensuring institutional delivery	
		Counselling and provision of emergency contraceptive pills Counselling and provision of reversible	2	SI/RR	Check for the availability of Emergency Contraceptive pills (Levonorgestrel) Check for the availability of Oral Contraceptive Pills,	
		Contraceptives	2	RR/SI	Condoms and IUD	
		Availability and Display of IEC material	2	ОВ	Poster Displayed, Reading Material handouts etc.	
		Information and advice ob. sexual and reproductive health related issues	2	SI/RR	Advice on topic related to Growth and development, puberty, sexuality cancers, myths & misconception, pregnancy, safe sex, contraception, unsafe abortion, menstrual disorders, anemia, sexual	
ME E22.2	Facility provides Preventive ARSH Services	Services for Tetanus immunization	2	SI/RR	abuse ,RTI/STI's etc. TT at 10 and 16 year	
		Services for Prophylaxis against Nutritional Anaemia	2	SI/RR	Haemoglobin estimation, weekly IFA tablet, and treatment for worm infestation	
		Nutrition Counselling	2	SI/RR	treatment for worm infestation	
		Services for early and safe termination of pregnancy and management of post abortion complication	2	SI/RR	MVA procedure for pregnancy up to 8 week Post abortion counselling	
ME E22.3	Facility Provides Curative ARSH Services	Treatment of Common RTI/STI's	2	SI/RR	Privacy and Confidentiality, treatment Compliance, Partner Management, Follow up visit and referral	
		Treatment and counselling for Menstrual disorders	2	SI/RR	Symptomatic treatment , counselling	
		Treatment and counselling for sexual concern for male and female adolescents	2	SI/RR		
		Management of sexual abuse amongst Girls	2	SI/RR	ECP, Prophylaxis against STI, PEP for HIV and Counselling	
ME E22.4	Facility Provides Referral Services for ARSH	Referral Linkages to ICTC and PPTCT	2	SI/RR		
Standard E23		Privacy and confidentiality maintained at ARSH clinic	2	SI/RR rogram as per operation	Screens and curtains for visual privacy, confidentality policy displayed, one client at a time	
ME E23.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Ambulatory care of uncomplicated P. Vivax malaria	2	SI/RR	As per Clinical Guidelines for Treatment of Malaria	
		Ambulatory care of uncomplicated P. Falciparum Malaria	2	SI/RR	As per Clinical Guidelines for Treatment of Malaria	
		Ambulatory care of Medicine resistant malaria	2	SI/RR	As per Clinical Guidelines for Treatment of Malaria	
ME E23.2	Facility provides service under National TB Elimination Program as per guidelines	Staff is aware of symptoms or signs Presumptive pulmonary TB as per revised guidelines	2	SI/RR	Cough >2 weeks, fever >2 weeks, significant weight loss, haemoptysis, any abnormalities in chest radiography. Addition, contact of microbiologically confirmed TB patients, PL HIV, diabetics, malnourished, cancer patients, patients on immunosuppressive therapy	
		Staff is aware of Signs and symptoms of Extra pulmonary Tuberculosis	2	SI/RR	Organ specific symptoms and signs like swelling of lymph nodes, pain & swelling in joints, neck stiffness, disorientation, etc or constitutional symptoms like weight loss, fever> 2 weeks night sweat	
		Staff is aware of signs and symptoms of presumptive paediatric TB cases as per revised guidelines	2	SI/RR	Child with persistent fever and/ or cough for more than 2 weeks. Unexplained Loss of weight/no weight gain in past 3 months/here loss of body weight loss of >5% body weight as compared to highest weight recorded in the last 3 months.	
		Staff is aware of presumptive DRTB cases as per revised guidelines	2	SI/RR	(1)TB patients who have failed treatment with first-line anti-tubercular Medicines (ATD). (2)Paediatric TB non-responded. (3)TB patients who are contacts of DRTB. (4)TB patients who are found positive on any follow-up sputium smear examination during treatment with first-line ATD. (5) Previously treatment with Girst-line ATD. (5) Previously treatment with Girst-line ATD.	

		for PLHA	2	SI/RR	As per NACO guidelines	
		management of side effects Counselling and Psychological support				
		Monitoring of patients on ART and	2	SI/RR	As per NACO guidelines	
		opportunistic Infections Screening of PLHA for initiating ART	2	SI/RR	As per NACO guidelines	
		Diagnosis and treatment of	2	SI/RR	As per NACO guidelines	
					counsellor also ensures access to treatment and care, and supports disclosure of the HIV status to the spouse.	
		Post test counselling given as per protocol	2	SI/RR	with suspected tuberculosis are referred to the nearest microscopy centre. In case of a positive test result, the counsellor assists the client to understand the implications of the positive test result and helps in coping with the test result. The	
THE LESS OF	Control program as per guidelines	protocols	2	3i/KK	women are given additional information on nutrition, hygiene, the importance of an institutional delivery and HIV testing so as to avoid HIV transmission from mother to child. window period, a repeat test is recommended, clients	
ME E23.4	Facility provides service under National AIDS	Screening of Cases of RCS Pre Test Counselling is done as per	2	SI/RR SI/RR	As per Operation/ Clinical Guidelines of NLEP basic information and benefits of HIV testing potential risks such as discrimination. The client is also informed about their right to refuse, follow-up services . Pregnant	
		Outreach Services to Leprosy Clinics	2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
		Supply of Customized Foot wear Self care Counselling	2 2	SI/RR SI/RR	As per Operation/ Clinical Guidelines of NLEP As per Operation/ Clinical Guidelines of NLEP	
		Follow-up of cases treated at tertiary Level	2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
		Operative Care	2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
		Management of Eye Complications Physiotherapy including Pre and Post	2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
		Management of Lepra Reactions Management of Complicated Ulcers	2	SI/RR SI/RR	As per Operation/ Clinical Guidelines of NLEP As per Operation/ Clinical Guidelines of NLEP	
		Assessment of Disability Status	2 2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
		Treatment of all diagnosed cases including Reaction and Neuritis	2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
ME E23.3	Eradication Program as per guidelines	and Directly Reported Cases	2	SI/RR	As per Operation/ Clinical Guidelines of NLEP	
N. F. F. P. P.	Facility provides service under National Leprosy	There is functional Linkage between DMC and ICTC Validation and Diagnosis of Referred	2	SI/RR		
					the patient should be followed up at the end of 6, 12, 18 and 24 months. Any clinical symptoms and/or cough, sputum microscopy and/or culture should be considered.	
		Monitoring and follow up of patient done as per protocols	2	SI/RR	Clinical follow up: Should be at least monthly – the patient may visit the clinical facility or medical officer call for review may even visit the house of patient. Laboratory follow up: Sputum smear examination at the end of IP & end of treatment (for every patient). Long term follow up: After completion of treatment,	
		initiating TB treatment Treatment card and TB identity card is given	2	PI/RR	prevention, consequence of irregular treatment or oremature cessation of treatment Treatment card will be issued in duplication if required	
		Patient and family is counselled before	2	SI/PI/RR	Educate patient and family about disease, dose schedule, duration, common side effects, methods of	
		Management of Patients with HIV infection and Tuberculosis	2	SI/RR	As per revised RNTCP Technical Guidelines	
		Management of Paediatric Tuberculosis	2	SI/RR	As per revised RNTCP Technical Guidelines	
		Management of MDR/RRTB(without additional resistance) as per revised guidelines	2	RR/SI	Ethambutol, Pyrazinamide, Ethionamide, And Cyclomerize. !8 month of CP with Levofloxacin, Ethambutol, Ethionamide, And Cyclomerize	
		Management of extra pulmonary TB cases as per revised guidelines	2	RR/SI	be extended 3-6 months in cases such as CNS, skeletal etc. ATD given in fixed dose on daily basis as per weight band 6-9 months of IP with Kanamycin, Levofloxacin,	
		per revised guidelines are readily available	2	RR/SI	Check algorithm for all the three cases are available. The CP in both new and previously treated cases may	
		Diagnostic algorithm for pulmonary, extra pulmonary and paediatric TB as	_		Medicines will be continue for another 20 weeks as daily dosage	
		Diagnosis and treatment of smear positive and presumptive multi Medicine resistance TB (MDR-TB) as per revised guidelines	2	RR/SI	Medicine sensitive TB or RIF resistant. Treatment: IP will be of 12 weeks, where injection Streptomycin will be stopped after 8 weeks and remaining four Medicines in daily dose for another 4 weeks as per weight band. At CP, Pyrazinamide will be stopped while rest of	
					Cartridge based Nucleic Acid Amplification test (CBNAAT) performed to rule out Rifampicin resistance and categorized as microbiologically confirmed	
		Diagnosis and treatment of Presumptive pulmonary TB as per revised guidelines	2	RR/SI	All the presumptive TB cases undergo sputum smear examination (spot early morning or spot-spot). If first sputum is positive not at risk of DRTB, it is microbiologically confirmed. Treatment of New Cases: Treatment in Piwil Consist of Sweeks of INH, Rifampicin, Pryazinamide and Ethambutol in daily dose as per weight band categories. Only Pyrazinamide will be stopped in CP rest 3 Medicines will be continue for 16 weeks. (Daily regimen with administration of daily fixed dose combination of first line ATD as per weight band)	
					case. 5. Extensive Medicine resistance- MDR TB case whose biological specimen resistant to Fluroquinolone (FQ)	
		Staff is aware of classification done on the basis of Medicine resistance as per revised guidelines	2	SI/RR	only. 2. Poly resistance (PDR) – Biological specimen resistant to more than one anti TB Medicine, other than INH & Rifampicin. 3. Multi-Medicine resistance (MDR) – Biological specimen resistant to both INH and Rifampicin or with or without resistance to other first line ATD 4. Rifampicin resistance (RR) – Resistance to Rifampicin detected by phenotypic or genotypic method with or without resistant to other ATD excluding INH. Patient with RR manged as if MDR-TB	
					Mono resistance (MR) – Biological specimen of TB Patient resistant to one first line anti TB Medicine	

					(a) Management of the acute psychosis, obsession,	
ME E23.6	Facility provides service under Mental Health	Identification and treatment of mental	2		anxiety, depression, neurosis & epilepsy	
	Program as per guidelines	illness as per guidelines			(b)Ensure availability medicines & regular follow up (c) Referferal of the cases as per requirement	
		Identification of the cases for substance				
		abuse	2	SI/RR	Treat/ refer to the de addiction centre	
					(a) Basic psycho education about treatment adherence	
		Psychosocial support is provided	2	SI/RR	(b) Motivation enhancement (c) Reduction of high risk behaviour	
		rsychosocial support is provided		SIJAN	(d) Relapse prevention	
					(e) Counselling for occupational rehab. (d) Patient support group / individual counselling	
	Facility provides service under National				(a) Linkage with specialists like medicine, ortho,	
ME E23.7	programme for the health care of the elderly as per guidelines	Geriatric Care is provided as per Clinical Guidelines	2	SI/RR	health., ENT services	
	Facility provides service under National				(b) Referral services to Regional Geriatric centre/MC Screening of persons above age of 30 - History of	
ME E23.8	Programme for Prevention and Control of cancer,	Opportunistic screening for diabetes,	2	SI/RR	tobacco examination, BP Measurement and Blood	
	diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines	hypertension, cardiovascular diseases		2,	sugar estimation Look for records at NCD clinic	
		Screen women of the age group 30-69	2	SI/RR	for early detection of cervix cancer and breast cancer	
		years approaching to the hospital			Increased intake of healthy foods, Increased physical	
		Health Promotion through IEC and counselling	2	ОВ	activity through sports, exercise, etc.; Avoidance of tobacco and alcohol; stress	
					management & warning signs of cancer etc	
		Counselling the identified cases for self	2	PI/RR	Council the patient for monitoring of their BP (using digital BP apparatus), sugar (using glucometer), self	
		care		FIAR	care for ulcer etc	
	Facility provide service for Integrated disease	Weekly reporting of Presumptive cases	_		(a) Submitted to District surveillance officer	
ME E23.9	surveillance program	on form "P" from OPD clinic	2	SI/RR	(b) Data is submitted manually or through IHIP (integrated health information platform)	
ME E23.10	Facility provide services under National program	Early detection and screening for	2	CI/DD	As per Clinical guidelines	
WIE E23.10	for prevention and control of deafness	detection of deafness		SI/RR		
					(a) Routine assessment of HBsAg & LFT (b) Assessment of the severity of liver disease	
ME E23.11	Facility provides services under National Viral	Assessment & treatment of	2	SI/RR	(c) Management of the cases with evidence of	
	Hepatitis Control Programme	uncomplicated cases of Viral Hepatitis			compensated or decompensated cirrhosis- as per guidelines	
					(a) Medication refill- after 25 days (b) Educate the patient on adherence & regular follow	
		Follow up of the cases of the Viral	2		up	
		Hepatitis	2	SI/RR	(c) Check for side effects & investigate as per requirements & guidelines	
					(d) Update the investigation in the treatment card	
					(a) Assessment, treatment plan & prescription for	
	Facility provide services under National program	Clinical assessment by trained &	_		cases	
ME E 23.12	for palliative care	competent physician	2	SI/RR	(b) Pain Management (c) Counselling & psycho social interventions	
			Area of Cond	ern - F Infection Control		
Standard F1					measurement of hospital associated infection	
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxic etc	
		Periodic medical check-ups of the staff	2	SI/RR		
MC F4 F	Facility has established procedures for regular				Hand washing and infection control audits done at	
ME F1.5	monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.5 ME F1.6	monitoring of infection control practices Facility has defined and established antibiotic	Regular monitoring of infection control practices Check for Doctors are aware of Hospital				
	monitoring of infection control practices Facility has defined and established antibiotic policy	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and Ir	2	SI/RR SI/RR	periodic intervals hygiene practices and antisepsis	
ME F1.6	monitoring of infection control practices Facility has defined and established antibiotic	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR SI/RR	periodic intervals	
ME F1.6 Standard F2	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and Ir Availability of hand washing Facility at	2 2 nplemented proces	SI/RR SI/RR Sures for ensuring hand	periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated	
ME F1.6 Standard F2	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and Ir Availability of hand washing Facility at Point of Use	2 nplemented proces 2	SI/RR SI/RR fures for ensuring hand OB OB/SI	periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use	
ME F1.6 Standard F2	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and Ir Availability of hand washing Facility at Point of Use Availability of running Water	2 2 nplemented proces	SI/RR SI/RR Sures for ensuring hand OB	periodic intervals nyglene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular	
ME F1.6 Standard F2	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Artibiotic Policy Facility has defined and in Availability of hand washing Facility at Point of Use Availability of running Water Availability of running Water	2 nplemented proces 2	SI/RR SI/RR fures for ensuring hand OB OB/SI	periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the ap. ask Staff water supply is regular Check for availability/ Ask staff if the supply is	
ME F1.6 Standard F2	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and Ir Availability of hand washing Facility at Point of Use Availability of running Water Availability of running Water Availability of antiseptic soap with soap dishyl liquid antiseptic with dispenser. Availability of Alcohol based Hand rub Display of Hand washing Instruction at	2 pplemented process 2 2	SI/RR SI/RR SI/RR tures for ensuring hand OB OB/SI OB/SI	periodic intervals ygjene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and uninterrupted Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility	
ME F1.6 Standard F2 ME F2.1	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use Staff is trained and adhere to standard hand	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Artibiotic Policy Facility has defined and in Availability of hand washing Facility at Point of Use Availability of running Water Availability of running Water Availability of antiseptic soap with soap dish/ liquid antiseptic owith dispenser. Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use	2 2 nplemented process 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR OB OB/SI OB/SI OB/SI OB/SI	periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and uninterrupted Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility preferably in Local language	
ME F1.6 Standard F2	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and in Availability of hand washing Facility at Point of Use Availability of running Water Availability of antiseptic soap with soap dish/liquid antiseptic with dispenser. Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use Adherence to 6 steps of Hand washing	2 2 nplemented proces 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR tures for ensuring hand OB OB/SI OB/SI OB/SI	periodic intervals ygjene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and uninterrupted Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility	
ME F1.6 Standard F2 ME F2.1	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use Staff is trained and adhere to standard hand washing practices Facility ensures standard practices and materials	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and in Availability of Hospital Availability of Indian Washing Facility at Point of Use Availability of Indiang Water Availability of Indiang Water Availability of Indiang Water Availability of Indiang Water Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use Adherence to 6 steps of Hand washing Staff aware of when to hand wash	2 2 nplemented process 2 2 2 2 2 2	SI/RR SI/RR SI/RR Gures for ensuring hand. OB OB/SI OB/SI OB/SI OB/SI OB	periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and uninterrupted Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility preferably in Local language	
ME F1.6 Standard F2 ME F2.1	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use Staff is trained and adhere to standard hand washing practices	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and in Availability of hand washing Facility at Point of Use Availability of running Water Availability of antiseptic soap with soap dish/liquid antiseptic with dispenser. Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use Adherence to 6 steps of Hand washing	2 pplemented proces 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR OB OB/SI OB/SI OB/SI OB SI/OB SI/OB	periodic intervals Tygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap, Ask Staff water supply is regular Check for availability! Ask staff if the supply is adequate and uninterrupted Check for availability! Ask staff for regular supply. Prominently displayed above the hand washing facility, preferably in Local language. Ask of demonstration like before giving IM/IV injection, drawing blood,	
ME F1.6 Standard F2 ME F2.1 ME F2.2 ME F2.3	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use Staff is trained and adhere to standard hand washing practices Facility ensures standard practices and materials	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and Ir Availability of Hospital Availability of India Washing Facility at Point of Use Availability of running Water Availability of antiseptic soap with soap dishly liquid antiseptic with dispenser. Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use Altherence to 6 steps of Hand washing Staff aware of when to hand wash Availability of Antiseptic Solutions Proper cleaning of procedure site with antisepsis	2 2 pplemented proces 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR GB OB/SI OB/SI OB/SI OB SI/OB SI OB OB/SI	periodic intervals "ygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and uninterrupted Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility, preferably in Local language Ask of demonstration like before giving IM/IV injection, drawing blood, putting intravenous and urinary catheter	
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ME F1.6 Standard F2 ME F2.1 ME F2.2 ME F2.3 Standard F3 ME F3.1 ME F3.1 ME F4.1 ME F4.1	monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use Staff is trained and adhere to standard hand washing practices Facility ensures standard practices and materials for antisepsis Facility ensures adequate personal protection equipment as per requirements Staff is adhere to standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Regular monitoring of infection control practices Check for Doctors are aware of Hospital Artibolic Policy Facility has defined and in Availability of hand washing Facility at Point of Use Availability of hand washing Facility at Point of Use Availability of running Water Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser. Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use Adherence to 6 steps of Hand washing Staff aware of when to hand wash Availability of Antiseptic Soutions Proper cleaning of procedure site with antisepsis Facility ens Clean gloves are available at point of use Availability of Masks, caps and aurons. Compliance to disposable gloves, Masks, caps and agrons. Compliance to correct method of wearing and removing the gloves Facility has sta Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate. Contact time for decontamination is adequate. Contact time for decontamination is as dequate instruments after decontamination Contact time for decontamination is as dequate after each use as per requirement. Staff know how to make chlorine solution Estellized after each use as per requirement. Autoclaved dressing material is used	2 pplemented proces 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR Gures for ensuring hand OB OB/SI OB/SI OB/SI OB SI/OB SI OB/SI	periodic intervals (Check for availability of wash basin, elbow operated tap near the point of use (Check for availability of wash basin, elbow operated tap near the point of use (Check for availability/ Ask staff if the supply is regular (Check for availability/ Ask staff if the supply is adequate and uninterrupted (Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility, preferabily in Local language Ask of demonstration (Bike before giving IM/IV injection, drawing blood, putting intravenous and urinary catheter resonal protection (Gloves, Masks, Cap, Aprons etc ent and instruments Ask staff about how they decontaminate the procedure surface like Examination table, dressing table, Stretcher/Trolleys etc. (Wiyling with D.5% Chlorine solution Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination instruments Good Pressure Cit etc. (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution No sorting, Rinsing or sluicing at Point of use/ Patient care area.	
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		Clinics for infectious diseases are located away from main traffic	2	ОВ	Preferably in remote corner with independent access	
		Sitting arrangement in TB clinic is as per	2	ОВ		
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care	guideline Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
	areas	Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR		
		Cleaning of patient care area with detergent solution	2	SI/RR		
		Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out	
		Cleaning equipment like broom are not used in patient care areas	2	OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided	
Standard F6 ME F6.1	Facility Ensures segregation of Bio Medical	Availability of colour coded bins at point		OB	and disposal of Bio Medical and hazardous Waste.	
IVIE PO.1	Waste as per guidelines	of waste generation Availability of colour coded non	2	ОВ	Adequate number. Covered. Foot operated.	
		chlorinated plastic bags Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood	
		Segregation of infected plastic waste in	2	OB	and blood components. Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles	
		red bin Display of work instructions for			and fixed needle syringes) and vacutainers' with their needles cut) and gloves	
		segregation and handling of Biomedical waste	2	ОВ	Pictorial and in local language	
	Facility one was managed at a finite and	There is no mixing of infectious and general waste	2			
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters	2	ОВ	See if it has been used or just lying idle	
		Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers	2	OB	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalept, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	
		Availability of post exposure prophylaxis	2	SI/OB	Ask if available. Where it is stored and who is in charge of that.	
		Staff knows what to do in condition of needle stick injury	2	SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done	
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour	2	OB	Vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of	Check bins are not overfilled	2	SI/OB		
	waste as per guidelines	Transportation of bio medical waste is	2			
		done in close container/trolley				
Standard G1		The facility has		n - G Quality Managemore for izational framework for		
Standard G1 ME G1.1	The facility has a quality team in place	The facility has There is a designated departmental nodal person for coordinating Quality Assurance activities		n - G Quality Managemo izational framework for SI/RR	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been	
		There is a designated departmental nodal person for coordinating Quality Assurance activities Facility ha	established organ 2	izational framework for	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined	
ME G1.1 Standard G2 ME G2.1	The facility has a quality team in place Patient Satisfaction surveys are conducted at periodic intervals	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility ha OPD Patient satisfaction survey done on monthly basis	established organ 2 s established syste	zational framework for SI/RR m for patient and emple RR	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined essential defined	
ME G1.1 Standard G2	Patient Satisfaction surveys are conducted at	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility ha OPD Patient satisfaction survey done on monthly basis Facility have established inte	established organ 2 s established syste	zational framework for SI/RR m for patient and emple RR	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined	
ME G1.1 Standard G2 ME G2.1	Patient Satisfaction surveys are conducted at	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility ha OPD Patient satisfaction survey done on monthly basis	established organ 2 s established syste	zational framework for SI/RR m for patient and emple RR	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined essential defined	
ME G1.1 Standard G2 ME G2.1 Standard G3	Patient Satisfaction surveys are conducted at periodic intervals Facility has established internal quality assurance	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility ha OPD Patient satisfaction survey done on monthly basis Facility have established intellibrate is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of	2 s established syste 2 rnal and external of	sational framework for SI/RR m for patient and emple RR uality assurance progra	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined essential defined	
ME G1.1 Standard G2 ME G2.1 Standard G3 ME G3.1	Patient Satisfaction surveys are conducted at periodic intervals Facility has established internal quality assurance program at relevant departments Facility has established external assurance	There is a designated departmental nodal person for coordinating Quality Assurance activity. Facility has OPP Patient satisfaction survey done on monthly basis Tacility have established inter There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services External Quality assurance program is	established organ 2 s established syste 2 rnal and external of	si/RR si/RR m for patient and emple RR uality assurance progra	quality improvement 1. Neck if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined over eatisfaction ms wherever it is critical to quality. 1. NQAS assessment toolkit is used to conduct internal assessment	
ME G1.1 Standard G2 ME G2.1 Standard G3 ME G3.1 ME G3.2	Patient Satisfaction surveys are conducted at periodic intervals Facility has established internal quality assurance program at relevant departments Facility has established external assurance programs at relevant departments Facility has established system for use of check	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility ha OPD Patient satisfaction survey done on monthly basis. Facility have established inte There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services External Quality assurance program is established at ICTC lab Internal assessment is done at periodic interval Departmental checklist are used for Departmental checklist are used for	established organ 2 s established syste 2 rnal and external of	astional framework for SI/RR In for patient and emple RR RR uality assurance progra SI/RR	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined over eatification ms wherever it is critical to quality. 1. NQAS assessment toolkit is used to conduct internal assessment 2. SaQushal assessment toolkit Staff is designated for filling and monitoring of these	
ME G1.1 Standard G2 ME G2.1 Standard G3 ME G3.1 ME G3.2	Patient Satisfaction surveys are conducted at periodic intervals Facility has established internal quality assurance program at relevant departments Facility has established external assurance programs at relevant departments Facility has established system for use of check	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility has OPP Patient statisfaction survey does on monthly basis Facility have established inter There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services External Quality assurance program is established at ICTC lab internal assessment is done at periodic interval Departmental checklist are used for monitoring and quality assurance Non-compliances are enumerated and recorded	established organ 2 s established syste 2 rnal and external d 2 2	azional framework for SI/RR m for patient and emple RR uality assurance progra SI/RR SI/RR RR/SI	quality improvement 1. NCAS assessment toolkit is used to conduct internal assessment 2. SaQushal assessment toolkit conduct internal assessment 2. SaQushal assessment toolkit is used to conduct internal assessment 2. SaQushal assessment toolkit is used to conduct internal assessment 2. SaQushal assessment toolkit Staff is designated for filling and monitoring of these checklists Check the non compliances are presented & discussed	
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ME G1.1 Standard G2 ME G2.1 Standard G3 ME G3.1 ME G3.2 ME G3.3 ME G3.4 ME G3.5 Standard G4	Patient Satisfaction surveys are conducted at periodic intervals Facility has established internal quality assurance program at relevant departments Facility has established external assurance programs at relevant departments Facility has established system for use of check lists in different departments and services Actions are planned to address gaps observed during quality assurance process Facility has established system for use of check lists in different departments and services	There is a designated departmental nodal person for coordinating Quality Assurance activities Facility has common the person for coordinating Quality Assurance activities on monthly basis Facility have established intermental person for pers	established organ 2 s established syste 2 rnal and external s 2 2 2 2 2 2 2 2 2 2 2 2 2	astional framework for SI/RR m for patient and emple RR uality assurance progra SI/RR SI/RR RR/SI SI/RR RR/SI SI/RR RR RR RR RR RR RR	quality improvement 1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of quality circle has been defined over extending the control of t	
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		1				
		Department has documented procedure for Administrative and non clinical work	2	RR		
		at OPD OPD has documented procedure for				
		duty roaster, punctuality, dress code	2	RR		
		and identity for OPD staff				
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is a aware of relevant part of SOPs	2	SI/RR		
Standard G 5	procedures written in 3013	Facility maps its key processes and se	eks to make them i	more efficient by reduci	ng non value adding activities and wastages	
ME G5.1 ME G5.2		DELETED DELETED				
ME G5.3 Standard G6		The facility has defined mission	, values, Quality po	licy & objectives & pre	pared a strategic plan to achieve them	
					Check short term valid quality objectivities have been	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	framed addressing key quality issues in each department and cores services. Check if these	
	, , , , , , , , , , , , , , , , , , , ,				objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
	Mission, Values, Quality policy and objectives are	Check of staff is aware of Mission ,			Interview with staff for their awareness. Check if	
ME G6.5	effectively communicated to staff and users of services	Values, Quality Policy and objectives	2	SI/RR	Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
					Review the records that action plan on quality	
ME G6.7	Facility periodically reviews the progress of	Check time bound action plan is being	2	SI/RR	objectives being reviewed at least once in month by departmental in charges and during the quality team	
IVIE GO.7	strategic plan towards mission, policy and objectives	reviewed at regular time interval	_	SIJAK	meeting. The progress on quality objectives have been	
Characterist C7		Facility cools of	antinually improve	ment by practicing Qual	recorded in Action Plan tracking sheet	
Standard G7 ME G7.1		DELETED Pacifity seeks Co	munuany improve	ment by practicing Qual	nty metriou and tools.	
ME G7.2		DELETED				
Standards G9			for assessing, repo	rting, evaluating and ma	naging risk as per Risk Management Plan	
ME G9.6	Periodic assessment for Medication and Patient	medication and patient care safety risk	2	SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done	
	care safety risks is done as per defined criteria.	is done using defined checklist periodically			using pre define criteria at least once in three month.	
ME 60 7	Periodic assessment for potential risk regarding safety and security of staff including violence	SaQushal assessment toolkit is used for			Check that the filled checklist and action taken	
ME G9.7	against service providers is done as per defined	safety audits.	2	SI/RR	report are available 2. Staff is aware of key gaps & closure status	
ME G9.8	criteria Risks identified are analysed evaluated and rated	Identified risks are analysed for severity	2	SI/RR	Action is taken to mitigate the risks	
Standard G10	for severity				ity and safety of clinical care processes	
					Check parameter are defined & implemented to	
ME G10.3	Clinical care assessment criteria have been	The facility has established process to	2	SI/RR	review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient	
	defined and communicated	review the clinical care			feedback, clinical audit & clinical outcomes.	
					(1) Both critical and stable patients	
		Check regular ward rounds are taken to review case progress	2	SI/RR	(2) Check the case progress is documented in BHT/	
		Check the patient /family participate in	2	SI/PI	progress notes- Feedback is taken from patient/family on health	
		the care evaluation			status of individual under treatment	
		Check the care planning and co- ordination is reviewed	2	SI/RR	System in place to review internal referral process, review clinical handover information, review patient	
		ordination is reviewed			understanding about their progress	
					(1) Random prescriptions are audited	
	Facility conducts the periodic clinical audits	There is procedure to conduct	2	CI (DD	(2) Separate Prescription audit is conducted foe both OPD & IPD cases	
ME G10.4	including prescription, medical and death audits	prescription audits	2	SI/RR	(3) The finding of audit is circulated to all concerned	
					(4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings	
		All non-compliance are assumed				
		All non compliance are enumerated recorded for prescription audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
N. C. C. C.	Clinical care audits data is analysed, and actions	Check action plans are prepared and	2	CI/DD	Randomly check the actual compliance with the	
ME G10.5	are taken to close the gaps identified during the audit process	implemented as per medical audit record findings	2	SI/RR	actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per prescription audit	2	SI/RR	Randomly check the actual compliance with the	
		record findings Check the data of audit findings are			actions taken reports of last 3 months Check collected data is analysed & areas for	
		collated	2	RR	improvement is identified & prioritised	
		Check PDCA or revalent quality method	2	SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other	
		is used to address critical problems	-	2,	departments (wherever required) for process improvement	
	Facility ensures easy access and use of standard	Check standard treatment guidelines /			Staff is aware of Standard treatment protocols/	
ME G10.7	treatment guidelines & implementation tools at point of care	protocols are available & followed.	2	SI/RR	guidelines/best practices	
		Check treatment plan is prepared as per	2	SI/RR	Check staff adhere to clinical protocols while	
		Standard treatment guidelines Check the drugs are prescribed as per	2	SI/RR	preparing the treatment plan Check the drugs prescribed are available in EML or	
		Standards treatment guidelines	-	SI/NK	part of drug formulary	
			Area_e66	oncern - H Outcome		
Standard H1		The facility measures Produ			with State/National benchmarks	
ME H1.1	Facility measures productivity Indicators on monthly basis	Proportion of follow-up patients	2	RR		
		No of ANC done per thousand ART patient load per thousand	2	RR RR		
Charles de la ch			rii:			
Standard H2 ME H2.1	Facility measures efficiency Indicators on	The facility measure	s Efficiency Indicate	ors and ensure to reach RR	State/National Benchmark	
	monthly basis	Surgery OPD per Doctor	2	RR		
		OBG OPD per Doctor	2	RR RR		
		Dental OPD per Doctor Ophthalmology OPD per doctor	2	RR		
		Skin & OPD per doctor TB/DOT pod per doctor	2	RR RR		
		ENT OPD per doctor Psychiatry OPD per doctor	2	RR RR		
Standard H3		AYUSH OPD per doctor	2	RR	each State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety	Consultation time at ANC Clinic	2	RR	Time motion study	
	Indicators on monthly basis	Consultation time at General Medicine	2	RR		
		Clinic Consultation time for General Surgery				
		Clinic Proportion of High risk pregnancy	2	RR	No of High Risk Pregnancies X100/ Total no PW used	
		detected during ANC	2	RR	ANC services in the month	
Standard H4		Proportion of severe anaemia cases The facility measures Serv	2 vice Quality Indicat	RR ors and endeavours to r	each State/National benchmark	

ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score	2	RR	
		Waiting time at registration counter	2	RR	
		Waiting time at ANC Clinic	2	RR	
		Waiting time at general OPD	2	RR	
		Waiting time at paediatric Clinic	2	RR	
		Waiting time at surgical clinic	2	RR	
		Average door to Medicine time	2	RR	

		National Quality Assurance Standards	for District Hospit	als		Version: DH/NQAS-2020/00	
		Checklist for Labour Ro Assessment Summar	oom			3	
Name of the Hospital		Assessment summary			Date of Assessment		
Names of Assessors Type of Assessment (Internal/Peer/External)				Names of Assessees Action plan Submission Date		
	A	Labou rea of Concern wise Score	r room Score Car	d	LaQshya Labour Ro	om Score	
А	Service Provision	100	0%				
В	Patient Rights	100%					
с	Inputs	100%					
D	Support Services	100%			100%		
E	Clinical Services	100%					
F	Infection Control	100%					
G	Quality Management	100%					
Н	Outcome	100%					
1	Major Gaps Observed						
2							
3 4							
5	Strengths / Good Practices						
1 2	V • • • • • • • • • • • • • • • • • • •						
3 4							
5	Recommendations/ Opportunities for In						
1	Recommendations/ Opportunities for in	nprovement					
3							
5							
	Signature of Assessors Date	I					
	- Succ						
Reference No	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks	
			Area of Concern - A				
Standard A1		1	he facility provides	Curative Services	I.	l	
ME A1.14	Services are available for the time period as mandated	Labour room service is functional 24X7	2	SI/RR	Verify with records that deliveries have been conducted in night on regular basis		
Standard A2		Т	he facility provides	RMNCHA Services			
ME A2.1	The facility provides Reproductive	Availability of Post Partum IUD insertion	2	SI/RR	Verify with records that PPIUD services		
ME A2.2	health Services The facility provides Maternal health Services	Services Availability of Vaginal Delivery services	2	SI/RR	have been offered in labour room Normal vaginal & assisted (Vacuum / Forceps) delivery		
	Services	Availability of Pre term delivery services	2	SI/RR	Check if pre term delivery are being conducted at facility and not referred to		
			2	CI/DD	higher centres unnecessarily Check if Medical /Surgical management of		
		Management of Postpartum Haemorrhage	2	SI/RR	PPH is being done at labour room		
		Management of Retained Placenta	2	SI/RR	Check staff manages retained placenta cases in labour room . Verify with records		
		Septic Delivery & Delivery of HIV positive Pregnant Women	2	SI/RR	Check if infected delivery cases are managed at labour room and not referred		
		Management of PIH/Eclampsia/ Pre			to higher centres unnecessarily Check services for management of PIH/		
		eclampsia	2	SI/RR	Eclampsia are being proved at labour room		
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation	2	SI/OB	Check if labour room has a functional New born resuscitation services available in labour room		
					Check essential newborn care provisions		
		Availability of Essential new born care	2	SI/OB	such as Keeping baby on mother's abdomen, immediate drying of baby, Skin		
		Availability of Essential new born care	_	3,,05	to skin contact, delayed chord clamp, initiation of breast feeding, recording of		
					vitals and Vit. K are provided		
Standard A3		т	ne facility Provides	diagnostic Services			
ME A3.2	The facility Provides Laboratory Services	24 *7 Availability of point of care diagnostic tests	2	SI/OB	HIV, Hb% , Random blood sugar , Protein Urea Test		
Chandrad D4	Th	e facility provides the information to care se	Area of Concern -		available consists and their modelities		
Standard B1	111	l lacinty provides the information to care se	ekers, attenuants e	community about the			
ME B1.1	The facility has uniform and user- friendly signage system	Availability of departmental signage's	2	ОВ	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility		
ME B1.2	The facility displays the services and entitlements available in its departments	Necessary Information regarding services provided is displayed	2	ОВ	Name of doctor and Nurse on duty are displayed and updated. Contact details of		
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC		2	ОВ	referral transport / ambulance displayed Breast feeding, kangaroo care, family planning etc (Pictorial and chart) in		
ME B1.6	approaches Information is available in local	Signage's and information are available in	2	ОВ	circulation & waiting area Check all information for patients/ visitors		
	language and easy to understand	local language		-	are available in local language		
Standard B2	Services are delivered in a	manner that is sensitive to gender, religious	and cultural needs	, and there are no barr	ier on account of physical economic, cultura	l or social reasons.	

	Services are provided in manner that are sensitive to gender	Only on duty staff is allowed in the labour room when it is occupied	2	ОВ	Pregnant woman, her birth companion, doctor, nurse/ANM on duty, and other support staff only, is allowed in the labour room	
ME B2.3 ar	Access to facility is provided without any physical barrier & friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the labour room	2	ОВ	100111	
	people with dissolities	Availability of ramps and railing & Labour room is located at ground floor	2	ОВ	If not located on the ground floor availability of the ramp / lift with person for shifting	
ME B2.4 so	There is no discrimination on basis of social and economic status of the patients	Check care to pregnant women is not denied or differed due to discrimination	2	OB/PI	Discrimination may happen because of religion, caste, ethnicity, cast, language, paying capacity and educational level.	
Standard B3	Т	he facility maintains privacy, confidentiality	& dignity of patient	, and has a system for		
	Adequate visual privacy is provided at every point of care	Availability of screen/ partition at delivery tables	2	ОВ	Screens / Partition has been provided from three side of the delivery table or Cubicle for ensuring visual privacy Check all the windows are fitted with	
		Curtains / frosted glass have been provided at windows	2	OB	frosted glass or curtains have been provided	
		No two women are treated on common bed/ Delivery Table	2	OB/PI	Check that observation beds and delivery tables are not shared by multiple women at the same time because of any reason	
	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors	2	SI/OB	Check records are not lying in open and there is designated space for keeping records with limited access. Records are not shared with anybody without permission of hospital administration	
ME B3.3 st	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of labour room staff is dignified and respectful	2	ОВ/РІ	Check that labour staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language, unnecessary touching or examination	
		Pregnant women is not left unattended or ignored during care in the labour room	2	ОВ/РІ	Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone.	
		Care provided at labour room is free from physical abuse or harm	2	ОВ/РІ	Check if the physical abuse practices such as pinching, slapping, restraining , pushing on the abdomen, extensive episiotomy etc.	
		Pregnant women is explicitly informed before examination and procedures	2	OB/PI	Check if care providers verbally inform the pregnant women before touching, examination or starting procedure.	
ME B3.4 es	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of patient is not disclosed except to staff that is directly involved in care	2	SI	Check if HIV status of pregnant women is not explicitly written on case sheets and avoiding any means by which they can be identified in public such as labelling or allocating specific beds.	
Standard B4	The facility has defined and esta	hlished procedures for informing natients a	out the medical co	ndition, and involving	them in treatment planning, and facilitates in	oformed decision making
	There is established procedure for		out the medical col	idicion, and involving		normed decision making
		Consent is taken before delivery and or				
ME B4.1 ta	taking informed consent before treatment and procedures	shifting	2	SI/RR	Check the labour room case sheet for consent has been taken	
ME B4.1 ta	treatment and procedures Information about the treatment is shared with patients or attendants, regularly	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment	2	PI	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre	
ME B4.1 ta tr In ME B4.4 sh re Standard B5	treatment and procedures Information about the treatment is shared with patients or attendants, regularly	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment	2	PI	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-	s
ME B4.1 ta	treatment and procedures Information about the treatment is shared with patients or attendants, regularly	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment	2 to access, and that	PI there is financial prote	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre	s
ME B4.1 ta tr In ME B4.4 sh re Standard B5	treatment and procedures Information about the treatment is shared with patients or attendants, regularly	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment	2 to access, and that Area of Concer	PI there is financial proto n - C Inputs	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre action given from the cost of hospital service	s.
ME B4.1 to tr ME B4.4 sh re Standard B5 ME B5.1 Standard C1 ME C1.1 D	treatment and procedures Information about the treatment is shared with patients or attendants, regularly	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment ty ensures that there are no financial barrier	2 to access, and that Area of Concer	PI there is financial proto n - C Inputs	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre action given from the cost of hospital service	s.
ME B4.1 ta	treatment and procedures Information about the treatment is shared with patients or attendants, regularly The facilit Departments have adequate space as	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment y ensures that there are no financial barrier The facility has infrastructure for delivery	2 to access, and that Area of Concer of assured services,	Pl there is financial prote n - C Inputs and available infrastr	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre exiting given from the cost of hospital service IDELETED working meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from the dead end wall, and at least 5 from the	5.
ME B4.1 ta	Information about the treatment is shared with patients or attendants, regularly The facility Departments have adequate space as per patient or work load Patient amenities are provided as per	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment by ensures that there are no financial barrier. The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as	to access, and that Area of Concer of assured services,	PI there is financial protu n - C Inputs and available infrastr OB	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre setting given from the cost of hospital service DELETED cucture meets the prevalent norms. Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 5 from the second table. Dedicated Toilets for Labour Room should have attached toilet with each IDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room	5.
ME B4.1 ta ta tr tr ME B4.4 sh re Standard B5 ME B5.1 Standard C1 ME C1.1 DA ME C1.2 PA PA ME C1.2 PA	Information about the treatment is shared with patients or attendants, regularly The facility The	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment y ensures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area	2 to access, and that Area of Concer of assured services, 2	PI there is financial prote n - C Inputs and available infrastr OB OB	Consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre stong in the cost of hospital service of the cost of the cost of hospital service of the cost of the co	5.
ME B4.1 ta ta tr tr ME B4.4 sh re Standard B5 ME B5.1 Standard C1 ME C1.1 DA ME C1.2 PA PA ME C1.2 PA	Information about the treatment is shared with patients or attendants, regularly The facility The	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment by ensures that there are no financial barrier. The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept	2 to access, and that Area of Concer of assured services, 2 2	PI there is financial prote n - C inputs and available infrastr OB OB	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre cutton given from the cost of hospital service DELETED Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from the sed and wall, and at least 6 from the second table. Deficiated Toilets for Labour Room area and Staff Rooms. LR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Delivery-Recovery Concepts with each LDR unit comprising of 4 labour Beds and dedicated Nursing Station and New Born Corner DELETED Dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room should not be direct. Check if there is any buffer area One common Nursing station for Each unit if	5.
ME B4.1 ta ta tr tr ME B4.4 sh re Standard B5 ME B5.1 Standard C1 ME C1.1 DA ME C1.2 PA PA ME C1.2 PA	Information about the treatment is shared with patients or attendants, regularly The facility The	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment by ensures that there are no financial barrier. The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept Availability of Triage and Examination Area	2 to access, and that Area of Concer of assured services, 2 2 2	PI there is financial protein and available infrastr OB OB OB	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre setting by the control of	5.
ME B4.1 ta ta tr tr ME B4.4 sh re Standard B5 ME B5.1 Standard C1 ME C1.1 DA ME C1.2 PA PA ME C1.2 PA	Information about the treatment is shared with patients or attendants, regularly The facility The facility The patient of the space as per patient or work load Patient amenities are provided as per patient load Departments have layout and	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment by ensures that there are no financial barrier. The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept. Availability of Triage and Examination Area Dedicated nursing station and Duty Rooms	2 to access, and that Area of Concer of assured services, 2 2 2	PI there is financial prote 1 - C Inputs and available infrastr OB OB OB OB	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre cition given from the cost of hospital service DELETED Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from the sed on the sidewall, at least 2 feet from the add may laid and at least 6 from the second table. Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Delivery-Recovery Concepts with each LDR unit comprising of 4 labour Beds and dedicated Nursing Station and New Born Comper DeLETED DeLET	s.
ME B4.1 tr It for the second	Information about the treatment is shared with patients or attendants, regularly The facility The facility The patient of the space as per patient or work load Patient amenities are provided as per patient load Departments have layout and	shifting Labour room has system in place to involve patient's relative in decision making about pregnant women treatment by ensures that there are no financial barrier. The facility has infrastructure for delivery load. Adequate space as per delivery load. Availability of patients amenities such as Drinking water, Toilet & Changing area. Labour Room layout is arranged in LDR concept. Availability of Triage and Examination Area. Dedicated nursing station and Duty Rooms. Availability of Storage Area.	2 to access, and that Area of Concer of assured services, 2 2 2 2 2	PI there is financial protein and available infrastr OB OB OB OB OB	consent has been taken Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher centre section given from the cost of hospital service DELETED Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from the sidewall, at least 2 feet from the sidewall, at least 2 feet from the sedendall, at least 2 feet from the second table. Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Delivery-Recovery Concepts with each LDR unit comprising of 4 labour Beds and dedicated Nursing Station and New Born Comper. DELETED DE	S

ME C1.5	The facility has infrastructure for intramural and extramural	Availability of functional telephone and Intercom Services	2	ОВ	Check availability of functional telephone and intercom connections	
ME C1.6	communication Service counters are available as per patient load	Availability of labour tables as per delivery load	2	OB	Less than 20 Deliveries/ Month - 1 20-99 Deliveries/ Month - 2 100- 199 Deliveries/Month - 4 200- 499 Deliveries/Month - 6 More than 500 Deliveries- Conventional Labour Room - Monthly Delivery Cases X 0.014 (Labour Delivery-Recovery) LDR format - Monthly Deliver, Cases X 0.28	
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Labour room is in Proximity and function linkage with OT & SNCU	2	ОВ	Check labour room is located in the proximity of Maternity OT and SNCU/ NICU in one block only with means of swift shifting of patients in case of emergency, if located on different floor lift/ramp with manned trolley should be provided	
		Unidirectional flow of care	2	ОВ	Labour room lay out and arrangement of services are designed in a way, that there is no criss cross movement of patient, staff, supplies & equipment	
Standard C2		The facility of	nsures the physical	safety of the infrastru		
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	Labour room does not have temporary connections and loosely hanging wires	2	ОВ	Switch Boards other electrical installations are intact. Check adequate power outlets have been provided as per requirement of electric appliances	
ME C2.4	Physical condition of buildings are safe for providing patient care	Check if safety features have been provided in infrastructure	2	OB	The floor of the labour room complex should be made of anti-skid material. Each window have 2-panel sliding doors. The outside panel be fixed The second panel should be moving with frosted glass and a lock.	
Standard C3			ablished Programm	e for fire safety and ot	her disaster	
ME C3.1	The facility has plan for prevention of fire	Labour room has sufficient fire exit to permit safe escape to its occupant at time of fire	2	OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked.	
ME C3.2	The facility has adequate fire fighting Equipment	Labour room has installed fire Extinguishers & expiry is displayed on each fire extinguisher	2	ОВ	Class A , Class B, C type or ABC type. Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR	Check staff is aware of RACE (Rescue- Alarm-Contain-Extinguish) method for in case of fire and confident in using fire extinguisher.	
Standard C4	disaster situation	The facility has adequate qualified and trai	ned staff, required	for providing the assu		
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist	2	OB/RR	100-200 Deliveries -1 (OBG/EMOC) 200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC)	
					>500 3 OBG + 4 EMOC	
		Availability of Paediatrician	2	OB/RR	>500 3 OBG + 4 EMOC At least 1 paediatrician	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of Paediatrician Availability of General duty doctor	2	OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers	
ME C4.2 ME C4.3	doctors as per service provision and				At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12	
ME C4.3 ME C4.5	doctors as per service provision and work load The facility has adequate nursing staff	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards	2 2	OB/RR OB/RR/SI SI/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping staff as per delivery load 100-200-4 Security Guards as per Delivery Load >500-12 100-200-4 200-500-8	
ME C4.3 ME C4.5 Standard C5	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support /	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide	2 2 2	OB/RR/SI OB/RR/SI SI/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping staff as per delivery load 100-200-4 Security Guards as per Delivery Load >500-12 100-200-4 200-500-8	
ME C4.3 ME C4.5	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards	2 2 2 s drugs and consum 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200- 8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200- 8 Security Guards as per Delivery Load > 500-12 100-200- 4 200-500 - 6 > 500-8 In Oxyocin 10 IU (to be kept in fridge) In D Missporstol 200mg	
ME C4.3 ME C4.5 Standard C5	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine	2 2 2 sidrugs and consum 2 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load >500-12 100-200-4 200-500-6 >500-12 100-200-4 200-500-6 >500-8 end services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Misponsotol 200mg. Tab Misponsotol 200mg. Tab Misponsotol 200mg. Mifedipine, Methyldopa, Inj Hydralazine, Mifedipine, Methyldopa, Inj Hydralazine,	
ME C4.3 ME C4.5 Standard C5	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine	2 2 2 s drugs and consum 2 2 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-12 Security Guards as per Delivery Load >500-12 100-200-4 200-500-6 >500-12 100-200-6 >500-8 red services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Missprostol 200mg. Tab Missprostol 200mg. Tab Missprostol 200mg. Tab Missprostol 300mg. Tab Metronidazole 400mg, Ini Gentamicin Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xylocaine 258.	
ME C4.3 ME C4.5 Standard C5	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine	2 2 2 sidrugs and consum 2 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load >500-12 100-200-4 200-500-6 >500-12 110 (200-60)	
ME C4.3 ME C4.5 Standard C5	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of IV Fluids	2 2 2 drugs and consum 2 2 2 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR OB/RR OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load >500-12 100-200-4 200-500-6 >500-12 100-200-4 200-500 folioperium of the septime of the	
ME C4.3 ME C4.5 Standard C5 ME C5.1	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Vituids Availability of Vitamins Availability of Vitamins	2 2 2 strugs and consum. 2 2 2 2 2 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR OB/RR OB/RR OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-12 100-200-4 200-500-12 100-200-4 200-500-12 100-200-4 200-500-12 100-200-12 100-200-12 100-200-13 Nifodipine, Methyldops, Jab Metronidazole 400mg, Inj Gentamicin Nifodipine, Methyldops, Inj Hydralazine, Tab Paracetamori, Tab Ibuprofen, Inj Xylocaine 2%, Iv fluids, Normal saline, Ringer lactate, Vit K Saure piece and cotton swabs, sanitary Napkins (2 for Each Delivery). Sanitary Pads (4 for each delivery), Readle (round body and cutting), chromic categot no. 0,	
ME C4.3 ME C4.5 Standard C5 ME C5.1 ME C5.2	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate	Availability of General duty doctor Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of IV Fluids Availability of IV Thuids Availability of Vitamins Availability of Security Security Security Availability of Auti-infective Medicine Availability of Security	2 2 2 drugs and consum 2 2 2 2 2 2 2	OB/RR OB/RR/SI SI/RR SI/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 >500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load >500-12 100-200-4 200-500-8 Security Guards as per Delivery Load >500-12 100-200-4 200-500-12 100-200-4 200-500-12 100-200-4 200-500-12 100-200-12 10	
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ME C4.5 Standard C5 ME C5.1 ME C5.2 ME C5.3	doctors as per service provision and work load The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate consumables at point of use Emergency drug trays are maintained at every point of care, wherever it may be needed Availability of equipment & instruments for examination & monitoring of	Availability of General duty doctor Availability of Nursing staff /ANM Availability of Nursing staff /ANM Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of IV Fluids Availability of IV Tluids Availability of Vitamins Availability of Vitamins Availability of syringes and IV Sets /tubes and consumables for newborn Emergency Drug Tray is maintained The facility has equip Availability of functional Equipment &instruments for examination &	2 2 2 2 2 2 2 2 2 2 2	OB/RR	At least 1 paediatrician At least 4 Medical Officers Deliveries Per month- 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-12 South Staff as per Delivery Load > 500-12 100-200-4 200-500-6 > 500-12 100-200-6 > 500-8 red services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Missporostol 200mg. Tab Missporostol 200mg. Tab Missporostol 200mg. Tab Missporostol 200mg. Tab Metronidazole 400mg, Ini Gentamician Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xydocaine 258. IV fluids, Normal saline, Ringer lactate, Vit K Gauze piece and cotton swabs, sanitary Pads (a for each delivery, needle (round body and cutting), chromic catgut no. 0, antiseptic solution Paediatric IV sets,urinery catheter, Gastric tube and cord clamp, Baby ID tag Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, Inj Hydrocortison sucinate, Inj Ampicillin, Inj Gentamicin, inj metronidazole, Inj Hydrocortison sucinate, Inj Hydrocortison sectimate, Inj Hydrocortison, Betamethasone, Inj Hydrocortison	

		Availability of Instruments arranged for Episiotomy trays	2	ОВ	Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder, thumb forceps, are present in tray	
		Availability of Baby tray	2	ОВ	Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 &1 no.), sterilized thread for cord/cord clamp, nasogastric tube are present in tray	
		Availability of instruments arranged for MVA/EVA tray	2	ОВ	Speculum, anterior vaginal wall retractor, posterior wall retractor, sponge holding forceps, MVA syringe, cannulas, MTP, cannulas, small bowl of antiseptic lotion, are present in tray	
		Availability of instruments arranged for PPIUCD tray	2	ОВ	PPIUCD insertion forceps, CuIUCD 380A/Cu IUCD375 in sterile package are present in tray	
		Availability of Radiant Warmers	2	ОВ	1 Functional Radiant warmer for each four tables	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Diagnostic Instruments	2	ОВ	At least 2 Glucometers, Protein Urea Test Kit , HB Testing Kits, HIV Kits.	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation Instruments for Newborn & Mother	2	OB	Availability of Neonatal Resuscitation Kit Paediatric resuscitator bag (volume 250 ml) with masks of 0 and 1 size for each Radiant warmer Adult Resuscitation Kit	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs	2	ОВ	Refrigerator, Movable Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & sterilization	2	ОВ	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush, Autoclave	
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Labour Beds with attachment/accessories	2	OB	Each labour bed should be have following facilities Adjustable side rails, Facilities for Trendelenburg/reverse positions, Facilities for height adjustment, Stailness steel IV rod, wheels & brakes ,Steel basins attachment, Calf support, handgrip, legs support.	
		Availability of Mattress for each Labour Beds	2	ОВ	Mattress should be in three parts and seamless in each part with a thin cushioning at the joints, detachable at perineal end. It should be washable and water proof with extra set.	
Standard C7 ME C7.1	Facility ha	s a defined and established procedure for ef	fective utilization, e	valuation and augmen	tation of competence and performance of st	taff
ME C7.2					DELETED DELETED	
ME C7.9	The Staff is provided training as per defined core competencies and training	Biomedical Waste Management& Infection control and hand hygiene ,Patient safety	2	SI/RR	Check training records	
	plan	Training on Respectful Maternal Care	2	SI/RR	Check training records	
					Check with training records the labour	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Labour room staff is provided refresher training	2	SI/RR	room staff have been provided refresher training at lest once in every 12 month on Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support	
ME C7.10 Standard D1	utilization of skills gained thought trainings by on -job supportive	training	2 Area of Concern - D : ne for inspection, te	Support Services	training at lest once in every 12 month on Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support	
	utilization of skills gained thought trainings by on -job supportive	training The facility has established Programm All equipment are covered under AMC including preventive maintenance		Support Services	training at lest once in every 12 month on Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents	
Standard D1	utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment	training The facility has established Programm All equipment are covered under AMC	ne for inspection, te	Support Services sting and maintenance	training at lest once in every 12 month on Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book	
Standard D1	utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for	The facility has established Programm All equipment are covered under AMC including preventive maintenance There is system of timely corrective break	ne for inspection, te	Support Services sting and maintenance SI/RR	training at lest once in every 12 month on Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance	
Standard D1 ME D1.1 ME D1.2 ME D1.3	utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance instructions are available with the users of equipment	The facility has established Programm All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are callibrated Up to date instructions for operation and maintenance of equipment are readily available with labour room staff.	2 2 2	Support Services sting and maintenance SI/RR SI/RR OB/ RR	training at lest once in every 12 month on Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale, radiant warmer etc are calibrated . Check for records / calibration stickers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room	
Standard D1 ME D1.1 ME D1.2	utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance instructions are available with the users of equipment	The facility has established Programm All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated up to date instructions for operation and maintenance of equipment are readily	2 2 2	Support Services sting and maintenance SI/RR SI/RR OB/ RR	training at lest once in every 12 month on Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale, radiant warmer are availant stockers Check for records / Calibration stickers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room	
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ME D1.1 ME D1.2 ME D1.3 Standard D2 ME D2.1 ME D2.3	utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance instructions are available with the users of equipment The There is established procedure for forecasting and indenting medicine and consumables The facility ensures proper storage of medicine and consumables The facility ensures management of expiry and near expiry medicine The facility ensures management of expiry and near expiry medicine	The facility has established Programm All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated Up to date instructions for operation and maintenance of equipment are readily available with labour room staff. facility has defined procedures for storage, in the stablished system of timely indenting of consumables and medicine medicine are stored in containers/tray/crash cart and are labelled and updated Expiry dates' are maintained at emergency drug tray / Crash cart There is practice of calculating and maintaining buffer stock Department maintained stock and expenditure register of medicine and	e for inspection, te 2 2 2 2 inventory managem 2 2 2 2	Support Services sting and maintenance SI/RR SI/RR OB/ RR OB/SI ent and dispensing of SI/RR OB OB	training at lest once in every 12 month on Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale, radiant warmer etc are calibrated. Check for records/ Calibration stickers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room fungs in pharmacy and patient care areas Stock level are daily updated Requisition are timely placed well before reaching the stock out level. Check medicine and consumables are kept allocated space in Carsh card. Drug trolleys and are labelled. Look alike and sound alike medicine are kept separately Empty and filled cylinders are kept separately and labelled, flow meter is woodsted in the checking the stock in the check in the labour room. Minimum stock and reorder level are calculated based on consumption in a week accordinely Check stock and expenditure register is adequately maintained	
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ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at delivery table & observation area	2	ОВ	Labour Area - 500 Lux Support Area - 150 Lux	
ME D3.2	The facility has provision of restriction of visitors in patient areas	There is no overcrowding in labour room	2	ОВ	Visitors are restricted at labour room. One birth companion is allowed to stay with the Pregnant women	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area	2	PI/OB	Temperature of the labour room should be kept around 26-28 degree	
MF D3 4	The facility has security system in place at patient care areas	Security arrangement in labour room	2	ОВ	Dedicated security guards preferably female security staff. CCTV Camera at entrance / circulation areas	
	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place	2	SI	Check adequate security measures have been taken for safety and security of staff working in labour room	
Standard D4		The facility has establish	ned Programme for	maintenance and upke		
MF D4.1	Exterior & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform colour	2	ОВ	Wall and Ceiling of Labour Room are painted in white colour. The walls of the labour room complex should be made of white wall tiles, with seamless joint, and extending up to the ceiling.	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean	
		Toilets are clean with functional flush and running water	2	ОВ	Check toilet seats, floors, basins etc are clean and water supply with functional cistern has been provided.	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster Window panes , doors and other fixtures are intact	2	ОВ	Check for delivery as well as auxiliary areas	
		Delivery table are intact and without rust & Mattresses are intact and clean	2	ОВ	Observe for any signs for rusting or accumulation of dirt/ grease/ encrusted body fluid	
	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Labour room	2	ОВ	Check of any obsolete article including equipment, instrument, records, drugs and consumables	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	ОВ	Check for no stray animal in and around labour room	
Standard D5	and the second second	The facility ensures 24X7 water and power	r backup as per req	urement of service de	livery, and support services norms	
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and portable water	2	OB/SI	Availability of 24X7 Running water & hot water facility.	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in labour room	2	OB/SI	Check for 24X7 availability of power backup including Dedicated UPS and emergency light	
	The facility has adequate sets of linen	Availability & use of clean linen	2	OB/RR	Clean Delivery gown is provided to Pregnant Women & sterile drape for baby.	
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen	2	SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from	
					laundry. Records are maintained	
Standard D11	Roles 8	& Responsibilities of administrative and clini	cal staff are determ	ined as per govt. regul		
Standard D11 ME D11.2		There is procedure to ensure that staff is available on duty as per duty roster	2	RR/SI	laundry. Records are maintained ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
Standard D11 ME D11.2	Roles I The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room Doctor, nursing staff and support staff	2	RR/SI RR/SI	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance	
Standard D11 ME D11.2	Roles i The facility has an established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room Doctor, nursing staff and support staff adhere to their respective dress code	2 2	RR/SI RR/SI OB	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
Standard D11 ME D11.2 ME D11.3	Roles I The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room borctor, nursing staff and support staff adhere to their respective dress code	2 2 2 Area of Concern - E	RR/SI RR/SI OB Clinical Services	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy	
Standard D11 ME D11.2	Roles I The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room Doctor, nursing staff and support staff adhere to their respective dress code	2 2 2 Area of Concern - E	RR/SI RR/SI OB Clinical Services	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy	
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Standard D11 ME D11.2 ME D11.3 Standard E1 ME E1.1 ME E1.1	Roles I The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department The facility has established procedure for registration of patients There is established procedure for	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room Doctor, nursing staff and support staff adhere to their respective dress code The facility has defined proc Unique identification number & patient demographic records are generated during process of registration & admission There is procedure for admitting Pregnant	2 2 Area of Concern - E : edures for registrati	RR/SI OB Clinical Services on, consultation and a	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy distriction of patients. Check for demographics like Name, age, Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor Co relate the time admission with & chinical intervention (vital chart,	
ME D11.2 ME D11.3 Standard E1 ME E1.1 ME E1.3	Roles I The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department The facility has established procedure for registration of patients There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility.	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room. Doctor, nursing staff and support staff adhere to their respective dress code. The facility has defined proc. Unique identification number & patient demographic records are generated during process of registration & admission. There is procedure for admitting Pregnant women directly coming to Labour room. There is no delay in admission of pregnant women in labour pain. Check how service provider cope with shortage of delivery tables due to high patient load.	2 2 2 Area of Concern - E - E - E - E - E - E - E - E - E -	RR/SI OB Clinical Services on, consultation and a RR SI/RR/OB OB/SI/RR	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy Admission of patients. Check for demographics like Name, age, Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor Co relate the time admission with & clinical intervention (vital chart, partograph, medication given etc.) Provision of extra tables.	
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ME D11.2 ME D11.3 Standard E1 ME E1.1 ME E1.3 ME E1.4 Standard E2	The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department The facility has established procedure for registration of patients There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility There is established procedure for managing patients, in case beds are not available at the facility	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room. Doctor, nursing staff and support staff adhere to their respective dress code The facility has defined proc. Unique identification number & patient demographic records are generated during process of registration & admission. There is procedure for admitting Pregnant women directly coming to Labour room. There is no delay in admission of pregnant women in labour pain. Check how service provider cope with shortage of delivery tables due to high patient load. The facility has defined and established pro Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care.	2 2 Area of Concern - E · E · Concern - E ·	RR/SI OB Clinical Services on, consultation and a RR SI/RR/OB OB/SI/RR OB/SI SSEESSMENT, reassessm RR/SI/OB	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy dmission of patients. Check for demographics like Name, age, Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor Co relate the time admission with & clinical intervention (vital chart, partograph, medication given etc.) Provision of extra tables. ent and treatment plan preparation. Recording of vitals and FHR. immediate sign if following danger sign are present difficulty in breathing, fever, sever abdominal pain, Convulsion or unconsciousness, Severe headache or blurred vision Recording of women obstetric History including LIMP and EDD Parity, Gravid status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart diseases, STD etc) HIV status and Surgical History Time of start, frequency of contractions, time of bag of water leaking, colour and	
ME D11.2 ME D11.3 Standard E1 ME E1.1 ME E1.3 ME E1.4 Standard E2	The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department The facility has established procedure for registration of patients There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility There is established procedure for managing patients, in case beds are not available at the facility	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room. Doctor, nursing staff and support staff adhere to their respective dress code The facility has defined proc. Unique identification number & patient demographic records are generated during process of registration & admission. There is procedure for admitting Pregnant women directly coming to Labour room. There is no delay in admission of pregnant women in labour pain. Check how service provider cope with shortage of deliwery tables due to high patient load. The facility has defined and established pro Rapid Initial assessment of Pregnant women in identify complication and Prioritize care. Recording and reporting of Clinical History.	2 2 Area of Concern - E - 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI OB Clinical Services on, consultation and a RR SI/RR/OB OB/SI/RR OB/SI/SI RR/SI/OB RR/SI/OB	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy admission of patients. Check for demographics like Name, age, Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor Co relate the time admission with & clinical intervention (vital chart, partograph, medication given etc.) Provision of extra tables. ent and treatment plan preparation. Recording of vitals and FHR. immediate sign if following danger sign are present-difficulty in breathing, fever, sever abdominal pain, Convusion or unconsciousness, Severe headache or blurred vision. Recording of women obstetric History (Including the Convolution or unconsciousness, Sovere headache or blured vision. Rether this ease, STD etc) HIV status and Surgical History. Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement.	
ME D11.2 ME D11.3 Standard E1 ME E1.1 ME E1.3 ME E1.4 Standard E2	The facility has an established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department The facility has established procedure for registration of patients There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility There is established procedure for initial assessment of patients	There is procedure to ensure that staff is available on duty as per duty roster Staff posted in the labour room should not be rotated outside the labour room Doctor, nursing staff and support staff adhere to their respective dress code The facility has defined proc Unique identification number & patient demographic records are generated during process of registration & admission There is procedure for admitting Pregnant women directly coming to Labour room There is no delay in admission of pregnant women in labour pain Check how service provider cope with shortage of delivery tables due to high patient load The facility has defined and established pro Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care Recording and reporting of Clinical History Recording of current labour details Physical Examination There is fixed schedule for reassessment	2 2 Area of Concern - E · 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI OB Clinical Services on, consultation and a RR SI/RR/OB OB/SI/RR OB/SI SSSESSMENT, reassessm RR/SI/OB RR/SI	ations and standards operating procedures. Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) As per hospital administration or state policy admission of patients. Check for demographics like Name, age, Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor Co relate the time admission with & clinical intervention (vital chart, partograph, medication given etc.) Provision of extra tables. ent and treatment plan preparation. Recording of vitals and FHR. immediate sign if following danger sign are present-difficulty in breathing, fever, sever abdominal pain, Convusion or unconsciousness, Severe headache or blurred vision. Recording of women obstetric History (Including the Convolution or unconsciousness, Sovere headache or blured vision. Rether this ease, STD etc) HIV status and Surgical History. Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement.	

ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identified through assessment process	2	SI/RR	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors	
		Check treatment/care plan is prepared as per patient's need	2	RR	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.	
		Check treatment / care plan is documented	2	SI/RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc	
		Check care is delivered by competent multidisciplinary team	2		Check care plan is prepared and delivered as per direction of qualified physician	
Standard E3		The facility has defined and es	tablished procedure	s for continuity of care	of patient and referral	
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over patient / new born from labour room to OT/ Ward/SNCU	2	SI/RR	Hand over from Labour Room to the destination department is given while shifting the Mother & Baby. Shifting to ward should be done at least two hours after delivery in case of conventional LR and 4 hours in case of LDR	
		There is a procedure for consultation of the patient to other specialist with in the hospital	2	SI/RR	check if there are linkages and established process for calling other specialist in labour room if required	
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.	Reason for referral is clearly stated and referral is authorized competent person (Gynaecologist or Medical Officer on duty)	2	RR	Verify with referral records that reasons for referral were clearly mentioned and rational. Referral is authorized by Gynaecologist or Medical officer on duty after ascertaining that case can not be managed at the facility Labour room staff confirms the suitability of referral with higher centres to ascertain that case can be managed at the managed at the referral with of the referral will not require further referrals	
		Essential information regarding referral facilities are available at labour room	2	RR/OB	Check for availability of following - Referral Pathway Names, Contact details and duty schedules for responsible persons higher referral centres Name, Contact details, duty schedule of Ambulance services	
		Advance communication regarding the patient's condition is shared with the higher centre	2	SI/RR	The information regarding the case, expected time of arrival and special facilities such as specialist, blood, intensive care may be required is communicated to the higher centre	
		Patient referred with referral slip	2	RR/SI	A referral slip/ Discharge card is provided to patient when referred to another health care facility. Referral slip includes demographic details, History of woman, examination findings, management done, drugs administered, any procedure done, reason for referral, detail of referral centre including whom to contact and signature of approving medical officer	
		Referral vehicle is being arranged	2	SI/RR	Check labour room staff facilitates arrangement of ambulance for transferring the patient to higher centre. Patient attendant are not asked to arrange vehicle by their own Check if labour room staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be remuired in transit	
		Referral checklist & Referral in/ Out register is maintained all referred cases	2	RR	Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral including advance communication, transport arrangement, accompanying care provider, referral slip, time taken for referral etc. regarding referral cases including demographics, date & time of admission, date & time of referral, diagnosis at referral and follow up of outcome is recorded in referral register	
		Follow-up of referral cases is done	2	SI/RR	Check that labour room staff follow up of referred cases for timely arrival and appropriate care provided at higher centre. Outcome and deficiencies if any should be recorded in referral out register.	
ME E3.3	A person is identified for care during all steps of care	women	2	RR/SI	Check for nursing hand over	
Standard E4			defined and establish	hed procedures for nu	rsing care	
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure	2	OB/SI	Identification tags for mother and baby	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a process to ensure the accuracy of verbal/telephonic orders	2	SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet	
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift	2	RR/SI	Nursing Handover register is maintained	
		Hand over is given bed side	2	SI/RR/OB	Handover is given during the shift change beside the pregnant women explaining the condition, care provided and any specific care if required	

ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically	2	RR/SI	Check for BP, pulse,temp,Respiratory rate FHR,dilation Uterine Contractions, blood loss any other vital required is monitored and recoded in case sheet	
Standard E5 ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm	2	high risk and vulnerab	Check the measure taken to prevent new born theft, sweeping and baby fall	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring	2	OB/SI	List of cases identified as High Risk is available with labour room staff . Check for the frequency of observation: Its stage thalf an hour and 2nd stage: every 5 min	
Standard E6 ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for case sheet if drugs are prescribed under generic name only	2	RR	Check all the drugs in case sheet and discharge slip are written in generic name only.	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment protocols are available at point of use	2	RR	Intrapartum care, Essential new-born care, Newborn Resuscitation, Pre- Eclampsia, Eclampsia, Postpartum haemorrhage, Obstructed Labour, Management of preterm labour	
		Check staff is aware of the drug regime and doses as per STG	2	SI/RR	Check BHT that drugs are prescribed as per treatment protocols &Check for rational use of uterotonic drugs	
Standard E7		The facility ha	s defined procedure	s for safe drug adminis	tration	
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified	2	SI/OB	Check high alert drugs such as Magsulf, Oxytocin, Carbopost, Adrenaline are identified in the labour room Value for maximum doses as per age,	
		Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of high alert drugs are only given	2	SI/RR	weight and diagnosis are available with nursing station and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided	
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature	2	RR	Verify case sheets of sample basis	
		Check for the writing, It comprehendible by the clinical staff	2	RR/SI	Verify case sheets of sample basis	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration	2	OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported	2	RR/SI	Check if adverse drug reaction form is available in labour room and reporting is in practice	
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them	2	SI/RR	Administration of medicines done after ensuring right patient, right drugs , right route, right time, Right dose , Right Reason and Right Documentation	
Standard E8	All the assessments, re-assessment and	The facility has defined and established pro-			nts' clinical records and their storage	
ME E8.1	investigations are recorded and updated All treatment plan prescription/orders	Progress of labour is recorded	2	RR	Partograph Medication order, treatment plan, lab	
ME E8.2	are recorded in the patient records.	Treatment prescribed in nursing records	2	RR	investigation are recoded adequately Outcome of delivery, date and time,	
ME E8.4	Procedures performed are written on patients records	Delivery note is adequate	2	RR	gestation age, delivery conducted by, type of delivery, complication if any indication of intervention, date and time of transfer, cause of death etc Did baby cry, Essential new born care,	
		Baby note is adequate	2	RR	resuscitation if any, Sex, weight, time of initiation of breast feed, birth doses, congenital anomaly if any.	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available	2	RR/OB	Availability of standardized labour room case sheets including partograph and safe Birthing checklist Labour room register, OT register, MTP	
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines	2	RR	register, Maternal death register and records, lab register, referral in /out register, internal & PPIUD register , NBCC register, handover register	
		All register/records are identified and numbered	2	RR	Check records are numbered and labelled legibly	
Standard E12	There are established as 1 1	The facility has def	ined and established	procedures of diagno	stic services	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test	2	SI/RR	Check for list of critical values is available at nursing station	
Standard E13 ME E13.9	There is established procedure for transfusion of blood	The facility has defined and establis Protocol of blood transfusion is monitored & regulated	hed procedures for 2	Blood Bank/Storage M	blood is kept on room temperature (28 degree C) before transfusion. Blood transfusion is monitored and regulated by	
Standard E16		The facility has defined and established	d procedures for the	management of death	qualified person & bodies of deceased patients	
ME E16.2					Maternal and neonatal death are recorded as per MDR guideline. Death note	
	The facility has standard procedures for handling the death in the hospital	neonatal death review guidelines	2	RR	including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	
		neonatal death review guidelines There is established criteria for distinguishing between new-born death and still birth	2	SI/RR	including efforts done for resuscitation is noted in patient record. Death summany is given to patient attendant quoting the immediate cause and underlying cause if nossible. Every still birth is examined, classified by paediatrician before declaration & record is maintained.	
Standard E18		neonatal death review guidelines There is established criteria for distinguishing between new-born death and still birth	2		including efforts done for resuscitation is noted in patient record. Death summany is given to patient attendant quoting the immediate cause and underlying cause if nossible. Every still birth is examined, classified by paediatrician before declaration & record is maintained.	
		neonatal death review guidelines There is established criteria for distinguishing between new-born death and still birth	2	SI/RR	including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if oossible. Every still birth is examined, classified by paediatrican before declaration & record is maintained er guidelines. Ensures 'six cleans' are followed during delivery. Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to	
Standard E18	handling the death in the hospital Facility staff adheres to standard procedures for management of second	neonatal death review guidelines There is established criteria for distinguishing between new-born death and still birth The facility has esta Ensures 'six cleans' are followed during	2 blished procedures t	SI/RR or Intranatal care as p	including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if cossible. Every still birth is examined, classified by paediatrican before declaration & record is maintained er guidelines. Ensures 'six cleans' are followed during delivery (Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to wrao mother! By flexing the head and giving perineal support	
Standard E18	handling the death in the hospital Facility staff adheres to standard procedures for management of second	neonatal death review guidelines There is established criteria for distinguishing between new-born death and still birth The facility has esta Ensures 'six cleans' are followed during delivery	2 blished procedures ! 2	SI/RR or Intranatal care as p SI/OB	including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if ososible. Every still birth is examined, classified by pendiatrician before declaration & record is maintained er guidelines. Ensures 'six cleans' are followed during delivery Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cord tie, clean towel & clean cord tie, the towel was monther. By flexing the head and giving perineal	
Standard E18	handling the death in the hospital Facility staff adheres to standard procedures for management of second	neonatal death review guidelines There is established criteria for distinguishing between new-born death and still birth The facility has esta Ensures 'six cleans' are followed during delivery Allows spontaneous delivery of head	2 Dilished procedures 1	SI/RR or intranatal care as p SI/OB	including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if Dossible Every still birth is examined, classified by pendiatrician before declaration & record is maintained er guidelines Ensures 'six cleans' are followed during delivery Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to wrap mother By flexing the head and giving perineal support Manages cord round the neck; assists delivery of shoulders and body; delivers	

		Unnecessary augmentation and induction of labour is not done using uterotonics	2	SI/RR	Check uterotonics such as oxytocin and misoprostol is not used for routine induction normal labour unless clear medical indication and the expected benefits outweigh the potential harms Outpatient induction of labour is not done	
ME E18.2	Facility staff adheres to standard procedure for active management of third stage of labour	Rules out presence of second baby by palpating abdomen	2	SI	Check staff competence	
	THII O STORE OF TROUGH	Use of Uterotonic Drugs	2	SI/RR	Administration of 10 IU of oxytocin IM immediately after Birth . Check if there is practice of preloading the oxytocin inj for prompt administration after birth.	
		Control Cord Traction Uterine tone assessment	2	SI/RR SI/RR	Only during Contraction Check staff competence	
		Checks for completeness of placenta before discarding	2	SI/RR	After placenta expulsion , Checks Placenta & Membranes for Completeness	
ME E18.3	Facility staff adheres to standard procedures for routine care of new- born immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-	2	SI/OB	Check staff competence through demonstration or case observation	
	born immediately after birth	warmed towel; Performs delayed cord clamping and	2	SI/OB	Check staff competence through	
		cutting (1-3 min); Initiates breast-feeding soon after birth	2	SI/OB	demonstration or case observation Check staff competence through	
		Records birth weight and gives injection	2	SI/OB	demonstration or case observation Check staff competence through	
ME E18.4	There is an established procedure for assisted and C-section deliveries per	Staff is aware of Indications for referring	2	SI	Ask staff how they identify slow progress	
	scope of services.	patient for to Surgical Intervention			of labour , How they interpret Partogram Diagnosis obstructed labour based on data	
	Facility staff adheres to standard	Management of Obstructed Labour	2	SI/RR	onginos dostructeu lavour dased on registered from the partograph, Re- hydrates the patient to maintain normal plasma volume, check vitals, gives broad spectrum antibiotics, perform bladder catheeirzation and takes blo	
ME E18.5	protocols for identification and management of Pre Eclampsia / Eclampsia	Records BP in every case checks for proteinuria	2	SI/RR	Check staff competence through demonstration or case observation	
		identifies danger signs of severe PE and convulsions;	2	SI/RR	Check staff competence through demonstration or case observation	
		Administers injection magnesium sulphate appropriately;	2	SI/RR	Check staff competence through demonstration or case observation	
		provides nursing care & ensures specialist attention.	2	SI/RR	Check staff competence through	
ME E18.6	Facility staff adheres to standard	Checks uterine tone and bleeding PV	2	SI/OB	demonstration or case observation Check staff competence through	
INIC ETO-0	protocols for identification and management of PPH.	regularly	2	31/08	demonstration or case observation Assessment of bleeding (PPH if >500 ml or	
		Identifies PPH	2	SI?OB/RR	> 1 pad soaked in 5 Minutes or any bleeding sufficient to cause signs of hypovolemia in patient.	
		Manages PPH as per protocol	2	SI/OB/RR	starts IV fluids, manages shock if present, gives uterotonic, identifies causes, performs cause specific management.	
		Staff knows the use of oxytocin for Management of PPH	2	SI/OB/RR	Initial Dose: Infuse 20 IU in 1 L NS/RL at 60 drops per minute Continuing dose: Infuse 20 IU in 1 L NS/RL at 40 drops per minute Maximum Dose: Not more than 3 L of IV fluids containing oxytocin	
		Management of Retained Placenta	2	SI/RR	Administration of another dose of Oxytocin 20IU in 500 ml of RL at 40-60 drops/min an attempt to deliver placenta with repeat controlled cord traction. If this fails performs manual removal of Placenta	
ME E18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Provides ART for seropositive mothers/ links with ART centre	2	SI/RR	Check case records and Interview of staff	
		Provides syrup Nevirapine to newborns of HIV seropositive mothers	2	SI/RR	Check case records and Interview of staff	
ME E18.8	Facility staff adheres to standard protocol for identification and management of preterm delivery.	Correctly estimates gestational age to confirm that labour is preterm	2	SI/RR	Assessment and evaluation to confirm gestational age, administration of corticosteroid and tocolytics for 24-34 weeks Magnesium sulphate given to preterm labour < 32 weeks	
		identifies conditions that may lead to preterm birth	2	SI/RR	(severe PE/E, APH, PPROM);	
		administers antenatal corticosteroids in pre term labour and conditions leading to pre term delivery (24-34 weeks);	2	SI/RR	Review case records	
ME E18.9	Staff identifies and manages infection in pregnant woman	Records mother's temperature at admission and assesses need for antibiotics	2	SI/RR	Review case records	
		Administers appropriate antibiotics to mother	2	SI/RR	Review case records	
ME 18.10	There is Established protocol for newborn resuscitation is followed at the facility.	Facility staff adheres to standard protocol for resuscitating the newborn within 30 seconds.	2	SI/OB	Performs initial steps of resuscitation within 30 seconds: immediate cord cutting and PSSR at radiant warmer.	
		Facility staff adheres to standard protocol for preforming bag and mask ventilation for 30 seconds if baby is still not breathing.	2	SI/OB	Initiates bag and mask ventilation using room air with 5 ventilator breaths and continues ventilation for next 30 seconds if baby still does not breathe.	
		Facility staff adheres to standard protocol for taking appropriate actions if baby does not respond to bag and mask ventilation after golden minute.	2	SI/OB	If baby still not breathing/ breathing well, continues ventilation with oxygen, calls or arranges for advanced help or referral.	
ME E18.11	Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice	Women are encouraged and counselled for allowing birth companion of their choice	2	PI/SI		
		Orientation session and information is available for Birth companion	2	PI/SI		

Standard E19						
Stalldard E15		The facility has esta	blished procedures	for postnatal care as p		
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	Performs detailed examination of mother	2	SI/RR/PI	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation), Check for perineal washes performed	
		Looks for signs of infection in mother and baby	2	OB/SI	Staff Interview	
		Looks for signs of hypothermia in baby and provides appropriate care	2	RR/SI/PI	Skin to skin contact with mother, regular monitoring and specialist attention as	
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post- partum family planning and exclusive breast feeding	Staff counsels mother on vital issues	2	PI/SI	required Counsels on danger signs to mother at time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast feeding to mother at discharge	
ME E19.3	Facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm	2	SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)	
		Facilitates assisted feeding whenever	2	SI/RR/PI		
		required Facilitates thermal management including kangaroo mother care	2	SI/RR/PI	Facilitates thermal management including kangaroo mother care	
ME 19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications	There is established criteria for shifting newborn to SNCU	2	SI/RR	Check if criteria has been defined and in practice by labour room staff	
Standard F1	The fa	cility has infection control Programme and	Area of Concern - F I		asurement of hospital associated infection	
	The facility has provision for Passive	Surface and environment samples are			Swab are taken from infection prone	
ME F1.2	and active culture surveillance of critical & high risk areas	taken for microbiological surveillance	2	SI/RR	surfaces such as delivery tables , door, handles, procedure lights etc.	
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures	There is procedure for immunization & medical check up of the staff	2	SI/RR	Hepatitis B, Tetanus Toxic .	
ME F1.5	for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
Standard F2		The facility has defined and Impler	mented procedures f	or ensuring hand hygi	ne practices and antisepsis Check for availability of wash basin near	
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use	2	ОВ	the point of use Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
		Handwashing station is as per specification	2	ОВ	Availability of elbow operated taps & Hand washing sink is wide and deep enough to prevent splashing and retention of water	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Staff is aware of when and how to hand wash	2	SI/OB	Ask for demonstration of six steps & check staff awareness five moments of handwashing	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability & Use of Antiseptics	2	ОВ	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter &Proper cleaning of perineal area before procedure with antisepsis	
		Check Shaving is not done during part	2	SI	Staff Interview	
Standard F3		preparation/delivery cases The facility ensures s	tandard practices a	nd materials for Person		
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of Masks , caps and protective eye cover	2	OB/SI/ RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register	
		Sterile gloves are available at labour room	2		Check if staff is using PPEs Ask staff if they have adequate supply	
				OB/SI /RR	Verify with the stock / Expenditure register	
		Use of elbow length gloves for obstetrical purpose	2	OB/SI /RR	register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register	
			2		register Ack staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ack staff if they have adequate supply Verify with the stock / Expenditure register	
		purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff	2	OB/SI /RR OB/SI /RR OB/SI /RR	register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register	
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ME F3.2	The facility staff adheres to standard personal protection practices	purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI /RR OB/SI /RR OB/SI /RR	register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register	
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ME F3.2 Standard F4	personal protection practices The facility ensures standard practices	purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar	2 2 2 2 2	OB/SI /RR OB/SI /RR OB/SI /RR OB/SI OB/SI OB/SI	register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Cap & Mask, protective Eye cover, Disposable apron	
	personal protection practices	purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces	2 2 2 2 2	OB/SI /RR OB/SI /RR OB/SI /RR OB/SI OB/SI OB/SI	register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the have adequate supply Verify with the have adequate supply Verify with they have adequate supply Verify with the have adequate supply Verify with the have adequate supply Veri	
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Standard F4 ME F4.1	personal protection practices The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas The facility ensures standard practices and materials for disinfection and sterilization of instruments and	Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces Proper handling of Soiled and infected linenin Cleaning of instruments Equipment and instruments are sterilized after each use as per requirement Autoclaving of delivery kits is done as per protocols	2 2 2 2 d procedures for pro	OB/SI /RR OB/SI /RR OB/SI /RR OB/SI OB/SI OB/SI OB SI/OB SI/OB	register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if they have adequate supply Verify with the staff is using PPES Ask staff if t	
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Standard F4 ME F4.1	personal protection practices The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas The facility ensures standard practices and materials for disinfection and sterilization of instruments and	Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces Proper handling of Soiled and infected linen Cleaning of instruments Equipment and instruments are sterilized after each use as per requirement Autoclaving of delivery kits is done as per protocols	2 2 2 2 d procedures for pro-2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI /RR OB/SI /RR OB/SI /RR OB/SI OB/SI OB SI/OB SI/OB OB/SI OB/SI OB/SI OB/SI OB/SI	register Check if staff is using PPE Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Cap & Mask, protective Eye cover, Disposable apron Cleaning of delivery tables tops after each delivery with 2% carbolic acid No sorting, Rinsing or sluicing at Point of use/ Patient care area Cleaning is done with detergent and running water after use Autoclaving Ask staff about temperature, pressure and time. Ask staff about method, concentration and contact time required for chemical sterilization	

	The facility ensures availability of				Chlorine solution, Glutaraldehyde,	
ME F5.2	standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant & cleaning agents as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented	2	SI/RR	spill management kit staff training, protocol displayed	
		Cleaning of patient care area with detergent solution	2	SI/RR	Staff is trained for preparing cleaning solution as per standard procedure	
		Standard practice of mopping and scrubbing are followed & three bucket system is followed	2	OB/SI	Unidirectional mopping from inside out. Cleaning protocols are available / displayed Cleaning equipment like broom are not	
Standard F6	The facil	ity has defined and established procedures f	or segregation, colle	ection, treatment and o	used in patient care areas lisposal of Bio Medical and hazardous Waste	2.
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins & Plastic bags at point of waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
		Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
		Segregation of infected plastic waste in red bin	2	OB	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves	
		Display of work instructions for segregation and handling of Biomedical waste	2	ОВ	Pictorial and in local language	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters & puncture proof, leak proof, temper proof white container for segregation of sharps	2	ОВ	See if it has been used or just lying idle.	
		Availability of post exposure prophylaxis & Protocols	2	OB/SI	Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick injury	
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Includes used vials, slides and other broken infected glass	
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled	2	OB/SI	Bins should not be filled more than 2/3 of its capacity	
Standard G1		The facility has establ	ished organizational	ality Management framework for quality	improvement	
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Labour Room	2	SI/RR	Check if quality circle formed and functional in the Labour Room	
Standard G2 ME G2.1	Patient satisfaction surveys are	Client satisfaction survey done on	ablished system for 2	RR	satisfaction	
ME G2.2	conducted at periodic intervals The facility analyses the patient feed back, and root-cause analysis	monthly basis Analysis of low performing attributes of client feedback is done	2	RR		
ME G2.3	The facility prepares the action plans for the areas, contributing to low	Action plan prepared is prepared to address the areas of low satisfaction	2	RR		
Standard G3	satisfaction of patients	The facility have established internal ar	nd external quality a	ssurance Programmes		
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system of daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR	Facility In charge should visit at least twice in a week. OBG In charge should visit Labour room at least twice a day, Matron/Nursing supervisor should visit at once in each shift Findings/instructions during the visits are recorded	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS assessment toolkit is used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report	
Standard G4	The facility Departmental standard operating	has established, documented implemented Standard operating procedure for	and maintained Star	ndard Operating Proce	Check if SOPs available at labour room are	ces.
ME G4.1	procedures are available	department has been prepared and approved	2	nK	formally approved	
		Current version of SOP are available with process owner	2	OB/RR	Check current version of SOP is available with all staff members of labour room	
		clinical protocols for Intrapartum care and Management of obstetric emergency are Displayed	2	ОВ	Clinical Protocols on AMSTL, Preparing Partograph, , PPH, Eclampsia, Infection control, Referral, Infection Control	
		Clinical protocols on Newborn Care are displayed	2	ОВ	Clinical Protocols on Essential Newborn Care, New born resuscitation	
		Don'ts/ Harmful Activities are Displayed at labour Room	2	OB	1. No routine enema 2. No routine shaving 3. No routine induction/augmentation of labour 4. No place for routine suctioning of the baby 5. No pulling of the baby. 6. No routine episiotomy 7. No fundal pressure 8. No immediate cord cutting 9. No immediate bathing of the newborn 10. No routine resuscitation on warmer	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement	2	RR	Review the Labour Room SOPs for description of processes pertaining to ensuring privacy, confidentiality, respectful maternity care and consent	

		Department has documented procedure for safety & risk management	2	RR	Review the Labour Room SOPs for inclusion for processes to Physical as well as patient safety, assessment of risks and their timely mitigation	
		Department has documented procedure for support services & facility management.	2	RR	Review the Labour Room SOPs for process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management	
		Department has documented procedure for general patient care processes	2	RR	Review Labour room SOPS for processes of triage, assessment, admission, identification of high risk patients, Referral , Medication management and maintenance of clinical records	
		Department has documented procedure for specific processes to the department	2	RR	Review Labour room SOPs for process of intrapartum care, management of complications, immediate postpartum care , Natural Birthing Process and Birth Companion	
		Department has documented procedure for infection control & bio medical waste management	2	RR	Review Labour room SOPs for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices, Periodic quality review such as Maternal Death Audit, Newborn Death Audit, Referral audit and Near miss audit.	
		Department has documented procedure for quality management & improvement	2	RR	Review Labour room SOPs for process description of function of quality circles, internal quality assessment, Quality improvement using PDCA cycle client satisfaction surveys, processes improvement, Maternal Death Audit, Newborn Death Audit, Referral Death Audit and Near Miss audits.	
		Department has documented procedure for data collection, analysis & use for improvement	2	RR	Review Labour room SOPs for description of process related to collection of data & quality indicators , their analysis and use for quality improvement	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is aware of relevant part of SOPs	2	SI/RR	Interview labour room staff for their awareness about content of SOPs	
Standard G 5 ME G5.1	Th	e facility maps its key processes and seeks t	o make them more	efficient by reducing n		
ME G5.2					DELETED	
ME G5.3 Standard G6		The facility has defined mission, value	s, Quality policy & o	bjectives & prepared a	DELETED a strategic plan to achieve them	
ME G6.4		The racinty has defined mission, value	y quanty poncy a c	bjectives at prepared t	DELETED DELETED	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
Standard G7 ME G7.1		The facility seeks contin	ually improvement	by practicing Quality n	DELETED	
ME G7.1 ME G7.2					DELETED DELETED	
ME G7.1	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	The facility seeks conting the facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically			DELETED DELETED	
ME G7.1 ME G7.2 Standards G9	Patient care safety risks is done as per	Facility has established procedures for asse Check periodic assessment of medication and patient care safety risk is done using	essing, reporting, ev	aluating and managin SI/RR	DELETED DELETED To kas as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. safety of clinical care processes	
ME G7.1 ME G7.2 Standards G9 ME G9.6	Patient care safety risks is done as per	Facility has established procedures for ass. Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	essing, reporting, ev	aluating and managin SI/RR	DELETED prisk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.	
ME G7.1 ME G7.2 Standards G9 ME G9.6 Standard G10	Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have	Facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to	essing, reporting, ev 2 ernance framework	aluating and managin SI/RR to improve quality and	DELIFED DELIFED PLETED Risk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. 3 safety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-	
ME G7.1 ME G7.2 Standards G9 ME G9.6 Standard G10	Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have	Facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to review the clinical care Check regular ward rounds are taken to	2 emance framework	si/RR si/RR to improve quality an	DELITED DELITED R sk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. safety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical and it & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented	
ME G7.1 ME G7.2 Standards G9 ME G9.6 Standard G10	Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have	Facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to review the clinical care Check regular ward rounds are taken to review case progress Check the patient /family participate in the	essing, reporting, ev 2 ernance framework 2	si/RR Si/RR to improve quality and Si/RR	DELITED DELITED R fsk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. 3 safety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- Feedback is taken from patient/family on health status of individual under treatment. System in place to review internal referral process, review clinical handover information, review patient understanding	
ME G7.1 ME G7.2 Standards G9 ME G9.6 Standard G10	Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have	Facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gove The facility has established process to review the clinical care Check regular ward rounds are taken to review case progress Check the patient / family participate in the care evaluation Check the care planning and co- ordination	essing, reporting, ev 2 ernance framework 2 2	si/RR Si/RR to improve quality and Si/RR Si/RR	DELITED DELITED R fsk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. 3 safety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- Feedback is taken from patient/family on health status of individual under treatment System in place to review internal referral process, review clinical handover information, review patient understanding about their progress (1) Random referral slips are audited (2) The reasons of the referral is clearly mentioned (3) Referral is written by authorized competent person (4) A through action taken report is prepared and presented in clinical Governance Board meetings/ during grand round (wherever required)	
ME G7.1 ME G7.2 Standards G9 ME G9.6 Standard G10 ME G10.3	Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical	Facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gove The facility has established process to review the clinical care Check regular ward rounds are taken to review case progress Check the patient /family participate in the care evaluation Check the care planning and co-ordination is reviewed	ernance framework 2 2 2 2	aluating and managin SI/RR to improve quality and SI/RR SI/RR SI/RR	DELITED DELITED R fsk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. 3 afety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- feedback is lacken from patient/family on health status of individual under treatment System in place to review internal referral process, review clinical handower information, review patient understanding about their progress (1) Random referral slips are audited (2) The reasons of the referral is clearly mentioned (3) Referral is written by authorized competent person (4) A through action taken report is prepared and presented in clinical	

		All non compliance are enumerated recorded for referral audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for maternal death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for neonatal death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	implemented as per referral audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per maternal death audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per neonatal death audit record's findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or prevalent quality method is used to address critical problems	2	SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per Standard treatment guidelines	2	SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan	
		Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	Check the drugs prescribed are available in EML or part of drug formulary	
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
			Area of Concern	- H Outcome		
Standard H1		The facility measures Productivity	Area of Concern Indicators and ensu	- H Outcome ires compliance with S	tate/National benchmarks	
Standard H1 ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of deliveries conducted at night	Area of Concern Indicators and ensu 2	- H Outcome i <mark>res compliance with S</mark> RR	tate/National benchmarks	
		Percentage of deliveries conducted at night Percentage of complicated cases managed	Indicators and ensu	res compliance with S	tate/National benchmarks	
		Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against	Indicators and ensu	res compliance with S	tate/National benchmarks	
ME H1.1 Standard H2	Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery The facility measures Efficie	2 2 2 2 ency Indicators and ensurance	res compliance with S RR RR RR RR		
ME H1.1		Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery	2 2 2 ency Indicators and each	RR RR RR RR RR RR RR RR ARR RR RR RR RR RR		
ME H1.1 Standard H2	Indicators on monthly basis Facility measures efficiency Indicators	Percentage of deliveries conducted at night Percentage of complicated cases managed W PPIUCD inserted against total number of normal delivery The facility measures Efficie Percentage of cases referred to OT % of newborns required resuscitation out of total live births	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR		
ME H1.1 Standard H2 ME H2.1	Indicators on monthly basis Facility measures efficiency Indicators	Percentage of deliveries conducted at night Percentage of complicated cases managed WPHUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed W PPIUCD inserted against total number of normal delivery The facility measures Efficie Percentage of cases referred to OT % of newborns required resuscitation out of total live births	2 2 2 ency indicators and east 2 2 2 2 2 2 2 2 2 2 2 2 2 2 8 8 Safety Indicator	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1	Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed W PPIUCD inserted against total number of normal delivery The facility measures Efficie Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using	2 2 2 2 ency indicators and ency 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed WPIUCD inserted against total number of normal delivery The facility measures Efficie Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand	2 2 2 ency Indicators and each 2 2 2 ency Safety Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed W PPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The Tacility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist	2 2 2 2 ency indicators and ency 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated Cases managed WPIUCD inserted against total number of normal delivery The facility measures Efficie Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth.	2 2 2 ency Indicators and essence 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
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ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed WPPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage newborn breastfed within 1 hour of birth	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed WPIUCD inserted against total number of normal delivery The facility measures Efficie Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage newborn breastfed within 1 hour of birth No. of cases of Neonatal asphyxia	2 2 2 ency indicators and ease 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed WPPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage newborn breastfed within 1 hour of birth	ency indicators and ens. 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated Cases managed WPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of dwgs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillibirth rate Percentage newborn breastfed within 1 hour of birth No. of cases of Neonatal asphysia	endicators and ense 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed XPPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time participation. Percentage of deliveries conducted using real time participation. No of adverse events per thousand patients The percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage newborn breastfed within 1 hour of birth No, of cases of Neonatal asphyxia No, of cases of Neonatal asphyxia No, of cases of Neonatal asphyxis Percentage of antenatal corticosteroid administration in case of preterm labour No, of cases of Neonatal death related to APH/PPH No of cases pf maternal death related to Eclampsia/PIH	endicators and ense 2 2 ency Indicators and ense 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark	
ME H1.1 Standard H2 ME H2.1 Standard H3 ME H3.1	Facility measures efficiency Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed WPHUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ference and the stock out in the month The facility measures Clinical Service of the stock of the stock of the stock out in the month The facility measures Clinical Service of the stock of the	endicators and ense 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark ate/National benchmark	
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ME H1.1 Standard H2 ME H2.1 Standard H3 ME H3.1	Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis	Percentage of deliveries conducted at night Percentage of complicated cases managed XPPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage newborn breastfed within 1 hour of birth No. of cases of Neonatal Sepsis Percentage of Menenatal corticosteroid administration in case of preterm labour No. of cases of Neonatal death related to APH/PPH No of cases of Maternal death related to APH/PPH No of cases of Maternal death related to Eclampias/PH OSCE Score The facility measures Service Que	endicators and ense 2 2 2 2 2 2 2 2 2 2 2 2 2	RR	National Benchmark ate/National benchmark	

	1	National Quality Assurance Standards for	District Hospi	tals		Version: DH/NQAS-2020/00
		Checklist for Maternity Wa Assessment Summary				4
Name of the Ho Names of Asses	<u>'</u>	,			Date of Assessment Names of Assessees	
	ment (Internal/External)	Maternity Ward Score Card			Action plan Submission Date	
		Concern wise Score			Maternity Ward Score	
	Service Provision Patient Rights	100% 100%				
	Inputs Support Services	100% 100%			100%	
E	Clinical Services Infection Control	100% 100%			100%	
G	Quality Management	100%				
	Outcome Major Gaps Observed	100%				
1	iwajoi Gaps Observeu					
3						
5						
1	Strengths / Good Practices					
2						
4						
	Recommendations/ Opportunities	for Improvement				
2						
3 4						
5	Signature of Assessors					
	Date					
Reference no	Measurable Element	Checkpoints	Compliance	Assessment	Means of verification	Remarks
Standard A1			Concern - A Ser			
Standard A1		The facili	ity provides cui	ative services		
					(a) IPD services for Obstetric Cases (General & post Surgical cases) (b) IPD Services for Gynae cases (General & post-surgical cases)	
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Obs and Gynaecology indoor services	2	SI/OB	(c) 250-500 Deliveries - 8-bedded HDU or 500-1000 deliveries - 8 bedded hybrid ICU (6 HDU & 2 ICU beds or more 1000 Deliveries- 4 bed ICU & 8-bed HDU	
ME A1.14	Services are available for the	Availability of nursing services 24X7	2	SI/RR		
ME A1.18	time period as mandated The facility provides Blood bank &	Availability of blood transfusion services	2	SI/OB	Availability/ linkage with blood bank	
Standard A2	transfusion services	-	ty provides RM		0	
	The facility provides Maternal	Availability of indoor services for Antenatal				All the services being provided
ME A2.2	health Services	cases Availability of indoor services for normal	2	SI/OB	Antenatal ward- Clean Ward	in a single ward
		delivery	2	SI/OB	Postnatal ward -Normal delivery	
		Availability of indoor services for C section	2	SI/OB	Postnatal ward -C-section delivery	
		Availability of indoor services for Septic cases	2	SI/OB	Septic ward	
		Availability of indoor services for Eclampsia cases	2	SI/OB	Eclampsia room	
		Availability of Gynae Services	2	SI/RR	Hysterectomy & mastectomy services as per disease indication	
ME A2.3	The facility provides Newborn health Services	Prevention of hypothermia and initiation of breast feeding	2	SI/OB		
MF A2.4	The facility provides Child health	Screening of New born for Birth Defects	2	SI/OB		
Standard A3	Services	-	ty Provides dias	nostic Services		
ME A3.1	The facility provides Radiology	Availability / linkage for Radiology and USG	2	SI/OB		
	Services The facility Provides Laboratory					
	Services	Availability / linkage with laboratory The facility provides services as ma	2 andated in natio	SI/OB onal Health Prog	grammes/ state scheme	
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Treatment of Malaria in pregnancy	2	SI/OB	check the records for management of cases in last one year	
ME A4.10	guidelliles		of Concern - B Pa	ationt Rights	DELETED	
Standard B1		Area o ity provides the information to care seekers, a				lities
ME B1.1	The facility has uniform and user- friendly signage system	Availability departmental signage's	2	ОВ	(Numbering, main department and internal sectional signage	
	The facility displays the services	Visiting hours and visitor policy are displayed	2	ОВ		
ME B1.2	and entitlements available in its departments	Entitlements applicable are Displayed	2	ОВ	JSSK, JSY and PM JAY	
		List of drugs available are displayed and updated	2	ОВ		
		Contact details of referral transport / ambulance displayed	2	ОВ		

ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed	2	ОВ	Breast feeding and care of breast, kangaroo care, family planning, Danger signs, PN advice, Information material about PCPNDT etc	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language	2	ОВ		
ME B1.7					DELETED	
Standard B2	Services are delivered in a mann	er that is sensitive to gender, religious and cul	tural needs, and	d there are no b	arrier on account of physical economic	, cultural or social reasons.
ME B2.1	Services are provided in manner	No Male attendant allowed to stay in female	2	OB/SI		
	that are sensitive to gender	wards at night Availability of female staff if a male doctor	2			
		examine a female patients Availability of Breast feeding corner	2	OB/SI OB		
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the ward	2	ОВ		
		Availability of ramps and railing Availability of disable friendly toilet	2	OB OB		
Standard B3		ility maintains privacy, confidentiality & dignit			for guarding patient related information	on.
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at Examination Area	2	ОВ	Bracket screen	
	at every point of eare	Curtains have been provided at windows	2	ОВ		
		Patients are dressed/covered while shifting				
		the patients from one department to other	2	ОВ		
		No two patients are treated on one bed	2	ОВ		
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors	2	SI/OB	No information regarding patient / parent identity is displayed Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	OB/PI		
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of patient is not disclosed except to staff that is directly involved in care	2	SI/OB		
Standard B4	The facility has defined and establi	shed procedures for informing patients about	the medical cor making	ndition, and invo	olving them in treatment planning, and	facilitates informed decision
			Пакіїв			
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	General Consent is taken before admission	2	SI/RR		
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient and their attendant is informed about her clinical condition and treatment being provided	2	PI		
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	2	ОВ		
Standard B5	The facility ens	ures that there are no financial barrier to acce	ss, and that the	re is financial p	rotection given from the cost of hospita	al services.
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of Free drugs	2	PI/SI		
		Stay and diet provided in ward is free of cost	2	PI/SI		
		Availability of free diagnostic Availability of Free drop back	2 2	PI/SI PI/SI		
		Availability of Free referral	2	PI/SI		
		vehicle/Ambulance services Availability of Free Blood	2	PI/SI		
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.	2	PI/SI		
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.	2	PI/SI		
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital	2	PI/SI/RR		
		JSY Payment is done before discharge	2	PI/SI/RR		
Standard B6	Facility has de	fined framework for ethical management incl	uding dilemmas	confronted dur	ring delivery of services at public health	facilities
ME B6.6	There is an established procedure for 'end-of-life' care	The patient's Relatives informed clearly about the deterioration in the health condition of Patient.	2	SI/RR	Periodic update on the patient's condition is given to the family.	
		Policy & procedures like DNR, DNI etc for critical cases are in consonance with legal requirement	2	SI/RR	Patient right "Do not resuscitate" or " Do not intubate"/ allow natural death are respected	
		There is a procedure to allow patient relative/Next of Kin to observe patient in last hours	2	SI/OB		
	There is an established procedure for patients who wish to leave					

		Are	ea of Concern - (C Inputs		
Standard C1	The	facility has infrastructure for delivery of assur			structure meets the prevalent norms	
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in wards with no cluttering of beds	2	ОВ	Distance between centres of two beds – 2.25 meter	
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available as per strength and patient load of ward	2	ОВ	one toilet for 12 patients	
		Functional bathroom with running water are available as per strength and patient load of ward	2	ОВ	one toilet for 12 patients	
		Availability of drinking water Patient/ visitor Hand washing area	2	OB OB		
		Separate toilets for visitors	2	OB		
		Adequate shaded waiting area is provide for attendants of patient	2	ОВ		
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of Dedicated nursing station	2	ОВ		
		Availability of Examination room Availability of Treatment room	2	OB OB		
		Availability of Doctor's and Nurse Duty room	2	ОВ		
		Availability of Store	2	ОВ	Drug &Linen store	
		Availability of Dirty room	2	ОВ		
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	There is sufficient space between two bed to provide bed side nursing care and movement	2	ОВ	Space between two beds should be at least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft	
		Corridors are wide enough for patient, visitor and trolley/ equipment movement	2	ОВ	Corridor should be 3 meters wide	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services	2	ОВ		
ME C1.6	Service counters are available as per patient load	There is separate nursing station for each ward	2	ОВ	ANC, PNC, C-Section ward. Depending upon Wards available for maternity cases Location of nursing station and patients beds enables easy and	
		Availability of adequate beds as per delivery	2	ОВ	direct observation of patients 10 beds for 100 delivery per month	
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the	load Prepartum and post partum wards are in proximity and functional linkage with labour room	2	ОВ	20 details 200 delivery per month	
	function of the hospital)	Postpartum ward and SNCU are in proximity and functional linkage	2	ОВ		
		C section ward is in Proximity and has functional linkage with OT	2	OB/SI		
Standard C2		The facility ensures t	the physical safe	ety of the infras	tructure.	
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	IPD building does not have temporary connections and loosely hanging wires	2	ОВ	Switch Boards other electrical installations are intact. There is proper earthing	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the maternity ward are non slippery and even	2	ОВ		
Standard C3		Windows have grills and wire meshwork The facility has established	2 I Programme fo	OB r fire safety and	other disaster	
ME C3.1	The facility has plan for prevention of fire	Maternity ward has sufficient fire exit to permit safe escape to its occupant at time of fire	2	OB/SI		
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.	2	ОВ		
ME C3.2	The facility has adequate fire fighting Equipment	Maternity ward has installed fire Extinguisher that is either Class A , Class B, C type or ABC type	2	ОВ		
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned	2	OB/RR		
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4	The f	acility has adequate qualified and trained staff	, required for p	roviding the as	sured services to the current case load	
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Bog specialist on duty and on call paediatrician	2	OB/RR		
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor at all time	2	OB/RR		
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff	2	OB/RR/SI	6 for 100-200 Deliveries/Month 8 for More than 200 deliveries per month	
ME C4.4		Availability of dresser for C section ward	2	SI/RR	DELETED	
ME C4.5	The facility has adequate support /	Availability of ward attendant	2	SI/RR	Availability of mamta/ ayahs and	
	general staff	Availability Security staff	2	SI/RR	Sanitary worker	
Standard C5		The facility provides drugs a			ssured services.	

ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Uterotonic Drugs	2	OB/RR	Tocolytic agent, Isoxsuprine	
		Availability of Anti - Infective - Antibiotics,	2	OB/RR	Tab. Metronidazole 400mg,	
		Antifungal	2		Gentamicin,	
		Availability of Antihypertensive		OB/RR	Tab. Misprostol 200mg, Labetalol Tab. Paracetamol, Tab. Ibuprofen,	
		Availability of analgesics and antipyretics	2		Piroxicam	
		Availability of IV Fluids	2		IV fluids, Normal saline, Ringer lactate,	
		Availability of other emergency drugs	2	OB/RR	Tab. Ritodrine, Misoprostol, Carboprost, steroid as Hydrocortisone, dexamethasone, iron, calcium, and folic acids tablets	
		Availability of drugs for newborn	2	OB/RR	Inj. Vit K 10mg, Vaccine OPV, Hepatitis B, BCG, paracetamol syrup/drops, Syp Calcium with Vit D, Multivitamin drops, Simethicone + Fennel Oil I Dil I drops, Nevirapine drops (for HIV + ve mother born children), gentian Violet (0.50%)	
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads	2	OB/RR	gauze piece and cotton swabs, sanitary pads, needle (round body and cutting), chromic catgut no. 0,	
		Availability of syringes and IV Sets /tubes	2	OB/RR	Paediatric iv sets, urinary catheter with bag, Foyle's catheter Nasogastric tube, Syringe A/D	
		Availability of Antiseptic Solutions	2		Povidone Iodine Solution	
		Availability of consumables for new born care	2	OB/RR	gastric tube and cord clamp, dressing pad	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drug tray in Maternity ward	2	OB/RR		
Standard C6		The facility has equipment &	instruments red	uired for assur	ed list of services.	
	Availability of equipment &				BP apparatus, Thermometer,	
ME C6.1	instruments for examination &	Availability of functional Equipment & Instruments for examination & Monitoring	2	ОВ	foetoscope, baby and adult weighing scale, Stethoscope, Doppler	
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional Equipment/Instruments Gynae & Obstetric Procedures	2	ОВ	Dressing and suture removal kit, speculum, Anterior vaginal wall retractor.	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments	2		Glucometer and HIV rapid diagnostic kit	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation equipments	2	ОВ	Adult and baby bag and mask, Oxygen, Suction machine, Airway, Laryngoscope, ET tube	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs	2	ОВ	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste trolley, Deck brush	
		Availability of equipment for sterilization and disinfection	2	ОВ	Boiler	
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility	2	ОВ		
		Availability of attachment/ accessories with	2	ОВ	Hospital graded mattress, Bed side	
		patient bed Availability of Fixtures	2	ОВ	locker , IVstand, Bed pan Spot light, electrical fixture for equipments like suction, X ray view hox	
		Availability of furniture	2	ОВ	cupboard, nursing counter, table for preparation of medicines, chair.	
Standard C7	Facility has a def	ined and established procedure for effective u	tilization, evalu	ation and augm	entation of competence and performa	nce of staff
ME C7.1					DELETED	
IVIE C7.1					Check for records of competence	
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year	2	RR/SI	assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Infant and young Child Feeding (IYCF) practices	2	SI/RR	done	
		Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
		Infection control and hand hygiene	2	SI/RR		
		Patient Safety	2	SI/RR		
		Training on Quality Management System	2			
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Nursing staff is skilled identificaton and managing complication	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	

		Staff is skilled for maintaining clinical records	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Counsellor is skilled for postnatal counselling	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
Standard D1		The facility has established Programme for in-	Concern - D Sup		nce and calibration of Equipment.	
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance	2	SI/RR	Check with AMC records/ Warranty documents Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the equipments	2	SI/RR	Check for breakdown & Maintenance record in the log book Staff is aware of contact details of the agency/person in case of breakdown.	
ME D1.2	calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated	2	OB/ RR	BP apparatus, thermometers etc are calibrated	
Standard D2		as defined procedures for storage, inventory r	nanagement an	d dispensing of	medicines in pharmacy and patient car Stock level are daily updated Indents	e areas
ME D2.1	There is established procedure for forecasting and indenting medicine and consumables	There is established system of timely indenting of consumables and medicine at nursing station	2	SI/RR	are timely placed	
ME D2.3	The facility ensures proper storage of medicine and consumables	medicine are stored in containers/tray/crash cart and are labelled	2	ОВ	medicine are stored in separate containers, trays and carts and labelled with drug name, drug strength and expiry date	
		Empty and filled cylinders are labelled	2	OB	Charle madising are arranged in trace	
ME D2.4	The facility ensures management of expiry and near expiry medicine	Expiry dates' are maintained at emergency drug tray	2	OB/RR	Check medicine are arranged in tray as per First Expiry and First Out (FEFO) and expiry date are mentioned against the drug.	
		No expired drug found Records for expiry and near expiry medicine	2	OB/RR	Check register/DVDMS/other supply	
		are maintained for drug stored at department	2	RR	chain software for record of stock of expired and near expiry medicine	
ME D2.5	The facility has established procedure for inventory management techniques	There is established system of calculating and maintaining buffer stock	2	SI/RR	Check record of drug received, issued	
		Department maintained stock register of medicine and consumables	2	RR/SI	and balance stock in hand and are updated	
ME D2.6	There is a procedure for periodically replenishing the medicine in patient care areas	There is procedure for replenishing drug tray /crash cart	2	SI/RR		
	medicine in patient care areas	There is no stock out of medicine	2	OB/SI	Random stock check of some medicine	
ME D2.7	There is process for storage of vaccines and other medicine, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records twice a day and are maintained	2	OB/RR	Check for refrigerator/ILR temperature charts. Charts are maintained and updated twice a day. Refrigerators meant for storing medicine should not be used for storing other items such as eatables.	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic medicine	Narcotics and psychotropic medicine are kept separately in lock and key	2	OB/SI	Separate prescription for narcotic and psychotropic medicine by a registered medical practioner	
Standard D3 ME D3.1	The facility provides adequate illumination level at patient care	The facility provides safe, secure and Adequate Illumination at nursing station	comfortable er 2	ovironment to s	taff, patients and visitors.	
	areas	Adequate illumination in patient care areas	2	ОВ	Spot light is available	
ME D3.2	The facility has provision of restriction of visitors in patient	Visiting hour are fixed and practiced	2	OB/PI		
	areas	There is no overcrowding in the wards during to visitors hours	2	ОВ		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area	2	PI/OB	Optimal temperature and warmth is ensured Fans/ Air conditioning/Heating/Exhaust/Ventila tors as per environment condition and requirement	
		Temperature control and ventilation in nursing station/duty room	2	SI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventila tors as per environment condition and requirement	
ME D3.4	The facility has security system in place at patient care areas	New born identification band and foot prints are in practice Security arrangement in maternity ward	2	OB/RR OB/SI		
ME D3.5	The facility has established measure for safety and security of	Ask female staff weather they feel secure at work place	2	SI		
Standard D4	female staff	The facility has established Prog	gramme for mai	intenance and ι	pkeep of the facility	
ME D4.1	Exterior of the facility building is	Building is painted/whitewashed in uniform	2	ОВ		
	maintained appropriately	colour Interior of patient care areas are plastered &	2	ОВ		
ME D4.2	Patient care areas are clean and hygienic	painted Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean	2	ОВ		

Security of the control of the contr			Tollate and also wish for all and flock and				
Adjustment for the property of the control of the following of places or to a property of the control of the following of the control of the following of the control of the following of the control of			Toilets are clean with functional flush and running water	2	ОВ		
March Marc	ME D4.3			2	ОВ		
Section Sect		adequately maintained					
The Earthy has point of microscale of the Confidence of Co			intact				
Secretary of the control of the product of the prod			Patients beds are intact and painted	2	OB	Mattresses are intact and clean	
Section 1970 The Training has acceptantly and processes from the company of processes and pulsary in acceptance of pulsary in accepta	ME D4.5	condemned junk material	No condemned/Junk material in the ward	2	OB		
The facility has designed in the facility name AEX water and power below programs of notion of facility and support survives no more survived or process of colors of	ME D4.6	procedures for pest, rodent and	No stray animal/rodent/birds	2	ОВ		
processor compare and couples of processor and processor a	Standard D5		facility ensures 24X7 water and power backup	o as per require	ment of service	delivery, and support services norms	
The processes water in all forcitoral water in the forcitoral and processes of the processe			A U. b. U				
The facility moures abcounted by the control of the	ME D5.1	for portable water in all functional		2	OB/SI		
we contributed to the patient care with a second contributed to the patients. Me facility has provided of medical assessment of the patients			Availability of hot water	2	OB/SI		
The facility has provided and full control of the patients. We provided the patients of the p	ME D5.2	power backup in all patient care	Availability of power back in ward	2	OB/SI		
MID 12.1 MID 12.2 MID 12	StandardD6			vice provision a	nd nutritional r		
The facility process desired procedures or consists on white all constructions of the growth of the patient requirement of the growth of the g	ME D6.1	nutritional assessment of the	specially for high risk pregnancy and other	2	RR/SI	cases. Check nutrition advice from	
requirements of the patients Possible has standing dispendents Possible that the control of body and the provided 2 PyS P	ME D6.2	The facility provides diets	Check for the adequacy and frequency of	2	OB/RR	Check that all items fixed in diet	
Reputal has standard procedured by preparation, handling, storage or procedured of registration of different parameters are provided for all procedure of patients.						· ·	
Moderate and destructions of electric space in the procedure of requisition of effects and requirement of patients of requirement of patients of the procedure of requisition of effects, and provided at least to the case of the patients of		Harris Maria de la deservación de la constantina del constantina del constantina de la constantina de la constantina de la constantina del constantina	Check for the Quality of diet provided	2	PI/SI	satisfied with the Quality of food	
The facility has adequate sets of Sew Services for Part of Sew Services and Sew Services and Sew Services for Sew Services		for preparation, handling, storage and distribution of diets, as per	type of diet from ward to kitchen			high protein diet etc	
Internal Control of the Control of t		The facility has adequate sets of	Clean Linens are provided for all occupied			its	
Mile Procedure for contract management for our organization of metallic procedure for management for our organization of patients. Procedure for management for our organization. Procedure	INC 07.1	linen					
The facility has statistical procedure for changing of line in great solided procedure for handing; colored and deputation and working of lines in changing of line in great solided procedure for handing; colored and deputation and working of lines in changing of line in great solided procedure for handing; colored and deputation to different dealed procedure for the lines received from handing or solided staff are determined as per govt. regulations and standards operating procedures. ME D11.2 The facility has stabilized from the staff is a sware of their role and deputation to different dealed from the facility has stabilized from the staff is available on duty as per duty roster deputation to different dealed from the facility has stabilized in charge for great staff and support staff or contract management for our staff the staff is address to their respective direct score dearwise or regular balls and support staff or contract management for our staff and support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff the staff is a staff of support staff or contract management for our staff deeper staff of support staff or staff deeper staff or staff or staff deeper staff or staff deeper staff or staff deeper staff deeper staff deeper staff or staff deeper staff deeper staf					•		
International Content		The facility has established			OB/KK		
The Facility extracts the advantage of the contract and advantag	ME D7.2	procedures for changing of linen in patient care areas		2	OB/RR		
MI D11.1 The facility has established job descriptions aper good updidenses apportunities of administrative and clinical staff are determined as per good. regulations and standards operating procedures. MI D11.2 The facility has established job descriptions aper good updidenses apportunities and procedure for day roster and proporture of day roster and department. MI D11.3 The facility essures the adherence to department. The facility service the description of the facility essures the adherence to department. The facility essures the adherence to department. The facility service the description of the facility of the facilit	ME D7.3	procedures for handling ,		2	SI/RR		
MEDI12 Place of the facility has established job description as per goot guidelines responsibilities and responsibilities are facility has established procedure for duty rotter and departments. MEDI13 Place is established system for recording time of reporting and relieving Okterodure for duty rotter and departments. MEDI13 Place is established system for recording time of reporting and relieving Okterodure register/ Biometric etc). MEDI24 Place is established system for contract management for out sourced services on required basis on the facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations. MEDI24 Place is established system for contract management for out sourced services on required basis. MEDI25 Place is established system for contract management for out sourced services on required basis. MEDI26 Place is established system for contract management for out sourced services on required basis. MEDI27 Place is established system for contract management for out sourced services on required basis. MEDI27 Place is established system for contract management for out sourced services on required basis. MEDI27 Place is established system for contract management for out sourced services on required basis. MEDI28 Place is established system for contract management for out sourced services on required basis. MEDI29 Place is established system for contract management for out sourced services on required for sourced for sourced services on required for sourced for sourced for sourced for							
MEDIJ description as per goot guidelines procedure for duly roster and department. The facility has established procedure for duly roster and departments. The facility ensures the adherence to dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code as mandated by its adhere to their respective dress code and dequality of outsourced services and adheres to contract unal obligations. **MEDIJ:** There is established system for each procedure for monitoring the quality of outsourced services and adheres to contract unal obligations. **MEDIJ:** There is established system for each procedure for monitoring the quality of outsourced services contract unanagement for out part adequacy of outsourced services or registration of outsourced services. **There is established system for registration of patients.** **The facility has established procedure for registration of patients.** **The facility has established procedure for registration of patients.** **The facility has established and procedure for system for registration of patients.** **There is established procedure for system for registration of patients.** **There is established procedure for system for registration of patients.** **There is established procedure for system for registration of patients.** **There is established procedure for system for registration of patients.** **There is established procedure for system for laid assessment of patients.** **There is established procedure for system for laid admitted patient for system for laid assessment of patients.** **There is established procedure for laid admitted patient for each patien	Standard D11	Roles & Resp	onsibilities of administrative and clinical staff	are determined	as per govt. re	gulations and standards operating prod	cedures.
There is procedure for duty roster and departments There is designated in charge for department or	ME D11.1			2	SI		
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Standard E1	ME D12.1	contract management for out	and adequacy of outsourced services on	2	SI/RR	(cleaning/ Dietary/Laundry/Security/Maintenan ce) provided are done by designated	
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There is established procedure for initial assessment of all admitted patient done as per standard protocols ANC history of pregnant women is reviewed and recorded Physical Examination is done and recorded wherever required Initial assessment of all admitted patient assessment criteria for different clinical conditions are defined and measured in assessment sheet 2 RR/SI Assesses general condition, including: vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast	ME E1.4	managing patients, in case beds	There is provision of extra Beds	2	OB/SI		
There is established procedure for initial assessment of patients done as per standard protocols 2 RR/SI/OB RR/SI RR/SI RR/SI Assessment sheet RR/SI/OB RR/SI RR/SI RR/SI Assessment sheet RR/SI/OB RR/SI Assessment sheet RR/SI/OB RR/SI Assessment sheet RR/SI/OB RR/SI Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet Assessment sheet RR/SI/OB RR/SI Assessment sheet	Standard E2	The fa		for clinical asse	ssment, reasses	sment and treatment plan preparation	l.
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Physical Examination is done and recorded wherever required Assesses general condition, including: vital signs, conjunctive for pallor and jaundice, and bladder and bowel function, conducts breast				2	RR/SI		
Committeens			Physical Examination is done and recorded	2	RR	vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast	

					Examines the perineum for	
					inflammation, status of episiotomy/tears, lochia for colour,	
		Dangers signs are identified and recorded	2	RR/SI	amount, consistency and odour,	
					Checks calf tenderness, redness or	
		Initial assessment and treatment is provided			swelling	
		immediately	2	RR/SI		
		Initial assessment is documented preferably within 2 hours	2	RR		
ME E2.2	There is established procedure for follow-up/ reassessment of	There is fixed schedule for assessment of stable patients	2	RR/OB		
	Patients	For critical patients admitted in the ward				
		there is provision of reassessment as per need	2	RR/OB		
		There is system in place to identify and manage the changes in Patient's health status	2	SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating	
		Check the treatment or care plan is modified as per re assessment results	2	SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented	
					Assessment includes physical	
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identified through assessment process	2	SI/RR	assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors	
					(a) According to assessment and investigation findings (wherever applicable).	
		Check treatment/care plan is prepared as			(b) Check inputs are taken from	
		per patient's need	2	RR	patient or relevant care provider while preparing the care plan.	
					Care plan include:, investigation to be conducted, intervention to be	
		Check treatment / care plan is documented	2	RR	provided, goals to achieve,	
					timeframe, patient education, , discharge plan etc	
		Check care is delivered by competent		CI/DD	Check care plan is prepared and	
		multidisciplinary team	2	SI/RR	delivered as per direction of qualified physician	
Standard E3		The facility has defined and establishe	<mark>d procedures fo</mark>	r continuity of	care of patient and referral	
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over of patients from maternity	2	SI/RR	to OT/labour room/USG	
	during interdepartmental transfer	ward				
	during interdepartmentar transfer	There is a procedure for consultation of the patient to other specialist with in the hospital	2	SI/RR		
	The facility provides appropriate	There is a procedure for consultation of the patient to other specialist with in the	2	SI/RR		
ME E3.2		There is a procedure for consultation of the patient to other specialist with in the	2	SI/RR RR/SI		
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher				
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged	2	RR/SI		
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre centre Referral vehicle is being arranged Referral in or referral out register is	2	RR/SI RR/SI		
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral whicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to	2 2 2 2	RR/SI RR/SI RR/SI SI/RR	Check for referral cards filled from	
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained	2 2 2 2 2	RR/SI RR/SI RR/SI	Check for referral cards filled from lower facilities	
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to higher facilities	2 2 2 2	RR/SI RR/SI RR/SI SI/RR		
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to	2 2 2 2 2	RR/SI RR/SI RR/SI SI/RR		
ME E3.2 ME E3.3	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to higher facilities There is a system of follow up of referred patients Duty Doctor and nurse is assigned for each	2 2 2 2 2	RR/SI RR/SI RR/SI SI/RR RR		
	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care. A person is identified for care during all steps of care	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to higher facilities There is a system of follow up of referred patients	2 2 2 2 2 2 2 2	RR/SI RR/SI RR/SI SI/RR RR SI/RR	lower facilities	
ME E3.3	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Tacility has functional referral linkages to higher facilities There is a system of follow up of referred patients Duty Doctor and nurse is assigned for each patients	2 2 2 2 2 2 2 2	RR/SI RR/SI RR/SI SI/RR RR SI/RR	lower facilities	
ME E3.3 Standard E4	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care. A person is identified for care during all steps of care Procedure for identification of patients is established at the	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral wehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to higher facilities There is a system of follow up of referred patients Duty Doctor and nurse is assigned for each patients The facility has defined. There is a process for ensuring the	2 2 2 2 2 2 2 2 and established	RR/SI RR/SI RR/SI SI/RR RR SI/RR RR/SI procedures for	nursing care Identification tags for mother and baby / foot print are used for	
ME E3.3 Standard E4 ME E4.1	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care. A person is identified for care during all steps of care Procedure for identification of patients is established at the facility Procedure for ensuring timely and accurate nursing care as per	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to higher facilities There is a system of follow up of referred patients Duty Doctor and nurse is assigned for each patients The facility has defined There is a process for ensuring the identification before any clinical procedure	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI RR/SI RR/SI SI/RR RR SI/RR RR/SI procedures for	nursing care Identification tags for mother and baby / foot print are used for identification of newborns Check for treatment chart are updated and drugs given are marked.	
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ME E3.3 Standard E4 ME E4.1 ME E4.2 ME E4.3	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care. A person is identified for care during all steps of care Procedure for identification of patients is established at the facility Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility There is established procedure of patient hand over, whenever staff duty change happens	There is a procedure for consultation of the patient to other specialist with in the hospital Patient referred with referral slip Advance communication is done with higher centre Referral vehicle is being arranged Referral in or referral out register is maintained Facility has functional referral linkages to lower facilities Facility has functional referral linkages to higher facilities There is a system of follow up of referred patients Outy Doctor and nurse is assigned for each patients The facility has defined. There is a process for ensuring the identification before any clinical procedure Treatment chart are maintained There is a process to ensue the accuracy of verbal/telephonic orders Patient hand over is given during the change in the shift Nursing Handover register is maintained Hand over is given bed side Nursing notes are maintained adequately	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI RR/SI RR/SI SI/RR RR SI/RR RR/SI Procedures for OB/SI RR SI/RR SI/RR RR SI/RR RR SI/RR	nursing care Identification tags for mother and baby / foot print are used for identification of newborns Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed. (1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period Check for nursing note register. Notes are adequately written	
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ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring	2	OB/SI	High risk cases : Eclampsia, Sepsis, diabetic, cardiac diseases and Intrauterine growth retardation	
Standard E6		Facility ensures rati	onale prescribi	ng and use of m	leaicines	
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only	2	RR		
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use	2	RR		
		Check staff is aware of the drug regime and doses as per STG	2	SI/RR	Check BHT that drugs are prescribed as per STG	
		Availability of drug formulary	2	SI/OB	as per 310	
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient	2	RR/OB	Check complete medication history including over-the- counter medicines is taken and documented	
		Established mechanism for Medication reconciliation process	2	SI/RR	Medication Reconciliation is carried out by a trained and competent health professional during the patient's admission, interdepartmental transfer or discharged Medicine reconciliation includes Prescription and non-prescription (over-the-counter) medications, vitamins, nutritional supplements.	
		Medicine are reviewed and optimised as per individual treatment plan	2	SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome	
		Complete medication history is documented and communicated for each patient at the time of discharge	2	SI/RR	Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced 2. Changes in prescribed medicines, including medicines started or stopped, or dosage changes, and reason for the change are clearly documented in the case sheet and case summary"	
		Patients are engaged in their own care	2	PI/SI	"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety appr" 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for	
					discharge"	
Standard E7		The facility has define	d procedures fo	r safe drug adm	-	
Standard E7 ME E7.1	There is process for identifying and cautious administration of high alert drugs	The facility has define High alert drugs available in department are identified	d procedures fo	o <mark>r safe drug adm</mark> SI/OB	-	
	and cautious administration of	High alert drugs available in department are			inistration Magsulf (to be kept in fridge), Methergine Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor	
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ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines	2	RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, PP register, Dit register, Linen register, Drug indent register	
		All register/records are identified and numbered	2	RR		
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records	2	ОВ		
Standard E9	iniedicai i ecoi ds	The facility has defined and	established pro	cedures for disc	harge of patient.	
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient	2	SI/RR		
		Maternity ward has established criteria for discharge	2	SI/RR	Primary illness is resolved, All infections and other medical complications have been treated, vitals are stable, etc.	
		Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor	2	SI/RR	Discharge is done in consultation with treating doctor	
		Patient / attendants are consulted before	2	PI/SI	Time of discharge is communicated	
ME E9.2	Case summary and follow-up instructions are provided at the	discharge Discharge summary is provided	2	RR/PI	to patient in prior See for discharge summary, referral slip provided.	
	discharge	Discharge summary adequately mentions			sip provided.	
		patients clinical condition, treatment given and follow up Discharge summary is give to patients going	2	RR SI/RR		
		in LAMA/Referral	2	31/ NN	Advice includes the information	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge	2	SI/PI	about the nearest health centre (Dispensary) for further follow up. Counsel mother for treatment, follow up, feeding, discharge timings are explained prior	
		Advice includes the information about the nearest health centre for further follow up	2	RR/SI		
		Time of discharge is communicated to patient in prior	2	PI/SI		
Standard E11		The facility has defined and established p	rocedures for E	mergency Service	ces and Disaster Management	
ME E11.3	The facility has disaster	Staff is aware of disaster plan	2	SI/RR		
INC CII.S	management plan in place	Role and responsibilities of staff in disaster is	2	SI/RR		
		defined				
Standard E12		The facility has defined and	d established pr	ocedures of dia	gnostic services	l .
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection	2	ОВ		
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests	2	SI/RR		
Standard E13		The facility has defined and established pro-	cedures for Bloc	od Bank/Storage	Management and Transfusion.	
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion	2	RR		
	transitusion of blood	Patient's identification is verified before	2	SI/OB		
		transfusion blood is kept on optimum temperature	2	RR		
		before transfusion Blood transfusion is monitored and				
		regulated by qualified person Blood transfusion note is written in patient	2	SI/RR		
		recorded	2	RR		
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person	2	RR		
Standard E14		The facility has estable	ished procedure	es for Anaesthe	tic Services	
ME E14.1	The facility has established procedures for Pre-anaesthetic Check up and maintenance of records	Pre anaesthesia check up is conducted for elective / Planned surgeries	2	SI/RR		
Standard E16		The facility has defined and established proced	ures for the ma	nagement of de	ath & bodies of deceased patients	
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives	2	SI		
	The facility has standard	Death note is written on patient record Death summary is given to patient attendant	2	RR		
ME E16.2	procedures for handling the death in the hospital	quoting the immediate cause and underlying cause if possible Death note including efforts done for	2	SI/RR	Maintenance of records as per guideline	
		resuscitation is noted in patient record	2	RR	Maternal and neonatal death	
Standard E17		The facility has established	Maternal Hea		as per guidelines	
ME E17.1	There is an established procedure for Registration and follow up of	Facility provides and updates "Mother and Child Protection Card".	2	RR/SI		
	pregnant women. There is an established procedure	cima Protection Cara .				
ME E17.4	for identification of High risk pregnancy and appropriate treatment/referral as per scope of	Management of PIH/Eclampsia	2	RR/SI		
	services.	Management of sepsis	2	RR/SI		
		Management of diabetic pregnant mother	2	RR/SI		
	I.	IL.	1			

		Management of cardiac cases	2	RR/SI		
		Management of IUGR	2	RR/SI		
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia	Management of of severe anaemia	2	RR/SI	Blood Transfusion services available for anaemic patients	
Standard E19		The facility has established	procedures for	postnatal care	as per guidelines	
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	Post Partum Care of Newborn	2	SI/RR	Maintains hand hygiene, keeps the baby wrapped (maintains temperature), Checks weight, temperature, respiration, heart rate, colour of skin and cord stump	
		Initiation of Breastfeeding with in 1 Hour	2	PI	Checks and discusses with the mother on breastfeeding pattern, emphasising exclusive and on demand feeding. Demonstrates the proper positioning and attachment of the baby	
		Post partum care of mother	2	PI	Check uterine contraction, bleeding as per treatment plan, check for TPR and output chart, Breast examination and milk initiation and perineal washes	
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Staff counsels mother on vital issues	2	PI/SI	Counsels on danger signs to mother at time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast feeding to mother at discharge	
ME E19.3	Facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm	2	SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)	
		Facilitates assisted feeding whenever required	2	SI/RR/PI		
		Facilitates thermal management including kangaroo mother care	2	SI/RR/PI		
ME E19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications	There is established criteria for shifting newborn to SNCU	2	SI/RR		
ME E19.5	The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols	48 Hour Stay of mothers and new born after delivery	2			
ME E19.6	There is established procedure for discharge and follow up of mother and newborn.	Check patient is explained about follow up visits, advice and counselling is done before discharge	2	RR/PI		
Standard E20		The facility has established procedure	es for care of ne	w born, infant a	and child as per guidelines	
ME E20.1	The facility provides immunization services as per guidelines	Zero dose vaccines are given	2	RR	Check for records BCG, Hepatitis Band OPV 0 given to New born	
ME E20.3	Management of Low birth weight newborns is done as per guidelines	Care of Low Birth Weight and Premature babies	2	SI/RR	Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required	
Standard F1	The facility	Area of has infection control Programme and procedu	Concern - F Infe		measurement of hospital associated in	fection
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection	2		Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site.	iction
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxoid etc	
		Periodic medical check-ups of the staff	2	SI/RR		
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR		
Standard F2	Hand washing facilities are	The facility has defined and Implemented p Availability of hand washing Facility at Point			ygiene practices and antisepsis Check for availability of wash basin	
ME F2.1	provided at point of use	Availability of hand washing Facility at Point of Use Availability of running Water	2	OB OB/SI	near the point of use Ask to Open the tap. Ask Staff water	
		Availability of antiseptic soap with soap dish/	2	OB/SI	supply is regular Check for availability/ Ask staff if the	
		liquid antiseptic with dispenser. Availability of Alcohol based Hand rub	2	OB/SI	supply is adequate and uninterrupted Check for availability/ Ask staff for	
		Display of Hand washing Instruction at Point	2	OB	regular supply. Prominently displayed above the hand washing facility , preferably in	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	of Use Adherence to 6 steps of Hand washing	2	SI/OB	Local language Ask of demonstration	
	The facility ensures standard	Staff aware of when to hand wash	2	SI		
ME F2.3	practices and materials for antisepsis		2	ОВ	like before giving IM/IV injection,	
Standard F3		The facility ensures standard	2 I practices and	OB/SI	drawing blood, putting Intravenous and urinary catheter	

ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use	2	OB/SI		
		Availability of Masks	2	OB/SI		
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI		
		Compliance to correct method of wearing	2	SI		
Standard F4		and removing the gloves The facility has standard proces	lures for proces	sing of equipm	ent and instruments	
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces	2	SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution	
		Proper Decontamination of instruments after use	2	SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable	
		Contact time for decontamination is adequate	2	SI/OB	10 minutes	
		Cleaning of instruments after decontamination	2	SI/OB	Cleaning is done with detergent and running water after decontamination	
		Proper handling of Soiled and infected linen	2	SI/OB	No sorting ,Rinsing or sluicing at Point	
		Staff know how to make chlorine solution	2	SI/OB	of use/ Patient care area	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement	2	OB/SI	Autoclaving/HLD/Chemical Sterilization	
		High level Disinfection of instruments/equipment is done as per protocol	2	OB/SI	Ask staff about method and time required for boiling	
		Autoclaved dressing material is used	2	OB/SI		
Standard F5	The facility encures quallability of	Physical layout and environmental con	troi oi the patie	nt care areas e	nsures injection prevention	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
	The facility ensures standard	Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR		
		Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning	2	SI/RR		
		solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out	
		Cleaning equipment like broom are not used in patient care areas	2	OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided	
ME F5.4	The facility ensures segregation	Isolation and barrier nursing procedure are followed for septic cases	2	OB/SI		
Standard F6		defined and established procedures for segre	gation, collectio	n, treatment a	nd disposal of Bio Medical and hazardo	us Waste.
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
		Availability of colour coded non chlorinated plastic bags	2	ОВ		
		Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
		Segregation of infected plastic waste in red bin	2	ОВ	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves	
		Display of work instructions for segregation and handling of Biomedical waste	2	ОВ	Pictorial and in local language	
		There is no mixing of infectious and general waste	2	ОВ		
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	2	ОВ	See if it has been used or just lying idle.	
		Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers	2	ОВ	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	

		Availability of post exposure prophylaxis	2	SI/OB	Ask if available. Where it is stored and who is in charge of that.	
		Staff knows what to do in condition of needle stick injury	2	SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done	
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Vials, slides and other broken infected glass	
ME F6.3	The facility ensures transportation and disposal of waste as per	Check bins are not overfilled	2	SI/OB		
	guidelines	Transportation of bio medical waste is done	2			
		in close container/trolley Staff is aware of mercury spill management	2	SI/RR	Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Wear PPE 4. Use of flashlight to locate mercury beads 5. Use syringe without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprinkle sulphur or zinc powder to remove any remaining mercury 8. All the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution 9. All the bags or containers contamining terms contaminated with	
			ncern - G Qualit			
Standard G1		Facility has established orga	anizational fran	nework for qual	ity improvement	
ME G1.1 Standard G2		The facility has established	system for nat	ient and emplo	Vee satisfaction	
	Patient satisfaction surveys are	Client/Patient satisfaction survey done on			yee satisfaction	
ME G2.1 Standard G3	conducted at periodic intervals	monthly basis The facility have established internal and external	2	RR	nes wherever it is critical to quality	
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR	nes wherever it is critical to quality.	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS assessment toolkit is used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and			Check the non compliances are	
		recorded	2	RR	presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process		2	RR RR	presented & discussed during quality	
ME G3.5	gaps observed during quality assurance process	recorded Check action plans are prepared and implemented as per internal assessment record findings	2	RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED	and consider
	gaps observed during quality assurance process	recorded Check action plans are prepared and implemented as per internal assessment	2	RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED	ort services.
ME G3.5 Standard G4	gaps observed during quality assurance process The facility has es Departmental standard operating	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and mail Standard operating procedure for department has been prepared and	2 ntained Standar	RR d Operating Pro	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED Decedures for all key processes and supp	oort services.
ME G3.5 Standard G4	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and mail Standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed	2 ntained Standar 2	RR d Operating Pro	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED	port services.
ME G3.5 Standard G4	gaps observed during quality assurance process The facility has es Departmental standard operating	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main Standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the patient in Maternity ward	2 ntained Standar 2 2	RR d Operating Pro RR OB/RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	oort services.
ME G3.5 Standard G4 ME G4.1	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available Standard Operating Procedures adequately describes process and	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the	2 2 2 2 2	RR OPERATING PRO RR OB/RR OB RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	port services.
ME G3.5 Standard G4 ME G4.1	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available Standard Operating Procedures adequately describes process and	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the patient in Maternity ward Department has documented procedure for admission, shifting and referral of pregnant mother	2 2 2 2	RR d Operating Pro RR OB/RR OB	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	port services.
ME G3.5 Standard G4 ME G4.1	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available Standard Operating Procedures adequately describes process and	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the patient in Maternity ward Department has documented procedure for admission, shifting and referral of pregnant mother Department has documented procedure for shifting at the solution of the procedure for shifting the mother to labour room	2 2 2 2 2 2 2 2 2	RR OPERATING PRO RR OB/RR OB RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	ort services.
ME G3.5 Standard G4 ME G4.1	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available Standard Operating Procedures adequately describes process and	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the patient in Maternity ward Department has documented procedure for admission, shifting and referral of pregnant mother Department has documented procedure for shifting the mother to labour room Department has documented procedure for requisition of diagnosis and receiving of the reports Department has documented procedure for requisition of diagnosis and receiving of the reports Department has documented procedure for preparation of the patient for surgical procedure	2 2 2 2 2 2 2 2 2 2 2 2 2	RR OPPORTUDE OPPORTU	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	ort services.
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ME G3.5 Standard G4 ME G4.1	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available Standard Operating Procedures adequately describes process and	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main standard operating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the patient in Maternity ward Department has documented procedure for admission, shifting and referral of pregnant mother Department has documented procedure for shifting the mother to labour room Department has documented procedure for requisition of diagnosis and receiving of the reports Department has documented procedure for preparation of the patient for surgical procedure Department has documented procedure for transfusion of blood in maternity ward Department has documented procedure for transfusion of blood in maternity ward Department has documented procedure for maintenance of rights and dignity of pregnant women Department has documented procedure for pregnant women	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR OB/RR OB RR RR RR RR RR RR RR RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	ort services.
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ME G3.5 Standard G4 ME G4.1	gaps observed during quality assurance process The facility has es Departmental standard operating procedures are available Standard Operating Procedures adequately describes process and	recorded Check action plans are prepared and implemented as per internal assessment record findings tablished, documented implemented and main stablished, documented implemented and main stablished, documented implemented and main standard perating procedure for department has been prepared and approved Current version of SOP are available with process owner Work instruction/clinical protocols are displayed Department has documented procedure for receiving and initial assessment of the patient in Maternity ward Department has documented procedure for admission, shifting and referral of pregnant mother Department has documented procedure for shifting the mother to labour room Department has documented procedure for requisition of diagnosis and receiving of the reports Department has documented procedure for preparation of the patient for surgical procedure Department has documented procedure for transfusion of blood in maternity ward Department has documented procedure for pregnant women Department has documented procedure for record Maintenance of rights and dignity of pregnant women Department has documented procedure for record Maintenance including taking consent Department has documented procedure for pregnant women Department has documented procedure for post natal inpatient care of mother Department has documented procedure for post natal inpatient care of mew born Department has documented procedure for post natal inpatient care of mew born	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR ODE/RR OB RR RR RR RR RR RR RR RR	presented & discussed during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism DELETED cedures for all key processes and supp	ort services.
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		Maternity ward has documented procedure for arrangement of intervention for maternity ward	2	RR		
		Maternity ward has documented procedure for sorting, cleaning and distribution of clean linen to patient	2	RR		
		Maternity ward has documented procedure for providing free diet to the patient as per their requirement	2	RR		
		Department has documented procedure for end of life care	2	RR		
ME G4.3	Staff is trained and aware of the	Check staff is a aware of relevant part of	2	SI/RR		
Standard G 5	procedures written in SOPs The facil	SOPs ity maps its key processes and seeks to make			g non value adding activities and wasta	ges
ME G5.1		,,		,	DELETED	5
ME G5.2					DELETED	
ME G5.3 Standard G6		l The facility has defined mission, values, Qualit	y policy & object	tives & prepare	DELETED ed a strategic plan to achieve them	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5 ME G6.7	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	as per individual hospital
Standard G7		The facility seeks continually im	provement by p	racticing Qualit		
ME G7.1					DELETED	
ME G7.2					DELETED	
Standards G9	Faci	lity has established procedures for assessing, r	eporting, evalu	ating and mana	ging risk as per Risk Management Plan	
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	2	SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.	
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	SaQushal assessment toolkit is used for safety audits.	2	SI/RR	Check that the filled checklist and action taken report are available Staff is aware of key gaps & closure status	
ME G9.8	Risks identified are analysed evaluated and rated for severity	Identified risks are analysed for severity	2	SI/RR	Action is taken to mitigate the risks	
Standard G10	т	he facility has established clinical Governance	framework to i	nprove quality	and safety of clinical care processes	
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care	2	SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.	
		Check regular ward rounds are taken to review case progress	2	SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-	
		Check the patient /family participate in the care evaluation	2	SI/RR	Feedback is taken from patient/family on health status of individual under treatment	
		Check the care planning and co- ordination is reviewed	2	SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress	
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical audits	2	SI/RR	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of	
					(d) progress of the fleath status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases	

		There is procedure to conduct prescription audits	2	SI/RR	(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings	
		All non compliance are enumerated recorded for medical audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for prescription audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per death audit record's findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per prescription audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or revalent quality method is used to address critical problems	2	SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per Standard treatment guidelines	2	SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan	
		Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	Check the drugs prescribed are available in EML or part of drug formulary	
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
		Check the mapping of existing clinical practices processess is done	2	SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA	
		Area	of Concern - H	Outcome		
Standard H1	Facility measures productivity	The facility measures Productivity Indicat Bed Occupancy Rate for normal delivery			th State/National benchmarks	
ME H1.1	Indicators on monthly basis	ward Bed Occupancy Rate for C section ward	2	RR		
		Proportion of Severe anaemia cases treated with blood transfusion The proportion of high-risk pregnancies	2	RR RR	GDM, hypothyroidism & syphilis	
		managed				
Standard H2	Facility measures efficiency	The facility measures Efficiency Ind			nte/ivational benchmark	
ME H2.1	Indicators on monthly basis	Referral Rate	2	RR		
		Bed Turnover rate Discharge rate	2	RR RR		
		No. of drugs stock out in the ward	2	RR		
Standard H3		The facility measures Clinical Care & Saf	ety Indicators a	nd tries to reac	h State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of stay for normal delivery	2	RR	(a) C Section Cases	
		Average length of stay for Surgical Cases	2	RR	(b) Hysterectomy Cases	
		Newborns Breastfed within 1 hr of Birth	2	RR		
		Maternal Death per 1000 deliveries No of adverse events per thousand patients	2	RR RR		
		Proportion of mother given postnatal	2	RR		
		counselling Time taken for initial assessment	2	RR		
Standard H4		The facility measures Service Quality Ind			h State/National benchmark	
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate	2	RR		
		Patient Satisfaction Score Proportion of mothers given drop back	2	RR		
		facility	2	RR		

	Nati	ional Quality Assurance Standards for District H	lospitals		Version: DH/NQAS-2020/00
	C	Checklist for Paediatric Outdoor Patient Depart	ment		5
		Assessment Summary			
Name of the	Hospital		Date of Asses	sment	
Names of As		1	Names of Ass	esses	
Type of Asse	essment (Internal/External)	,	Action plan Su	ubmission Date	
		Paediatric OPD Scor	e Card		
		Area of Concern wise Score		Paediatric OI	PD Score
Α	Service Provision	100%		i dediative o	D 50010
В	Patient Rights	100%			
С	Inputs	100%			
D	Support Services	100%		400	0.4
E	Clinical Services	100%		100	%
F	Infection Control	100%			
G	Quality Management	100%	l l		
н	Outcome	100%			
	Major Gaps Observed				
1					
2					
3					
4					
5					
	Strengths / Good Practices				
1					
2					
3 4					
5					
	Recommendations/ Opportunities				
1					
2 3					
4	1				
5	1				
	Signature of Assessors				
	Date				

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
			Area of Concern -	A Service Provisio	en	
Standard A1			Facility Provides	Curative Services		
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic	2	SI/OB	(1) Dedicated Paediatric Clinic for diagnosis and treatment for common childhood ailments (2) Screening for admission (3) Follow up for care & care after discharge	
		Availability of services for early identification and intervention of 4 D's	2	SI/OB	Established linkage with DEIC (inhouse or referral)	
ME A1.5	The facility provides Ophthalmology Services	Availability of functional Ophthalmology Clinic	2	SI/OB	Ophthalmology Clinic providing Paediatrics consultation services (shared with main hospital) Check records for no. of paediatric cases seen in past three months.	Available at respective department
ME A1.6	The facility provides ENT Services	Availability of Functional ENT Clinic	2	SI/OB	ENT clinic providing paediatrics consultation services (shared with main hospital) Check records for no. of paediatric cases seen in past three months	
		Availability of OPD ENT procedures	2	SI/OB	Check records for no. of paediatric cases seen in past three months L. Foreign Body Removal (Ear and Nose). Stitching of CLW's, Dressings, Syringing of Ear, Chemical Cauterization (Nose & Ear), Eustachian Tube Function Test, Vestibular Function Test etc.	
ME A1.7	The facility provides Orthopaedics Services	Availability of Functional Orthopaedic Clinic	2	SI/OB	Orthopaedic Clinic providing Paediatric consultation services (shared with main hospital) Check records no. of paediatric cases seen in past three months	
		Availability of OPD Orthopaedic procedure	2	SI/OB	Check records for no. of paediatric cases seen in past three months Plaster room procedure	
ME A1.8	The facility provides Skin & VD Services	Availability of functional Skin & VD Clinic	2	SI/OB	Skin & VD Clinic providing consultation paediatrics services (shared with main hospital) Check records for no. of paediatric cases seen in past three months.	
ME A1.10	The facility provides Dental Treatment Services	Availability of functional Dental Clinic	2	SI/OB	Dental Clinic providing consultation services (shared with main hospital) Check records no. of paediatric cases seen in past three months.	
		Availability of OPD Dental procedure	2	SI/OB	Check records for no. of paediatric cases seen in past three months Accompanied by dental lab. Extraction, scaling, tooth extraction, denture and Restoration.	
ME A1.11	The facility provides AYUSH Services	Availability of Functional Ayush clinic	2	SI/OB	AYUSH Clinic providing Paediatrics consultation services (shared with main hospital) Check records for no. of paediatric cases seen in past three months	
ME A1.12	The facility provides Physiotherapy Services	Availability of Functional Physiotherapy Unit	2	SI/OB	Physiotherapy Clinic providing Paediatric consultation services (shared with main hospital) Check records for no. of paediatric cases seen in past three months	
ME A1.13	The facility provides services for OPD procedures		2	SI/OB		
ME A1.14	Services are available for the time period as	Availability of Injection room facilities at OPD Check OPD Services are available at least for 6 hours	2	SI/OB SI/RR		
ME A1.14	mandated	Check emergency services are provided to paediatric	2	SI/RR	(1) Functional linkage with SNCU for all newborns (upto 28 days)	
		cases even after OPD hrs	2		(2)Functional linkage with emergency department for paediatric triage - assessment & stabilization	
ME A1.16	The facility provides Accident & Emergency Services	Availability of services for ETAT	2	SI/OB	Linkage with emergency department and inpatient services	
		Availability of services for sexually assaulted child	2	SI/OB	Provide first aid services , medical treatment & inform the police	
Standard A2			Facility provides	RMNCHA Service		
ME A2.3	The facility provides Newborn health Services	Availability of immunization services	2	SI/OB	Availability of Functional immunization clinic	
ME A2.4	The facility provides Child health Services	Availability of Functional IYCF clinic	2	SI/OB	Assessment of physical growth & immunisation status and age- appropriate nutritional counselling services	

		A selection of a second second second second second		SI (OR	Describes of health	1
		Availability of promotion services of overall growth and development of children	2	SI/OB	Provision of health education, health & nutrition counselling	
Standard A3			Facility Provides	diagnostic Service	25	
ME A3.1	The facility provides Radiology Services	Availability of Functional Radiology Services	2	SI/OB	Hassle free diagnostic services are available for paediatric cases	
ME A3.2	The facility Provides Laboratory Services	Availability of functional laboratory services	2	SI/OB	Availability of a dedicated Lab technician for sample collection	
Standard A4		Facility provides sen	_	national Health	of paediatric cases Programs/ state scheme	
ME A4.12	The facility provides services as per Rashtriya Bal	Screening and early detection of 4 Ds	2	SI/RR	DELETED	
	Swasthya Karykram					
Standard A5 ME A5.3	The facility provides security services	Availability of security services	Facility provides	support services SI/OB	Dedicated staff for paediatric OPD	
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services	2	SI/OB	Dedicated staff for paediatric OPD	
ME A5.6	The facility provides pharmacy services	Availability of drug storage and dispensing services	2	SI/OB	Dedicated drug dispensing counter for paediatric OPD	
Standard A6 ME A6.1		Health services pr	ovided at the facility		to community needs.	
WIE AO.1	The facility provides curatives & preventive services for the health problems and diseases,	Special Clinics are available for local prevalent diseases/ endemics	2	SI/OB	Ask for the specific local health problems/ diseases .i.e. arsenic	
	prevalent locally.		_		poisoning, endosulfane, hameophilia, Acute encephalitis Syndrome (AES) in children, followup for Birth defects etc.	
		F-III		- B Patient Right		
Standard B1 ME B1.1	The facility has uniform and user-friendly	Availability of departmental & directional signages	2 2	OB OB	ut the available services and their modalities 1. Numbering, main department and internal sectional signage	
	signage system				are placed. 2. Directional signages are available clearly indicating the paediatric OPD and its ancillary areas vis a vis counselling room, immunization room, breastfeeding corner, lab etc.	
		Display of layout/floor directory	2	OB	The layout should indicate the paediatric services vis a vis examination room, consultation room, immunisation, IYCF counselling, drugs dispensing, lab, imaging, emergency, SNCU, paediatric wards etc very clearly	
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed	2	OB	List of available Paediatric OPD Clinic/s Timing for OPD (opening and closing) Important numbers like ambulance, blood bank etc A. Turn around time for investigation, S, grievance re addressal are displayed.	
		Names of doctor on duty is displayed and updated	2	ОВ	Name of doctor, Nurse and Counsellor on duty are displayed and updated.	
		Entitlement under JSSK , RBSK, PMJAY and other schemes are displayed	2	ОВ	Relevant national or state guidelines are followed for provision of diagnostics, drugs, treatment of children.	
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter in OPD complex	2	OB	Consequence of the Consequence of Co	
ME B1.5				ОВ	Breastfeeding, Immunization schedule, Management of	
	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed	2	ОВ	diarrhoea using Zn & ORS, nutrition requirement of children, KMC and hand washing etc	
		Education material for counselling are available in Counselling room	2		Education material, job aids, dolls, mama's breasts model etc are available for lactation and nutrition Counselling	
		No display of poster/ placards/ pamphlets/videos in any part of the Health facility for the promotion of breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act	2	ОВ	Check in Immunization, paediatric OPDs , waiting areas etc.	
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act	2	OB	Check in Immunization, paediatric OPDs , waiting areas etc. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.	
		No information, counselling and educational material is provided to mothers and families on Formula Feed	2	OB	During counselling Mothers and families has been specially educated about III effects of breast milk substitutes.	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language	2	ОВ	Check all information are available in local language	
ME B1.7 ME B1.8	The facility ensures access to clinical records of			RR/OB	DELETED	Commom help desk centre availble
	patients to entitled personnel	OPD slip with UID is given to the patient	2			
Standard B2 ME B2.1	Services are delivered	in a manner that is sensitive to gender, religi	ous and cultural nee	ds, and there are	no barrier on account of physical economic, cultura 1. Due care is taken in examining older female child (she should	or social reasons.
	Services are provided in manner that are sensitive to gender	Availability of female staff if a male doctor examines a female patient	2	ОВ	be examined in the presence of a parent/ relative or a female staff. 2. Examination of mother for lactation support is also provided ensuring complete privacy and dignity	
		Separate toilets for male and female	2	ОВ	Separate toilets for parent accompanying the children/attendant	
ME B2.3	Access to facility is provided without any physical barrier and friendly to people with		2	OB	Facility takes effort to ensure hassle free registration. Have dedicated counter/ separate counter in centralized OPD registration (provision of dedicated one for school going	
	physical barrier and friendly to people with disabilities	Dedicated registration counter for paediatric cases	2	ОВ	registration (provision of dedicated que for school going children) Check computerised registration, token system for queuing and patient calling	
		Registration to drug processes are hassle free. Availability of Wheel chair or stretcher for easy Access to the OPD	2	ОВ	system with electronic display are available to systematise outpatient consultation. Dedicated wheelchair /stretchers are available for paediatric	
		the OPD Availability of ramps with railing	2	OB	patients. At least 120 cm width, gradient not steeper than 1:12	
				OB	Wide , placed at lower level, supported with bars & door of	
		Availability of differently abled toilet	2	35	toilet is opening outside	
Standard B3		Facility maintains the privacy, confidential	ity & Dignity of pati		stem for guarding patients related information	
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/curtain at Examination Area	2	ОВ	Curtain/screen are available in examination area	
	point of care	Availability of screen/curtain at breastfeeding corner	2	OB	(1) Secondary curtain/ screen is used to create a visual barrier in breastfeeding area (2) Curtains/frosted glasses at windows for maintaining privacy	
		One Patient is seen at a time in clinics	2	OB OB	Only patient and the parent- attendant are permitted inside the clinic Privacy (verbal and visual) of mother/parent is ensured while	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Privacy at the counselling room is maintained Records are placed at secure place beyond access to general staff and visitor	2	SI/OB	providing counselling services 1. No information regarding patient / parent identity is displayed 2. Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the	Behaviour of staff is empathetic and courteous	2	PI/OB	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language for	
ME B3.4	services The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards	Privacy and confidentiality of health conditions having social stigma are maintained	2	PI/OB	patient or parent-attendant Check if HIV/leprosy/abuse case etc is not explicitly written on case sheets/s/lips and avoiding any means by which they can be identified in public	
Standard B4	vulnerable groups Facility has defined and estal	plished procedures for informing patients abou	t the medical condi		 g them in treatment planning, and facilitate informe	ed decision making patient.
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent is taken from parent/guardian before any investigation	2	RR /PI	Explained about the whole process	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.	2	ОВ	Patient 's rights & responsibilities are displayed (may be shared with main hospital)	
ME B4.4	Information about the treatment is shared with	Parent- attendant is informed about the clinical	2	PI	Ask parent attendants/guardians about what they have been	
	Information about the treatment is shared with patients or attendants, regularly	condition and treatment been provided	2		communicated about the clinical condition and treatment plan .	

		Pre and Post procedure counselling is given	2	PI/RR	Parent attendant/guardians are counselled before conducting a test, imaging, immunisation or any procedure. Ask parents if	
ME B4.5			_	OB	they have been counselled about the process and requirement. check the completeness of the Grievance redressal mechanism,	
	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	2		from complaint registration till its resolution ial protection given from cost of hospital services.	
Standard B5 ME B5.1		Facility ensures that there are no financial bar	rier to access and th	at there is financ	DELETED	
ME B5.2 ME B5.3					DELETED DELETED	
ME B5.4 ME B5.5					DELETED DELETED	
Standard B6			ement including dile		d during delivery of services at public health facilities	S
ME B6.9	There is an established procedure to issue of medical certificates and other certificates	Check hospital has documented policy for issuing medical certificates	2	RR/PI	1. Check for policy 2. Who can issue certificates 3. Formats which shall used 4. Record keeping of issued certificate procedures for issuing duplicate certificates 5. Check turn around time to issue certificate	
		Check hospital has documented policy for issuing disability certificates under RBSK	2	RR/PI	Check for policy Chock can issue certificates Formats which shall used Record keeping of issued certificate procedures for issuing duplicate certificates Check turn around time to issue certificate	
			Area of Cond	cern - C Inputs		
Standard C1 ME C1.1	Departments have adequate space as per patient	Clinic has adequate space for consultation and		OB	a. Adequate Space in Clinic, ample space to seat 4-5 people	
	or work load	examination	2		b. The room has handwashing facility .	
		Availability of adequate waiting area	2	ОВ	a. Waiting area has adequate space and is adjacent or close to the paediatric clinic b. check ambience of the waiting area is child friendly vis a vis cartoon/animals/flowers painting on the wall, child play zone with safe toys, puzzles, blocks, stacking bottle tops and swings.	
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement in waiting area	2	ОВ	a. As per average OPD at peak time b. separate , movable, safe and comfortable chairs for children are available	
		Availability of sub waiting for separate clinics	2	ОВ	Separate seating arrangement for immunisation , IYCF Counselling centre, etc.	
		Availability of Drinking water Functional toilets with running water and flush are	2	OB OB	See if water cooler is easily accessible to the visitors Two WC and a washbasin should be reserved for children	
		available	2		visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated examination area is provided with each clinics	2	ОВ	Examination table along with foot steps	
		Demarcated area for the assessment and examination of medico-legal cases	2	ОВ	Such as rape/sexual assault survivors in OPD / Linkage with emergency	
		Demarcated dressing area /room & injection room	2	ОВ	Can be shared with main OPD	
		Dedicated IYCF Counselling Centre	2	ОВ	Check availability of IYCF room	
		Dedicated immunization room for children OPD has separate entry and exit from IPD and	2	OB OB		
		Emergency Availability of clean and dirty utility room	2	ОВ		
		Demarcated Drug dispensing counter for paediatric patients	2	OB OB	Separate pharmacy/ Separate dispensing counter at OPD pharmacy TB clinic, isolation room, radiology etc.	
		Check paediatric complex/services are away from isolation and restricted areas	2	OB	Available separately for children	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Demarcated trolley/wheelchair bay Corridors at OPD are broad enough to manage stretcher and trolleys	2	OB	Corridor should be wide enough so that 2 stretchers can pass simultaneously	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services in clinics	2	ОВ	Check availability of functional telephone and intercom connections	
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services	2	OB	Layout of OPD shall follow functional flow of the patients, e.g.: Enquiry->Registration→Waiting→>Sub-waiting→>Clinic→Dressing room/Injection Room/immunisation→Dlagnostics (lab/X-ray)→Pharmacy→Exit	
		All clinics and related auxiliary services are co located in one functional area	2	OB	Paediatric OPD clinic, emergency, immunisation room, IYCF counselling centre, Pharmacy/drug dispensing counter and any other	
Standard C2			ty ensures the physic			
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and	
ME C2.3	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires	2	OB	secured a. Switch Boards other electrical installations are intact. B. Check adequate power outlets have been provided as per requirement of electric appliances and	
ME C2.4	Physical condition of buildings are safe for	Floors of the department is non slippery and even	2	ОВ	c. Electrical points are out of reach of children / covered	
	providing patient care	Paediatric OPD is safe and secure	2	ОВ	Open spaces are properly secured to prevent fall and injury	
		Windows have grills and wire meshwork	2 established Program	OB	and other disaster	
Standard C3 ME C3.1	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire	2	OB	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points.	
ME C3.2	The facility has adequate fire fighting Equipment	OPD has installed fire Extinguisher that is Class A , Class B, C type or ABC type	2	OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned.	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)	
Standard C4	and other disaster situation	The facility has adequate qualified and t	trained staff, require		he assured services to the current case load	
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of paediatric specialist at OPD time	2	OB/RR	a. As per patient load b. 1 for every 50-60 cases;	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor	2	OB/RR	c. Check for specialist are available at scheduled time a. As per patient load b. Trained in paediatric	
		Availability of Dentist	2	OB/RR	As per patient load	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff	2	OB/RR/SI	As per patient load At Injection room, OPD Clinics, immunisation room, IYCF	
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of paramedical staff		OB/SI	Counselling room DEIC as Per Requirement 1 with each doctor where children are weighed & weight is correctly recorded, immunisation status is checked, children	
			2		c five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged. Check dedicated staff is also available with IYCF counselling centre	
		Availability of staff for lab	2	SI/RR	A dedicated Lab technician for sample collection of paediatric cases	
		Availability of Nutrition Counsellor	2	SI/RR	A Nutrition Counsellor/IYCF counsellor is appointed to manage this centre and is available for fixed	
		Availability of technician/ Assistant	-	SI/RR	hours (coinciding with timing of outpatient services) to counsel and address referral cases. Audiometrician, Ophthalmic assistant, Dental technician (As per	
			2		patient load & Shared with main hospital) a. Check services are available for paediatric cases, b. Check record how many paediatric cases have availed services in last three months	

		Availability of Physiotherapist & rehabilitation therapist		SI/RR	A. Check services are available for paediatric cases, b. Check record how many paediatric cases have availed services	
			2		in last three months	
		Availability of dedicated staff for DEIC as per RBSK		SI/RR	(As per patient load & Shared with main hospital) Availability of dedicated staff under RBSK:	
		guideline		SI/RR	Paediatrician	
					2. Medical Officer	
					Dentist Physiotherapist / Occupational therapist / Early	
					Interventionist	
					with Physiotherapy/ Occupational therapy background	
			_		Clinical Psychologist/ Rehabilitation Psychologist Paediatric Optometrist	
			2		7. Paediatric Audiologist & Speech pathologist / Early	
					Interventionist with Paediatric Audiology & Speech pathology background	
					8.Special Educator	
					9. Lab Technician	
					10. Dental Technician 11. Manager	
					12. DEO	
ME C4.5	T. (A settle billion of house boards a shelf ()		SI/RR	13. Counsellor	
ME C4.5	The facility has adequate support / general staff	Availability of house keeping staff & security guards	2	SI/RK	Dedicated for paediatric opd	
		Availability of registration clerks as per load	2	SI/RR	Dedicated for paediatric opd	
Standard C5		Facility provides of	Irugs and consumab		ssured list of services.	
ME C5.1	The departments have availability of adequate medicine at point of use	Availability of injectables at injection room	2	OB/RR	ARV & TT	
	medicine at point of asc	Analgesics/ Antipyretics/Anti inflammatory	2	OB/RR	As per DG-ESIC list	
		Antibiotics	2	OB/RR	As per DG-ESIC list	
		Anti Diarrhoeal Antiseptic lotion	2	OB/RR OB/RR	As per DG-ESIC list As per DG-ESIC list	
		Dressing material	2	OB/RR	As per DG-ESIC list	
		IV fluids	2	OB/RR	As per DG-ESIC list	
		Eye and ENT drops Anti allergic	2	OB/RR OB/RR	As per DG-ESIC list As per DG-ESIC list	
		medicine acting on Digestive system	2	OB/RR	As per DG-ESIC list As per DG-ESIC list	
		medicine acting on cardio vascular system	2	OB/RR	As per DG-ESIC list	
		medicine acting on control/Borinhord Warner	2	OB/RR	As per DG-ESIC list	
		medicine acting on central/Peripheral Nervous system medicine acting on respiratory system	2	OB/RR	As per DG-ESIC list	
		Other medicine and materials	2	OB/RR	As per DG-ESIC list	
		Availability of vaccine as per National Immunization Program	2	OB/RR	As per Immunization schedule	
ME C5.2	The departments have adequate consumables at		2	OB/RR	As per Immunization schedule Examination gloves, Syringes, Dressing material , suturing	
	point of use	clinics	2		material etc.	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained at immunization room		OB/RR	AEFI Kit - 1 mL ampoule of adrenaline (1:1000) – 3 nos., 1 mL tuberculin syringes / 40 unit insulin syringes without fixed	
	point of care, where ever it may be needed				neEMLes, 24/25 G neEMLes of 1 inch length, Swabs.	
	l		2		New-born resuscitation kit - Suction catheter (5F, 6F, 8F, 10F) ,	
	l				bag and mask, laryngoscope, endotracheal tubes (2.5, 3, 3.5, 4 and stylets, umbilical catheters , three way stop check	
					and any stop clieck	
		Emorgonous Doug Tray is maintained and a second		OB/SI	Normal Saline (NS) Glueros 250/ Pieros 1	
		Emergency Drug Tray is maintained at injection cum treatment room in OPD		OR/21	Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose 5%,Potassium Chloride,Calcium Gluconate,Sodium	
		dediction in or b			Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/	
					Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj	
			2		Phenytoin,Inj Diazepam,Inj Midazolam,Salbutamol Respiratory,Ipratropium Respirator solution for use in	
					nebulizer,Inj Dopamine,I.V Infusion set,I.V Cannula	
					(20G/22G/24G/26G) & Nasal Cannula(Infant, Child, Adult) &	
					oxygen	
Standard C6 ME C6.1	A - 10-1-100 - 27 - 1		uipment & instrume	nts required for a	assured list of services.	
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring	2	OB/RR	Non-invasive blood pressure monitoring (Paediatric and adult cuffs) -1 each, thermometer, Weighing scales (digital) for infants	
			2		and children (1 each), stethoscope (paediatric), Stadiometer,	
ME C6.2	Availability of equipment & instruments for	Availability of functional equipment &Instruments for		OB/RR	Infant meter , Measuring tape Spatula (disposable) -multiple	
WIE CO.2	treatment procedures, being undertaken in the	paediatric clinic		OBJAN	torch	
	facility				Stethoscope (paediatric)	
	,				Otoscope Resuscitation kit	
	,				Resuscitation kit Direct Ophthalmoscope	
	,		2		Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope	
			2		Resuscitation kit Direct Ophthalmoscope Pædiatric Auroscope Ear speculum	
			2		Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope	
			2		Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass	
			2		Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass	
		Availability of functional equipment & Instruments for	2	OB/RR	Resuscitation kt Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer,	
		Availability of functional equipment &instruments for IYCF nutrition counselling		OB/RR	Resuscitation kt Direct Ophthalmoscope Paediaric Auroscope Ear speculum Magnifying glass Kinee hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts)	
			2	OB/RR	Resuscitation kt Direct Ophthalmoscope Paedlaric Auroscope Ear speculum Magnifying glass Kine hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC tapes, Mother Child Protection Card, Dolls and breast models (buch as for demonstrating expression of breastmills).	
				OB/RR	Resuscitation kt Direct Ophthalmoscope Paedlatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC Tapes, Morte Child Protection Card, Jolis and breast	
		IYCF nutrition counselling		OB/RR	Resuscitation kt Direct Ophthalmoscope Paedlaric Auroscope Ear speculum Magnifying glass Kine hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC tapes, Mother Child Protection Card, Dolls and breast models (buch as for demonstrating expression of breastmills).	
					Resuctation kt Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Kine hammer Ogital weighing scales for infants & children, Studiumeter, Mattantometer V WTO growth standards (Charts) MUAC Tapes, Mother Child Portection Card, Dolls and breast models (Such as for demonstrating expression of breastmilk), Steel bowl, spoon Self-inflating bags & mask with oxygen reservoir newborn (250 ml), infant (500) & paediatric (750 ml,).	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for			Resuscitation kit Direct Ophthalmoscope Paddiatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC Tapes, Mohre Child Protection Cart, Jolis and breast models (such as for demonstrating expression of breastmilk). Seel-Inflating bags & mask with oxygen reservoir newborn (250 ml.) Infant (500) & paediatric (750 ml.). Newborn, Infant, Idin masks (000,121, Oxygen concentrator (if	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for			Resuscitation kit Direct Ophthalmoscope Paedlatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC Lapes, Monter Child Protection Card, polis and breast models (such as for demonstrating expression of breastmilk). Seel bowl, spoon Self-inflating bags & mask with owygen reservoir newborn (250 ml), infant (500) & paedlatric (750 ml), Newborn, Infant, Infind msisk (00,01.12). Oxygen concentrator (if assured power supply) or oxygen cylinder (as backup) with regulator, pressure	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for			Resuctation kit Direct Ophthalmiscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MACE Lapes, Mother Child Protection Card, Dolls and breast models (such as for demonstrating expression of breastmilk). Self-onlighting bags & mask with oxygen reservoir newborn (250 ml), infant (500 & paediatric (750 mt), Newborn, Infant, child masks (00,0.1.2). Oxygen concentrator (if assured power supply) or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for	2		Resuscitation kit Direct Ophthalmoscope Paedlatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadlometer, Infantometer WHO growth standards (Charts) MUAC Lapes, Monter Child Protection Card, polis and breast models (such as for demonstrating expression of breastmilk). Steel bowl, spoon Self-inflating bags & mask with owygen reservoir newborn (250 ml), infant (500) & paedlatric (750 ml), Newborn, Infant, Infla masks (00,01.2), Oxygen concentral (or assurphy) or oxygen cylinder (as backup) with regulator, pressure gauge and flow meter, Suction pumps (electric & foot operated), Nebulson, furidion pump, Larygocope handle and	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for	2		Resuscitation kit Direct Ophthalmoscope Paedlatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadlometer, Infantometer WHO growth standards (Charts) MUAC tapes, Monter Child Protection Card, polis and breast models (such as for demonstrating expression of breastmilk). Steel bowl, spoap. Self-inflating bags & mask with owygen reservoir newborn (250 ml), infant (500) & paedlatric (750 ml), Newborn, Infant, Infid masks (00,01,21). Oxygen concentrator (if assured power supply) or owgen cylinder (as backup) with regulator, pressure gauge and flow meter, Suction pumps (electric & foot operated), Nebulson, furtion pump, Laryngoscope handle and blades: curved 2,3; straight 1,2; handle 0 size, Pulse oximeter	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for	2		Resuctation kit Direct Ophthalmoscope Paedlatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, Infanciometer WHO growth standards (Charts) MMC Eapes, Morter Child Protection Card, polis and breast models (such as for demonstrating expression of breastmilk). Seef-Inflating bags & mask with ovygen reservoir. newborn (220 ml), Infant (500) & paedlatric (750 ml.). Newborn, Infant, old masks (000,121), Oxygen concentrator (if sourced power sugges and flow mere, Suction pumps, Laryngoscope handle and blades: curved 231 szieght 12; handle o size Pulse oxineter (adult / paedlatric probes), Noninvasive blood pressure monitoring.	
		MVCF nutrition counselling Availability of functional Equipment/Instruments for emergency Procedures	2		Resuscitation kit Direct Ophthalmoscope Paedlatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadlometer, Infantometer WHO growth standards (Charts) MUAC tapes, Monter Child Protection Card, polis and breast models (such as for demonstrating expression of breastmilk). Steel bowl, spoap. Self-inflating bags & mask with owygen reservoir newborn (250 ml), infant (500) & paedlatric (750 ml), Newborn, Infant, Infid masks (00,01,21). Oxygen concentrator (if assured power supply) or owgen cylinder (as backup) with regulator, pressure gauge and flow meter, Suction pumps (electric & foot operated), Nebulson, furtion pump, Laryngoscope handle and blades: curved 2,3; straight 1,2; handle 0 size, Pulse oximeter	
		NYCF nutrition counselling Availability of functional Equipment/Instruments for	2	OB/RR	Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Kone hammer Digital weighing scales for infants & children, Stadiometer, infantameter WriO growth standards (Charts) MUAC Lapes, Mother Child Protection Card, Dolls and breast models (cuth as for demonstrating expression of breastmilk, Steel book, 1900) Self-Inflating bags & mask with oxygen reservoir: newborn (230 ml), Infant (1500) & paediatric (750 ml.), Newborn, Infant, child masks (00.0.1.2), Oxygen concentratory (1500) oxygen (children's to backly) with regulator, pressure supply) or oxygen (refined refor backly) with regulator, pressure supply) or oxygen (refined refor backly) with regulator, pressure supply) or oxygen (refined refor backly) with regulator, pressure supply) or oxygen (refined refor backly) with regulator, pressure supply) or oxygen (reform common pressure for pressure monitoring (infant, child cutfs)	
		Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for Orthopaedic Procedures	2 2	OB/RR	Resuctation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, infantometer WHO growth standards (Charts) MUCC tapes, Morter Child Protection Criz, Jolis and breast models (such as for demonstrating expression of breastmilk). Steel bowl, spool Set dowlingsom (250 ml), infant (500 l), paediatric (750 ml.), Newborn, Infant, Child masks (00,0,1-2), Oxygen concentrator (if assured power supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply or oxygen cylinder (as backup) with regulator, pressure supply and flow meets, suction pumps (electric & floot operated), Nebulser, Infusion pump, Laryngoscope handle and diades: curved 23. straight 1.2; handle osize, Pulse oxinderer (adult / paediatric probes), Nonlinvasive blood pressure monitoring (infant, child cuffs)	
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		Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for Orthopaedic Procedures Availability of functional Instruments / Equipment for Ophthalim Procedures Availability of instruments / Equipment Procedures	2 2 2 2	OB/RR OB OB OB	Resuctation kit Direct Ophthalmiscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, infantometer WHO growth standards (Charts) MUCC tapes, Morter Child Protection Crid, Dolls and breast models (such as for demonstrating expression of breastmile). Setel bowl, spool Set don's growth of the child protection (Crid, Dolls and breast models (such as for demonstrating expression of breastmile). Setel bowl, spool Set don's growth of the child protection (Crid, Dolls and breast models (such as for demonstrating expression of breastmile). Set dowls, spool Set standard, Sought (Sought Set) Set standard, Sought (S	
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		Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for Orthopaedic Procedures Availability of functional Instruments / Equipment for Ophthalmic Procedures Availability of functional Instruments / Equipment for EMT procedures Availability of functional Instruments / Equipment for EMT procedures Availability of functional Instruments / Equipment for Dental Procedures	2 2 2 2	OB/RR OB OB OB OB OB	Resuctation kit Direct Ophthalmiscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer Digital weighing scales for infants & children, Stadiometer, infantometer Writi growth standards (Charts) MULC Lapse, Mother Child Protection Crid, Dolis and breast models (such as for demonstrating expression of breastmile). Steel bowl, spool Seed bowl, spool	
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Me co.s	Availability of Equipment for Storage	Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for Orthopaedic Procedures Availability of functional Instruments / Equipment for Opthalmic Procedures Availability of functional Instruments / Equipment for Opthalmic Procedures Availability of functional Instruments / Equipment for Dental Procedures Availability of functional Equipment/Instruments for Physiotherapy Procedures Availability of functional Equipment/Instruments for Physiotherapy Procedures Availability of equipment for storage for drugs	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/RR OB OB OB OB OB OB OB OB	Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Kinee hammer Gest a general special speci	
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ME CG.5	Availability of Equipment for Storage	Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for Orthopaedic Procedures Availability of functional Instruments / Equipment for Ophthalmic Procedures Availability of functional Instruments / Equipment for Ophthalmic Procedures Availability of functional Instruments / Equipment for EMT procedures Availability of functional Instruments / Equipment for Dental Procedures Availability of functional Equipment for Ophthalmic Availability of functional Equipment for Ophthalmic Availability of equipment for storage for drugs Availability of equipment for storage for drugs Availability of equipment for maintenance of cold chain Availability of equipment for maintenance of cold chain Availability of equipment for cleaning & disinfection	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/RR OB OB OB OB OB OB OB OB OB	Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Kine hammer Agnifying glass Kine hammer Ogital weighing scales for infants & children, Studiumeter, Infants of the Comment	
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ME C6.6	Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures	Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Instruments / Equipment for Orthopaedic Procedures Availability of functional Instruments / Equipment for Ophthalmic Procedures Availability of functional Instruments / Equipment for ENT procedures Availability of functional Instruments / Equipment for Physiotherapy Procedures Availability of equipment for storage for drugs	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/RR OB OB OB OB OB OB OB OB OB	Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Kone hammer Oliptal weighing scales for lefants & children, Stadiometer, tetratometer WHO growth standards (Charts) MUAC tapes, Mother Child Protection Card, Dolis and breast models (such as for demonstrating expression of breastmilk). Steel book, 1900n Self-Inflating bags & mask with oxygen reservoir: newborn (250 ml.), Infant (150) & paediatric (750 ml.), Newborn, Infant, child masks (00.0.1.2), Oxygen concentrator (if assured power reservoir in ewborn (250 ml.)), Infant (150) & paediatric (750 ml.), Newborn, Infant, child masks (00.0.1.2), Oxygen concentrator (if assured power greater) with the past of the particular or processing the past of th	
ME C6.6	Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures	Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Instruments / Equipment for Orthopaedic Procedures Availability of functional Instruments / Equipment for Ophthalmic Procedures Availability of functional Instruments / Equipment for ENT procedures Availability of functional Instruments / Equipment for Physiotherapy Procedures Availability of equipment for storage for drugs	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/RR OB OB OB OB OB OB OB OB OB	Resuscitation kit Direct Ophthalmiscope Paediatric Auroscope Ear speculum Magnifying glass Kinee hammer Oglal weighing scales for infants & children, Stadiometer, Inglal weighing scales for infants & children Children Children Inglal weighing scales for infants of the Protection City College Inglal weight infants on Stadiometer (Paedia Stadiometer) Self-infants bags & mask with oxygen reservoir newbor (250 ml), infant (500) & paediatric (750 ml), Newborn, Infant, child masks (000.12,). Oxygen concentrator (if assured power supply) or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure supply or oxygen (yilinder (as backup) with regulator, pressure su	
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ME C6.6 ME C6.7 Standard C7 ME C7.1 ME C7.2	Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per load and service provision Facility Conteria for Competence assessment are defined for clinical and Para clinical stuff Competence assessment of Clinical and Para clinical stuff is done on predefined criteria at least once in a year	Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Equipment/Instruments for emergency Procedures Availability of functional Instruments / Equipment for Orthopaedic Procedures Availability of functional Instruments / Equipment for Opthalmine Procedures Availability of functional Instruments / Equipment Availability of functional Instruments / Equipment Availability of functional Instruments for Physiotherapy Procedures Availability of equipment for storage for drugs Availability of equipment for storage for drugs Availability of equipment for raintenance of cold chain Availability of equipment for deaning & disinfection Availability of functional Instruments	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/RR OB SVB	Resuscitation kit Direct Ophthalmoscope Paddiatric Auroscope Ear speculum Magnifying glass Kane hammer Ogital weighing scales for infants & children, Stadiometer, streammer Infant of the stade of t	aff

		Training on IYCF	2	SI/RR	Especially for lactation failure or breast problems like	
					engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight	
					babies, sick new-born, undernourished	
					children, adopted baby, twins and babies born to HIV positive	
					mothers. At least two service providers trained in advanced lactation	
					management and IYCF counselling skills should be available to	
					deal with difficult and referred cases.	
		Training for RBSK	2	SI/RR	screening, diagnosis , management and referral	
		Training on F-IMNCI (Faility based Integrated Management of Newborn and Child Illnesses)	2	SI/RR	Emergency triage, Resuscitation, monitoring & stabilization	
		Training on Quality Management	2	SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of	
			2		checklist for quality improvement	
ME C7.10	There is established procedure for utilization of skills	Check facility has system of on job monitoring and training		SI/RR		
	gained thought trainings by on -job supportive supervision	training	2		Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted.	
	Jupe Vision				Also staff is provided on job training wherever there is still gaps	
			Area of Concern -	D Support Servic	es	
Standard D1		The facility has established Progra	mme for inspection,	testing and main	tenance and calibration of Equipment.	
ME D1.1	The facility has established system for	All equipment are covered under AMC including preventive maintenance		SI/RR	Check with AMC records/ Warranty documents	
	maintenance of critical Equipment	preventive maintenance	2		Staff is aware of the list of equipment covered under AMC.	
					* * *	
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check for breakdown & Maintenance record in the log book Staff is aware of contact details of the agency/person in case	
		maintenance of the equipment	2		of breakdown.	
ME D1.2	The facility has established procedure for	All the measuring equipment/ instrument are calibrated		OB/ RR	1.BP apparatus, thermometers, weighing	
	internal and external calibration of measuring		2		scale etc. are calibrated. 2.Check for calibration records and next due date	
	Equipment					
Standard D2	Ti	ne facility has defined procedures for storage,	inventory managem	ent and dispensi	ng of Medicines in pharmacy and patient care areas	
ME D2.1	There is established procedure for forecasting	There is process for indenting consumables and drugs in		SI/RR	Requisition are timely placed (check with registers)	
	and indenting drugs and consumables	injection/ dressing and immunisation room			Monthly vaccine utilization including wastage report is updated	
			2		Stock level are daily updated	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Check drugs are available in paediatric doses/formulation	2	OB/RR		
				RR/SI		
		Forecasting of drugs and consumables is done	2		Staff is trained to forecast the requirement using scientific	
ME D3 3	The facility and the second	scientifically based on consumption and disease load		00	system 1. Check drugs and consumables are kept at allocated chase in	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in emergency tray and drugs dispensing counter and are labelled		OB	Check drugs and consumables are kept at allocated space in emergency tray and drugs dispensing counter	
	consumations		2		2. Drug shelves are labelled.	
					3. Look alike and sound alike drugs are kept separately	
		Varring are kent at recommended to a second		OB	4. EARLY EXPIRY FIRST OUT (EEFO) is practised	
		Vaccine are kept at recommended temperature at immunization room	2	OR	Daily cleanliness of cold chain equipment; Twice daily temperature recording	
ME D2.4	The facility ensures management of expiry and	Expiry dates for injectables are maintained at injection	2	OB/RR	Records for expiry and near expiry drugs are maintained for	
	near expiry drugs	and immunization room	2		stored drugs	
		Expiry dates' are maintained at	_	OB/RR	Expiry dates against drugs are mentioned at emergency drug	
		emergency drug tray and drug dispensing counter	2		tray and drug dispensing counter	
		No expired drug found	2	OB/RR	At drug dispensing counter and emergency tray	
ME D2.5	The facility has established procedure for	There is practice of calculating and maintaining buffer	2	SI/RR	Minimum reorder level is defined and buffer stock is kept	
	inventory management techniques	stock				
		Department maintains stock and expenditure register of drugs and consumables	2	SI/RR	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the	There is no stock out of vital and essential drugs		SI/RR	There is procedure for replenishing drugs in emergency tray and	
	drugs in patient care areas		2		drug dispensing counter	
ME D2.7	There is process for storage of vaccines and	Temperature of refrigerators are kept as per storage		OB/RR	Check for temperature charts are maintained and updated	
	other drugs, requiring controlled temperature	requirement and records are maintained	2		periodically 2. Refrigerators meant for storing drugs should not be used for	
					storing other items such as eatables	
		Cold chain is maintained at immunization room		OB/RR	Check for four conditioned Ice packs are placed in Carrier Box,	
			2		DPT, DT, TT and Hep B Vaccines are not kept in direct contact of	
					Frozen Ice line	
Standard D3		The facility provides safe,	secure and comforta	ble environment	to staff, patients and visitors.	
	The facility provides adequate illumination level			OB	Examination table, Dressing room, injection room, circulation	
ME D3.1						
ME DS.1	at patient care areas		2		area, counselling room, immunization room, drugs dispensing	
	at patient care areas			OB/SI	area, counselling room, immunization room, drugs dispensing counter and waiting area	
ME D3.1	at patient care areas The facility has provision of restriction of visitors		2		area, counselling room, immunization room, drugs dispensing	
	at patient care areas	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with	2		area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient	
ME D3.2	at patient care areas The facility has provision of restriction of visitors in patient areas	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient		OB/SI OB/SI	area, counselling room, immunization room, drugs dispensing counter and waiting area	
	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting	2	OB/SI	area, counselling room, immunitation room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/heating/Exhaust/Ventilators as per	
ME D3.2	at patient care areas The facility has provision of restriction of visitors in patient areas	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient	2	OB/SI OB/SI	area, counselling room, immunization room, drugs dispensing counter and waiting area	
ME D3.2	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting	2 2 2	OB/SI OB/SI	area, conselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security guards.	
ME D3.2 ME D3.3	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas	2	OB/SI OB/SI PI/OB	area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/heating/Exhaust/Nentilators as per environment condition and requirement 1. Dedicated security guards.	
ME D3.2 ME D3.3 ME D3.4	at patient care areas The facility has provision of restriction of visitors in patient areas. The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hospital has sound security system to manage overcrowding in OPD	2 2 2	OB/SI OB/SI PI/OB OB/SI	area, conselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security guards.	
ME D3.2 ME D3.3	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas The facility has security system or safety and	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hospital has sound security system to manage	2 2 2	OB/SI OB/SI PI/OB	area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/heating/Exhaust/Nentilators as per environment condition and requirement 1. Dedicated security guards.	
ME D3.2 ME D3.3 ME D3.4 ME D3.5 Standard D4	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas The facility has established measure for safety and security of female staff	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hoopital has sound security system to manage overcrowding in OPD Ask female staff whether they feel secure at work place The facility has estal	2 2 2 2 2	OB/SI OB/SI PI/OB OB/SI SI	area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/Heating/Exhaust/Nentillators as per environment condition and requirement 1. Dedicated security guards. 2. Fructional CCTV at all entrance, all exit and circulation areas imay be shared with main hospital) In the condition of the condition areas imay be shared with main hospital)	
ME D3.2 ME D3.3 ME D3.4 ME D3.5	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas The facility has established measure for safety and security of female staff Exterior & Interior of the facility building is	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hospital has sound security system to manage overcrowding in OPD Ask female staff whether they feel secure at work place The facility has estal Interior & exterior of patient care areas are plastered,	2 2 2 2 2 sished Programme f	OB/SI OB/SI PI/OB OB/SI SI	area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Aix conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security guards. 2. Functional CCTV at all entrance, all exit and circulation areas (may be shared with main hospital) and upkeep of the facility 1. Building its painted/whitewashed in uniform colour	
ME D3.2 ME D3.3 ME D3.4 ME D3.5 Standard D4	at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas The facility has established measure for safety and security of female staff	Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hoopital has sound security system to manage overcrowding in OPD Ask female staff whether they feel secure at work place The facility has estal	2 2 2 2 2	OB/SI OB/SI PI/OB OB/SI SI	area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fans/ Air conditioning/Heating/Exhaust/Nentillators as per environment condition and requirement 1. Dedicated security guards. 2. Fructional CCTV at all entrance, all exit and circulation areas imay be shared with main hospital) In the condition of the condition areas imay be shared with main hospital)	
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ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster	2	RR/SI	Check for system of recording time of reporting and relieving (Attendance register/ Biometrics etc)	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	There is designated in charge for department Doctor, nursing staff and support staff adhere to their respective dress code	2	SI OB	As per hospital administration or state policy	
Standard D12 ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis	2	SI/RR	vices and adheres to contractual obligations Verification of outsourced services (cleaning/Laundry/Security/Maintenance) provided are done by designated in-house staff	
Standard E1		The facility has defined p	 Area of Concern - ocedures for registr 	E Clinical Service ation, consultati	s on and admission of patients.	
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of registration & admission	2	RR	Check for patient demographics like baby Name, father's/mother's name , age, Sex, Chief complaint, etc. are clearly recorded	
		Patients are directed to relevant clinic by registration clerk Registration clerk is aware of categories of the patient exempted from user charges	2	PI/SI SI/RR	Registration clerk are well versed with hospital processes and lay out JSSK, RBSK, ABPMJAY, BPL or any other state specific schemes	
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one	2	OB	Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. However, in case of emergency out of turn consultation is provided.	
		Patient History is taken and recorded Physical Examination is done and recorded wherever required	2	RR OB/RR	Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket	
		Check OPD records for the treatment plan	2	OB/RR	Check treatment plan and confirmed diagnosis is recorded	
		No Patient is Consulted in Standing Position	2	ОВ	Proper seating arrangement for the patient and parent- attendant is there. Care is provided in a dignified way.	
		Clinical staff is not engaged in administrative work	2	OB/SI	During OPD hours clinical staff is not engaged in other administrative tasks	
ME E1.3	There is established procedure for admission of patients	There is establish procedure for admission through OPD There is establish procedure for day care admission	2	SI/RR SI/RR	Check the linkage between OPD, emergency and IPD services. Staff is aware about linkage and no time is wasted in the admission process. Patients requiring day care services receive the care hassle free	
Standard E2			2 procedures for clinic		assessment and treatment plan preparation.	
ME E2.1	There is established procedure for initial assessment of patients	There is screening clinic for initial assessment of the patients	2	ОВ	Initial screening is done for all paediatric patients. They are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC and those with emergency and priority signs are triaged.	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	Procedure for follow up of patients	2	OB/RR	Patients (inborn and out born) are followed up for nutritional status and the completion of the treatment & immunisation. Provisioning for follow up at lower level healthcare facilities vis a vis CHC, PHC and HWC.	
		There is fixed schedule for reassessment of patient under observation	2	SI/RR		
		There is system in place to identify and manage the changes in Patient's health status	2	SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating	
		Check the treatment or care plan is modified as per re assessment results	2	SI/RR SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented	
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check treatment/care plan is prepared as per patient's need	2	27	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relvent care provider while preparing the care plan.	
		Check treatment / care plan is documented	2	RR	Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, ,	
		Check care is delivered by competent multidisciplinary	2	RR	discharge plan etc Check care plan is prepared and delivered as per direction of	
Standard E3		Facility has defined and e		SI/RR es for continuity	qualified physician f care of patient and referral	
				es for continuity		
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital	2	SI/RR	Check the established procedure for intradepartmental refer to other specialist if required	
ME E3.2			2		Check the established procedure for intradepartmental refer to other specialist if required 1. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the	
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ME E3.2 ME E3.4 Standard E5 ME E5.1 ME E6.2 ME E6.2 ME E6.3	of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. Facility is connected to medical colleges through telemedicine services The facility identifies vulnerable patients and ensure their safe care The facility identifies wherable patients and ensure their care, as per their need Facility ensured that drugs are prescribed in generic name only There is procedure of rational use of drugs There are procedures defined for medication review and optimization	to other specialist with in the hospital Facility has defined criteria for referral Facility has functional referral linkages to higher facilities Facility has functional referral linkages to lower facilities Facility has functional referral linkages to lower facilities There is a system of follow up of referred patients ICTC has functional Linkages with ART and state reference labs. Telemedicine service are used for consultation Patient records are maintained for the cases availing the telemedicine service are used for consultation Patient records are maintained for the cases availing the telemedicine services Facility has a Vulnerable cases are identified and safe care is given For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis Facility e Check for OPD slip if drugs are prescribed under generic name only. Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Check of drug formulary is available Complete medication history is documented for each patient. Medicine are reviewed and optimised as per individual treatment plan	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR SI/RR RR/PI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR	Check the established procedure for intradepartmental refer to other specialist if required 1. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the higher and lower centre for treatment/follow up 1. Detablis of Referral linkages are clearly displayed in OPD 2. Verify with referral records that reasons for referral were clearly mentioned and rational. 3. Referral is authorized by paedatrician or Medical officer on dury after asceraling that cases can not be managed at the facility. A referral linkage to lower down facility for the compliance of the treatment and further follow up. 1. Check referral out record is maintained 2. Check randomly with the referere cases (contact them) for completion of treatment or follow up. 2. Telemedicine services are available on a fixed day for paediatric cases (for both old and new cases) 2. There is a system in place to give the prior appointment Check the records for completion. Inerable pastients. 1. Teediatric cases who are left unattended , orphan/lawaaris are identified and care is provided and care is provided and care is provided and care is provided. In case of emergency out of turn consultation is provided. In case of emergency out of turn consultation is provided. In case of emergency out of turn consultation is provided. In case of emergency out of turn consultation is provided. In case of emergency out of turn consultation is provided. In case of emergency out of turn consultation is provided. In case of emergency out of turn consultation is provided. In case of outputs in case sheet and slip are written in generic name only. Check records 5. To for management of pneumonia, AET management, management of antimenagement of provided of the parmacy. 1. The consultation of the provided of the parmacy. 1. The consultation is a case and the parmacy of the counter decidence is the and and conven	
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ME E3.2 ME E3.4 Standard E5 ME E5.1 ME E5.2 Standard E6 ME E6.2 ME E6.2	of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. Facility is connected to medical colleges through telemedicine services The facility identifies vulnerable patients and ensure their safe care The facility identifies high risk patients and ensure their care, as per timened Facility ensured that drugs are prescribed in generic name only There is procedure of rational use of drugs There are procedures defined for medication review and optimization Medication orders are written legibly and adequately Medication orders are written legibly and adequately	to other specialist with in the hospital Facility has defined criteria for referral Facility has functional referral linkages to higher facilities Facility has functional referral linkages to higher facilities Facility has functional referral linkages to lower facilities There is a system of follow up of referred patients ICTC has functional Linkages with ART and state reference labs Telemedicine service are used for consultation Patient records are maintained for the cases availing the telemedicine service are used for consultation Patient records are maintained for the cases availing the telemedicine services Facility has a j Vulnerable cases are identified and safe care is given For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis Facility e Check for OPD slip if drugs are prescribed under generic rates only. Acopy of Prescription is kept with the facility Check staff is aware of the drug regime and doses as per STG Check of drug formulary is available Complete medication history is documented for each patient Medicine are reviewed and optimised as per individual treatment plan Facility h Every Medical advice and procedure is accompanied with date, time and signature Check for the writing, It is comprehentible by the concerned staff Check or the writing, It is comprehentible by the	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR SI/RR RR/PI RR/SI RR/SI RR/SI RR/PI Y high risk and vu SI/RR/OB SI/RR SI/RR SI/OB SI/RR SI/OB	Check the established procedure for intradepartmental refer to other specialist. If required 1. Referral criteria are defined as per FBNC and state specific guidelines. 2. Referral criteria clearly mention the cases referred to the higher and lower centre for treatment/follow up. 1. Details of Referral imiliages are clearly dipulpayed in OPD control of the cont	

		Any adverse event following immunisation is recorded		RR/SI		
		and reported	2	KK/SI	Check availability of formats for reporting and	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the	_	SI/PI	Monthly reporting (nil reporting too) Drugs and dosages are well explained by the doctor/nurses or	
		dosages and timings . Check drugs are not given in hand	2	PI/RR	pharmacists (1) Check drugs are given in envelop	
		check drugs are not given in hand	_	FIJAN	(2) Check envelops are patient friendly having representation of	
			2		morning, afternoon evening. (3) Check representations are ticked as per prescription for	
Standard E8		Facility has defined and established pro	ocedures for maintai	ning, updating o	better understanding patients' clinical records and their storage	
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Patient History, Chief Complaint and Examination Diagnosis/ Provisional Diagnosis is recorded in OPD slip	2	RR	Check prescriptions/OPD slips for completion of records	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan and follow up is written	2	RR/PI	Detailed treatment and follow up plan is written and is also explained to the parent-attendant	
			1		Check with parent/guardian are able to explain information received from doctor	
ME E8.4	Procedures performed are written on patients	Any dressing/injection, other procedure recorded in the OPD slip	2	RR	Details are written and is also explained to the parent-attendant	
ME E8.5	records Adequate form and formats are available at	Check for the availability of OPD slip, Requisition slips	2	OB/SI	Check availability of OPD slip, investigation requisition slip ,	
ME E8.6	point of use Register/records are maintained as per	etc. OPD records are maintained	_	OB/RR	investigation reporting format OPD register, immunisation records, counselling register,	
	guidelines	All register/records are identified and numbered	2	OB/RR	Injection room register etc Check the facility has quality management system in place	
ME E8.7			2	OB/SI		
WIE ES./	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records	2	OB/SI	(1) Facility ensure safe keeping and easy retrieval of the OPD registers, OPD tickets (as per state guidelines). (2) Electronic	
Standard E11			tablished procedure	for Emergency	patient recording system is available Services and Disaster Management	
ME E11.1	There is procedure for Receiving and triage of patients	Emergency & OPD has established & implemented system for sorting of the paediatric patients		SI/OB	A. EMERGENCY SIGNS -who require immediate emergency treatment.	
					B. PRIORITY SIGNS- indicating that they should be given priority in the queue,	
			2		so that they can rapidly be assessed and treated without delay.	
					C. NON-URGENT cases- children can wait their turn in the queue for assessment and treatment.	
		Triage area is earmarked		ОВ	(1) Check triage protocols are displayed	
					(2) All children attending an emergency/OPD are visually assessed immediately (within 30sec) upon arrival by paramedics	
					/support staff positioned in the emergency	
			2		and in OPD (3) Triage is completed within 15 minutes of arrival or	
					registration by a competent and appropriately trained nurse or doctor & and receive an initial triage assessment	
					and a second state of	
		Check the procedure is established to identify children	2	SI/OB	Quickly be directed to a place where treatment can be provided immediately, e.g. the	
		with emergency signs in OPD queue	2		emergency room or ward equipped ETAT /SNCU	
		Responsibility of receiving & shifting the patient is defined	2	SI/OB	All staff such as gatemen, record clerks, cleaners, janitors who have early patient contact are trained	
					in triage for emergency signs and know where to send children for immediate management.	
ME E11.2	Emergency protocols are defined and	Emergency protocols for management of paediatric conditions are available		SI/RR	(1) Protocols for management of trauma, surgical, orthopaedics, poisoning, drowning, dyspnoea, unconscious, shock & burn	
	implemented	conditions are available	2		(2) Drug dosage charts are available	
		Check physician follows clinical protocols	2	SI/RR	As per disease condition	
		All the emergency paediatric cases are closely monitored		SI/RR	(1) Ensure vitals are stable and the child is in no immediate	
			2		danger of deteriorating. (2) The paediatrician on call assess the child before the transfer	
					is made.	
		No patient is transferred to ward/ HDU without primary		PI/RR	to ward/ HDU/referred Check emergency department is conducting initial assessment -	
		management & stabilization	2		provide primary treatment, not only registering the patient & transferring	
		Staff follows stabilisation protocols		SI/RR	Stabilisation include some or all: (1) Securing the airway.	
					(2) Establishing secure venous access. Correcting poor perfusion and acidaemia.	
					Correcting poor periusion and acidaemia.	
					(3) Obtaining a full history.	
					(3) Obtaining a full history. (4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray,	
			2		(4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose.	
			2		(4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'aetiological' investigations, e.g.; blood culture before giving antibiotics.	
			2		[4]. Carrying out a full physical examination. [5] Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. [6] Performing acute 'aetiological' investigations, e.g.; blood culture before giving antibiotics. [7] Initial treatment of the causative pathology, e.g.; broncholdiators for sathma and antibiotics for sepsis.	
			2		(4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'setiological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bionochodilators for sathma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Avranight stranfer to an appropriate until tike paediatric	
			2		[4] Carrying out a full physical examination. SIP performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acuté petiological investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bronchodilators for asthma and antibiotics for sepsis. (8) Deciding on the location of continuing care.	
ME E 11.3	The facility has disaster management plan in	Staff is aware of disaster plan	2	SI/RR	(4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'setiological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bionochodilators for sathma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Avranight stranfer to an appropriate until tike paediatric	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR	(4) Carrying out a full physical examination. 15) Performing basiem investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'estelological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bronchodilators for sathma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Arranging transfer to an appropriate unit (like paediatric warrd) or health facility. 1. Role and responsibilities of staff in disaster is defined 2. Mock drift in bee been conducted	
Standard E12	place	The facility has	2 defined and establis	hed procedures o	(4) Carrying out a full physical examination. 15) Performing basieni investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'estelological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bronchodilators for sathma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Arranging transfer to an appropriate unit (like paediatric warrd) or health facility. 1. Role and responsibilities of staff in disaster is defined 2. Mock drills have been conducted 3. Assembly point and exit points are defined diagnostic services.	
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Standard E12	place There are established procedures for Pre-testing	The facility has	2 defined and establis	hed procedures o	(4) Carrying out a full physical examination. 15) Performing basieni investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'estelological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bronchodilators for sathma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Arranging transfer to an appropriate unit (like paediatric warrd) or health facility. 1. Role and responsibilities of staff in disaster is defined 2. Mock drills have been conducted 3. Assembly point and exit points are defined of diagnostic services 1. Preferably a personnel has been dedicated for sample collection from Paediatric OPD 2. Labelling is done correctly 3. Pre testing instructions are given properly to the parent-	
Standard E12	place There are established procedures for Pre-testing Activities	The facility has	2 defined and establis	hed procedures o	(4) Carrying out a full physical examination. [5) Performing basical investigations, e.g.; a chest X-ray, electrolytes or glucose. [6) Performing active feetlogical' investigations, e.g.; blood culture before giving antibiotics. [7) Initial treatment of the causative pathology, e.g.; bronchodilators for astima and antibiotics for sepsis. [8] Deciding on the location of continuing care. [9] Arranging transfer to an appropriate unit (like paediatric ward) or health facility. 1. Role and responsibilities of staff in disaster is defined 2. Mock drifts have been conducted 3. Assembly point and east points are defined of lagnostic services 1. Preferably a personnel has been decisated for sample collection from Paediatric OPD 1. Preferably a personnel has been decisated for sample collection from Paediatric OPD 2. Labelling is done correctly 3. Pre testing instructions are given properly to the parent-stendant	
Standard E12 ME E12.1	place There are established procedures for Pre-testing	The facility has: Container is labelled properly after the sample collection	2 defined and establis	hed procedures o	(4) Carrying out a full physical examination. [5) Performing Basieni investigations, e.g.; a chest X-ray, electrolytes or glucose. [6) Performing active étacliogical' investigations, e.g.; blood culture before giving antibiotics. [7) Initial treatment of the causative pathology, e.g.; bronchodilators for asthma and antibiotics for sepsis. [8] Deciding on the location of continuing care. [9] Arranging transfer to an appropriate unit (like paediatric ward) or health facility. 1. Role and responsibilities of staff in disaster is defined 2. Mock diffits have been conducted 3. Assembly point and exit points are defined 4. Mock diffits have been conducted 3. Assembly point and exit points are defined 4. Like the conduction of the control of	
Standard E12 ME E12.1	place There are established procedures for Pre-testing Activities There are established procedures for Post-	The facility has: Container is labelled properly after the sample collection Clinics are provided with the critical value of different	2 defined and establisi 2	hed procedures o	(4) Carrying out a full physical examination. [5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. [6] Performing active active detailing and the procession of the procession of the procession of the procession of the causative pathology, e.g.; bronchodilators for astima and antibiotics for sepsis. [6] Deciding on the location of continuing care. [9] Arranging transfer to an appropriate unit (like paediatric ward) or health facility. 1. Role and responsibilities of staff in disaster is defined. 2. Note diffits have been conducted. 2. Note diffits have been conducted and the procession of the pro	
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And a control of the			Check the availability of anaphylaxis kit		OB	Kit constitute of job-aid, dose chart for adrenaline as per age (1	
The control of the co			Circle the definability of anaphythasis are		0.5	ml ampoule -3 no.), Tuberculin syringe (1ml-3 no.), 24H/25G	
Compared to the compared of				2		needle- 3 no, swabs-3 no. updated contact information of DIO,	
March and control and contro						slip.	
Management Man							
Section of the control of the contro			the AEFI is identified	2		reporting the AEFI	
Management (Albert Services) Fig. 1997 Fig				2	ОВ	Ask staff to whom the cases are reported & how	
The Control of Control			Reporting of AEFI cases is ensured by ANM/ Staff nurse/		SI/RR	Verify weekly report of AEFI cases.	
Activation of selection without control of the cont			person providing immunization	2		Nil reporting in case of no AEFI case. Verify HMIS report of previous months	
Section of the company of the compan			Antipyretic medicines available	2	SI/RR	Paracetamol Syrup	
Management of distring preserving. If the second control and cont						Immunisation card is available and updated	
Million Company of the Property of the Company of t			Counselling on side effects and follow up visits done	2	SI/RR		
Management of white property and any of the control to the control of the control			Staff is aware of minor and serious adverse events (AEFI)	2	SI		
with flow course measurement and a plant of the course of				2			
Service participation William agent of participation of the participati	ME E20.7	Management of children presenting			SI/RR	(1) RR >60 breaths per min	
Whether the control of the control o			distress	2		(3) Grunting	
Incompany of the property of t			Staff is aware of common causes of recoiratory distress in		SI/DD	(4) Apnoea or gasping	
And the second process of the second process					Siyitit	hypoglycaemia	
Compared to the compared of th						(2) Term: Transient tachypnoea of new-born (TTNB), meconium	
Clark a sear of graph programs of many personnels				2		(3) Surgical cases: Diaphragmatic hemia, Tracheo - oesophageal	
And shared or measured in a particular control processors in a control of the con							
The delication part of the control to specify						errors of metabolism	
Comment of the property of t					SI/RR		
Profession and control and con			·			(1) Central Cyanosis or oxygen saturation <90%	
The part of conservation is parting in specified in the conservation of the conservation is parting in specified in the conservation in the conservation is conserved in the conservation in the conservation in the conservation is conserved in the conservation in the conservation is conserved in the conservation in the conservation is conserved in the conservation is conserved in the conservation is conserved in the conservation is conserved in the conservation in the conservation is conservation in the conservation is conservation in the conservation in the				2		(RR<70 per minute) or severe lower chest indrawing or head	
Metabolic designation of the control of cont		l				nodding or stridor or grunting)	
And the same of description of the parties of the p		l				breastfed or lethargy or reduced level of consciousness or	
The same of claims and settles in which lays come. Settle account of the principle of the			Stoff is aware of account 8 4	1	cular	convulsions)	
Million was of the part of the			assessment & grading of hypothermia		SI/KK		
Surface processor of the control of		l		,		Moderate Hypothermia- 35.9- 32°C	
Self a passed in contractional and self-lives yet a		l				Severe Hypothermia- <32°C.	
More controlled to the property of the propert				<u> </u>		radiant warmer probe) and Human touch.	
Surf I season of International Appenditures 2 5 1 1 1 1 1 1 1 1 1			Staff is aware of clinical conditions in which baby can		SI/RR	LBW, preterm babies, hypoglycemia, sclerema, DIC and internal	
Definition accounts of Systems and Systems		l	exmost signs of nypothermia	2			
Soft A sear of intergenent protects for any other protects of the control of the			Stroff is nurse of som	-		feeding, tachypnoea/apnoea etc	
		l	aware or common causes of hyperthermia		21	(2) Envt. too hot for baby	
It is assert of management process for the control of management process for the control of management process for hyperferrors during the control of management in before a feet of any proper soll in the control of management in before a feet of any process for the control of management in before a feet of any process for the control of management in before a feet of any process for the control of management in before a feet of any process for the control of management in t		l				(3) Wrapping the baby in too many layers of clothes, esp. in hot	
Soft a saver of management person for for Properties and a service of management person for for Properties and a service of management person for for the person and a service of management of the person and a service of the pe				2		(4) Keeping new-born close to heater/hot water bottle	
Not provide management of an interpretation for the properties of the provided							
International tables Proportioners believe 2 International Control of the contr						not check regularly	
Surface was earn any part of 2015 and the recommendance of the control of the con					SI/RR		
Company Comp			hyperthermic babies				
Learning and the content of the cont						oc	
Use factors to continue the process below the control of the contr							
Utility Security Committee Committ				2		(3) If due too envt. temperature: move baby into colder	
Out of some state and the state of the thickness of the time of t						environment & using loose & light clothes.	
South is power of the therapeutic doors of Vitemin D and Calum supplementation. 2 2 3 5/8						(5) Give frequent breastfeeds to replace fluids. if the baby	
Staff is name of the Prompeted doses of Volume D and Carcium Supplementations 2							
Calciums Supplementation 2							
Calciums Supplementation 2			Staff is aware of the theraneutic doses of Vitamin D and		SI/BB		
2 Incompany of the process of the pr					5,1		
Section Sect						vitamin D with 500 mg of calcium for a 3-month period is recommended. At the end of 3 months, response to treatment	
de vision De John with seerer Acute Management of Children with seerer Acute Management of Children coming to CPDs using weight 2 3V/MI Acute Management of Children coming to CPDs using weight 3 5V/MI Acute Management of Children coming to CPDs using weight 4 5V/MI Acute Management of Children coming to CPDs using weight 5 5V/MI Acute Management of Children coming to CPDs using weight 5 5V/MI Acute Management of Children coming to CPDs using weight 5 5V/MI Acute Management of Children coming to CPDs using weight 6 5V/MI Acute Management of Children coming to CPDs using weight 6 5V/MI Acute Management of Children coming to CPDs using weight 6 5V/MI Acute Management of Children coming to CPDs using weight 6 5V/MI Acute Management of Children coming to CPDs using weight 7 5V/MI Acute Management of Children coming to CPDs using weight 8 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to CPDs using weight 9 5V/MI Acute Management of Children coming to Children comi				2		should be reassessed	
Management of children with severe Sereening of children coming to OPPs using weight Or height and/or MIAC. 2						From one year onwards till 18 years of age, 3000-6000 IU/day of vitamin D along with calcium intake of 600-800 mg/day is	
Microsophic forcing with severe Acte National with severe Acte National or Screening of Children coming to OPDs saing weight for height and for NLUC. All the Children reporting to healthcare facility for any titles; are reactively assessed for awarens 2						recommended for a minimum of 3 months.	
Mazer Manufaction is done as per guidelines Althe Administration in the distinct watered colliders proported for any theses are routinely assessed for anaemia 2							
All the children reporting to healthcare facility for any filters are routinely assessed for amareina 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ME E20.8			_	SI/RR	Screening is done and the cases are referred to NRC for	
Intensi protection the children referred for anaemia and the children referred from this due to palmer pallor undergo in the children referred from this due to palmer pallor undergo in the children referred from the due to palmer pallor undergo in the children referred from the due to palmer pallor undergo in the children from the due to palmer pallor undergo in the children from the chi		Acute Malnutrition is done as per guidelines	for height and/or MUAC	2		appropriate treatment	
All the children referred from field due to palmer pallor- uniform of the control of territories. Staff is aware of categories of anaemta on basis of HB weel among the children 2 Staff is aware of management of anaemta on basis of HB weel among the children 2 Staff is aware of management of anaemta on basis of HB Staff is aware of management of anaemta on basis of HB Staff is aware of management of anaemta on basis of HB Staff is aware of date of RA pyrup for anaemta children (B staff is aware of children from the children (B staff is aware of date of RA pyrup for anaemta children sta					SI/RR		
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sevel among the children 2							
sevel among the children 2			Staff is aware of categorise of anaemia on basis of HB	<u> </u>	SI/RR	Among children between 6 month and 5 yrs.)	
2 2 2 2 3/8/8 is aware of management of anaemia on basis of the Staff is aware of management of anaemia on basis of the Staff is aware of management of anaemia on basis of the Staff is aware of management of anaemia on basis of the Staff is aware of management of anaemia on basis of the Staff is aware of dose of if A syrup for anaemic children (6 or staff is aware of dose of if A syrup for anaemic children (6 or staff is aware of dose of if A syrup for anaemic children (6 or staff is aware of dose of if A syrup for anaemic children (6 or staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.) Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.) 2 3/8/8 M. Deburstion of symptoms, Usual det (before the current aince) in children (from 6 month to 10 yrs.) 3 5/8/8 M. Deburstion of symptoms, Usual det (before the current aince) in children (from 6 month to 10 yrs.) 3 5/8/8 M. Deburstion of symptoms, Usual det (before the current aince) in children (from 6 month to 10 yrs.) 4 2 5/8/8 M. Deburstion of symptoms, Usual det (before the current aince) in children (from 6 month to 10 yrs.) 5 5/8/8 M. Deburstion of symptoms, Usual det (before the current aince) in children (from 6 month to 10 yrs.) 5 5/8/8 M. Staff is aware of indications for blood transfusion due severe anaemia and country in children (from 6 month to 10 yrs.) 5 5/8/8 M. Staff is aware of indications for blood transfusion due severe anaemia and country in the children with the 5-gm/d with any of the following: 5 5/8/8 A. Children with the 5-gm/d with any of the following: - Debug and this bloom do wealthing - Very plays parathemia.		l				>11 gm/dl- No anaemia	
2 crign(dis-Severe Anaemia) Among officine Netweren 5 yrs-10 yrs. 11-11-14 gm/di-Midd anaemia Anong officine Netweren 5 yrs-10 yrs. 11-11-14 gm/di-Midd anaemia Anong officine Netweren 5 yrs-10 yrs. 11-11-14 gm/di-Midd anaemia Anong officine Midde Moderate Anaemia Anong officine Midde Moderate Anaemia Anong officine Anaemia-20 on girl delimentation in 120 ming folic acid in biveably regimen Midd & Moderate Anaemia-20 on girl delimentation in 120 ming folic acid in biveably regimen Midd & Moderate Anaemia-20 on girl delimentation in 120 ming folic acid in biveably regimen Midde Moderate Anaemia-20 on girl delimentation for source of source						7-9.9gm/dl-Moderate anaemia	
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\$1.00 gm/dil- Moderate namemia de gmid-Severe anaemia de gmid-Severe de gmid-Severe de gmid-Severe de gmid-Severe anaemia de gmid-Severe		l				11–11.4 gm/dl- Mild anaemia	
Staff is aware of management of anaemia on basis of Hb Sy/RR No anaemia-20 mg of elemental from in 100 mg folic acid in betweekly regimen						8–10.9 gm/dl- Moderate anaemia	
Mild & Moderate Anaemia-is gof inon/golday for two months-follow up every 14 gory, Hill estimation feer 2 months. After completion of treatment of anaemia and documenting this level 3.11 gm/ld, the IFA supplementation to be resumed. Staff is aware of dose of IFA syrup for anaemic children (6 months-5-years) Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.) Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.) Mild & Moderate Anaemia-is approached to the current limes, IFA in the current li			Staff is aware of management of anaemia on basis of Hb		SI/RR	No anaemia- 20 mg of elemental iron in 100 mcg folic acid in	
follow up every 14 days, the estimation after 2 months. After completion of treatment of anaema and documenting the level >11 gm/d, the IFA supplementation to be resumed. Staff is aware of dose of IFA syrup for anaemic children (6 months-5 years) Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yr.s.) Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yr.s.) Syrax My Duration of lymptoms, Usual delt (lefter the current literation), the completion of lymptoms, Usual delt (lefter the current literation), the completion of lymptoms of law produced in the family (skillings) to any str.g. Any lumps in the body, Previous Mood transfusion of symptoms and smillar littles in the family (skillings) to any str.g. Any lumps in the body, Previous Mood transfusion for severe palmar paillor, Sich beleefs (perchall and por purpuric spot), lymphadenopathy reparts explanar paillor, Sich beleefs (perchall and por purpuric spot), lymphadenopathy reparts explanar paillor, sich perchangency, Signs of heart failure (globory), flood films for malaria parasites, Stool examination for ova, cyst and occur blood count and examination of a thin film for cell morphology, Blood films for malaria parasites, Stool examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood counters and examination for ova, cyst and occur blood							
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Suff is aware of dose of IFA syrup for anaemic children (6 months—5 years) SURB SURP SUBJECT (10-184g)—1 mil of IFA syrup, once a day 3yr-3yrs (10-184g)—1.5 mil of IFA syrup, once a day 3yr-3yrs (10-184g)—1.5 mil of IFA syrup, once a day 3yr-3yrs (10-184g)—1.5 mil of IFA syrup, once a day 3yr-3yrs (11-18yrs)—2 mil of IFA syrup, once a day 4yr-3yrs (11-18yrs)—2 mil of IFA syrup, once a day 4yr-3yrs (11-18yrs)—2 mil of IFA syrup, once a day 4yr-3yrs (11-18yrs)—2 mil of IFA syrup, once a day 4yr-3yrs (11-18yrs)—2 mil of IFA syrup, once a day 4yr-4yrs (11-18yrs)—2						After completion of treatment of anaemia and documenting Hb level >11 gm/dl, the IFA	
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Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.) ### All Courtain of symptoms, Usual date (before the current illines), Family crustmances (to understand the child's social background), Prolonged fever, Worm infertation, Bieeding from any site, Any lumps in the body, Previous blood transfusions and Similar lifeness in the family (billings) Examination for severe patient pallor, San to beeds (pertential and for purpure. #### All Court of the Staff is aware of indications for blood transfusion due severe anaemia #### Staff is aware of indications for blood transfusion due severe anaemia #### Staff is aware of indications for blood transfusion due severe anaemia #### All Court of the Staff is aware of indications for blood transfusion due severe anaemia ##### All Court of the Staff is aware of indications for blood transfusion due severe anaemia ###################################				2		1yr -3 yrs. (10-14kg)1.5 ml of IFA syrup, once a day	
social background), Prolonged fever, Worm infestation, Bileeding from any site, Any lumps in the body, Previous blood transfusions and Similar litness in the family (salings) Examination for Severe palmar pallor, Skin bleeds (petechnial and/or purpuric spots), Lymphadenopathy, Festor, Septembergation, Skin bleeds (petechnial and/or purpuric spots), Lymphadenopathy, Festor, Septembergaty, Signs of heart failure (gallop rhythm, raised IV)Presistant replitations) Investigation Full blood count and examination of a thin fill for or cell morphology, Blood films for malaria parasites, Stool examination of a thin fill for or cell morphology, Blood films for malaria parasites, Stool examination for ova, cyst and occult blood Staff is aware of indications for blood transfusion due severe anaemia Staff is aware of indications for blood transfusion due severe anaemia Staff is aware of indications for blood transfusion due leads to the severe anaemia Staff is aware of indications for blood transfusion due leads to the severe anaemia 2 Staff is aware of indications for blood transfusion due leads to the severe anaemia 2 Linear failure delivery for the severe anaemia 2 All children with Hb 4-5 gm/di, Children with Hb 4-5 gm/di with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitemina			Staff is aware of clinical manifestation for severe anaemia		SI/RR	3yrs-5yrs(14-19yrs) 2ml of IFA syrup, once a day H/O- Duration of symptoms, Usual diet (before the current	
from any site, Any lumps in the body, Previous Stood transfusion and Similar illies in the family (skillings) Examination for- Severe paimure pallor, Skin bleeds (Specthall and or purporic spots), Yernynadenopathy Hepato splenomegaly. Signs of heart failure (galophyrthm, raised AIVP, respiratory distress, basal crepitations) Investigation—In this bod count and examination of a thin film for cell morphobic, Blood films for malaria parasite, Stool examination for ova, cyst and occur blood count of the severe anaemia Staff is aware of indications for blood transfusion due SV/BR Al children with Hb 45 gm/di, Children with Hb 45 gm/di, Children with Hb 45 gm/di with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitemina		l				illness), Family circumstances (to understand the child's	
transfusions and Similar illness in the family (siblings) Examisation for Severe palmor, Sixin bleeds (petechnia and/or purpuric spots). Impediancenpathy reparts opsinomegaly, Signs of heart failure (gallop rhythm, raised I/VP, respiratory distress, basia crepitations) Investigation Full blood count and examination of a thin fill find or cell morphology, Blood films for malaria parasites, Sicol examination for ova, cyst and occult blood SSURR All children with Hb 4-4 gm/dl, Children with Hb 4-4 gm/dl with any of the following: — Dehydration — Shock — Impaired consciousness — Heart failure — Deep and laboured breathing — Very high parasitemina		l				from any site, Any lumps in the body, Previous blood	
Skin bleeds (petechnial and/or purpuric spots).Lymphademopathy, Hepsto-splenomegaly, Signs of heart failure (gallop rhythm, raised I/V, respiratory distress, bead repitations) Investigation- Full blood count and examination of athin fills for cell morphology, Blood films for malaria parasites, Stool examination of a thin fills for cell morphology, Blood films for malaria parasites, Stool examination for ova, cyst and occult blood SSIRF is aware of indications for blood transfusion due severe anaemia SSIRR All children with 16 ± 48 gm/dl, Children with 16 ± 48 gm/dl with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitemina - Very high parasitemina						transfusions and Similar illness in the family (siblings)	
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col morphology, Blood (fins for malaria parasites, 500 examination for ova, cyst and occult blood Staff is aware of indications for blood transfusion due severe anaemia SURR All children with 160 ±4 gm/dl, Children with 160 ±4 gm/dl with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitemina - Very high parasitemina							
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Staff is aware of indications for blood transfusion due severe anaemia SURB All children with Hb 4-6 gm/dl, Children with Hb 4-6 gm/dl with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high pracritismina		l					
Sovere anaemia Children with 164 – 5 gm/dl with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitemina - Very high parasitemina							
Sovere anaemia Children with 164 – 5 gm/dl with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitemina - Very high parasitemina			Staff is aware of indications for blood transfusion due		SI/RP	All children with Hb ≤4 gm/dl	
- Dehydration - Shock - Impaired considiusness - Heart failure - Deep and laboured breathing - Very high parasitemina - Very high parasitemina		l			29.10	Children with Hb 4–6 gm/dl with	
2 — Shock — Impaired consciousness — Heart failure — Deep and laboured breathing — Very high parasitemina		l					
- Impaired consciousness - Heart failur - Heart failur - Deep and laboured breathing - Very high parasitemina				2		- Shock	
Deep and laboured breathing Very high parasitaemia						– Heart failure	
		l				- Deep and laboured breathing	

ME E20.9	Management of children presenting diarrhoea is done per guidelines	Check for adherence to clinical protocols	2	SI/RR	Give ORS to all children with Diarrhoea Give Zinc for 14 days, even if diarrhoea stops	
		Check parents are guided for diarrhoea management	2	SI/RR	Continue feeding, including breast feeding in those children who are being breastfed Make a habit of regular hand washing with soap	
		Availability of ORT corner		SI/RR	3. Use clean drinking water	
ME E20.10	Facility ensures optimal breast feeding practices		2	SI/RR SI/RR	Check ORS is freshly prepared. Mother's are counselled to prepare ORS Maintenance and updating of growth chart	
WE E20.10	for new born & infants as per guidelines	& development of children attending OPD	2	SI/RR	imaintenance and updating or growth chart	
		Communication and counselling on optimal infant & young child feeding practices		SI/RR	Facility supports mothers to maintain breastfeeding and manage its common difficulties	
		young clind reeding practices	2		Awareness is generated for exclusive breastfeeding till 6 months of age	
					3. Awareness is generated for complementary feeding from 6	
		Communication and counselling of mothers with less breast milk & sick babies on optimal feeding practices		SI/RR	months of age till two years of age One to one counselling session should be conducted with the mother/caregiver for	
					children born prematurely or with low birth weight, undernourished	
			2		children, adopted baby, twins and babies born to HIV positive mothers, of mothers producing less milk.	
					Also ensure follow up visits to the facility/ referral centre	
		Check staff is aware and follow the protocol for management of cracked nipples and engorged breast		SI/RR	(1) Cracked Nipples- Apply hind milk 2. Engorged breast- encourage the mother to let baby suck	
			2		without causing too much discomfort. Putting a warm compress on the breast may relieve breast engorgement	
		Check staff is aware and follow the protocol for		SI/RR	(1) If an abscess is suspected in one breast, advise the mother to	
		management of abscess and inverted nipple	2		continue feeding from the other breast & refer for consultation (2) Inverted/flat nipple- corrected using syringe	
		Breast milk substitutes are not promoted for newborn or	2	SI/RR	Ask Parents about the counselling	
		infant unless medically indicated Advise & prescription is given for micronutrient supplements (Vitamin A and iron syrup)	2	SI/RR		
ME E20.11	The facility provide services under Rashtriya Bal	Screening of newborns		SI/RR	(1) All newborns delivered at the District Hospital or from outside but admitted in SNCU, postnatal and children wards	
	Swasthya Karyakram (RBSK)		2		irrespective of their sickness are screened for hearing, vision, congenital heart disease.	
			-		(2) In case DEIC is not associated with the facility-appropriate linkage is established for the screening, diagnosis and	
		Providing referral services to children for confirmation of	2	SI/RR	treatment. Screened cases are referred to tertiary care centre for diagnosis	
		diagnosis and treatment	Area of Concern -	F Infection Contr	and treatment.	
Standard F1 ME F1.4	There is Provision of Periodic Medical Check-ups	Facility has infection control program and p	rocedures in place f		d measurement of hospital associated infection Hepatitis B, Tetanus Toxoid etc	
ME F1.5	and immunization of staff Facility has established procedures for regular	of the staff Regular monitoring of infection control practices	2	SI/RR	Handwashing and infection control audits are done at periodic	
	monitoring of infection control practices		2	2,111	intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR	Antibiotic policy is available and staff is aware about it	
Standard F2 ME F2.1	Hand washing facilities are provided at point of	Facility has defined and Imple Availability of handwash basin with running water	mented procedures	for ensuring han OB/SI	d hygiene practices and antisepsis 1. Check for availability of wash	
	use	facility at Point of Use	2		basin and running water at point of use. 2. Ask Staff about regularity of water supply.	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub	
		Display of Hand washing Instruction at Point of Use	2	OB	Prominently displayed above the hand washing facility ,	
		Handwashing Station is as per specification	2	ОВ	preferably in Local language Availability of taps & Hand washing sink which is wide and deep	
			2		enough to prevent splashing and retention of water	
ME E2 2	Staff is trained and adhere to standard hand	Staff is aware of when and how to handwash		SI/OR	Ack for domanstration of 6 stone of Hand washing and	
ME F2.2 MF F2.3	Staff is trained and adhere to standard hand washing practices Facility ensures standard practices and materials	Staff is aware of when and how to handwash Availability and Use of Antisentic Solution	2	SI/OB OB	Ask for demonstration of 6 steps of Hand washing and knowledge among staff about moments of handwash	
ME F2.3		Availability and Use of Antiseptic Solution	2	OB	knowledge among staff about moments of handwash	
	washing practices Facility ensures standard practices and materials for antisepsis Facility ensures adequate personal protection	Availability and Use of Antiseptic Solution	2 standard practices a	OB	knowledge among staff about moments of handwash Personal protection 1.Check if staff is using PPEs.	
ME F2.3 Standard F3 ME F3.1	washing practices Facility ensures standard practices and materials for antisepsis Facility ensures adequate personal protection equipment as per requirements	Availability and Use of Antiseptic Solution Facility ensures Availability of PPE (Gloves, mask, apron & caps)	2 standard practices a 2	OB and materials for	knowledge among staff about moments of handwash Personal protection	
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ME F2.3 Standard F3 ME F3.1 ME F3.2	washing practices Facility ensures standard practices and materials for antisepsis Facility ensures adequate personal protection equipment as per requirements Staff is adhere to standard personal protection practices	Availability and Use of Antiseptic Solution Facility ensures Availability of PPE (Gloves, mask, apron & caps) No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing the gloves and masks. Facility has standa	2 standard practices a 2 2	OB Ind materials for OB/SI /RR OB/SI SI/OB	Inowledge among staff about moments of handwash Personal protection 1.Check if staff is using RPEs. 2. Ask staff if they have adequate supply. 3. Verify with the stock/Expenditure register	
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ME F2.3 Standard F3 ME F3.2 Standard F4 ME F4.1 ME F4.1 ME F4.2 Standard F5 ME F5.1 ME F5.2 ME F5.3 Standard F6 ME F6.1	washing practices Facility ensures standard practices and materials for antisepsis Facility ensures adequate personal protection equipment as per requirements Staff is adhere to standard personal protection practices Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment Functional area of the department are arranged to ensure infection control practices Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Availability and Use of Antiseptic Solution Facility ensures Availability of PPE (Gloves, mask, apron & caps) No reuse of disposable gloves, Masks, caps and aprons. Compilance to correct method of wearing and removing the gloves and masks Facility has standa Decontamination of Procedural surfaces Cleaning of instruments Proper handling of Solied and infected linen Staff knows how to make chlorine solution Equipment and instruments are sterilized after each use as per requirement and instruments are sterilized after each use as per requirement and instruments are sterilized after each use as per requirement and instruments are sterilized after each use as per requirement and instruments are sterilized after each use as per requirement and instruments are sterilized after each use as per requirement of the procedure to ensure the traceability of sterilized packs &their storage Physical layout and environ Facility layout ensures separation of general traffic from patient traffic. Clicaning of instructions diseases are located away from main traffic. Availability of disinfectant as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution Standard practice of mopping and scrubbing are followed Cleaning of patient care area with detergent solution Standard practice of mopping and scrubbing are followed solutions to the standard practice of mopping and scrubbing are followed instructions for segregation and handling of islanded waste in red bin Display of work instructions for segregation and handling of islanded waste in red bin Display of work instructions for segregation and handling of islanded waste in red bin	z standard practices a z z z z z z z z z z z z z z z z z z	OB and materials for OB/SI/RR OB/SI /RR OB/SI /SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB OB/SI OB/SI OB/SI OB/SI OB/SI SI/OB OB/SI OB	Personal protection 1. Check is staff is using PPEs. Ask staff they have adequate supply. 3. Verify with the stock/Expenditure register ment and instruments Ask staff about how they decontaminate the procedural surface like Examination table. Patients Beds Stretcher/Trolleys etc. Occasional Staff about how they decontaminate the procedural surface like Examination table. Patients Beds Stretcher/Trolleys etc. Occasing is done with detergent and running water after decontamination. No sorting, Rinning or sluicing at Point of use/ Patient care area. 1. Ask staff about temperature, pressure and time for autoclaving. 2. Ask staff about emperature, pressure and time for autoclaving. 3. Ask staff about method, concentration and contact time required for chemical sterilization. 3. Check records 1. Serile packs are kept in dry, clean, dust free, moist free environment contact in the contact of the contact in the contact i	

		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in	
		, , , , , , , , , , , , , , , , , , , ,		,	condition of needle stick	
			2		injury. 2. Ask if PEP is available. Where it is stored and who is in-charge	
					of that. 3. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue	2	ОВ	Includes used vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of	colour coded puncture proof box Check bins are not overfilled & staff is aware of when to	2	SI/OB	Bins should not be filled more than 2/3 of its capacity	
	waste as per guidelines	empty the bin Transportation of bio medical waste is done in close		SI/OB		
		container/trolley	2			
		Staff aware of mercury spill management	2	SI/RR	Check whether department is replacing mercury products with digital products (Aspire for mercury free)	
Standard G1		The facility has est	Area of Concern - G	Quality Manager	ment or quality improvement	
ME G1.1		The facility has est	abiisiieu organizatio	nai Iraine work ic	DELETED	
ME G1.2 Standard G2		Facility has es	tablished system for	patient and emi	DELETED DIOVEE SATISFACTION	
ME G2.1	Patient Satisfaction surveys are conducted at	Client satisfaction survey is done on monthly basis	2	SI/RR	Survey is done amongst parents/guardians	
ME G2.2	periodic intervals Facility analyses the patient feed back and do	Analysis of low performing attributes is undertaken	2	SI/RR		
ME G2.3	root cause analysis Facility prepares the action plans for the areas of	Action plan is prepared and improvement activities are		SI/RR		
Standard G3	low satisfaction	undertaken	2			
ME G3.1	Facility has established internal quality	There is a system of daily round by matron/hospital		SI/RR	rams wherever it is critical to quality. Findings /instructions during the visit are recorded and actions	
	assurance program at relevant departments	manager/ hospital superintendent for monitoring of services	2		are taken	
ME G3.3	Facility has established system for use of check	Internal assessment is done at periodic interval	2	RR/SI	NQAS assessment toolkit is used to conduct internal assessment	
	lists in different departments and services		2			
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR		
			2		Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per	2		Randomly check the details of action, responsibility, time line	
MIC CO.		internal assessment record findings		RR	and feedback mechanism	
ME G3.5 Standard G4			and maintained Sta		Procedures for all key processes and support service	es.
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved	2	RR	Check that SOP for management of OPD services has been prepared and is formally approved	
		Current version of SOP are available with process owner	2	OB/RR	Check current version is available with all staff of Paediatric OPD	
		Work instruction/clinical protocols are displayed		ОВ	Relevant protocols are displayed like management of	
			2		pneumonia, Summary of the 10 steps to successful breastfeeding is displayed, lactation position and milk	
					expression protocol are displayed in breastfeeding corner and	
ME G4.2	Standard Operating Procedures adequately	Paediatric OPD has documented procedure for		RR	OPD Review the SOP for procedure being followed for registration of	
	describes process and procedures	Registration and patient calling system	2		cases. Paediatric cases should be registered on priority. It is preferable to have separate counter for paediatric cases .	
		Paediatric OPD has documented procedure for receiving		RR		
		of patient in clinic	2	KK	Review the SOP for receiving the patient in clinic . OPD must be equipped to handle emergency cases, in- case a patient seeking	
					emergency care reaches OPD , the triage and transfer process is defined and implemented	
		Paediatric OPD has documented process for	2	RR	Review the process for consultation including examination	
		consultation Paediatric OPD has documented procedure for		RR/PI	process, counselling etc. Review the SOP for procedure for conducting investigation. A	
		investigation	2		specific lab personnel is designated for collection of blood samples in children. All other investigations are facilitated and	
					are made hassle free	
		Paediatric OPD has documented procedure for prescription and drug dispensing		RR/PI	Review the SOP for procedure for legible and rational prescription writing . 2. For drug dispensing , a separate	
			2		pharmacy or a Drug Dispensing Counter for children is made functional.	
					Pharmacists/nurse explain the drug dosage and route clearly to the parents (quardines (ask patients))	
		Paediatric OPD has documented procedure for nursing		RR	to the parents/guardians (ask patients) Review the SOP for procedure for initial assessment of children	
		process in OPD including initial investigation	2		(weighed & weight correctly recorded, immunisation status, children < five years are screened for SAM using MUAC, and	
			2		those with emergency and priority signs are triaged).	
		Paediatric OPD has documented procedure for patient privacy and confidentiality	2	RR	Review the SOP for ensuring Privacy and confidentiality.	
		Paediatric OPD has documented procedure for data collection , analysis and undertaking improvement		RR	Review SOP for various processes which circle undertakes to measure quality of service (client satisfaction form, checklists,	
		activities	2		audits , performance indicators etc.) , analysis of the data ,	
					identification of low attributes, Root cause analysis and improvement activities using PDCA methodology	
		Paediatric OPD has documented procedure for support		RR	Review the SOP for process	
		services and facility management	2		description of support services such as equipment maintenance, calibration.	
					housekeeping, security, storage and inventory management	
		Paediatric OPD has documented procedure for infection		RR	Review SOP for process description of Hand Hygiene,	
		control and biomedical waste management			personal protection, environmental cleaning, instrument	
			2		sterilization, asepsis, Bio Medical Waste	
					management, surveillance and monitoring of infection control practices	
		Paediatric OPD has established & documented policy for IYCF	2	RR	Check breastfeeding policy is part of or linked with IYCF policy	
		Paediatric OPD has		RR	Check the availability of updated Risk Management	
		documented procedure for safety & risk management	2		Framework. 2. Check the components of physical, fire, operational and pt safety are covered. 3. Review the updated	
ME G4.3	Staff is trained and aware of the standard	Check Staff is aware of relevant part of SOPs		SI/RR	mitigation plan.	
	Staff is trained and aware of the standard procedures written in SOPs		2			
Standard G 5 ME G5.1	Facility maps its critical processes	Facility maps its key processes and seeks Process mapping of critical processes done		efficient by redu SI/RR	cing non value adding activities and wastages Critical processes are identified and mapped. Value and non	
ME G5.2		Non value adding activities are identified	2	SI/RR	value adding processes/ activities are listed. Non value adding activities are wastes. MUDAS in terms of	
mc 03.2	Facility identifies non value adding activities / waste / redundant activities	voice adding activities are identified	2	31/KK	waste, delays, waiting, motion, over processing, over	
ME G5.3	Facility takes corrective action to improve the	Processes are improved and implemented		SI/RR	production etc are identified Check the non value adding activities are removed and	
	processes		2		processes are made lean. Improvement is sustained over a period of time	
Standard G6		The facility has defined mission, va	lues, Quality policy 8	& objectives & pr	epared a strategic plan to achieve them	
ME G6.4 ME G6.5					DELETED	
Standard G7		Facility seeks conti	nually improvement	by practicing Qu	ality method and tools.	
ME G7.1 ME G7.2					DELETED	
Standards G9 ME G9.6	Periodic assessment for Medication and Patient care	Facility has established procedures for Check periodic assessment of medication and patient	assessing, reporting,	evaluating and n	nanaging risk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all	
mc 05.0	safety risks is done as per defined criteria.	care safety risk is done using defined checklist	2	31/KR	processes should be done using pre define criteria at least once	
Standard G10		periodically The facility has established clinical G	l <mark>overna</mark> nce framewo	rk to improve qu	in three month. ality and safety of clinical care processes	
					Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity &	
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care	2		mortality review, patient feedback, clinical audit & clinical	
			<u></u>	SI/RR	outcomes.	
		Check regular ward rounds are taken to review case	2		(1) Both critical and stable patients	
		progress		SI/RR	(2) Check the case progress is documented in BHT/ progress notes-	
		Check the patient /family participate in the care evaluation	2	SI/RR	Feedback is taken from patient/family on health status of individual under treatment	
		Check the care planning and co- ordination is reviewed	2		System in place to review internal referral process, review clinical handover information, review patient understanding	
		and co- ordination is reviewed		SI/RR	about their progress	

ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct prescription audits	2		(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned	
				SI/RR	(4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings	
		All non compliance are enumerated recorded for prescription audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per prescription audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or revalent quality method is used to address critical problems	2	SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per Standard treatment guidelines	2	SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan	
		Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	Check the drugs prescribed are available in EML or part of drug formulary	
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
		Check the mapping of existing clinical practices processes is done	2	SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA	
			Area of Conce	rn - H Outcome		
Standard H1			vity Indicators and e		e with State/National benchmarks	
ME H1.1	Facility measures productivity Indicators on monthly basis		2	RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 - 2 year, 2 - 5 years)	
		Number of follow-up cases per month	2	RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year, 2 - 5 years)	
		Immunization OPD per month	2	RR		
		Number of cases screened under RBSK per month	2	RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 - 2 year, 2 - 5 years)	
		Proportion of cases being given IYCF counselling per month	2	RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year, 2 - 5 years)	
		Proportion of cases being referred per month	2	RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 - 2 year, 2 - 5 years)	
		No. of cases disease wise	2 2	RR RR	Diarrhoea, pneumonia, fever etc.	
		Proportion of cases being referred disease wise	2	RR RR	Diarrhoea, pneumonia, fever etc.	
Standard H2		Proportion of BPL patients The facility measures Eff			h State/National Benchmark	
ME H2.1	Facility measures efficiency Indicators on monthly	Paediatric OPD per Doctor	2	RR	State/Hational Delemmark	
	basis	No. of Stock out days for essential medicines	2	RR	check for pharmacy/drug dispensing counter dedicated to paediatric OPD	
		Drop out rate for Pentavalent vaccination	2	RR		
		IYCF counselling sessions per counsellor No. of paediatric Cases seen per paediatrician	2	RR RR		
Standard H3		The facility measures Clinical			reach State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on	, and a second	2	RR		
	monthly basis	No. of needle stick injuries reported				
		Percentage of AEFI cases reported Consultation time at Clinic	2 2	RR RR	Time motion study	
		Number of children with diarrhoea treated with ORS and	2	RR	Time manual settly	
		Number of anaemia cases treated successfully	2	RR		
		Number of children with Pneumonia treated	2	RR		
		Proportion of cases requiring DEIC services out of screened	2	RR		
		Percentage of children on exclusive breastfeeding attending OPD	2	RR	up to 6 months of age	
		Number of children with severe & moderate anaemia treated	2	RR		
Standard H4			Quality Indicators a	nd endeavours to	reach State/National benchmark	
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score	2	RR	Parent- attendant group only	
		Waiting time at nutrition counselling centre	2	RR		
		Waiting time at paediatric clinic	2	RR		
		waiting time at drug dispensing counter dedicated for paediatric OPD	2	RR		
		Waiting time at registration counter	2	RR		
		Average door to drug time	2	RR		

National Quality Assurance Standards for District Hospitals						Version: DH/NQAS-2020/00	
Checklist for Paediatrics Ward 6 Assessment Summary							
Name of the I	Hospital	Assessment Summary			Date of Assessment		
Names of Assessors					Names of Assesses		
Type of Assessment (Internal/External)		1			Action plan Submission Date		
Paediatrics Ward Score Card							
Area of Concern wise Score							
	Service Provision		MusQan Paediatrics Ward Score				
Α	Patient Rights	100%					
В	Inputs	100%					
С	Support Services	100%					
D	Clinical Services	100%	100%				
E	Infection Control	100%		20070			
F		100%					
G	Quality Management	100%					
н	Outcome	100%					
	Major Gaps Observed						
1							
2							
3							
4							
5							
	Strengths / Good Practices						
1							
2							
3							
4							
5							
	Recommendations/ Opportunities for Improvement						
1							
2							
3							
4							
5							
	Signature of Assessors						
	Date					1	
I							

Deference No.	Manuschie Flerend	Charleston		I	Manufacture	Remarks
Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard A1				oncern - A Service Pr		
ME A1.4	The facility provides Paediatric Services	Availability of dedicated paediatric ward	The facili	ty provides Curative !	(1)Assessment, investigation & treatment of admitted sick	l
			2	SI/OB	children. [2] Monitoring and supportive care for sick children [3] Early identification & referral of children at higher centre (for services not coreed under the scope of John [5] Give non compliance if paediatric care is given in general male/ female ward	
		Availability of diarrhoea treatment unit	2	SI/OB	(1) Assessment for dehydration (2) Management according to degree of dehydration (3)Rational use of drugs in children with diarrhosa/dysentery (4) Counselling on feeding, danger signs, prevention of diarrhosa	
		Availability of isolation rooms	2	SI/OB	Segregation and management of children with infectious diseases (source isolation)	
ME A1.14	Services are available for the time period as mandated	Availability of nursing care service 24*7	2	SI/PI		
ME A1.17	The facility provides Intensive care Services	Availability of High dependency unit	2	SI/OB	(I) Close, monitoring and treatment to children who have potential to be physiologically unstable (I) Management of children requiring constant oxygen therapy, cardiorespiratory monitoring, inotropic support. (3) Hospital has established inkage for referral and management with tetriay care unit [Paediatric Intensive Care Unit; PICU] if the condition of hild deteriorates	
ME A1.18	The facility provides Blood bank & transfusion services	Availability of blood transfusion services	2	SI/RR		
Standard A2			The facilit	y provides RMNCHA	Services	
ME A2.4	The facility provides Child health Services	Indoor Management of Acute respiratory infections	2	SI/RR	ARI/Bronchitis, Asthmatics, Pneumonia	
		Indoor Management of Severe Diarrhoea	2	SI/RR	Severe dehydration & shock	
		Indoor Management of childhood illness	2	SI/RR	Meningilis, Liver diseases, convulsions disorders, childhood malignancies, vision & hearing impairment, severe anaemia, Goltre, Pyrexia of unknown reason.	
		Indoor Management of Severe Acute Malnutrition	2	SI/RR	Including vitamin & micronutrient deficiency	
		Management of bones & joints conditions	2	SI/RR	Subluxation of elbow, Rickets, Developmental dysplasia of hip, open & close reduction of bones	
Standard A3		Management of emergency conditions in children	2	SI/RR	Accidental poisoning, Comma, convulsions, stings, bites, poisoning, paediatric surgical conditions	
			The facilit	y Provides diagnostic		
ME A3.1	The facility provides Radiology Services	Availability of X ray services	2	OB/RR	(1) Check for functional X ray services for indoor patients (2) Check services are available at night (3) Check records no. of paediatric cases seen in past three months to avail X-Ray services for Chest, Skull, Spine, Abdomen, bonnes & Dental etc.	
		Availability of USG services	2	OB/RR	(1) Check for functional USG services (2) Check records no. of paediatric cases seen in past three months to avail USG services (3)Availability of USG services for neonatal head-using probe for anterior fontanel to check oedema	
ME A3.2	The facility Provides Laboratory Services	Availability of laboratory services	2	RR/OB	Complete blood profile, CSF analysis, urine & stool analysis (Routine & Microscopy), sichie cell anaemia, thalassemia, culture sensitivity, Wida Elisa, Ra Rafoct, Elisa, Ra Testor, Elisa, Ra Testor, Elisa, Testor, Elisa, Testor, Elisa, Testor, Elisa, Testor, Elisa, Testor, Elisa, Testor, Elisa for TB, Immunoglobin profile, Clotting time etc.	
ME A3.3	The facility provides other diagnostic services, as mandated	Availability of services for Lumber puncture & fundoscopy	2	RR/SI		
Standard A4		The facility provide	es services as ma	ndated in national H	ealth Programmes/ state scheme	
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Indoor management of Vector Borne Diseases	2	SI/RR	Indoor management of malaria, Chikungunya in endemic areas. Check the records for management of cases in last one year	
ME A4.2	The facility provides services under national tuberculosis elimination programme as per guidelines.	Indoor management of paediatric tuberculosis	2	SI/RR		
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Availability of management services of 4 D's (Defects at birth, Deficiencies, Childhood	2	SI/RR	Linkages with DEIC for rehabilitative care Management of developmental dysplasia of hip, congenital	
Standard A5			The facil	ty provides support s		
ME A5.1	The facility provides dietary services	Availability of dietary services	2	SI/OB		
ME A5.2	The facility provides laundry services	Availability of laundry services	2	SI/OB		
ME A5.3	The facility provides security services		2	SI/OB		
ME A5.4	The facility provides housekeeping services	Availability of functional security services	2	SI/OB	including waste disposal	
ME A5.7	The facility has services of medical record department	Availability of Housekeeping services Availability of services for maintenance & storage of clinical records	2	SI/OB		
Standard A6			ices provided at t	he facility are approp	oriate to community needs.	
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of indoor services as per local prevalent disease	2	SI/RR	Acute encephalitis Syndrome (AES), endosulfane, arsenic poisoning, haemophilia etc in children. Give full compliance if no such disease exist in area	
				Concern - B Patient		
Standard B1	Т		o care seekers, a	ttendants & commun	nity about the available services and their modalities	
ME B1.1 ME B1.2	The facility has uniform and user-friendly signage system	Availability departmental &directional signage Information regarding services are displayed	2	ОВ	Numbering, main department and internal sectional signage. Directional signages are given from the entry of the facility Visiting hours and visitor policy are displayed, Entitlement under	
WIL 61.2	The facility displays the services and entitlements available in its departments	miorination regarding services are displayed	2	ОВ	Visiting hours and visitor policy are displayed, Entitlement under RBSK, PMJAY or any state specific scheme are displayed,	

	1	Name of the second seco			Name of doctor and Nurse on duty are displayed and updated.	
		Necessary Information regarding services provided is displayed	2	ОВ	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport / ambulance displayed	
ME B1.4		Hear charges for consists are displayed			Hear charges if any are displayed and communicated to parent	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed	2	ОВ	User charges if any, are displayed and communicated to parent- attendants.	
ME B1.5	patients enectively	IEC Material is displayed			Breast feeding, immunization schedule, Management of diarrhoea	
	Patients & visitors are sensitised and educated		2	ОВ	using Zn & ORS, Pneumonia prevention, nutrition requirement of	
	through appropriate IEC / BCC approaches				children, hand washing, Eat Healthy & Eat safe etc	
		No display of poster/ placards/			Check Paediatric ward, HDU, waiting areas etc.	
		pamphlets/videos in any part of the Health facility for the promotion of breast milk	2	ОВ		
		substitute , feeding bottles, teats or any product as mentioned under IMS Act				
		No display of items and logos of companies				
		that produce breast milk substitute, feeding	2	ОВ	Check in paediatric wards , waiting areas, HDU etc. Check staff is not using pen, note pad, pen stand etc. which have	
		bottles, teats or any product as mentioned under IMS Act			logos of companies' producing breast milk substitute etc.	
		No information, counselling and educational material is provided to mothers and families	2	PI/SI	During counselling Mothers and families has been specially	
		on Formula Feed			educated about ill effects of breast milk substitutes/ formula feed	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language	2	ОВ	Check all information for patients/ visitors are available in local language	
ME B1.8		Discharge summary is given to the patient			Check discharge summary provides 1. Information on follow up	
	The facility ensures access to clinical records of		2	RR/OB	2. Diet to be followed at home	
	patients to entitled personnel				Contact number for emergency Collaboration for community based care	
			<u> </u>			
Standard B2	Services are delivered in	a manner that is sensitive to gender,	religious, and cul	tural needs, and the	re are no barrier on account of physical economic, cult	ural or social reasons.
ME B2.1	Services are provided in manner that are sensitive to	Cots in Paed .ward are large enough for stay of mother with child	2	ОВ	Check Paediatric size cots are not used, As mother/ care giver has to stay along with baby through out the treatment days	
	gender		-			
		Availability of Breast feeding corner	2	ОВ	Check availability of demarcated area for breastfeeding corner along with curtains for privacy & seating arrangement	
ME B2.3		Availability of Wheel chair /stretcher for easy				
02.3		access to paed. Ward	2	ОВ		
	Access to facility is provided without any physical barrier & and friendly to people with disabilities					
	, , , ,	Availability of ramps and railing			If not located on the ground floor availability of the ramp / lift	
	l		2	ОВ	If ramp is available check it is at least 120 cm width, gradient not	
	l				steeper than 1:12	
		Availability of disable friendly toilet	2	OB	Wide , placed at lower level, supported with bars & door of toilet	
			-	OB .	is opening outside	
		Availability of children friendly toilet	2	ОВ	Children friendly- low WC seats; washbasins at appropriate height, lever operated taps	
ME B2.4		Check care to child is not denied or deferred				
	There is no discrimination on basis of social and	due to religion, caste, ethnicity, language, paying capacity, educational level & disease	2	OB/PI		
	economic status of the patients	conditions	1	ОВ/РІ		
Standard B3		The facility maintains privacy, confid	dentiality & digni	ty of patient, and has	a system for guarding patient related information.	
ME B3.1	Adequate visual privacy is provided at every point of	Availability of screen at examination room	2	ОВ	Bracket screen	
	care	/area Availability of screen/curtain at breastfeeding			(1) Secondary curtain/screen is used to create a visual barrier in	
		corner	2	OB	breastfeeding area	
		Curtains / frosted glass have been provided	2	OB	Check all the windows are fitted with frosted glass or curtains have	
ME B3.2		at windows Patient Records are kept at secure place			been provided (1) Check records are not lying in open and there is designated	
	Confidentiality of patients records and clinical information is maintained	beyond access to general staff/visitors	2	SI/OB	space for keeping records with limited access. (2) Records are not shared with anybody without permission of	
	illiorniation is maintained				parents & appropriate hospital authorities	
		No information regarding patient's identity and details are unnecessary displayed on	2	SI/OB	Specially HIV or any such cases	
ME DO D		and details are unnecessary displayed on records	2	SI/OB	Specially HIV or any such cases	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the convices	and details are unnecessary displayed on	2	SI/OB PI/OB		
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	and details are unnecessary displayed on records Behaviour of staff is empathetic and courteous			Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language etc	
ME 83.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	and details are unnecessary displayed on records Behaviour of staff is empathetic and			Specially HIV or any such cases Check that staff is not providing care in undignified manner such as	
ME B3.3 ME B3.4	and respectful, while delivering the services	and details are unnecessary displayed on records Behaviour of staff is empathetic and courteous Child is not left unattended or ignored during care HIV status of child is not disclosed except to	2	PI/OB	Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scoiding, shouting, blaming and using abusive language etc. Check that children are left alone at any point of care. Either HCW or their parently guardian are available with them Check If HIV Status is not displayed / written at bed side or	
	and respectful, while delivering the services The facility ensures privacy and confidentiality to	and details are unnecessary displayed on records Behaviour of staff is empathetic and courteous Child is not left unattended or ignored during care	2	PI/OB	Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language etc. Check that children are left alone at any point of care. Either HCW or their parents/ guardian are available with them	
	and respectful, while delivering the services	and details are unnecessary displayed on records Behaviour of staff is empathetic and courteous Child is not left unattended or ignored during care HIV status of child is not disclosed except to	2	PI/OB	Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scoiding, shouting, blaming and using abusive language etc. Check that children are left alone at any point of care. Either HCW or their parently guardian are available with them Check If HIV Status is not displayed / written at bed side or	
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	and respectful, while delivering the services The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	and details are unnecessary displayed on records: Behaviour of staff is empathetic and courteous Child is not left unattended or ignored during care HIY status of child is not disclosed except to staff that is directly involved in care	2 2	PI/OB OB/PI PI/OB	Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scoiding, shouting, blaming and using abusive language etc. Check that children are left alone at any point of care. Either HCW or their parently guardian are available with them Check If HIV Status is not displayed / written at bed side or	herever it is required.
ME B3.4	and respectful, while delivering the services The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	and details are unnecessary displayed on records. Behaviour of staff is empathetic and courteous. Child is not left unattended or ignored during care. HTV status of child is not disclosed except to staff that is directly involved in care.	2 2 and involving pa	PI/OB OB/PI PI/ OB tient and their famili	Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scolding, shouting, blaiming and using abusive language etc. Check that children are left alone at any point of care. Either HCW or then parently guardian are available with them Check If HIV status is not displayed / written at bed side or records etc.	herever it is required.
ME 83.4 Standard B4 ME 84.1	and respectful, while delivering the services The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups Facility has defined and.	and details are unnecessary displayed on records: Behaviour of staff is empathetic and courteous Child is not left unattended or ignored during care HIV status of child is not disclosed except to staff that is directly involved in care established procedures for informing	2 2	PI/OB OB/PI PI/OB	Specially HIV or any such cases Check that staff is not providing care in undignified manner such as yelling, scoding, shouring, blaming and using abusive language etc. Check that children are left alone at any point of care. Either HCW or their parents/ guardian are available with them. Check If HIV status is not displayed / written at bed side or records etc. es about treatment and obtaining informed consent w. Check General Consent is taken in case sheet.	herever it is required.
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			2	OB	Switches for all beds with indicator lights and	
		Availability of bedside lockers & call bell	2	OB	location indicator in the nurses' duty station specially if cubicle arrangement is followed	
ME C1.3	Departments have layout and demarcated areas as per			_		
	functions	Availability of dedicated nursing station	2	OB		
		Demarcated area for Examination & Treatment	2	OB		
		Availability of isolation room	2	SI/OB OB	Separate room/s, preferably close to paediatric ward	
		Availability of Doctor's & nurses Duty room Availability of ancillary area	2		Stores, dirty utility areas	
					1243-04, 0.11, 0.111, 0.111	
ME C1.4	The facility has adequate circulation area and open	Availability of adequate circulation area for	2	OB	of both staff and equipment	
	spaces according to need and local law	easy moment	-			
		Corridors are wide enough for patient, visitor and trolley/ equipment movement	2	ОВ	Corridor should be 3 meters wide	
ME C1.5	The facility has infrastructure for intramural and	Availability of functional telephone and	2	ОВ	Contact should be streets wide	
ME C1.6	extramural communication Service counters are available as per patient load	Intercom Services Availability of IPD beds as per case load	2	OB	(1) 8-10% of hospital beds are allocated for paediatric ward	
ME C1.7	The facility and departments are planned to ensure	Location of nursing station & patient beds	-			
	structure follows the function/processes (Structure	enables easy & direct observation of patient	2	ОВ		
	commensurate with the function of the hospital)					
		Arrangement of different section ensures unidirectional flow	2	ОВ	Unidirectional flow of goods and services.	
Standard C2		The	facility ensures t	he physical safety of	the infrastructure.	
ME C2.1					DELETED	
ME C2.2 ME C2.3					DELETED	
ME C2.4					DELETED	
Standard C3		The facilit	y has established	Programme for fire	safety and other disaster	
ME C3.1	The facility has plan for prevention of fire	Paediatric ward has sufficient fire exit to			Check the fire exits are clearly visible and routes to reach exit are	
		permit safe escape to its occupant at time of fire	2	OB/SI	clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points .	
ME C3.2	The facility has adequate fire fighting Equipment	Paediatric ward has installed fire Extinguisher that is either Class A , Class B, C type or ABC			Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly	
		type	2	ОВ	extinguisher as well as due date for next refilling is clearly mentioned	
ME C3.3	The facility has a system of periodic training of staff	Check for staff competencies for operating			Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) &	
	and conducts mock drills regularly for fire and other disaster situation	fire extinguisher and what to do in case of fire	2	SI/RR	PASS (Pull, Aim, Squeeze & Sweep)	
Standard C4		The facility has adequate qualified	and trained staf	f, required for provid	ling the assured services to the current case load	
ME C4.1	The facility has adequate specialist doctors as per	Availability of Paediatrician	2	OB/RR	Check for on call during evening and night shifts also.	
ME C4.2	service provision The facility has adequate general duty doctors as per	Availability of general duty doctor			Trained for managing paediatric cases & providing paediatric care	
	service provision and work load		2	OB/RR		
ME C4.3	The facility has adequate nursing staff as per service	Availability of nursing staff	_		As per patient load (One nurse for 4-6 functional beds)	
	provision and work load		2	OB/RR		
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant & security guard	2	SI/RR	Availability of mamta/ ayahs, Sanitary worker & security guard	
Standard C5		The facility	provides drugs a	nd consumables requ	uired for assured services.	
ME C5.1	The departments have availability of adequate	Availability of antibiotics			Ampicillin, Gentamicin, ,Cefotaxime, Ceftriaxone, benzyl	
	medicines at point of use	,	2	OB/RR	pencillin,cloxacillin, cephalosporin, ciprofloxacin cotrimoxazole, Doxycycline,Metrindazol, Albendazole	
		Availability of oral medicines			Syrup Chloroquine, artesunate (Anti malarial medicines),	
			2	OB/RR	Paracetamol, Vitamin A, IFA tablets, Salbutamol, Frusemide tablets, Anti TB medicines, Iron syrup, adrenaline,	
				,	calcium gluconate , digoxin, Manitol, Nebuliser solution of salbutamol	
		Availability of parental medicines			Ringer's lactate, normal saline, glucose 5%, 10 % & 25%,	
					corticosteroid IV,Furosemide IV, diazepam IM/ IV, cephalosporins IV, Calcium gluconate, Vit K, Potassium chloride, Sodium	
			2	OB/RR	bicarbonate, Magnesium sulphate inj, Antihistaminic inj, Ranitidine inj.	
ME C5.2	The departments have adequate consumables at point	Consumables for Paediatric ward			Plastic / disposable syringes - IV cannulas (22G and 24G)	
	of use		_		- Scalp vein set No. 22 and 24	
			2	OB/RR	IV infusion sets (micro infusion), infusion pump for drip, simple rubber catheter, Nasal prongs, masks	
		Resuscitation consumables			Nasogastric tube (8,10,12FG) Suction catheter (6.8.10 FG)	
					Uncuffed tracheal tube (all sizes)	
			2	OB/RR	Oropharyngeal airway, self inflating bags for resuscitation 250&500ml	
ME C5.3	Emergency drug trays are maintained at every point of	Emergency Drug Tray is maintained			Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose	
	care, where ever it may be needed				S%,Potassium Chloride,Calcium Gluconate,Sodium Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone	
			2	OB/RR	Sodium Succinate ,Inj Phenobarbitone,Inj Phenytoin,Inj Diazepam,Inj Midazolam,Salbutamol Respiratory,Ipratropium	
					Respirator solution for use in nebulizer,Inj Dopamine,I.V Infusion set,I.V Cannula (20G/22G/24G/26G) & Nasal Cannula(Infant, Child,	
					Adult) & oxygen	
Standard C6		The facility h	as equipment &	instruments required	for assured list of services.	
ME C6.1	Availability of equipment & instruments for	Availability of functional Equipment &Instruments for examination &			Weighing machine(infant & adult), Stadiometer for height, Infantometer for length, paediatric & adult stethoscope, plus	
	examination & monitoring of patients	&Instruments for examination & Monitoring	2	ОВ	oximeter.	
					BP apparatus with paediatric cuff, multipara monitor, Thermometer, torch ,	
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument for treatment & procedures	2	22	Nebulizer, spacer with mask for administration of metered doses, otoscope, ophthalmoscope, dressing tray, nebulizer	
			,	OB	1	
		procedures	_			!
ME C6.3	Availability of equipment & instruments for diagnostic	Availability of Point of care diagnostic			Glucometer, Urine Dipsticks, RDT for malaria, Typhoid, Dengue &	
ME C6.3			2	ОВ	Glucometer, Urine Dipsticks, RDT for malaria, Typhoid, Dengue & portable x ray (may be shared with main hospital)	
	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		ОВ	portable x ray (may be shared with main hospital)	
ME C6.3 ME C6.4	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Availability of equipment and instruments for resuscitation of patients and for providing intensive	Availability of Point of care diagnostic		OB OB	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryngoscope,	
ME C6.4	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients.	Availability of Point of care diagnostic instruments Availability of functional instruments for Resuscitation.	2	ОВ	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Layngoscope, Suction machines Oxygen supply, ET tube (different sizes)	
ME C6.4 ME C6.5	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients. Availability of Equipment for Storage	Availability of Point of care diagnostic instruments for Resuscitation. Availability of functional instruments for Resuscitation. Availability of equipment for storage for drugs	2	-	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Larygoccope, Suction machines Oxygen supply, ET tube (different sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.4	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients.	Availability of Point of care diagnostic instruments Availability of functional instruments for Resuscitation.	2	ОВ	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating vertilation bag (all sizes), Laryegoscope, Suction machines Owgen supply, ET tube (different sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing	
ME C6.4 ME C6.5 ME C6.6	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients Availability of Equipment for Storage Availability of functional equipment and instruments for support services	Availability of Point of care diagnostic instruments Availability of functional Instruments for Resuscitation. Availability of equipment for storage for drugs. Availability of equipment for cleaning & disinfection	2 2	OB OB	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Larygoccope, Suction machines Oxygen supply, ET tube (different sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.4 ME C6.5	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients Availability of Equipment for Storage Availability of functional equipment and instruments	Availability of Point of care diagnostic instruments Availability of functional Instruments for Resuscitation. Availability of equipment for storage for drugs. Availability of equipment for cleaning &	2 2	OB OB	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryngozcope, Soction machines (oxpen supe), tr The defifterent sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley Buckets for mopping, mops, duster, waste trolley, Deck brush, Prop up facility Hospital graded mattress, Bed side locker , IVstand,	
ME C6.4 ME C6.5 ME C6.6	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients. Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per	Availability of Point of care diagnostic instruments Availability of functional instruments for Resuscitation. Availability of equipment for storage for drugs Availability of equipment for cleaning & disinfection Availability of patient beds with attachments	2 2 2 2 2	OB OB OB	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryngorcope, Soction machines (oxpen supe), Er the different sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley Buckets for mopping, mops, duster, waste trolley, Deck brush, Prop up facility Hospital graded mattress, Bed side locker , IVstand, Bed pan, bed rail Electrical fixture for equipment like suction, X ray view box, cool	
ME C6.4 ME C6.5 ME C6.6	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients. Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per	Availability of Point of care diagnostic instruments and availability of functional Instruments for Resuscitation. Availability of equipment for storage for distance of the storage for distance of	2 2 2 2 2 2	OB OB OB OB	portable x ray (may be shared with main hospital) Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Lanyngorcope, Soction machines Oxygen upply, ET tube (different sizes) Refigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley Buckets for mopping, mops, duster, waste trolley, Deck brush, Prop up facility Hospital graded mattress, Bed side locker , IVstand, Bed pan, bed rail	
ME C6.5 ME C6.5 ME C6.7	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients Availability of Equipment for Storage Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per load and service provision	Availability of Point of care diagnostic instruments Availability of functional instruments for Resuscitation Resuscitation Availability of equipment for storage for drug. Availability of equipment for cleaning & disinfection Availability of patient beds with attachments &accessories Availability of Fatures Availability of Fatures	2 2 2 2 2 2 2	OB OB OB OB	portable x ray (may be shared with main hospital) Face masks (3 type, Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryngoscope, Suction machines Oxygen supply, ET tube (different sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley Buckets for mopping, mops, duster, waste trolley, Deck brush, Prop. up facility Hospital graded mattress, Bed side locker , Nstand, Bed pan, bed rail Exercized finum for equipment like suction, X ray view box, cool white fluorescent light/CTL or LED. Cuphoard, musting counter, table for preparation of medicines, chair, Call beil	
ME C6.4 ME C6.5 ME C6.6	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients Availability of Equipment for Storage Availability of Equipment for Storage Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per load and service provision	Availability of Point of care diagnostic instruments Availability of functional instruments for Resuscitation Resuscitation Availability of equipment for storage for drug. Availability of equipment for cleaning & disinfection Availability of patient beds with attachments &accessories Availability of Fatures Availability of Fatures	2 2 2 2 2 2 2	OB OB OB OB	portable x ray (may be shared with main hospital) Face masks (3 type, Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryagorcope, Soction machines (oxpen supple, It The different sizes) Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley Buckets for mopping, mops, duster, waste trolley, Deck brush, Prop up facility Hospital graded mattress, Bed side locker , IVstand, Bed oan, bed rail Electrical filture for equipment like suction, X sy view box, cool white fluorescent light/CT, or LED. Cupboard, nursing counter, table for preparation of medicines,	fstaff

		1				
ME C7.2					DELETED	
ME C7.10					DELETED	
ME C7.10			Area of (Concern - D Support S	Services	
Standard D1		The facility has established P	rogramme for in	spection, testing and	maintenance and calibration of Equipment.	
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance	2	SI/RR	Weighting machine, Infantometer, suction machine etc	
	critical Equipment	There is system of timely corrective break down maintenance of the equipment			(1) Check log book is maintained & it shows time taken to repair equipment.	
		down maintenance of the equipment	2	SI/RR	(2) Backup of critical equipment such as suction machine, nebuliser & pulse oximeter is available	
			_		(3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance	
ME D1.2	The facility has established procedure for internal and	All the measuring equipment/ instrument			BP apparatus, thermometers weighting scale etc. are calibrated.	
ME DAIL	external calibration of measuring Equipment	are calibrated	2	OB/ RR	Check for calibration stickers & records	
Standard D2	Th	e facility has defined procedures for	storage, inventor	v management and d	dispensing of drugs in pharmacy and patient care areas	
ME D2.1	There is established procedure for forecasting and	There is established system of timely		<mark>/</mark>		
	indenting medicines and consumables	indenting of consumables and medicines at nursing station	2	SI/RR	Stock is updated on defined intervals Requisition are timely placed based on consumption pattern	
		medicines are intended in Paediatric dosages/formulations only	2	OB/RR		
		Forecasting of medicines and consumables is done scientifically based on consumption	2	RR/SI	Staff is trained for forecast the requirement using scientific system	
ME D2.3	The facility ensures proper storage of medicines and consumables	medicines are stored in containers/tray/crash cart and are labelled	2	ОВ		
		Empty and filled cylinders are labelled &	2	OB	Flow meter, humidifier, cylinder keys & updated data sheet is	
ME D2.4	The facility ensures management of expiry and near	kept separately Expiry dates' of medicines are maintained			available with in use of cylinders. Records for expiry and near expiry medicines are maintained for	
	expiry medicines		2	OB/RR	drug stored in department & emergency tray	
ME D2.5	The facility has established procedure for inventory	No expired drug found There is practice of calculating and	2	OB/RR	Check drug sub store & emergency tray Minimum stock and reorder level are calculated based on	
	management techniques	maintaining buffer stock in paediatric ward	2	SI/RR	consumption Minimum buffer stock is maintained all the time	
		Department maintained stock and expenditure register of medicines and	2	RR/SI	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the	consumables There is no stock out of vital and essential	2	SI/RR	There is procedure for replenishing medicines in emergency tray	
ME D2.7	medicines in patient care areas There is process for storage of vaccines and other	medicines Temperature of refrigerators are kept as per		JI/KK	and sub stores maintained in department Check for temperature charts are maintained and undated	
MIC 02:1	There is process for storage of vaccines and other medicines, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained	2	OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing medicines should not be used for	
ME D2.8	There is a procedure for secure storage of narcotic and	Check narcotic and psychotropic medicines			storing eatables	
WIE 02.6	psychotropic medicines	are kept in lock & key	2	OB/RR		
Standard D3		The facility provides	safe, secure and	comfortable environ	ment to staff, patients and visitors.	
ME D3.1	The facility provides adequate illumination level at	Adequate illumination at nursing station &			150 Lux at patient bedside along with Provision of natural light.	
	patient care areas	patient care areas	2	OB	Illumination of 100 Lux in ward. Illumination level at nursing station- 150-300 Lux.	
ME D3.2	The facility has provision of restriction of visitors in	Visitor policy is defined & implemented			(1) Only one female/ family members allowed to stay with the	
	patient areas		2	OB/PI	child, Visiting hour are fixed and practiced (2) There is no overcrowding in the ward	
ME D3.3	The facility ensures safe and comfortable environment	Temperature control and ventilation in			Room kept between 25° - 30° C (to the extent possible) Fans/ Air	
	for patients and service providers	patient care area nursing station/duty room	2	PI/OB	conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		Safe measures used for re-warming children	2	SI/OB	Check availability of Blankets to cover the children/ functional	
		Side railings has been provided to prevent	2	ОВ	room heaters	
ME D3.4	The facility has security system in place at patient care areas	fall of patient Identification band for all children				
	areas		2	ОВ		
			2	OB/SI	Functional CCTV is installed (may be shared with main hospital)	
ME D3.5	The facility has established measure for safety and security	Security arrangement in Paediatric Ward Ask female staff whether they feel secure at	2	SI		
Standard D4	of female staff	work place	established Dree	ramma for maintana	ance and upkeep of the facility	
ME D4.1	Exterior & Interior of the facility building is	Building is painted/whitewashed in uniform		l e	Check building is plastered, painted/ whitewashed in uniform	
	maintained appropriately	colour Interior walls of ward are brightly painted	2	ОВ	colour Check walls are painted with cartoon characters/ animals/ plants/	
ME D4.2	Patient care areas are clean and hygienic	and decorated Floors, walls, roof, roof tops, sinks, patient	2	ОВ	under water/ jungle themes etc 1. All area are clean with no dirt, grease, littering and cobwebs.	
		care and circulation areas are Clean	2	ОВ	Surface of furniture and fixtures are clean Cleanliness and maintenance of child zone including their swings	
			-		and toys is ensured	
		Toilets are clean with functional flush and running water	2	ОВ	Check toilet seats, floors, basins etc are clean and water supply with functional cistern	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	2	ОВ	Window panes , doors and other fixtures are intact	
		Patients beds are intact and painted	2	ОВ	Mattresses are Intact and clean	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward	2	ОВ	Check if any obsolete article including equipment, instrument, records, drugs and	
ME D4.6		No stray animal/rodent/birds			consumables (1) No lizard, cockroach, mosquito, flies, rats, bird nest etc.	
D4.0	The facility has established procedures for pest, rodent and animal control	no stray animal/rought/DIFOS	2	ОВ	(1) No lizard, cockroach, mosquito, flies, rats, bird nest etc. (2) Anti Termite treatment on wooden items on defined intervals	
Standard D5		The facility ensures 24X7 water a	and power backu	p as per requirement	of service delivery, and support services norms	
ME D5.1	The facility has adequate arrangement storage and	Availability of 24x7 running and potable			Check for round the clock piped water supply with overhead tank	
	supply for portable water in all functional areas	water	2	OB/SI		
ME D5.2	The facility ensures adequate power backup in all	Availability of power back up in patient care	2	OB/SI	Check availability of power back with 1-2 outlets connected to	
	patient care areas as per load	areas	2	OR/SI	generator supply, check for functional UPS /emergency lights	
StandardD6			ailable as per ser	vice provision and nu	utritional requirement of the patients.	
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of all children done specially high risk cases			Check nutritional Assessment is done to provide age appropriate diet by dietician/ nutrition counsellor / doctor.	
					 Special nutritional advice is given for cases like diarrhoea, mild under nutrition & disease conditions / specific food intolerance etc 	
			2	RR/SI	Check caregiver/ mother of all children below two years are directed to the counselling centre for breastfeeding & age-	
					appropriate counselling.	
ME D6.2	The facility provides diets according to nutritional	Check the procedure for requisition of			(1) Check dietary requirement of children of various ages are taken	
	requirements of the patients	different type of diet from ward to kitchen	2	OB/RR	into consideration in menu/ diet chart of the hospital (2) Check the menu includes	
			<u></u>		choices that are appropriate to the different cultural needs of children and their families	
		Check for the adequacy and frequency of diet as per nutritional requirement	2	OB/PI	Ask attendant/ patient whether they are satisfied with the Quality & quality of food provided	

		T.			In a company of the c	1
		Check facility provide diet for child parents/	2	PI/RR	Check for Two meals / paediatric bed/ shift is ordered	
ME D6.3		guardian staying along with baby Check paediatric ward is not			Character of special field to see the head to	
ME D6.3		supplied with the same food as adults	2	PI/SI	Give non compliance if same adult food is provided to children in paediatric ward	
		Check standard procedures are followed for transportation & distribution of diet			Check food is transported in covered trolley from kitchen/pantry to ward,	
			2	RR/SI	Food is distributed away from clinical area, Distribution staff adhere to their PPE	
					4. Check utensil provided are not broken & chipped off.	
			The feetiles of		5. Check the condition of trolley whether it is clean and free from	
Standard D7			The facility er	sures clean linen to		
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed	2	OB/RR	Check adequate availability of Blankets, draw sheet, bed sheets, pillow with pillow cover and mackintosh.	
		Child friendly bright coloured and soft linen is used	2	OB/RR	Check linen used in paediatric ward is having cartoon characters/ animals/ plants/ jungle themes etc.	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day and whenever it get soiled	2	PI/RR	Ask parents whether the linen is changed as soon as it gets soiled	
	· ·		-	.,,		
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry	2	SI/RR	Check linen is clean, stains free & not torn, Check what action is taken in case the linen is torn/ still stained/	
					unclean.	
Standard D10		The facility is compliant with all	statutory and reg	gulatory requirement	t imposed by local, state or central government	
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities	Availability of valid No objection Certificate from fire safety authority	2	RR	Shared with main hospital building	
WIE DIO.I	operation of nospital and different activities		•			
		Availability of authorization for handling Bio Medical waste from pollution control board	2	RR	Shared with main hospital building	
		Availability of certificate of inspection of			Shared with main hospital building	
		electrical installation	2	RR RR		
ME D10.2		Availability of licence for operating lift		RR	Shared with main hospital building DELETED	
ME D10.3					DELETED	
Standard D11	Role	s & Responsibilities of administrative	and clinical staff	are determined as p	er govt. regulations and standards operating procedure	25.
ME D11.1	The facility has established job description as per govt	Job description is defined and	2	RR	Regular + contractual	
ME D11.2	guidelines The facility has a established procedure for duty roster	communicated to all concerned staff There is procedure to ensure that staff is	-		Check for system for recording time of reporting and relieving	
	and deputation to different departments	available on duty as per duty roster	2	RR/SI	(Attendance register/ Biometrics etc)	
ME D11.3	The facility ensures the adherence to dress code as	Doctor, nursing staff and support staff adhere to their respective dress code			As per hospital dress code	
	mandated by its administration / the health department	respective tress code	2	ОВ		
Standard D12		The facility has established procedure	for monitoring	the quality of outsou	rced services and adheres to contractual obligations	
ME D12.2	There is a system of periodic review of quality of out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on		, ,	Verification of outsourced services	
	Sourced Services	regular basis	2	SI/RR	(cleaning/Laundry/Security/Maintenance) provided are done by designated in-house staff.	
			Area of 0	Concern - E Clinical S	ervices	
Standard E1		The facility has defi			ultation and admission of patients.	
ME E1.1	The facility has established procedure for registration	Unique identification number is given to			Check for that patient demographics like Name, age, Sex, UID Chief	
	of patients	each patient during process of registration & admission	2	RR	complaint, etc. are recorded in admission records	
ME E1.3	There is established procedure for admission of patients	There is established criteria for admission	2	SI/RR	Check the criteria is defined for admission based on age, clinical sign & symptoms , patient condition, etc. & followed	
	patients	There is no delay in treatment because of	-	3,7111	Admission is done by written order of a qualified doctor. Time of	
		admission process	2	SI/RR/OB		
		admission process	2	SI/RR/UB	admission is recorded in patient record.	
ME E1.4	There is established procedure for managing patients,	aumission process			-	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure to cope with surplus patient load	2	OB/SI	admission is recorded in patient record. 1. Check for provision of extra beds 2. Check no two children are treated at one bed	
ME E1.4 Standard E2	in case beds are not available at the facility	Procedure to cope with surplus patient load	2	OB/SI	Check for provision of extra beds	preparation.
	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load	2	OB/SI	1. Check for provision of entra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan p [1] Check process of initial assessment, risge, identification of	oreparation.
Standard E2	in case beds are not available at the facility The facility ha	Procedure to cope with surplus patient load as defined and established p	2	OB/SI	Check for provision of extra beds Check no two children are treated at one bed ment, reassessment and treatment plan p	oreparation.
Standard E2	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load	² rocedures fo	oB/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan p [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed.	oreparation.
Standard E2	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load as defined and established p	² rocedures fo	oB/SI	1. Check for provision of entra beds. 2. Check no two children are treated at one bed ment, reassessment and treatment plan p [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. [2] Check time for initial assessment done is recorded in BHT Check BHT.	oreparation.
Standard E2	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load as defined and established p	² rocedures fo	oB/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan p (1) Check process of initial assessment, triage, identification of emergency, priority & ron urgent signs are defined & followed. (2) Check time for initial assessment done is recorded in BHT	oreparation.
Standard E2	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load as defined and established p Criteria for initial assessment is defined & practiced Patient History, Physical Examination &	z rocedures fo	OB/SI r clinical assessi RR/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan p [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. [2] Check time for initial assessment done is recorded in BHT Check BHT - 1. General condition including vital signs are documented 2. Patient I/(0) is taken & documented 2. Patient I/(0) is taken & documented	preparation.
Standard E2	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load as defined and established p Criteria for initial assessment is defined & practiced Patient History, Physical Examination & Provisional Diagnosis is done and recorded initial assessment and treatment is provided	rocedures fo	OB/SI r Clinical assess: RR/SI RR	1. Check for provision of entra beds. 2. Check no two children are treated at one bed ment, reassessment and treatment plan p [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. [2] Check time for initial assessment done is recorded in BHT Check BHT: 1. General condition including vital signs are documented 2. Patient I/O is taken & documented	preparation.
Standard E2 ME E2.1	in case beds are not available at the facility The facility h. There is established procedure for initial assessment of patients	Procedure to cope with surplus patient load as defined and established p Criteria for initial assessment is defined & practiced Patient History, Physical Examination & Provisional Diagnosis is done and recorded	z rocedures fo	OB/SI r clinical assessi RR/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan p [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. [2] Check time for initial assessment done is recorded in BHT Check BHT - 1. General condition including vital signs are documented 2. Patient I/O is taken & documented 2. Patient I/O is taken & documented 4. Initial treatment to start is recorded Initial assessment is documented preferably within 2 hours	oreparation.
Standard E2	in case beds are not available at the facility The facility has There is established procedure for initial assessment of	Procedure to cope with surplus patient load as defined and established p Criteria for initial assessment is defined & practiced Patient History, Physical Examination & Provisional Diagnosis is done and recorded initial assessment and treatment is provided immediately There is fixed schedule for assessment of	rocedures fo	OB/SI r Clinical assess: RR/SI RR	1. Check for provision of entra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan g [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. [2] Check time for initial assessment done is recorded in BHT Check BHT: 1. General condition including vital signs are documented 2. Patient N/O is taken & documented 3. Provisional diagnosis is made & written 1. Initial treatment to start is recorded	preparation.
Standard E2 ME E2.1	in case beds are not available at the facility The facility hi There is established procedure for initial assessment of patients There is established procedure for follow-up/	Procedure to cope with surplus patient load as defined and established p as defined and established p criteria for initial assessment is defined & practiced Patient History, Physical Examination & Provisional Diagnosis is done and recorded Initial assessment and treatment is provided immediately	rocedures for 2 2 2 2	OB/SI r clinical assessi RR/SI RR RR/SI RR/OB	1. Check for provision of extra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan g [1] Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. [2] Check time for initial assessment done is recorded in BHT Check BHT - 1. General condition including vital signs are documented 3. Provisional diagnosis is made & written 3. Provisional diagnosis is made & written 4. Initial treatment to start is recorded initial assessment is documented preferably within 2 hours Check BHT for adherence on frequency of assessment	preparation.
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					(1) Check for referral cards filled from lower facilities (2) ANM of nearby PHC/HWC is informed about discharge follow	
		Facility has functional referral linkages with lower facilities	2	RR	ups	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients	2	RR/SI		
Standard F4			ility has defined	and established proc	edures for nursing care	
ME E4.1	Procedure for identification of patients is established	There is a process for ensuring the		I	(1) Identification tags are used for children less than 5 yrs.	
	at the facility	identification before any clinical procedure	2	OB/SI	(2) There is system in place to identify the patient before drug administration or performing any clinical procedure	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained	2	RR	Check treatment chart are updated and drugs given are marked in. Co relate it with drugs and doses prescribed. Dispensing feed, time	
	per treatment plan is established at the facility		-	nn.	of oral drugs, supervision of intravenous fluids etc is recorded	
		There is a process to ensure the accuracy of verbal/telephonic orders	2	SI/RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within	
ME E4.3	There is established procedure of patient hand over,	Patient hand over is given during the change			defined time period Nursing Handover register is maintained	
	whenever staff duty change happens	in the shift	2	SI/RR		
		Hand over is given bed side			Check staff follows SBAR protocol (situation, background,	
			2	SI/RR	assessment and recommendation)	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately	2	RR/SI	Check for nursing note register. Notes are adequately written	
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals for stable & critical patients are			Check for TPR chart, I/O chart, any other vital required is monitored	
		monitored and recorded periodically	2	RR/SI	viz lower chest indrawing, coma score or level of consciousness [AVPU: [Alert, Responding to voice, responding to pain,	
					unconscious], temperature and body weight	
Standard E5		The facilit	y has a procedur	e to identify high risk	and vulnerable patients.	
ME ES.1	The facility identifies vulnerable patients and ensure their	Vulnerable patients are identified and			Check the measure taken to prevent new born theft, sweeping	
	safe care	measures are taken to protect them from any harm	2	OB/ SI	,baby fall, adverse events following drugs/vaccine etc.	
ME E5.2	The facility identifies high risk patients and ensure their	High risk patients are identified and			Triage is done and provide emergency	
	care, as per their need	treatment given on priority	2	OB/SI	treatment keeping in mind the ABCD steps: Airway, Breathing, Circulation, Coma. Convulsion, and Dehydration.	
			-		circulation, coma, convasion, and seripidation.	
Standard EC		- F-	cility answers ret	onale prescribing	duse of medicines	
Standard E6 ME E6.1	The facility encured that described			onale prescribing and		
	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only	2	RR	Check all the drugs in case sheet and discharge slip are written in generic name only.	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use	2	RR	STG for Management of Pneumonia, Diarrhoea, ARI/Bronchitis Asthmatic, Severe acute malnutrition, vitamin	
		Check staff is aware of the drug regimen and			deficiencies and micronutrient deficiencies, Haematological Check BHT that drugs are prescribed as per treatment protocols	
		doses as per STG	2	SI/RR	&Check for rational use of antibiotics	
ME E6.3	There are procedures defined for medication review	Availability of drug formulary	2 2	SI/OB	Staff is aware of formulary	
ME E0.3	and optimization	Complete medication history is documented for each patient		RR/OB	Check complete medication history including over-the- counter medicines is taken and documented	
		Medicine are reviewed and optimised as per individual treatment plan	2	SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome	
		Complete medication history is documented and communicated for each patient at the	2	SI/RR	Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction	
		time of discharge			experienced 2. Changes in prescribed medicines, including medicines started or	
					stopped, or dosage changes, and reason for the change are clearly documented in the case sheet and case summary"	
		Patients are engaged in their own care	2	PI/SI	"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"	
					Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per	
					treatment plan for discharge"	
Standard E7		The fa	acility has define	d procedures for safe	drug administration	
ME E7.1	There is process for identifying and cautious	High alert drugs available in department are			Electrolytes like Potassium chloride, Opioids, Neuro muscular	
	administration of high alert drugs	identified	2	SI/OB	blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist & primaquine not to be given to infants etc	
				5,752	Participle agonat & prinaganic not to be given to mains etc	
		Maximum dose of high alert drugs are	2	SI/RR	Value for maximum doses as per age, weight and diagnosis are	
ME E7.2	Medication orders are written legibly and adequately	defined and communicated There is process to ensure that right doses of	2	SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor. A system of independent double check before administration, Error	
ME E7.2	Medication orders are written legibly and adequately	defined and communicated		·	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor. A system of Independent double check before administration, Error prone medical abbreviations are avoided	
ME E7.2	Medication orders are written legibly and adequately	defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is	2	SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor. A system of independent double check before administration, Error	
ME E7.2	Medication orders are written legibly and adequately	defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature	2	SI/RR SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor. A system of lindspendent double check before administration, Error prone medical ablevations are avoided. Verify case sheets of sample basis	
ME E7.2	Medication orders are written legibly and adequately	defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date, time and	2	SI/RR SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor. A system of Independent double check before administration, Error prone medical abbreviations are avoided	
ME 67.2	Medication orders are written legibly and adequately	defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily	2 2	SI/RR SI/RR RR	Varily case sheets of sample basis Verify case sheets of sample basis Check for any open single dose vial with left over content intended.	
		defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily comprehendible by the clinical staff	2 2	SI/RR SI/RR RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided. Verify case sheets of sample basis. Verify case sheets of sample basis.	
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ME E7.3	There is a procedure to check drug before administration/ dispensing	defined and communicated Three is proces to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Any adverse drug reaction is recorded and reported	2 2 2 2 2	SI/RR SI/RR RR RR/SI OB/SI	Varily case sheets of sample basis Check for any open single dose vial with left over content intended to be used further in the many of the content of the	
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ME E7.3 ME E7.4 ME E7.5 Standard E8 ME E8.1 ME E8.2 ME E8.3 ME E8.4	There is a procedure to check drug before administration/ dispensing There is a system to ensure right medicine is given to right patient Patient is counselled for self drug administration All the assessments, re-assessment and investigations are ecorded and updated. All treatment plan pescription/orders are recorded in the patient records. Care provided to each patient is recorded in the patient records. Care provided to each patient is recorded in the patient records. Adequate form and formats are available at point of use	defined and communicated Three is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date , time and signature Check medication orders are legible & easily comprehendible by the clinical staff Drugs are checked for expiry and other incrossistency before administration Any adverse drug reaction is recorded and reported IV Fluid and drug dosages are calculated according to body weight Drugs are checked for expiry and other incrossistency before administration IV Fluid and drug dosages are calculated according to body weight Drugs are and volume is calculated and monitored Administration of medicines done after ensuring GMS Patient attendants' are advice by doctor/nurse about the dosages and timings. The facility has defined and establi Day to day progress of patient is recorded in BIT Treatment plan, first orders are written on BIT Maintenance of treatment chart/treatment registers. Procedures performed are written on patients records Standard Format for bed head ticket/ Patient Standard Format for bed head ticket/ Patient	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR RR/SI OB/SI RR/SI SI/RR SI/OB PI/SI RR RR RR RR	Varily case sheets of sample basis Oheck for any open single dose vial with left over content intended to be used later on in multi-dose vial week of sample basis Oheck for any open single dose vial with left over content intended to be used later on. In multi-dose vial needle is not left in the septim of the sample basis Check for any open single dose vial with left over content intended to be used later on. In multi-dose vial needle is not left in the septim Check Samff is aware of ADR 2. Check for sample basis Check when is bett add reported / Nil reporting Check Check when is bett add reported / Nil reporting Check for calculation chart Check Staff follows 6Rs's practice Right patient, Right drougs, Right time, Right Dosage and after administration, Right documentation. Dose & advice is described in vernacular. It is not given directly in hand of relative fragitent ating of patients' clinical records and their storage Check at least 2 times/ day notes are recorded in case sheet Check treatment is prescribed in Case records and nursing records (Medication order; treatment plan, lab investigations) Treatment given is recorded in treatment chart / register 1. Procedures performed vit. Newbaltzion, Resulcitation, blood transfusion et al. 2. Procedure performed vit. Revolutation, Resulcitation sheet, backarge card, and story septiments of the forms 1. Check for adequate availability of the forms 2. Check for for adequate availability of the forms 2. Check for for depole (Doll), report book, Admission register, lab	

		All register/records are identified and numbered	2	RR	Unique identification number is given & staff is able to retrieve previous register/records	
ME E8.7	The facility ensures safe and adequate storage and retrieval, of medical records	Safe keeping of patient records			(1) Records of discharged cases are kept in MRD/ department sub	
	retrieval of medical records		2	ОВ	store (2) Check records are retrieval in case of re admission	
					(3) Copy of records is given to next kin only with permission from authorised staff only	
Standard E9		The facility	has defined and	established procedur	res for discharge of patient.	
ME E9.1	Discharge is done after assessing patient readiness	Paed. HDU has established criteria to	2	SI/RR	Criteria for transfer to step down: Respiratory distress improves, babies on antibiotics for completion of therapy, children who are	
		transfer to step down	2	SIJAK	otherwise stable.	
					Primary illness is resolved, All infections and other medical	
		Paediatric ward has established criteria for	2	SI/RR	complications have been treated, baby maintain temp, baby is accepting mothers milk/feed, Child is provided with micronutrients	
		discharge Discharge is done by a responsible and			Immunization is updated etc Discharge is done in consultation with treating doctor	
		qualified doctor after assessment in consultation with treating doctor	2	SI/RR		
		Patient / attendants are consulted before discharge	2	PI/SI	Time of discharge is communicated to patient in prior	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patients clinical condition, treatment given.	2	RR/PI	See for discharge summary, referral slip provided.	
	at the discharge	Nutritional status and follow up				
ME E9.3	Counselling services are provided as during discharges	Discharge summary is give to all patients Patient is counselled before discharge	2	SI/RR	Including LAMA/Referral patient Advice includes the information about the nearest health centre for	
	wherever required		2	SI/PI	further follow up. Counsel mother for treatment, follow up, feeding, discharge timings are explained prior	
ME E9.4	The facility has established procedure for patients	Declaration is taken from the LAMA patient				
	leaving the facility against medical advice, absconding, etc		2	RR/PI		
Standard E11		The facility has defined a	nd established p	rocedures for Emerge	ency Services and Disaster Management	
	Emergency protocols are defined and implemented	Staff is aware of process & steps for emergency management of sick children			(1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and non	
		emergency management of sick children			urgent. (2) After identification of emergency & priotize sign- prompt	
ME E11.2			2	SI/RR	emergency treatment is to be given to stabilize before transfer to	
					ward/HDU or refer	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR	Role and responsibilities of staff in disaster are defined Mock drills have conducted from time to time	
Standard E12		The facility	v has defined and	established procedu	ures of diagnostic services	
ME E12.1	There are established procedures for Pre-testing	Container is labelled properly after the	l .		Protocols are defined & followed for sample collection & transfer	
ME E12.3	Activities There are established procedures for Post-testing	sample collection Nursing station is provided with the critical	2	OB	timely from ward to lab for testing	
mc cata	Activities	value of different tests	2	SI/RR	(1) Critical values are defined and intimated timely to treating medical officer	
					(2) List of Normal reference ranges are available in Paed. Ward	
Standard E13		The facility has defined and	d established pro	cedures for Blood Ba	nk/Storage Management and Transfusion.	
ME E13.9	There is established procedure for transfusion of blood	Patient's identification is confirmed & Consent is taken before transfusion	2	RR	Check whether staff follows the protocol for patient identification and cross validates it with written advice	
		Protocol of blood transfusion is monitored &	-	nn.	Blood is kept on optimum temperature before transfusion. Blood	
		regulated	2	RR	transfusion is monitored and regulated by qualified person	
		Blood transfusion note is written in patient records	2	RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet	
					Charle for adequate availability and utilization of pandiatric blood	
A45 543 40	The state of the s	Paediatric blood transfusion bags are used for transfusion	2	RR	Check for adequate availability and utilization of paediatric blood bags	
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	for transfusion	2	RR RR	bags Check - Staff is aware of the protocol to be followed in case of any	
ME E13.10		Paediatric blood transfusion bags are used for transfusion Any major or minor transfusion reaction is recorded and reported to responsible person			bags Check -	
ME E13.10 Standard E15		for transfusion Any major or minor transfusion reaction is recorded and reported to responsible person	2	RR	bags Check - Staff is aware of the protocol to be followed in case of any	
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Standard E15 ME E15.2 ME E15.4 Standard E16 ME E16.1 ME E16.2 Standard E20 ME E20.1	reporting Transfusion complication The facility has established procedures for Preoperative care The facility has established procedures for Post operative care Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling the death in the hospital The facility provides immunization services as per guidelines.	Any major or minor transfusion reaction is recorded and reported to responsible person. The facility has Patient evaluation before surgery is coordinated and recorded as Staff is aware of the care protocol of children returned back from surgery The facility has defined and exit of the care protocol of children returned back from surgery The facility has defined and exit of the care protocol of children returned back from surgery The facility has defined and exit of the care protocol of children returned back from surgery The facility has defined and exit of the care protocol of children and protocol of the care protocol of the	s defined and est 2 2 2 2 plished procedure 2 2 2	sl/RR sl/RR sl/RR sl/RR sl/RR	bags Check Staff is aware of the protocol to be followed in case of any transfusion reaction Tof Operation theatre services Vitals, Patients fasting status etc. is managed & informed to OT. 1. Staff frequently assess the surgical site in case of any redness, discharge the case in charge is informed immediately. 2. Staff consequently assess the surgical site in case of any redness, discharge the case in charge is informed immediately. 2. Staff consequent members on the techniques of feeding infant post surgery. Do not give hard, countly foods in cases of cleft lip and delft palate. General & Specific care directed by Orthodontics viz. Mouth care is maintained post surgery use gauze lock and mountlywash for cleaning. Don't use brush for 3 weeks. Use the arm string/ restrain to avoid thumb/ finger sucking etc. The country of the country food of the country of the	

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		Assessment & management of hypoxaemia	2	SI/RR	(II) Early signs confusion, restlessness & shortness of breath. (2I) Determine overpien level using public comineer. (3I) Overgen supplementation - when child is in respiratory distress & SP02 14-500X. Child with emergency signs but with out respiratory distress excellent output from the capture of SP02 16-500X. (4I) investigate for underlying cause - viz. Asthma, Pneumonia, Anxenia, ARDSE child.	
		Assessment & management of circulation failure cases	2	SI/RR	Cold body with capillary refill longer than 3 sec/ fast & weak pulse. Any sign positive. Check for any bleeding, give oxygen & keep child warm. If malnourishment seen: child is lethargic /unconscious: Insert IV line & Güe IV gliscope, if child is not lethargic & unconscious-give glucose orally/nasogastric tube, proceed for full investigation & further treatment.	
		Management of coma/convulsion in children	2	SI/RR	Coma/convulsion: Manage the airway, if convulsing, give diazepam rectally, Postion the child (if head & neck trauma is suspected), give	
ME E20.7	Management of children presenting	Management of Child with Bronchial Asthma			IV glucose Initial Treatment	
	with fewer, cough/ breathlessness is done as per guidelines		2	SI/RR	Sabutamol inhalation 2.5 mg/dose (5 mg/ml solution), by nebuliser every 20 minutes 3 y MDI-Spacer 4 gulfs (100mg/ghg/ml at 2-3 min interval. This course is repeated every 20 minutes 3 minutes v3. In indemails 0.01 ml/kg (maximum of 0.3 ml y 6.1:000 solution subcutaneous every 20 minutes x3 la case of Moderate to Severe attack. Additional. Oxygens Start Startosk; Predinsibner 2 mg/kg/day in divided doses Ressues 30-60 mins If not improve. Continue branchodistor 1.2 hly and iparticipal milky (continue strong).	
		Staff is aware of sign & symptoms of severe preumonia in children 2 months to 5 ys.	2	SI/RR	Cough or difficulty in herathing in children with at least one of the following condition:: (1) Central Cyanosis or oxygen saturation -50%: (3) Server respiratory distress (laboured or leve) fast breathing (88-C7) per minute) or severe lower chest indrawing or head nodding or stration or grunting) (3) Sign of pneumonia with general danger sign (inability to breadled or lethargy or reduced level of consciousness or convolution)	
		Management of Severe pneumonia in children 2 month to 5 ys.	2	SI/RR	Antibiotics: Ampicillin Somg/kg or Benzyl penicillin 50,0001/kg IM or IV every 6 hrs. Gentamicin 7.5 mg/kg IM or fV noce in a day Gwc Closcallin on Amoutillen- chavaline and if Staphylococcal infection is suspected (presence of skin putules or boil) Glove Celtrianous end warcomycin in cest of septic shock) if child does not show signs of Improvement with in 48thrs, which to Gentamicin 7.5 mg/kg IV once in a day combined with Celtrianous 100mg/kg IV divided in to 2 doses or closcallin 50mg/kg IV 8 hrly. Shift to and dose as soon as child is able to take it orally, except those with shock or complicated pneumonia where longer parenteral therapy is advised. Duration, Clinical response with in 48 hrs. 7 days Clinical response after 48 hrs. 1049y.	
		Staff is aware of Oxygen therapy, given for severe pneumonia in children 2 months to 5 yrs. Management of child presenting with severe ansemia	2	SI/RR SI/RR	Oxygen saturation <50%- give oxygen to all children or <54% with other emergency sign like shock etc.) Use nasal prongs as preferred method of oxygen delivery to young infant. Use pulse oximizer to guide the oxygen therapy (keep oxygen saturation >50%), if pulse oximeter is not available: continue the oxygen until clinical sign of hypoxis (mability to breastfee) continue the oxygen until clinical sign of hypoxis (mability to breastfee) oxygen the oxygen oxyg	
					Give a daily iron–folate tablet or iron syrup for 14 days	
		Staff is aware of indications for blood transitusion due to severe anaemia	2	SI/RR	All children with Hb s4 gm/dl, Children with Hb s4 gm/dl, Children with Hb s4-6 gm/dl with any of the following: - Debydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very High par	
		Ssaff is aware of blood transfusion protocols Management of children with secures	2	SI/RR SI/RR	If packed cells are available, give 10 ml/ng over 3-4 hours preferably, if not, give whole blood 20 ml/ng over 3-4 hours. [1] Children pre-enting with acute services: Vidasepan or violation of the property	
ME E20.8	Management of children with severe Acute Mainutrition is done as per guidelines	Management of child presented in shock with severe malnourishment	2	RR	(1) insert IV line, weight the child, give IV fluid 15ml/kg over 1 hr. Use one of the following solutions: — Ranger's lactate with 5% glucose (destrose): — 1648-facepith barrow's solution with 5% growth 5% glucose (destrose): — 1648-facepith barrow's solution with 5% growth 5% glucose (destrose): — 1648-facepith barrow's solution with 5% growth 5% glucose (destrose): — 1648-facepith barrow's solution with 5% growth 5% glucose (destrose): — 1648-facepith barrow's solution with 5% glucose (des	
ME E20.9	Management of children presenting diarrhoea is done per guidelines	Assessment & Management severe dehydration cases	2	SI/RR	olarnhos plus two of signs are positive viz. lethagy, sunken eyes, wery slow skin pick, 6 unable to drink ord nick sery less. If no severe mainutrition give fluids rapidly & start diarnhosa treatment. If severe mainourishment do not insert IV, proceed for full assessment & treatment.	

		Treatment of child presenting with severe dehydration	2	SI/RR	(1) Start IV fluids immediately. While the drip is being set up, give ORS solution if the child can drink. (2) Start is stoomic solutions: Ringer's lactate solution and normal saines solution (59 NGC) is given. One 100 ml/kg of the chosen solution. If age <12 month: first give 30ml/kg in 1 hr & repeat if readily putse week & them 70ml/kg in 25 th six fixed point for the chosen solution. If age is some than or equal to 127 month, first give 30ml/kg in 30mlo k repeat if radial putse is week & hern 70ml/kg in 2.5 hrs)	
		Staff is aware of Care of children with Developmental Dysplasia of Hip	2	SI/RR	Management in child up to 4 months - Application of Pavlik Harness Management of Child above 4 years - Closed Reduction and hip spica application Follow-up with the patient referred back from tertiary hospitals Frequent Skin care	
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Communication and counselling the mothers for exclusive breastfeeding up to 6 months	2	PI/OB	Staff support the mother by providing adequate privacy and explaining the benefits of exclusive breastfeeding Staff is aware and follow the protocol for management of cracked nipples, inverted nipples engorged breast etc.	
		Staff counsel the mother for complementary feeding as per IYCF guidelines	2	PI/OB	Awareness is generated for complementary feeding from 6 months of age till two years of age	
		Communication and counselling on optimal infant & young child feeding practices for sick babies	2	PI/SI	For children born prematurely or with low birth weight, one to one counselling session should be conducted with the mother/caregiver and follow up visits to the centre requested.	
		Breast milk substitutes are not promoted for newborn or infant unless medically indicated	2	PI/OB	Ask Parents about the counselling	
Standard E23		The facility provi	des National hea	Ith Programme as pe	r operational/Clinical Guidelines	
ME E23.1	The facility provides services under National Vector	Management of child presenting with			For P. vivax, give a 3-day course of artemisinin-based combination	
	Borne Disease Control Programme as per guidelines	uncomplicated malaria	2	SI/RR	therapy. For P. falciparum (with the exception of artesunate plus sulfadoine-pyrimethamine) combined with primaquine at 0.25 mg base/ kg, taken with food once daily for 14 days. Give oral chloroquine at a total dose of 25 mg base/kg, combined with primaquine.	
		Admission criteria is defined for dengue cases	2	SI/RR	L. Child having high fever, poor oral intake, or any danger signs (Bleeding, or dops) or patches on the skin, bleeding from note or jams, black-coloured stools, heavy mentionation/aginal bleeding, Request vorimiting, Severe addominal pain, Drovisheist, mental confusion or setures, pale, cold or clammy hands and feet, officulty in breathing) 21 figureted count < 100,000 /cu.mm or rapidly decreasing trend. 31 fi haematocrit is rising trend.	
		Saff follows the management protocol for Derigue management.	2	si/RR	1. Encourage oral fluids. If not tolerated, start intravenous isotonic fluid therapy with or without destrose at maintenance. Give only solutions. Start with 5 mldg. Pour for 1 - Dours, ther reduce by 2 mld yell, plour every 2 hours. Its 12 mldg. provided there is clinical improvement and hematischri is appropriately improving. IV in this provider of 12 days. 2. Reassess the clinical status and repeat the hemation after 2 hours. If the hemation traffer 2 hours in the same, continue with the same rate for another 2-4 hours and reases. If the vital signs/hamatiocrit is worsening increase the fluid rate and refer immediately. 3. Switch to oral as soon as tolerated, total fluid therapy usually 24-db brs, utilized to adequate urine output.	
		Staff frequently assess the child during the management	2	SI/RR	1. Temperature, Pulse, blood pressure and respiration- every hour for more often until stable subsequently hourly. 2. Hourly fluid balance sheet recording the type of liquid and the rate and volume of its administration to evaluate the adequacy of fluid replacement. 3. Chest X-ray, utbrasound abdomen, electrolytes 12-24 hrly as when clinically indicated	
		Discharge criteria is defined for dengue cases	2	SI/RR	1. Absence of fever for at least 24 hrs. 2. Return of appetite. 3. Clinical improvement. 4. Good urine output. 5. Stable haematory. 6. 2 days after recovery from shock 7. No respiratory distress from pleural effusion and ascites	
ME E23.11	The facility provide services under National viral Hepatitis Control Programme	Staff is aware of clinical presentation of Acute Hepatitis	2	SI/RR	Signs of Jaundice, unexplained weight loss, loss of appetite, fatigue etc. Acute case - elevations in the concentration of alanine and asparate aminioransferase levels. If and AST); value up to 1000 to 2000 international units/L are typically seen during the acute phase with ALT being higher than AST. Chronic is clinically salient	
		Saff is aware of the treatment regimen of HBV Chronic Infection	2	SI/RR	Enterowic (in children 2 years of age or older and weighting at least 10kg, the onlis oldinon should be given to children with a body weight up to 30kg) Recommended once-daily dose of onla solution (mL) Body weight (ig) Treatment—naïve persons* 10 to 11 - 3 - 11 to 14 - 4 - 14 to 17 - 5 - 17 to 20 6 - 20 to 20 - 17 - 17 to 20 6 - 20 to 20 - 17 - 17 to 20 6 - 20 to 20 - 17 - 17 to 20 6 - 20 to 20 - 17 - 17 to 20 6 - 20 to 20 - 17 to 20 6 - 20 to 20 - 17 to 20 6 - 20 to 20 - 20 to 20 - 20 to 20	
		Sadi S aware of the treatment regimen for	2	SI/RR	* Velpatasvir(100mg) for 8 d ays(12 wks.) once a day. Children with chindso (Pagis B and C) - decompensated-Sofosbouris(00mg) + Velpatasvir (100mg) & Rebavin(600-1200mg*) for 8 d days(12 wks.) once a day Ribavirin based on body weight	
Standard F1	The	facility has infection control Program		Concern - F Infection res in place for preve	Control ention and measurement of hospital associated infection	n
ME F1.1	The facility has functional infection control committee	Infection control committee is in place	2	SI/RR	Shared with main hospital. Check paediatrician is part of the	
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance	2	SI/RR	committee Swab are taken from infection prone surfaces such as examination tables, injection tray, isolation wards etc.	
ME F1.3	The facility measures hospital associated infection rates	There is procedure for collection & reporting of incidences of HAI cases	2	SI/RR	[1] Patients are observed for any sign and symptoms of HAI & reported [2] Check there are defined criteria and format for reporting HAI & staff is aware of it [3] Check there is system at place to collate & analyse the data & feed is given to departments	

	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff	2	SI/RR		
ME F1.4	The facility has established procedures for regular	Regular monitoring of infection control			Hepatitis B, Tetanus Toxoid etc (1) Hand washing and infection control audits done at periodic	
	monitoring of infection control practices	practices	2	SI/RR	intervals (2) There is designated person for coordinating infection control	
ME F1.5	The facility has defined and established antibiotic	Check for Doctors are aware of Hospital			activities (1) There is system for reporting Anti Microbial Resistance with in	
	policy	Antibiotic Policy	2	SI/RR	the facility (2) Policy Includes Rational Use of Antibiotics	
ME F1.6					(3) Check facility measure antibiotic consumption rate & paediatric ward is aware of it	
Standard F2		The facility has defined ar	nd Implemented	procedures for ensuri	ing hand hygiene practices and antisepsis	
	Hand washing facilities are provided at point of use	Availability of hand washing with running	2	ОВ	Check for availability of wash basin near the point of use.	
ME F2.1		Water Facility at Point of Use Availability of antiseptic soap with soap dish/	2	ОВ	Check the regularity of water supply. Check for availability/ Ask staff if the supply is adequate and	
		liquid antiseptic with dispenser.	2	OB/SI	uninterrupted. 2. Availability of Alcohol based Hand rub	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
		Availability of elbow operated taps & Hand washing sink	2	ОВ	Check wash basin is wide and deep enough to prevent splashing and retention of water	
	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration & check staff awareness about when to wash	
ME F2.2	<u> </u>	Mothers are aware of importance of washing			the hands Mothers are aware of importance of washing hands .Washing	
		hands	2	SI/PI	hands after using the toilet/ changing diapers and before feeding children.	
		Mothers/care giver adhere to hand washing practices with soap	2	PI/OB	Ask for demonstration	
	The facility ensures standard practices and materials for antisepsis	Availability Use of Antiseptic Solutions	2	ОВ		
ME F2.3		The facility	ensures standard	practices and mater	ials for Personal protection	
Standard F3	The facility ensures adequate personal protection	1	I		1.Check if staff is using PPEs.	
	Equipment as per requirements	Availability of PPE (Gloves, mask, apron &	2	RR/SI	Ask staff if they have adequate supply. Verify with the stock/Expenditure register	
ME F3.1	The facility staff adheres to standard personal	caps)	2	OB/SI		
ME F3.2	protection practices	No reuse of disposable PPE		. , .	No reuse of gloves, Masks, caps and aprons etc.	
		Compliance to correct method of wearing and removing the gloves & Other PPEs	2	SI	Ask for demonstration.	
Standard F4		The facility has	s standard proced	lures for processing o	of equipment and instruments	
	The facility ensures standard practices and materials for decontamination and cleaning of instruments and	Decontamination of examination and procedural surfaces	2	SI/OB	Ask staff how they decontaminate Examination table , Patients Beds Stretcher/Trolleys/ Examination table etc.	
ME F4.1	procedures areas				(Wiping with 1% Chlorine solution)	
					Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments,	
			2	SI/OB	Blood Pressure Cuff etc (Soaking in 1 % Chlorine Solution, Wiping with 1% Chlorine Solution	
		Proper Decontamination of instruments after use			or 70% Alcohol as applicable Contact time for decontamination of instruments	
		Proper handling of Soiled and infected linen	2	SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area	
		Cleaning of instruments Staff know how to make chlorine solution	2	SI/OB SI/OB	Cleaning is done with detergent and running water after decontamination	
		Toys washed regularly, and after each child	2	SI/OB	Check records for decontamination and washing of toys	
	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement			1. Ask staff about temperature, pressure and time for autoclaving. 2. Ask staff about method, concentration and contact time	
			2	OB/SI	required for chemical sterilization. 3.Check records	
ME F4.2						
					Check staff is aware of how long autoclaved items can be stored.	
		Staff is aware of storage time for autoclaved	2	OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment	
Standard ES		items			Also, autoclaved items are stored in dry, clean, dust free, moist	
Standard F5	The facility ensures availability of standard materials for	Physical layout and en			Also, autoclaved items are stored in dry, clean, dust free, moist free environment	
Standard F5 ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	items			Also, autoclaved items are stored in dry, clean, dust free, moist free environment	
		Physical layout and en	vironmental con	trol of the patient ca	Also, autoclaved thems are stored in dry, clean, dust free, moist free environment free environment are areas ensures infection prevention Chlorine solution, Giutaraldehyde, carbolic acid	
	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of cleaning agent as per requirement Spill management protocols are	vironmental con	OB/SI	Also, autoclaved items are stored in dry, clean, dust free, moist free environment free environment re areas ensures infection prevention Chlorine solution, Giutaraldehyde, carbolic acid Hospital grade disinfectant & detergent solution	
ME F5.2	cleaning and disinfection of patient care areas	Physical layout and en	vironmental con	OB/SI	Also, autoclaved tiems are stored in dry, clean, dust free, moist free environment free environment re areas ensures infection prevention Chlorine solution, Glutaraldehyde, carbolic acid Hospital grade disinfectant & de	
	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of cleaning agent as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent	2 2	OB/SI	Also, autoclaved thems are stored in dry, clean, dust free, moist free environment re areas ensures infection prevention Chlorine solution, Glutaraldehyde, carbolic acid Hospital grade disinfectant & detergent solution 1. Check availability of Spill management kit,	
ME F5.2	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of cleaning agent as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution	2 2 2	OB/SI OB/SI SI/RR	Also, autoclaved tiems are stored in dry, clean, dust free, moist free environment re areas ensures infection prevention Chlorine solution, Glutaraldehyde, carbolic acid Hospital grade disinfectant & detergent solution 1. Check availability of Spill management kit, 2. Staffs trained for managing small & large spills, 3. Check protocols are displayed Three bucket system is followed 1. Undirectional mopping from inside out is followed.	
ME F5.2	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of cleaning agent as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution	2 2 2	OB/SI OB/SI SI/RR	Also, autoclaved tiems are stored in dry, clean, dust free, moist free environment re areas ensures infection prevention Chlorine solution, Glutaraldehyde, carbolic acid Hospital grade disinfectant & detergent solution 1. Check availability of Spill management kit, 2. Saffs trained for managing small & large spills, 3. Check protocols are displayed Three bucket system is followed 1. Unidirectional mopping from inside out is followed. 2. Staff is trained for preparing cleaning solution as per standard procedure.	
ME F5.2	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of cleaning agent as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI SI/RR SI/RR	Also, autoclaved items are stored in dry, clean, dust free, most free environment free envi	
ME F5.2	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of cleaning agent as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution Studies of mopping and scrubbing are followed	2 2 2 2 2	OR/SI OR/SI SI/RR SI/RR OR/SI	Also, autoclaved items are stored in dry, clean, dust free, most free environment free free environment free free environment	
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ME FS.2	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas The facility ensures segregation infectious patients The facility ensures segregation infectious patients	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of desining agent as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution Standard practice of mopping and scrubbing are followed solution and barrier nursing procedure are followed	2 2 2 2 2	OB/SI OB/SI SI/RR SI/RR OB/SI	Also, autoclaved tiems are stored in dry, clean, dust free, moist free environment re areas ensures infection prevention Chlorine solution, Glutaraldehyde, carbolic acid Hospital grade disinfectant & detergent solution 1. Check souliability of Spill management kit, 2. Saffit strained for managing small & large spills, 3. Check protocols are displayed. 1. Undid certification in poping from inside out is followed. 2. Saffit strained for preparing cleaning solution as per standard procedure. 3. Cleaning equipment like broom are not used in patient care areas. 1. Check there is a separate area for infectious patients like chicken pox, measles, clariflose cases. 2. Check staff is aware of barrier and reverse barrier nursing Give non compilate of Distribose or infectious disease cases are	aste.
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ME FS.2 ME FS.3 ME FS.4 Standard F6	cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas The facility ensures segregation infectious patients The facility Ensures segregation of 8io Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines The facility ensures segregation of 8io Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines The facility ensures management of sharps as per	Physical layout and en Availability of disinfectant & cleaning as per requirement Availability of disinfectant & cleaning as per requirement Spill management protocols are implemented Cleaning of patient care area with detergent solution Standard practice of mopping and scrubbing are followed Isolation and barrier nursing procedure are followed Availability of colour coded bins at point of waste generation Availability of colour coded bins at point of waste generation Availability of hon chlorinated colour coded plastic base. Segregation of Anatomical and soliled waste in verbow Bin Display of work instructions for segregation and handing of Biomedical waste in verbow Bin Display of work instructions for segregation and handing of Biomedical waste Availability of functional needle cutters and puncture proof box	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB OB OB OB OB OB	Also, autoclaved items are stored in dry, clean, dust free, most free environment free envi	aste.
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		Staff aware of mercury spill management	2	SI/RR	Check whether department is replacing mercury products with	
				ncern - G Quality Ma		
Standard G1		The facility h	as established or	ganizational framew	ork for quality improvement	
ME G1.1					DELETED	
ME G1.2					DELETED	
Standard G2		The facilit	y has established	system for patient a	and employee satisfaction	
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client satisfaction survey is done on monthly basis	2	SI/RR	Feedback is taken from parents/guardians	
ME G2.2	The facility analyses the patient feed back, and root- cause analysis	Analysis of low performing attributes is undertaken	2	SI/RR		
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken	2	SI/RR		
Standard G3		The facility have established in	ternal and exter	nal quality assurance	Programmes wherever it is critical to quality.	
ME G3.1	The facility has established internal quality assurance	There is a system of daily round by	1		Findings /instructions during the visit are recorded and actions are	
	programme in key departments	matron/hospital manager/ hospital superintendent for monitoring of services	2	SI/RR	taken	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS assessment toolkit is used to conduct internal assessment	
		Departmental checklist are used for			Staff is designated for filling and monitoring of these	
		monitoring and quality assurance	2	SI/RR	checklists	
		Non-compliances are enumerated and recorded				
			2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Chack action plans are prepared and				
		Check action plans are prepared and implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5					DELETED	
Standard G4	The facilit	y has established, documented imple	emented and ma	ntained Standard Op	perating Procedures for all key processes and support s	ervices.
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved	2	RR	Check that SOP for management of departmental services has been prepared and is formally approved	
	available	Current version of SOP are available with			Check current version is available with the departmental staff	
		process owner	2	OB/RR OB	Child safety, formula for calculation of paediatric doses , CPR, nutritional requirements with growth charts, Appropriate feeding practices, Summary of the 10 steps of successful breastfeeding.	
ME G4.2	Standard Operating Procedures adequately describes	Work instruction/clinical protocols are displayed			lactation position and milk expression protocol, etc. are displayed Review the SOP has adequately cover procedure for reception,	
	process and procedures	Department has documented Procedure for receiving and initial assessment of the patient Department has documented procedure for	2	RR	triage initial assessment, admission & investigation of the patient Review the SOP has adequately cover procedure for reassessment,	
		reassessment of the patient as per clinical condition	2	RR	follow up and referral of patient	
		Department has documented procedure for general patient care processes	2	RR	Review the SOP has adequately cover procedure of management of hypothermia, hypoglycaemia, dehydration, electrolyte imbalance, feeding recommendation as per IMNCI, micronutrient supplementation. SOP also cover protocols to be used for paediatric dose preparation as per defined criteria	
		Department has documented procedure for specific processes to the department	2	RR	Department has documented procedure for emergency triage, assessment and treatment. Documented procedure for Management of fever, cough, breathesness, pneumonia, diarrhoea and mainutrition, documented procedure for blood transfusion, documented procedure for requisition and reporting of diagnostics, documented procedure for end of life care	
		Department has documented procedure for support services & facility management.	2	RR	Review the SOP has adequately cover procedure of nutritional assessment & age appropriate diet, provision of micronutrient supplementation etc. SOP also covers support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management etc	
		Department has documented procedure for safety & risk management	2	RR	Check availability of risk management record/register to identify risk & action taken to mitigate them	
		Department has documented procedure for ensuring patients rights including consent, privacy confidentiality & entitlement	2	RR	Check availability of documented procedure for taking consent, maintenance of privacy during physical examination. Due care is taken in examining older female child (she should be examined in the presence of a relative or a female staff even if it is not a medico legal case), confidentiality & entitlements various Health Schemes	
		Department has documented procedure for infection control & bio medical waste management	2	RR	Review SOP adequately cover description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices	
		Department has documented procedure for quality management & improvement	2	RR	Review SOP for procedure to constitute quality circles, their regular meetings, development of quality objectives, steps to be take to achieve objectives and their monitoring & measurement mechanisms	
		Department has documented procedure for data collection, analysis & use for improvement	2	RR	C. Check the availability of updated Risk Management Framework. C. Check the components of physical, fire, operational and pt safety are covered. 3. Review the updated mitigation plan.	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs	2	SI/RR		
Standard G 5			d seeks to make	them more efficient	by reducing non value adding activities and wastages	
ME G5.1					DELETED	
ME G5.2					DELETED	
ME G5.3					DELETED	
Standard G6		The facility has defined mission	on, values, Qualit	y policy & objectives	& prepared a strategic plan to achieve them	
ME G6.4					DELETED	
ME G6.5					DELETED	
Standard G7		The facility see	ks continually im	provement by practi	cing Quality method and tools.	

ME G7.1					DELETED	
					DELETED	
ME G7.2					DELETED	
Standard G9 ME G9.6		Facility has established procedure	es for assessing, r	eporting, evaluating a	and managing risk as per Risk Management Plan	
	Periodic assessment for Medication and Patient care safety	Check periodic assessment of medication and patient care safety risks are done using	2	SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least	
Standard G10	risks is done as per defined criteria.	defined checklist periodically	ical Governance	framework to improv	once in three month.	
		The facility has established cili	iicai dovernance	Trainework to improv		
ME G10.3					DELETED	
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical and referral audits	2	SI/RR	[1] Random referral slips are audited [2] The reasons of the referral is clearly mentioned [3] Referral is written by authorized competent person [4] A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)	
		There is procedure to conduct child death audits	2	SI/RR	(1) All the deaths are audited by the committee. (2) The resons of the death is clearly mentioned (B) Data pertaining to eathsts are collated and rener analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)	
		There is procedure to conduct prescription audits	2	SI/RR	(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is Circulated to all Concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings	
		All non compliance are enumerated recorded for medical and referral audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for prescription audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical and referral audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per death audit record's findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per prescription audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or revalent quality method is used to address critical problems	2	SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per Standard treatment guidelines	2	SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan	
		Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	Check the drugs prescribed are available in EML or part of drug formulary	
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
		Check the mapping of existing clinical practices processes is done	2	SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA	
			Area	of Concern - H Outco		
Standard H1		The facility measures Pro	ductivity Indicate	ors and ensures comp	oliance with State/National benchmarks	
ME H1.1	Facility measures productivity Indicators on monthly basis					
	, p. Documy managers on monthly basis	Total admissions Bed Occupancy Rate	2	RR		
			2	RR RR		
Standard H2		Proportion of admissions by gender The facility measure	res Efficiency Indi		reach State/National Benchmark	
ME H2.1	Facility measures efficiency Indicators on monthly basis	Referral Rate	,	P2		
		Discharge Rate	2	RR		
		=	2	RR		
		Relapse rate Percentage of children with	2	RR		
		emergency signs received initial treatment in emergency	2	RR		
Standard H3		The facility measures C	linical Care & Saf	ety Indicators and tri	es to reach State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of Stay	2	RR		
	and a second sec	Case fatality rate in Paed. Ward No of adverse events per thousand patients	2	RR		
		% of infants exclusively breastfed from	2	RR		
		admission to discharge No. of cases treated for severe Anaemia	2	RR		
		No. of cases treated for pneumonia with	2	RR RR		
		shock No. of cases treated for severe dehydration	2	RR		
		Percentage of viral hepatitis cases managed	2	RR		
					urs to reach State/National benchmark	
Standard H4	Faulth and the faulth County of the faulth County o			l .		
ME H4.1	basis	LAMA Rate	2	RR		
	<u> </u>	Parent/caregiver Satisfaction Score	2	RR	In Paed. Ward	

	Na	ational Quality Assurance Stand				Version: DH/NQAS-2020/00
		Checklist for Special New	wborn Care U	nit		7
		A C				
Name of the	Hospital	Assessment Su	immary		Date of Assessment	
Names of As					Names of Assesses	
	essment (Internal/External)				Action plan Submission Date	
			SNCU Sc	ore Card		
	Area of Concern w	ise Score			MusQan SNCU Score	
	Service Provision					
A		100%				
	Patient Rights					
В		100%				
	Inputs					
С	- Inputs	100%				
		100%				
	Support Services		-			
D		100%				
					4.000/	
	Clinical Services				100%	
E		100%				
	Infection Control					
F		100%				
_	Quality Management					
G		100%				
	Outcome					
н	Cutcome	100%				
		100%				
	Major Gaps Observed					
2						
3						
4						
5	Character / Const. Donation					
1	Strengths / Good Practices					
2						
3						
5						
	Recommendations/ Opportunities fo	or Improvement				
1						
2						
3 4						
5						
	Signature of Assessors					
	Date					
Reference	MEGA	Charleston	According to a c		Means of verification	
Reference	ME Statement	Checkpoint	Compliance/Full/ Partial/No	Assessment Method oncern - A Service Provisio		Remarks
Standard A2 ME A2.3				rovides RMNCHA Services		T
WE AZ.5	The Facility provides Newborn health Services	Management of low birth weight infants < 1800 gm and preterm Prevention of infection including management of	2	SI/RR		
		newborn sepsis Management of Neonatal Jaundice	2	SI/RR	Phototherapy for new born	
		Management of Neonatal Asphyxia Emergency Management of Newborn Illnesses	2 2	SI/RR SI/RR	ETAT , Resuscitation	
		Management of Hypothermia	2	SI/RR	Maintenance of Warmth , Breast feeding/feeding support and Kangaroo Mother care (KMC)	
		Lactation support & Management Services	2	SI/RR/OB	Counselling, Storage, promotion & support for optimal feeding practices (1) On fixed Day- for routine examination i.e. anthropometry,	
			2	SI/RR/OB	(1) On fixed Day- for routine examination i.e. anthropometry, growth, developmental screening (2) Valid referral linkage inhouse or with higher centre	
		Provision for follow up of high risk babies discharged from the SNCU `	•		(2) Valid referral linkage inhouse or with higher centre equipped with developmental/ interventional facilities	
Standard A3 ME A3.2	The Facility Provides Laboratory Services		Facility Pr	ovides diagnostic Services	s .	·
	and the second services				(1) Serum bilirubin, Plasma glucose, Serum creatinine, Complete Blood count, Platelet, C reactive protein,	
			2		Prothrombin time, Blood gas analysis with PH measurement analysis, Serum Creatinine	
		SNCU has side lab /Linkage for laboratory investigation.		SI/OB	(2) Check availability of services specially at night.	
Standard A4 ME A4.12	The facility provides services as per Rashtriya Bal	Identification of the New born for Birth Defects &	ides services as man	dated in national Health F SI/RR	(1) Neural tube defects, down's syndrome, cleft lip & palate,	
	Swasthya Karykram	referral for management	2		developmental dysplasia of hip, Club foot, congenital cataract, deafness, heart diseases, retinopathy of prematurity, Linkage with DEIC for rehabilitative care (2) All the birth defects are identified and complete accurate considerations of the DEIC dear of the DEIC and the	

Standard B1	The facility has up force and up 100 mg.	Facility provides the information to	o care seekers, atter		t the available services and their modalities	
ME B1.1	The facility has uniform and user-friendly signage system		2	ОВ	signage, Restricted area signage displayed.	
	'	Availability of departmental signages	2		(2) Directional signages are given from the entry of the facility	
ME B1.2	The facility displays the services and entitlements	Necessary Information regarding services provided is			(1) Name of doctor and Nurse on duty are displayed and	
	available in its departments	displayed	2		updated. (2) Contact details of referral transport / ambulance	
					displayed. (3) Entitlements under JSSK, RBSK, or any relevant scheme	
				OB	are displayed	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches				Display of pictorial information/ chart regarding expression of milk/ techniques for assisted, feeding , KMC,	
			2		complimentary feeding, Nutrition requirement of children ,	
		Display of information for education of mother /relatives		ОВ	hand washing & Breastfeeding policy etc.	
		Parents/family attendants are educated for providing care to their admitted sick new-born	2	PI/OB	As per family participatory care guidelines	
		Counselling aids are available for education of parents/	2		Audio Visual Films, Scrolls, Job Aids, mama's breast model etc	
		guardian	-	ОВ	are available to provide counselling for lactation, nutrition	
		No display of poster/ placards/ pamphlets/videos in any part of the Health facility for the promotion of breast				
		milk substitute, feeding bottles, teats or any product as	2		Check in Immunization, paediatric OPDs , waiting areas/ outside SNCU etc.	
		mentioned under IMS Act		OB		
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any	2	OB	Check in SNCU Complex including waiting areas Check staff is not using pen, note pad, pen stand etc.	
		product as mentioned under IMS Act		OB OB	which have logos of companies' producing breast milk substitute etc.	
		No information, counselling and educational material is	,		During counselling Mothers and families are specially	
		provided to mothers and families on Formula Feed	2	ОВ	educated about ill effects of breast milk substitutes.	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language	2	OB	Check all information for patients/ visitors are available in local language	
Standard B3	to understand	The facility maintains privacy, con	fidentiality & dignity		tem for guarding patient related information.	
ME B3.1	Adequate visual privacy is provided at every point			OB	(1) Screens / Partition has been provided between mothers (2) Visual privacy is maintained in milk expression area	
	of care	Privacy is maintained in breast feeding and KMC	2		(2) Visual privacy is maintained in mix expression area	
ME B3.2		room/area		SI/OB	(1) Check records are not lying in open and there is	
	Confidentiality of patients records and clinical				designated space for keeping records with limited access. (2) Records are not shared with anybody without written	
	Information is maintained	Dations Georgie and Leavester	2		permission of parents & appropriate hospital authorities	
		Patient Records are kept at secure place beyond access to general staff/visitors			1	
ME B3.3	The facility ensures the behaviours of staff is	Behaviour of staff is empathetic and courteous	2	OB/PI	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language to	
	dignified and respectful, while delivering the services				mother in SNCU and MNCU	
Standard B4 ME B4.1	Facility has de There is established procedures for taking	fined and established procedures for informin	ng and involving pat	ient and their families abo	out treatment and obtaining informed consent w	herever it is required.
WE 04.1	informed consent before treatment and	SNCU has system in place to take informed consent from	2	3I/NN		
ME B4.2	procedures	parent/ guardian/ relative whenever required Check mothers of inborn and outborn baby have been		OB/PI	Check BHT/ Pt file General Consent form is taken and signed. Also check provision for their stay and diet	
	Patient is informed about his/her rights and responsibilities	allotted space to stay especially in case of long stay of	2		and Mak	
ME B4.4	Information about the treatment is shared with	sick newborn.		PI	Check parents/ relatives of admitted baby is communicated	
	patients or attendants, regularly	SNCU has system in place to involve patient /relatives in decision making as per Family Participatory guidelines	2		about newborn condition, treatment plan and any changes at least once in day	
ME B4.5	Facility has defined and established grievance	decision making as per running run desputory guidenness		OB		
	redressal system in place	Availability of complaint box and display of process for	2		Check the completeness of the Grievance redressal mechanism, from complaint registration till its resolution	
Standard B5		grievance re addressal and whom to contact is displayed	cial barrier to acces	e and that there is financi	ial protection given from the cost of hospital sen	ticas
ME B5.1	The facility provides cashless services to pregnant	Check all services including drugs, consumables,	lciai bairrer to acces	PI/SI		nces.
	women, mothers and neonates as per prevalent	diagnostics and blood are provided free of cost	2		Ask mother or attendants if they have paid for any services or any informal fees given to service providers	
	government schemes					
		Availability of free transport services	2	PI/SI	Availability of Free drop back, availability of Free referral vehicle/Ambulance services	
			2	PI/SI	Check with mother about stay facility (specially mother of outborn newborn)	
		Availability of free stay & Diet to mother			Check with mother if she is getting adequate meal at least 3	
ME B5.2	The facility ensures that drugs prescribed are	Check that patient party has not spent on purchasing	2	PI/SI	Ask parent attendants/guardians if they purchased any	
ME B5.3	available at Pharmacy and wards It is ensured that facilities for the prescribed	drugs or consumables from outside. Check that patient party has not spent on diagnostics	-	PI/SI	drug/consumable from outside Ask parent attendants/guardians if they got any diagnostic	
ME BS.5	investigations are available at the facility	from outside.		PI/SI/RR	investigation done from outside	
WIE BS.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the	System of reimbursement exist in case any expenditure incurred in the treatment	2	PI/SI/KR		
	patients			of Concern - C Inputs		
Standard C1				ed services, and available	infrastructure meets the prevalent norms	
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in SNCU without cluttering		OB	 Floor area of 50 sq. ft per bed is required for patient care area with additional 50 sq. ft for ancillary area. 	
	or work load		2		(2) Additional space is required for step down area.	
					(3)Space between 2 adjacent beds in SNCU should be 4 ft. Space between wall and beds is 2 ft	
		Adequate space in MNCU as per the load	2	OB	As per MNCU guideline	
ME C1.2	Patient amenities are provide as per patient load	THE PARTY OF THE P		OB	Waiting areas are along with toilet, Drinking water, seating	
		Availability adequate waiting area for patient relatives	2		arrangement, TV for entertainment & Health Promotion activities , Tea/coffee vending machine	
		Availability of space for mothers of admitted sick newborn to stay	2	OB	Check availability of beds, bathing facility, toilets and diet supply	
ME C1.3	Departments have layout and demarcated areas		2			
	as per functions	SNCU has earmarked triage area		OB	Demarcated reception and resuscitation area	
		SNCU has newborn care area	2	ОВ	To accommodate at least 20 radiant warmer, separate outborn may not required if strict asepsis is followed	
		SNCU has designated area for infected cases as isolation	2		(1) Varicella, Diarrhoea	
		ward Clean area for mixing intravenous fluids and	2	OB	(2) Strict asepsis protocol are followed Area is clean & entry to area is restricted	
		Medications/ fluid preparation area SNCU has a designated follow-up area		OB OB	For counselling during discharge and imparting FPC training	
		and the same of th	2		anning and my	
		Mother's area for expression of breast milk/ Breast	2			
		feeding, gowning area & Handwashing area SNCU Complex has designated space for MNCU		OB OB	SNCU has system in place to call mother's of baby for feeding (1) Part of SNCU complex/ Area in close proximity	
			2		(2) Check Stepdown and KMC unit amalgamated as part of	
					MNCU	
		Dedicated space for support services	2	OB	Autoclaving room, washing area, change room & Dirty Utility , Dining area	
ME C1.4	The facility has advanced to the	Demarcated ancillary area	2	OB	Doctors duty room Unit stores & Side Lab	
WE CLA	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy	2			
		movement Check availability of buffer zone beyond the door of		ОВ	Check entry is restricted - visitors are not allowed without	
		SNCU	2	OB	permission	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services	2	ОВ		
ME C1.6	Service counters are available as per patient load	Availability of adequate patient care units as per case	2			
	The facility and departments are planned to	load		OB		
ME C1.7		I .	2		SNCU is easily accessible from labour room, maternity ward	
ME C1.7	ensure structure follows the function/processes					
ME C1.7		Check maternity complex & SNCU is in close proximity		ОВ	and obstetric OT	
	ensure structure follows the function/processes (Structure commensurate with the function of the	Arrangement of different section ensures unidirectional flow	2	ОВ	and obstetric OT Unidirectional flow of goods and services.	
Standard C2	ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Arrangement of different section ensures unidirectional flow		OB physical safety of the infra	and obstetric OT Unidirectional flow of goods and services. astructure.	
	ensure structure follows the function/processes (Structure commensurate with the function of the	Arrangement of different section ensures unidirectional flow		ОВ	and obstetric OT Unidirectional flow of goods and services.	
Standard C2 ME C2.1	ensure structure follows the function/processes (Structure commensurate with the function of the hospital) The facility ensures the seismic safety of the infrastructure	Arrangement of different section ensures unidirectional flow Non structural components are properly secured	Facility ensures the	OB physical safety of the infra OB	and obstetric OT Unidirectional flow of goods and services. astructure. Check for fixtures and furniture like cupboards, cabinets, and	
Standard C2	ensure structure follows the function/processes (Structure commensurate with the function of the hospital) The facility ensures the seismic safety of the	Arrangement of different section ensures unidirectional flow	Facility ensures the	OB physical safety of the infra OB OB	and obstetric OT Unidirectional flow of goods and services. astructure. Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened	
Standard C2 ME C2.1	ensure structure follows the function/processes (Structure commensurate with the function of the hospital) The facility ensures the seismic safety of the infrastructure The facility ensures safety of electrical	Arrangement of different section ensures unidirectional flow Non structural components are properly secured SNCU does not have temporary connections and loosely hanging wires SNCU has mechanism for periodical check / test of all	Facility ensures the	OB physical safety of the infra OB	and obstetric OT Unidirectional flow of goods and services. Setructure. Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured	
Standard C2 ME C2.1	ensure structure follows the function/processes (Structure commensurate with the function of the hospital) The facility ensures the seismic safety of the infrastructure The facility ensures safety of electrical	Arrangement of different section ensures unidirectional flow Non structural components are properly secured SNCU does not have temporary connections and loosely hanging wires	Facility ensures the	OB physical safety of the infra OB OB OB OB/RR	and obstetic OT Undifferctional flow of goods and services. Satructure. Check for flutures and furniture like cupboards, cabiness, and heavy equipment, hanging objects are properly fastened and secured Switch Boards other electrical installations are intact	
Standard C2 ME C2.1	ensure structure follows the function/processes (Structure commensurate with the function of the hospital) The facility ensures the seismic safety of the infrastructure The facility ensures safety of electrical	Arrangement of different section ensures unidirectional flow Non structural components are properly secured SNCU does not have temporary connections and loosely having to see the section of the secti	Facility ensures the	OB physical safety of the infra OB OB	and obstetic OT Undisrectional flow of goods and services. Structure. Check for flutures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured Switch Boards other electrical installations are intact SKOL has system for power audit of unit at defined intervals and records of same is maintained 50% of each should be Samp and 50% should be 15 amp to	
Standard C2 ME C2.1	ensure structure follows the function/processes (Structure commensurate with the function of the hospital) The facility ensures the seismic safety of the infrastructure The facility ensures safety of electrical	Arrangement of different section ensures unidirectional flow Non structural components are properly secured SNCU does not have temporary connections and loosely hanging wires SNCU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer	Facility ensures the 2 2	OB physical safety of the infr: OB OB OB OB/RR	and obstetic OT Undirectional flow of goods and services. STRUCTURE. Check for flutures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured. Switch Boards other electrical installations are intact SNCU has system for power audit of unit at defined intervals and records of same is maintained.	

				OB/RR	 SNCU has three phased stabilized power supply to protect the equipment from electrical damage. 	
			2		(2) Wall mounted digital display is available in SNCU to show	
					earth to neutral voltage. (3) Earth resistance should be measured twice in a year and logged. Normal range 3-5 V (if	
		SNCU has earthling system available			exceed to report immediately)	
ME C2.4	Physical condition of buildings are safe for		2			
	providing patient care	Floors of the SNCU are non slippery and even Windows/ ventilators if any are intact and sealed	2	OB OB	The floor of the SNCU complex is made of anti-skid material.	
Standard C3			ity has established p	program for fire safety an		
ME C3.1	The facility has plan for prevention of fire	SNCU has sufficient fire exit to permit safe escape to its		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the	
		occupant at time of fire	2		route of fire exits. Staff is aware of assembly points & policy to evacuate SNCU in case of fire	
ME C3.2	The facility has adequate fire fighting Equipment	SNCU has installed fire Extinguisher that is either Class A , Class B, C type or ABC type	2	OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned	
				OB	SNCU has electrical and automatic fire alarm system or alarm	
		SNCU has provision of Smoke and heat detector & fire alarm	2	0.5	system sounded by actuation of any automatic fire	
ME C3.3	The facility has a system of periodic training of	Check for staff competencies for operating fire		SI/RR	extinguisher Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish)	
	staff and conducts mock drills regularly for fire and other disaster situation	extinguisher and what to do in case of fire	2		&PASS (Pull, Aim, Squeeze & Sweep)	
Standard C4		The facility has adequate qualifi	ed and trained staff	, required for providing t	ne assured services to the current case load	
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of fulltime Paediatrician	2	OB/RR	At least one paediatrician/ FBNC trained medical officer per shift	
ME C4.3	The facility has adequate nursing staff as per		2	OB/RR/SI	3 per shift	
ME C4.4	service provision and work load The facility has adequate technicians/paramedics	Availability of Nursing staff Availability technician for side lab		OB/SI	1 technician (if side lab is available).	
	as per requirement		2		Give full compliance if there is functional linkage with Hospital's lab and lab tech is available at night even	
ME C4.5				SI/RR		
	The facility has adequate support / general staff	Availability of SNCU support staff	2		Availability of sanitary staff and ayahs, Security staff & data entry operator	
Standard C5 ME C5.1	The departments have availability of adequate	Facility pro		nsumables required for as OB/RR	sured list of services. Ampicillin, Cefotaxime, Gentamycin, Amikacin, Piperacillin,	
IVIE CS.1	medicines at point of use	Availability of Antibiotics	2		Meropenem	
		Availability of antiepileptic medicines (AEDs) Availability of analgesics and antipyretics	2	OB OB/RR	Lorazepam, Phenytoin and Phenobarbitone Paracetamol	
		,		OB/RR	5%, 10%, 25% Dextrose Normal saline, Inj. Potassium Chloride 15%, Isolyte-P, distilled	
			2		water.	
		Availability of IV Fluids & medicines for electrolyte imbalance			Inj. Calcium Gluconate 10%	
ME C5.2	The departments have advanced 12	Availability of Supplements	2	OB/RR	Vit D, Calcium, Phosphorus, multivitamin & iron	
IME C5.2	The departments have adequate consumables at point of use		2	OB/RR	Gauze piece and cotton swabs, Diapers, Baby ID tag, cord	
		Availability of consumables for new born care		OB/RR	clamp, mucus sucker, Gauze piece and cotton swabs.	
		Availability of suringer and BCC Availability of suringers and BCC Availability	2	50,101	Neoflon 24 G , micro drip infusion set with &without burette,	
		Availability of syringes and IV Sets /tubes	2	OB/RR	BT set, Suction catheter, PT tube, feeding tube, pedia drip set Gowns (disposable /autoclavable) while entering inside SNCU	
ME CS.3	Emergency drug trays are maintained at every	Availability of consumables for mother/family attendant Emergency Drug Tray is maintained	- '	OB/RR	and also while providing KMC Ini.Adrenaline (1:10000)	
IVIE CS.S	point of care, where ever it may be needed	Emergency brug fray is maintained		OB/AA	Inj. Naloxone	
			2		Sodium Bicarbonate Injection Aminophylline Phenobarbitone (Injection +oral)	
					Injection Hydrocortisone, Inj. Dexamethasone, Inj. Phenytoin,	
Standard C6		Facility h	as equipment & ins	truments required for ass	Vit K . Caffeine citrate ured list of services.	
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring			Multipara monitor , Thermometer, Weighing scale, pulse	
	calling of paterio	To examination a working	2		oximeter, Stethoscope (binaural, neonate), stethoscope	
ME C6.3	Availability of equipment & instruments for	Availability of diagnostic instruments for side		OB	(paediatric), Infantometer , Measuring tape, fluxmeter Availability of services in side lab; Micro	
	diagnostic procedures being undertaken in the facility	laboratory	2		hematocrit, Multistix, Bilirubinometer, Microscope, Dextromet er, Glucometer, test stripes, 26 gauge needle or lancet,	
				OB	alcohol for skin preparation	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing				Infusion pumps,Oxygen cylinder/central line/Oxygen	
	intensive and critical care to patients		2		concentrator, oxygen hood, Self inflating Bag and masks (Size 00, 0 & 1) 250 ml &500 ml, laryngoscope (with 0 &1 size	
		Functional Critical care equipment for Resuscitation.		OB	straight blades), ET tubes, suction machine 20 Radiant warmers -servo controlled with oxygen & suction	
		Functional Patient care units	2	ОВ	and 6 phototherapy machine	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs	2	ОВ	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and	Availability of neonatal transport equipment			Transport incubator with temp probes, digital thermometer, oxygen cylinder with flowmeters, oxygen tubing adapter,	
	instruments for support services		2		oxygen hood, neonatal size masks & cannula, resuscitation	
					bags, nasal prong, endotracheal tubes, mucus suction trap, feeding tube, infusion pump etc	
		Availability of equipment for cleaning, washing		OB	Buckets for mopping, Separate mops for ward and	
		sterilization and disinfection	2	OB	circulation area, duster, waste trolley, Deck brush, washing	
ME C6.7	Departments have patient furniture and fixtures			OB	machine, Autoclave Cupboard, nursing counter, table for preparation of	
	as per load and service provision	Availability of furniture & fixture	2	ОВ	medicines, chair, furniture at breast feeding room, X ray view box.	
Standard C7		edure for effective utilization, evaluation and	augmentation of co			
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff			SI/RR	Check objective checklist has been prepared for assessing	
		Check parameters for assessing skills and proficiency of clinical staff has been defined	2		competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.	
ME C7.2	Competence assessment of Clinical and Para clinical	Check for competence assessment is done at least once		SI/RR	Check for records of competence assessment including filled	
	staff is done on predefined criteria at least once in a year	in a year	2		checklist, scoring and grading. Verify with staff for actual competence assessment done	<u> </u>
ME C7.9		Facility based New Born Care (FBNC) training		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU	
	The Staff is provided training as per defined core		2		-4 days class room training followed by 14 days observership	
	competencies and training plan	NRP module training for updated protocols of neonatal	2	SI/RR	at recognized collaborating centre	
		resuscitation ETAT training	2	SI/RR	To all Medical Officers and Nursing Staff posted at SNCU All the staff working in SNCU	
		Training on IYCF	<u> </u>	SI/RR SI/RR	Especially for lactation failure or breast problems like	
					engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight	
					babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV	
			2		positive mothers.	
					At least two service providers trained in advanced lactation management and IYCF counselling skills should be available	
					to deal with difficult and referred cases.	
		Biomedical Waste Management& Infection control and hand hygiene ,Patient safety	2	SI/RR	Check training records	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on - job supportive		2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training	
	supervision	Check facility has system of on job monitoring and	, ,		imparted. Also staff is provided on job training wherever there is still gaps	
		SNCU staff is provided with refresher training		SI/RR	Check with training records the SNCU staff have been	
			2		provided refresher training at least once in every 12 month on care of normal and sick newborn at time of birth &	
		Nursing staff is skilled to train parent-attendants for		SI/ PI	beyond & Breast feeding support	
		providing care to the sick newborn	2		As per family participatory care guidelines	
Standard D1		Facility has astablished		oncern - D Support Service	is	
Standard D1 ME D1.1	The facility has established system for	All equipment are covered under AMC including		tion, testing and maintena SI/RR	nce and calibration of equipment.	
	maintenance of critical Equipment	preventive maintenance	2		Radiant warmer, Phototherpy units suction machine, Oxygen concentrator, pulse oximeter/ Multipara monitor	
				SI/RR	Check for breakdown & Maintenance record in the log book	
			2		Back up for critical equipment. Label Defective/Out of order equipment and stored appropriately until it has been	
		There is system of timely corrective break down			repaired.	
		maintenance of the equipment Staff is skilled for cleaning, inspection & trouble shooting		SI/RR	(1) Staff is trained for use, preventive maintenance and	
		of the equipment malfunction		39	trouble shooting of equipment such as radiant warmers,	
			2		infusion pump, oxygen concentrator, bag &mask, weighting machine, phototherapy unit.	
					(2) There is procedure to check timely replacement of lights in Phototherapy unit.	

		Check the skill of staff for maintenance & trouble shooting of oxygen concentrator		SI/ OB	Maintenance Coarse filter-Ensure it is dust free 8. wash daily Zeolite granule- change after 20,000 hrs Bacterial filter- change every yr. Trouble Shooting- Machine is too noisy- May be coarse filter is blocked- wash	
			2		filter daly. Machine or room gets heated- Machine is near wall- Keep away from wall or outside the room for free circulation of air Yellow light is not going off- desired oxygen conc. is not reached- may be due to high humidity or flow rate is more, so decrease flow rate. Compressor heats up- Malfunctioning of compressor- Look	
					at fan, it may be jammed, & hence need repair. If central oxygen supply is used - Check staff is aware of it maintenance & trouble shooting	
ME D1.2	The facility has established procedure for internal	Check the skill of staff for maintenance & trouble shooting of phototherapy units All the measuring equipment/ instrument are calibrated	2	SI/RR OB/ RR	Low irradiance: Due to tubes old, flickering, black ends, bulbs covered with dust or dirty reflectors) (1) BP apparatus, thermometers, weighing scale, radiant	
	and external calibration of measuring Equipment		2		warmer etc are calibrated. (2) Check for records /calibration stickers. (3) There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due.	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with SNCU staff.	2	OB/SI	Check operating and trouble shooting instructions of equipment are available in SNCU	
Standard D2 ME D2.1	There is established procedure for forecasting and	There is established system of timely indenting of	torage, inventory m	nanagement and dispensin	g of medicines in pharmacy and patient care are Stock level are daily updated	eas eas
	indenting drugs and consumables	consumables and drugs Drugs are indented & supplied in Paediatric dosages	2	OB/RR/SI	Requisition are timely placed well before reaching the stock out level. Check with stock and indent registers.	
ME D2.3	The facility ensures proper storage of drugs and	only Drugs are stored in containers/tray/crash cart and are	2	OB/RR/SI OB	Check drugs are available in paediatric doses/formulation Check drugs and consumables are kept at allocated space in	
	consumables	labelled Empty and filled cylinders are labelled and updated	2	OB	Crash cart/ Drug trolleys and are labelled. Look alike and sound alike drugs are kept separately Empty and filled cylinders are kept separately and labelled,	
ME D2.4	The facility ensures management of expiry and	Expiry and near expiry dates are maintained	2	OB/RR	flow meter is working and pressure/ flow rate is updated in the checklist	
	near expiry drugs	No expiry drug found	2	OB/RR	Records for expiry and near expiry drugs are maintained for emergency tray and drug stored at department In SNCU sub store as well as drug/emergency trays	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock	2	SI/RR	At least once in a week- minimum buffer stock is maintained. Minimum stock and reorder level are calculated based on consumption in a week accordingly	
		Department maintained stock and expenditure register of drugs and consumables	2	RR	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart	2	SI/RR	There is no stock out of drugs and Procedure for replenishing drug in place	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained	2	OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing drugs should not be used for storing other items such as eatables	
Standard D3 ME D3.1	The facility provides adequate illumination level at		es safe, secure and o	comfortable environment	to staff, patients and visitors.	
ME D3.1	patient care areas	Adequate Illumination patient care unit & nursing station	2	US	200 Lux at the plane of infant bed, Ambient lightening at least 50 to more than 600 Lux. Illumination level at nursing station- 150-300 Lux Light source is glare free or veiling reflections	
ME D3.2	The facility has provision of restriction of visitors in patient areas		2	OB/SI	(1) One trained female family member allowed to stay with the new born in step down after undertaking all universal precaution measures like bathing, wearing gowns, mask, head cap etc. (2) Entry to SNCU is restricted,	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Visitor policy is defined & implemented SNCU has system to control temperature and humidity and record of same is maintained	2		(2) Entry to SNCU is restricted, (3) Visiting hour are fixed and practiced Temperature inside main SNCU should be maintained at	
			*	SI/RR	(28+/- 2 ^o C), round O clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained Each equipment used should have servo controlled devices	
		SNCU has procedure to check the temperature of radiant warmer ,phototherapy units, baby incubators etc.	2	SI/RR	for heat control with cut off to limit increase in temperature of radiant warmers beyond a certain temperature or warning mechanism for sounding alert/alarm when temp increases beyond certain limits	
		SNCU has system to control & monitor sound level	2	SI/RR	Control the sound producing activities and gadgets (like telephone sounds, staff area and equipment). Should not keep beeping at high volume (Not more than 45 db and peak intensity should not be more than 80 db)	
ME D3.4	The facility has security system in place at patient	SNCU has system of switching off light when not performing any activity /at night	2	OB OB/RR	There is procedure for handing over the baby to	
	care areas	New born identification band and foot prints are used	2	OB	mother/father/Legal Guardian Restriction Signage, security guard in each shift, functional CCTV camera, define & practice procedure for handing over the baby to mother/father	
ME D3.5	The facility has established measure for safety and security of female staff	Check security arrangement at SNCU are robust Ask female staff whether they feel secure at work place	2	SI		
Standard D4 ME D4.1		The facility h. Interior & exterior of patient care areas are plastered &	as established Progr	ramme for maintenance ar	nd upkeep of the facility Wall and Ceiling of SNCU is painted and made of white wall	
ME D4.2	appropriately	painted & building are white washed in uniform colour Walls & sinks are cleaned as per schedule	2	OB	tiles, with seamless joint, and extending up to the ceiling. (1) At least once a day	
		Mopping of SNCU is done as per schedule	2	OB/ RR	(2) With hospital grade disinfectant (1) At least 3 times in a day	
		Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean Toilets are clean with functional flush and running water	2	OB OB	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean Check toilet seats, floors, basins etc are clean and water	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of	2	OB	supply with functional cistern has been provided. Check for patient care as well as auxiliary areas	
WIE 04.3	nospital infrastructure is adequately maintained	plaster	2	OB OB	Check for patient care as well as auxiliary areas	
ME D4.5	The facility has policy of removal of condemned junk material	Window panes , doors and other fixtures are intact No condemned/Junk material in the SNCU	2	OB	Check for any obsolete article including equipment, instrument, records, drugs and consumables	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	OB	No lizard, cockroach, mosquito, flies, rats, bird nest etc.	
Standard DS ME DS.1	and supply for portable water in all functional	The facility ensures 24X7 water Availability of 24x7 running and potable water	r and power backup	oas per requirement of ser OB/SI	vice delivery, and support services norms Availability of 24X7 Running water & hot water facility.	
ME D5.2	areas The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas	2	OB/SI	Check for 24X7 availability of power backup including dedicated UPS and emergency light	
ME DS.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen and vacuum supply	2 Wailahla as nor son	OB	nal requirement of the patients.	
StandardD6 ME D6.1	The facility has provision of nutritional assessment of the patients		2	RR/SI	- Lancine of the patients.	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per	2		(1) Check diet is provided to all mothers (both inborn or outborn babies)	
Standard D7 ME D7.1	The facility has adequate sets of linen	nutritional requirement SNCU has facility to provide sufficient and clean linen for		OB/RR sures clean linen to the par OB/RR	(2) Check that all items fixed in diet menu is provided tients Check linen is clean, stains free & not torn.	
ME D7.1	The facility has established procedures for	each parent-attendant	2	OB/RR OB/RR	CIRCLA IIII III II CICAII, STAIRS FREE & ROT TOFF.	
ME D7.3	changing of linen in patient care areas The facility has standard procedures for handling, collection, transportation and washing of linen	Linen is changed every day and whenever it get soiled There is system to check the cleanliness and Quantity of	2	SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from	
		the linen Check dedicated closed bin is kept for storage of dirty	2	OB	laundry. Records are maintained Check linen is kept closed bin & emptied regularly. Plastic bag	
Standard D11		linen		are determined as per gov	is used in dustbin & these bags are sealed before removed & handed over t. regulations and standards operating procedure	es.
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster	2	RR/SI	(1) Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) (2) Check FPC roster of nurses for providing training to Parent/ attendant	

					Т	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health	Doctor, nursing staff and support staff adhere to their	2	ОВ	As per hospital administration or state policy. Check SNCU doctors and nurses follow the dress code	
Standard D12	department	respective dress code The facility has established procedu	ure for monitoring th		ervices and adheres to contractual obligations	
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy	2	SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are done	
		of outsourced services on regular basis	Area of Co	oncern - E Clinical Service	by designated in-house staff	
Standard E1 ME E1.1	The facility has established procedure for	The facility has de Unique identification number & patient demographic	fined procedures fo	r registration, consultation	on and admission of patients. Check for that patient UID & demographics like Name, age,	
	registration of patients	records are generated during process of registration & admission	2		Sex, Chief complaint, etc. are recorded	
ME E1.3	There is established procedure for admission of patients	Admission criteria for SNCU is defined & followed	2	SI/RR	Baby weight -1800 or more >4 Kg, gestation - <34 weeks, perinatal asphyxia, apnoea, refusal to feed, respiratory distress(Rate >60/min,severe jaundice, hypothermia <35.4 deg C & hyperthermia >37.5 deg C, central cyanosis, shock (CFT>3 sec)leeding, abdominal distension, diarrhoea & major malformation	
		There is no delay in admission of patient	2	SI/RR/OB	Time of admission is recorded in patient record, Admission is done by written order of a qualified doctor	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the		2	OB/SI		
Standard E2	facility	Procedure to cope with surplus patient load The facility has defined and estal	olished procedures f	or clinical assessment, rea	assessment and treatment plan preparation.	
ME E2.1	There is established procedure for initial assessment of patients				Check availability & use of assessment criteria like triage of sick new born, Kramer's criteria for assessment of Jaundice,	
		Initial assessment of all admitted patient done as per standard protocols	2	RR/SI	Silverman Anderson Score for assessment of severity of respiratory distress and Ballard score for assessing gestation of new born etc.	
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded	2	RR	Check bed head ticket	
		Initial assessment and treatment is provided immediately	2			
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients	2	RR/SI	Initial assessment is documented preferably within 2 hours There is fix schedule of reassessment as per protocols.	
	reassessment of Patients	& critical patients	-	RR/OB	Reassessment finding are recorded in BHT	
		There is system in place to identify and manage the changes in Patient's health status	2	SI/RR	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating	
		Check the treatment or care plan is modified as per re assessment results	2	SI/RR	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented	
	There is established procedure to plan and deliver appropriate treatment or care to	Check healthcare needs of all hospitalised patients are		siynn	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular	
ME E2.3	individual as per the needs to achieve best possible results	identified through assessment process	2	SI/RR	medication is taken as well as evaluate psychological ,cultural, social factors	
		Check treatment/care plan is prepared as per patient's need	2		(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan.	
			_	RR	Care plan include:, investigation to be conducted,	
		Check treatment / care plan is documented Check care is delivered by competent multidisciplinary	2	RR	intervention to be provided, goals to achieve, timeframe, patient education discharge plan etc Check care plan is prepared and delivered as per direction of	
		team	2	SI/RR	qualified ohysician of care of patient and referral	
Standard E3 ME E3.1	The facility has established procedure for	There is procedure of taking over of new born from	2	procedures for continuity	Check continuity of care is maintained while transferring/	
ME E3.2	continuity of care during interdepartmental transfer The facility provides appropriate referral linkages to	labour , OT/ Ward to SNCU Check pre referral stabilization is done	-	RR/SI SI/ RR/ OB	hand overing the patient (1) Check baby is stabilized w.r.t Temp. (skin to skin care-	
	the patients/Services for transfer to other/higher facilities to assure the continuity of care.	Circle per receipt administration of the	2	39 100 00	cover the baby Transport incubator), Oxygenation: Airway & breathing, perfusion (HR, CRT temp), Sugar. (2) Check 1st dose of antibiotics -inj Ampicillin & gentamicin is given. Also, Vit K is given if not administrated earlier	
		Patient referred with referral slip	2	RR/SI	(1) A referral slip/ Discharge card is provide to patient when referred to another health care facility. (2) Referral slip includes demographic details, Riskory of patient, examination findings, management done, drugs administered, any procedure done, reason for referral, (3) Detail of referral centre including whom to contact and signature of approxing medical of these proving medical of the signature of approxing medical of these proving medical of the signature of approxing medical of these proving medical of the proving medical of these proving medical of these proving medical of the proving medical of the proving medical of the provi	
		Reason for referral is clearly stated and referral is written by authorized competent person (Paediatrician or Medical Officer on duty)	2	RR/SI	(1) Verify with referral records that reasons for referral were clearly mentioned (2) SNCU staff confirms the suitability of referral with higher centres to ascertain that case can be managed at higher centre and will not require further referrals	
		Advance communication is done with higher centre &	2	SI/PI/SR	(1) Check SNCU staff facilitates arrangement of ambulance for transferring the patient to higher centre . (2) Patient attendant are not asked to arrange vehicle by their own (2) Check's SNCU staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be required in transit	
		Referral checklist & Referral in/ Out register is maintained for all referred cases		зугула	(1) Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral (2) Check referral records has information regarding advance communication, transport arrangement,	
			2	SI/RR	accompanying care provider, reason for referral , time taken for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up	
		There is a system of follow up of referred patients	2	SI/RR	 Check that SNCU staff take follow up of referred cases for timely arrival and appropriate care provided at higher centre. Outcome and deficiencies if any should be recorded in referral out register & analysed for improvement 	
ME E3.3		Facility has functional referral linkages to lower facilities	2	SI/RR	(1) Check for referral cards filled from lower facilities (2) CIW of nearby PHC/HWC is informed about discharge for follow ups	
Standard E4 ME E4.1	Procedure for identification of patients is	The fa		nd established procedures	for nursing care	
ME E4.1 ME E4.2	Procedure for identification of patients is established at the facility Procedure for ensuring timely and accurate nursing	before any clinical procedure	2	OB/SI RR	Identification tags are used for new-borns Check for treatment chart are updated and drugs given are	
	care as per treatment plan is established at the facility	Treatment chart are maintained	2		marked. Co relate it with drugs and doses prescribed.	
		There is a process to ensue the accuracy of verbal/telephonic orders	2	SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet	
		Parent/ attendants are encouraged to provide basic care to the newborn	2	PI/SI	Breastfeeding, KMC, cleaning of baby can be undertaken by trained parent/attendant under the supervision of doctor/	
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift	2	SI/RR	Nursing Handover register is maintained	
	, , , , , , , , , , , , , , , , , , ,	Hand over is given bed side		SI/RR	(1) Handover is given during the shift change explaining the	
		-	2		condition, care provided and any specific care if required. (2) Check SBAR (situation, background, assessment and recommendation) protocols are followed	
ME E4.4 ME E4.5	Nursing records are maintained	Nursing notes are maintained adequately	2	RR/SI	Check for nursing note register. Notes are adequately written	
ME E4.5 Standard E5	There is procedure for periodic monitoring of patients	Vital are monitored for stable & critical patients and recorded periodically	2 lity has a procedure	RR/SI to identify high risk and v	Check for TPR chart, Phototherapy chart, any other vital required is monitored	
ME ES.1	The facility identifies vulnerable patients and ensure their safe care	Measures are taken to protect new born from any harm	2	OB/SI	Check the measure taken to prevent new born theft/swapping ,baby fall, baby charring, adverse drug	
ME ES.2	The facility identifies high risk patients and ensure	High risk patients are identified and treatment given on	2	OB/SI	events etc New born with emergency & priority signs assessed &	
Standard E6	their care, as per their need	priority		nale prescribing and use o	immediate treatment is given	

ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only	2	RR	Check prescriptions are not written with brand name	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are		RR		
		available at point of use	2		Essential newborn care, Newborn Resuscitation, management of hypothermia. LBW, Fluid management,	
					hypoglycaemia, neonatal jaundice, ETAT etc	
		Check staff is aware of the drug regime and doses as per STG	2	SI/RR	Check BHT that drugs are prescribed as per protocols and &Check for rational use of drugs	
ME E6.3		Complete medication history is documented for each	2	RR/OB	Check complete medication history including over-the-	
	and optimization	patient Medicine are reviewed and optimised as per individual	2	SI/RR	counter medicines is taken and documented Medicines are optimised as per individual treatment plan for	
		treatment plan	-	Synt	best possible clinical outcome	
					"1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app""	
					2. Nurse highlights the medications to be taken by the	
		Patients are engaged in their own care	2	PI/SI	patient at home and counsel the patient and family on drug intake as per treatment plan for discharge"	
					make as per readility pair for ascensige	
Standard E7		The	facility has defined	procedures for safe drug a	administration	
ME E7.1	There is process for identifying and cautious	High alert drugs available in department are identified	lucincy nus ucinicu	SI/OB	Electrolytes like Potassium chloride, Dopamine, dobutamine,	
	administration of high alert drugs (to check)		2		Hydrocortisone, Phenytoin, Phenobarbitone, Adrenergic agonist, Opioids, Anti thrombolytic agent etc. as applicable	
		Maximum dose of high alert drugs are defined and communicated	2	SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nurses and doctor.	
ME E7.2	Medication orders are written legibly and	There is process to ensure that right doses of drugs are	2	SI/RR	A system of independent double check before administration. Error prone medical abbreviations are	
	adequately	only given			administration, Error prone medical abbreviations are avoided	
		Every Medical advice and procedure is accompanied with	2	RR	Verify case sheets of sample basis	
		date , time and signature Check for the writing, It comprehendible by the clinical	2	RR/SI	Verify case sheets of sample basis	
ME E7.3	There is a procedure to check drug before	staff Drugs are checked for expiry and other inconsistency	-	OB/SI	Check for any open single dose vial with leftover content	
IVIE E7.3	administration/ dispensing	before administration	2	OB/SI	intended to be used later on .In multi dose vials, needle is	
	· · ·	Any adverse drug reaction is recorded and reported		RR/SI	not left in the septum Check if adverse drug reaction form is available in SNCU and	
		· · · · · · · · · · · · · · · · · · ·	2		its reporting is in practice.	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid, drug & dosages are calculated according to body weight	2	SI/RR	Check for calculation chart	
	to right patient	weight Drip rate and volume is calculated and monitored	2	SI/RR	Check the nursing staff how they calculate Infusion and	
		Check Nursing staff is aware 7 R's of Medication and	•	SI/OB	monitor it Administration of medicines done after ensuring right	
		Check Nursing staff is aware / R's of Medication and follows them	2	3,,00	patient, right drugs , right route, right time, Right dose , Right	
Standard E8		The facility has defined and actab	lished procedures f	or maintaining undating o	Reason and Right Documentation of patients' clinical records and their storage	
ME E8.1	All the assessments, re-assessment and	New born's progress is recorded as per defined	2	RR	Check BHT is updated following each reassessment	
	investigations are recorded and updated	assessment schedule	2			
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan are written on BHT and all drugs are written legibly in case sheet.		RR	(1) Check Medication order, treatment plan, lab investigation & nursing charts are recorded adequately	
			2		(2) Check change in treatment plan is also mentioned in case	
					new born's condition deteriorate	
ME E8.3	Care provided to each patient is recorded in the	Maintenance of treatment chart/treatment registers	2	RR	Treatment given is recorded in treatment chart	
ME E8.4	patient records Procedures performed are written on patients			RR	Resuscitation, blood transfusion, suctioning, phototherapy	
	records	Procedure performed are recorded in BHT	2		etc	
ME E8.5	Adequate form and formats are available at point of use			RR/OB	Availability of formats for neonatal case sheet, Treatment	
	oi use				Charts, TPR Chart , Intake Output Chart, Investigation sheet,	
			2		Community follow up card, BHT/ newborn case record , treatment continuation sheet. Discharge card, nomographs.	
					congenital anomaly if any. etc	
ME E8.6	Register/records are maintained as per guidelines	Standard Formats are available		RR	Check forms & formats are being used	
					General order book (GOB), report book, Admission register,	
			2		lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, Diet register,	
		Registers and records are maintained as per guidelines			Linen register, Drug indent register etc	
ME E8.7	The facility ensures safe and adequate storage and	All register/records are identified and numbered	2	RR OB	Check records are numbered and labelled legibly (1) Records of discharged cases are kept in MRD/	
INIC CO.	retrieval of medical records	Sale keeping or patient records		05	department sub store	
			2		(2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission	
					from authorised staff only	
Standard EQ		The facilit	v has defined and e	stablished procedures for		
Standard E9 ME E9.1	Discharge is done after assessing patient readiness		y has defined and e	stablished procedures for SI/RR		
	Discharge is done after assessing patient readiness				discharge of patient. Checklist having information regarding babies birth weight, gestational age, perinatal asphyxia, small for date,	
	Discharge is done after assessing patient readiness	High risk identification checklist is available & filled at			discharge of patient. Checklist having information regarding babies birth weight,	
	Discharge is done after assessing patient readiness	High risk identification checklist is available & filled at			discharge of patient. Checklist having information regarding babies birth weight, gestational age, perinatal asphyxia, small for date, hypoglycaemia, neonatal seizures, sepsis with meningitis,	
	Discharge is done after assessing patient readiness	High risk identification checklist is available & filled at			discharge of patient. Checklist having information regarding babies birth weight, gestational age, perinatal asphysia, small for date, hypolyceams, neantal sicuruse, sepsiwith meningitis, shock requiring vasopressor support, total serum bilirubin nexchange range, suboptimal home environment etc. Criteria for transfer to home: Primary illness is resolved, baby	
	Discharge is done after assessing patient readiness	High risk identification checklist is available & filled at time of discharge	2	SI/RR	discharge of patient. Checkist having information regarding babies birth weight, gestational age, periatal saphyvia, small for date, hypoglycaemia, neonatal seizurus, sepsis with meningitis, shock requiring vasopressor support, total serum Bilitribin in exchange range, suboptimal home environment etc. Criteria for transfer to home: Primary illness is resolved, baby maintain temp without radiant warmer, baby is accepting maintain temp without radiant warmer, baby is accepting to the control of t	
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ME E9.2 ME E9.3 ME E9.4 Standard E10	Case summary and follow-up instructions are provided at the discharge Counselling services are provided as during discharges wherever required The facility has established procedure for patients leaving the facility against medical advice, absconding, etc. The facility has explicit clinical criteria for providing intubation & estubation, and care of patients on eventiation and subsequently on its	Negh risk identification checklist is available & filled at time of discharge SNCU has established criteria for discharge Discharge is done by a responsible and qualified doctor after assessment New-born/ afterional state consulted before discharge follows up plan for assessment & guestlic interventions is scheduled after discharge of high risk bables Follows up plan for assessment & guestlic interventions is scheduled after discharge of high risk bables Discharge summary is give to patients going in LAMA/Referral patient given and follow up. Discharge summary is give to patients going in LAMA/Referral patient given and follow up. Discharge summary is give to patients going in LAMA/Referral patients given and follow up. Check with mother/attendants are trained & confident to provide care after discharge. Check with mother/attendant the key points explained during counseling. Declaration is taken from parent's/ guardian of the LAMA patient The fact	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR PI/SI RR/PI SI/RR PI/SI PI/SI PI AR/SI	discharge of patient. Checkist having information regarding babies birth weight, gestational age, prival, small for date, hypogicaemia, recental silveriums, small for date, hypogicaemia, recental silveriums, small for date, hypogicaemia, recental silveriums, sepsia with mennights, thock requiring vaspressor support, that serum birthum in exchanger range, suboptimal home environment etc. Citeria for transfer to home: Privany literia is resolved, baby maintain temp without radiant warmer, baby is accepting mothers mild, documented weight gain for consecutive 3 days, & vt. is more than 1.3 kg, baby haemodynamically stable (normal CFT and strong perspites plushes) Oscharge is done in consultation with treating doctor Time of discharge is communicated to patient in prior Check suggested schedule along with follow up protocols is available & used in consultation with treating doctor Training has been given for nutrition, immunisation, understanding baby cues and addressing the issues. Ask areasted infant exclusively, keep infant warm, keep cord clean and dri, imperious entire the character of the infant warm, keep cord in a manufaction of the infant warm, keep cord in a manufaction of the infant warm, keep cord in a manufaction of the infant warm, keep cord in a manufaction of the infant warm, keep cord in a manufaction of the infant warm, keep cord in a manufactio	
ME 69.2 ME 69.3 ME 69.4 Standard 610	Case summary and follow-up instructions are provided at the discharge Counselling services are provided as during discharges wherever required The facility has established procedure for patients leaving the facility against medical advice, absconding, etc. The facility has explicit clinical criteria for providing intubation & estubation, and care of patients on eventiation and subsequently on its	High risk identification checklist is available & filled at time of discharge SNCU has established criteria for discharge Discharge is done by a responsible and qualified doctor after assessment Newborn/ afternations are consulted before discharge follows up just for assessment & goedlic interventions is scheduled after discharge of high risk bables Discharge summary adequately mentions patient clinical condition, treatment given and follow up Discharge summary is give to patients going in LAMA/Referral patient given and follow up. Discharge summary as give to patients going in LAMA/Referral patient given and follow up. Discharge summary as give to patients going in LAMA/Referral patient given and follow up. Discharge summary as give to patients going in LAMA/Referral patient given and follow up. Discharge summary as give to patients going in LAMA/Referral patient given and follow up. Discharge summary is give to patients going in LAMA/Referral patient given and follow up. Discharge summary is give to patients going in LAMA/Referral patients going in LAMA/Referral patients. The fact	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR PI/SI RR/PI SI/RR PI/SI PI/SI PI AR/SI	discharge of patient. Checkits having information regarding babiles birth weight, gestational age, privals, small for date, hypogly-cennia, necental selezivia, small for date, and consideration of the consecutive and control selezivia of the consecutive and control selezivia of the cont	

		Staff is aware of indications of correct placement of endotracheal tube		SI/OB	(1) Improved vital signs (2) Breath sounds over both lung fields	
		endoti acheai tube	_		(3) No gastric distention	
			2		(4) Vapours in tube during exhalation (5) Chest movement in each breath	
					(6) Direct visualization of tube passing between vocal cords	
Standard E11		The facility has defined	and established pro	ocedures for Emergency S	ervices and Disaster Management	
ME E11.2	Emergency protocols are defined and implemented				(1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and	
	implemented				non urgent.	
			2		(2) After identification of emergency & priotize sign- prompt emergency treatment is to be given to stabilize.	
		Staff is aware of process & steps for emergency			8	
		management of sick neonate		SI/RR		
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR	Role and responsibilities of staff in disaster are defined Mock drills have conducted from time to time	
ME E11.4	The facility ensures adequate and timely			SI/RR	Check ambulance/ vehicle used for neonatal transport have	
WEETI.4	availability of ambulances services and			3i/kk	following requirements:	
	mobilisation of resources, as per requirement		2		(1) Secure fixation for transport incubator (2) Secure fastening of other equipment (e.g. Monitoring	
					equipment) (3) Independent power source to supplement equipment	
		SNCU has provision of Ambulances to refer the case to			batteries to ensure uninterrupted operation of the	
		higher centre		SI/RR	equipment Ambulance/transport vehicle have adequate arrangement	
		Ambulance has provision/ method for maintenance of	2		for Oxygen therapy, mechanical ventilation, resuscitation/ essential supplies kit and emergency drug kit	
		Warm chain while referring baby to higher centre		SI/RR	Check Constant vigilance (maintaining TOPS_temp. oxygen,	
		Transfer of patient in Ambulance /patient transport	2	SI/KK	perfusion & sugar) during journey.	
Standard E12		vehicle is accompanied by trained medical Practitioner The facil	ity has defined and	established procedures of	diagnostic services	
ME E12.1	There are established procedures for Pre-testing	Container is labelled properly after the sample collection		OB	Protocols are defined & followed for sample collection. Also	
	Activities		2		check procedure to transfer to lab (if need to send to inhouse/outsource lab.)	
ME E12.3	There are established procedures for Post-testing Activities			SI/RR	(1) Critical values are defined and intimated timely to treat medical officer	
	Activities		2		(2) List of Normal reference ranges as per available in NRC	
Standard E13		SNCU has defined critical values of various lab test The facility has defined a	nd established proc	edures for Blood Bank/Sta	prage Management and Transfusion.	
ME E13.9	There is established procedure for transfusion of	Patient's identification is confirmed & Consent is taken	2	RR		
	blood	before transfusion		RR	Blood is kept on optimum temperature before transfusion.	
		Protocol of blood transfusion is monitored & regulated	2		Blood transfusion is monitored and regulated by qualified person	
			2	RR	Blood bag details sticker is pasted in case file, patient	
ME E13.10	There is a established procedure for monitoring	Blood transfusion note is written in patient records	-	RR	monitoring status is recorded in case sheet Check -	
	and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and	2		Staff is aware of the protocol to be followed in case of any	
		reported to responsible person			transfusion reaction	
Standard E16 ME E16.1	Death of admitted patient is adequately recorded	The facility has defined and	established procedu	res for the management	of death & bodies of deceased patients Bad news/adverse event/ poor prognosis are disclosed in	
WE EIGH	and communicated	SNCU has system for conducting grievance counselling of	2	31	quite & private setting	
ME E16.2	The facility has standard procedures for handling	parents in case of newborns' mortality		RR		
	the death in the hospital				New born death are recorded as per CDR guideline. Death note including efforts done for resuscitation is noted in	
			2		patient record.	
		Death note is written as per new born death review guidelines			Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	
ME E16.3	The facility has standard operating procedure for end of life support	Parents/ guardians are informed clearly about the deterioration in health condition of Patients		SI/RR	(1) Provide clear & honest information in supporting & caring manner	
	of the support	deterior adort in realth Condition of Patients	2		(2) Avoid negative comments about parents, referring	
			_		physician. (3) There is a procedure to allow parents to observe patient	
ME E16.4	The facility has standard procedures for	Parent's consent is taken if autopsy required		PI/ SI/ RR	in last hours Check there is process to call parents after a month to	
WEE ELO.4	conducting post-mortem, its recording and	Parent's consent is taxen in autopsy required	2	Fly Siy NA	explain findings of autopsy & if required to discuss the	
	meeting its obligation under the law				possibility of the problem occurring in next baby.	
Standard E20 ME E20.1	The facility was label to the label of the l	The facility has est Immunization services are provided as immunization	ablished procedures	for care of new born, inf	ant and child as per guidelines	
IVIC EZU.I	The facility provides immunization services as per guidelines	schedule	2		Check MCP card is available & updated. Mother /care	
ME E20.2	Triage, Assessment & Management of newborns	Rapid assessment of sick neonates is done for		SI/RR	provider is counselled and directed to immunize the child Staff is aware of Triage or sorting categories to prioritize	
	having	prioritizing management in SNCU	2	SI/RR	management i.e EPN (Emergency sign, priority sign & non	
	emergency signs are done as per guidelines			3J/NN	urgent sign) (1) Hypothermia temp.< 35.5°C,	
					(2) Apnoea or gasping breathing, Severe respiratory distress rate > 70/min, severe retraction, grunt,	
			2		(3) Central cyanosis, shock, cold periphery, CFT>3 sec, weak or fast pulse.	
					(4) coma, convulsion &encephalopathy. Action: Urgent	
		Staff is aware of emergency signs in Sick new born & action required		SI/RR	intervention, Stabilize and admit in SNCU	
					(1) Weight less than 1800 g (tiny neonates) or >3800g.	
					(2) Temp. 36.5 °C -35.5 °C, (3) Lethargy/irritable/restless/jittery (4) refusal to feed (5)	
					respiratory distress rate > 60, no or minimal retraction, (6) abdominal distention,(7) severe jaundice appear in	
			2		<24hrs/stains palms and soles/lasts >2 weeks, severe pallor,	
					(8) bleeding from any site, (9)congenital malformation, Action: immediate assessment, attended on priority & need	
		Staff is aware of priority signs in Sick new born & action			to be admitted in SNCU	
		required		SI/RR	COMPage high trauma (C)	
			2		(1)Minor birth trauma, (2) superficial infection, (3) minor malformation, (4)possetting, (5) transitional stools, (6)	
		Staff is aware of non urgent signs signs in Sick new born & action required		SI/RR	jaundice. Action Assess & treat as per neonate's requirement	
				,,	Check for Temp., Airway breathing, circulation, come or	
					convulsation, Severe dehydration & hypoglycaemia (1) Cold to touch (Abdomen): Re warm under radiant	
					warmer, assess the temp every half an hour (2) Apnoea or gasping breathing: Manage airway, administer	
					Positive pressure ventilation with bag & mask	
					(3) Central cyanosis or Severe respiratory distress, lower chest drawing, grunting& ,give oxygen, monitor oxygen	
				1	saturation with pulse oximeter (3)	
					Capillary filling time >3, weak or fast pulses 160: Give	
			2		Capillary filling time >3, weak or fast pulse>160: Give 10ml/kg normal saline over 20-30 min, repeat the bolus, if	
			2		10ml/kg normal saline over 20-30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaemia, if convulsion continue give	
			2		10ml/kg normal saline over 20-30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaemia, if convulsion continue give IV calcium, if convulsion still continue give anticonvulsant.	
			2		10mU/g normal saline over 20-30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaems, if convulsion continue give IV calcium, if convulsion still continue give anticonvulsant. (5) Diarrhoea plus any two sign (a) Lethargy (b) Sunken eyes (c) Yery slow skin pinch - Insert IV line & began giving fluids	
			2		10ml/kg normal saline over 20-30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaemia, if convulsion continue give IV calcium, if convulsion still contin	
			2		10mU/g normal saline over 20-30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaems, if convulsion continue give IV calcium, if convulsion still continue give anticonvulsant. (5) Diarrhoea plus any two sign (a) Lethargy (b) Sunken eyes (c) Yery slow skin pinch - Insert IV line & began giving fluids	
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		Staff is competent in Management of emergency signs.	2	SI/RR	Jamilys gromtal saline over 20 - 30 min, repeat the bolus, if circulation does not improve, (4) Convolsión Managea airway, check & correct hypoglycaemia, if convulsion continue give IV addium, if convolsion still continue give in Cardium, if convolsion still continue give (5) Diarrihose pius any two sign (a) Lethargy (b) Sunten eyes (c) Very slow skin pinch - Insert N line & Bepan giving fluids rapidly, make sure neonate is warm (1) Provide the warmth, Position the head & clear the air	
		Staff is competent in Management of emergency signs	2	SVRR	Jamilys gromal saline over 20 - 30 min, repeat the bolus, if circulation does not improve, (4) Convisión: Manage ainvay, check & correct hypoglycaemia, if convulsion continue give IV addium, if convision still continue give in Cardina, if convision still continue give IV addium, if convision still continue give enticonvulsant. (5) Diarrhose plus any two sign (a) Lethargy (b) Sunhen eyes (c) Very slow skin pluch: hierart livin in & Bepag plying fluids rapidly, make sure neonate is warm (11) Provide the warmth, Position the head & clear the air way, suction first mouth & then nose, Reposition & stimulate hearthing, is Valuate reportation, heart rate & ovegrantino (1).	
		Staff is competent in Management of emergency signs	2	SVRR	Iomiting normal saline over 20 - 30 min, repeat the bolus, if criculation does not improve, (§1 Convisión: Managea ainvey, check & correct hypoglycaems, if convulsion continue give reclaims, if convision sall continue give net incurviusars. (§5) Diurrinces pius any two sign (s) Lethargy (§5) Surinces pius (§6) Ver yel work also piuch - Insert IV line a. Eugan giving fluids regidily, make sure reconstr is warm. (§6) The sign giving fluids regidily, make sure reconstr is warm. (§6) Provide the warreth, Position the head & clear the air way, suction first mouth & then nose, Reposition & stimulate breathing, Civiluste respiration, heart rate & oxygenation. (§1 15 still not breathing, use correct size mank, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing, use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use correct size make, ensure proper in \$10 min breathing use size size size size size size size si	
		Staff is competent in Management of emergency signs	2	SI/RR	Jamilys pormal saline over 20 - 30 min, repeat the bolus, if credutation does not improve, (§1 Comulsión: Manage ainway, check & correct hypoglycaemis, if convulsion continue give readium, if comulsion still continue give readium, if comulsion still continue give readium, if comulsion still continue give entriconvulant. (5) Diarritone pius any two sign (a) Lethargy (b) Junten eyes (c) Very silvo wish inport: hierort if line & Depan giving fluids ragidity, make sure neonate is warm (4) Provide the warmth, Position the hand & chart the air way, section for strongly and the strongly complete in a strongle way, section for strongly in the hand & chart the air way, section for strongly in the hand & chart the air strongly contained to the strongly of the strongly and the strongly strongly contained to strongly contained to strongly contained to strongly contained to strongly contained to strongly contained to strongly contained strongly	
		Staff is competent in Management of emergency signs		SI/AR	Jamilys gromal saline over 20 - 30 min, repeat the bolus, if credutation does not improve, (§1 Convisión: Manage ainway, check & correct hypoglycaemis, if convulsion continue give Iv Calcium, if convoluion still continue give Iv Calcium, if convoluion still continue give Iv Calcium, if convoluion still continue give (c) level sive skin pinch: lacert Iv line & Began giving fluids rapidly, make sure neonate is warm (1) Provide the warmth, Position the head & clear the air way, suction first mouth & then note. Reposition & stimulate breathing, is cyluider respiration, heart steff & congentation, (1) standard stimulation of the continue of the continue sals, squeeze 2-3 timus & observe the chest rise, if chest for sadequate, realter of 30 see & reasons, if chest for is not adequate, take step to improve ventilation. (3) Assess heart rate after 30 sec of ventilation, if sests than 100/min & heart rate after 30 sec of ventilation, if sests than 100/min & heart rate after 30 sec of ventilation, if sests than 100/min & heart rate after 30 sec of ventilation, if sests than 100/min & heart rate after 30 sec of ventilation, if sests than 100/min & heart rate after 30 sec of ventilation, if sests than 100/min & section 10 sections and the section of the	
				SI/RR	Iomiting normal saline over 20 - 30 min, repeat the bolus, if circulation does not improve, (4) Convisión: Managea airway, check & correct hypoglycaemia, if convulsion continue give IV acidium, if convision salili continue give (5) Durnhose plus any two sign (a) Lethargy (b) Sunken eyes (c) Very silvow kinh orb. In tentre line & Began giving fluids rapidly, make sure neonate is warm (1) Provide the warmth, Position the head & clear the air way, suction first mouth & then nose, Reposition & stimulate breathing, ic Vuluale repisiation, heart rate & oxygenation, (1) if still not breathing, use correct size mask, ensure proper seal, squeeze 2 silves & observe the text rise, if chest re is adequate, ventilate for 30 see & re assess, if chest rise is not adequate, take stip to improve wealtation. (3) Assessi-	
		Staff is able to demonstrate steps of new born resuscitation		SI/RR SI/RR	Jamilys pormal saline over 20 - 30 min, repeat the bolus, if criculation does not improve, (§1 Convisión: Manage alivavo, check & correct hypoglycaems, if convulsion continue give recision, if convolution still continue give recision, if convolution still continue give recision, if convolution still continue give (5) Diurntone pius any two sign (s) Lethargy (b) Sunkein eyes (5) Vers vido skid pinch-ti-tenet V line a. Ebgan giving fluid regidily, make sure reconstr is warm. (1) Provide the warreth, Position the head & clear the air way, suction first mouth & then nose, Reposition & stimulate breathing. Civaluate respiration, heart rate & oxygenation. (2) if still not breathing use correct size made, ensury proper saal, squeeze 2-3 times & observe the chest rise, if, chest rice is adequate, traited for 30 see & ne sesses, if chest rice is not adequate, take step to improve ventilation. (3) Assess heart rate after 20 cel or ventilation, if six shan 100/min & not breathing well, confinion ventilation with oxygen.	
ME 220.3	Management of Low birth weight new-borns including pre term and Small for	Staff is able to demonstrate steps of new born			Ionity gromal saline over 20 - 30 min, repeat the bolus, if crivation does not improve, (§1 Comunion: Manage airway, check & correct hypoglycemin, if convulsion continue give readings, if convolsion still continue give readings of the still sti	
MC 120.3		Staff is able to demonstrate steps of new born resuscitation	2		Jamilys gromal saline over 20 - 30 min, repeat the bolus, if circulation does not improve, (4) Convisión: Manage ainvay, check & correct hypoglycaemia, if convulsion continue give IV addium, if convision still addium, if a being physing fluids rapidly, make sure neonate is warm Way, suction first mouth & then nose, Reposition & stimulate breathing, is collare reporiation, heart rate & oxygenation, IV if still not breathing use correct size mask, ensure proper seal, squeeze 2 sitems & observe the text rise, if thest tree is adequate, ventilate for 30 sec. & re assess, if chest rise is not adequate, take step to improve ventilation, if alsoss heart rate after 30 sec of ventilation, if less than 100 min a not breathing well, continue ventilation with oxygen. Newborn baby can be LBW : (1) Preterm(<17 weeks) & (2) SGA (if the weight is below the 10 percentile on the chart pestational age.	
ME 220.3	new-borns including pre term and Small for	Staff is able to demonstrate steps of new born resuscitation			Ionity's pormal saline over 20 - 30 min, repeat the bolus, if circulation does not improve, (§1 Comunion: Manage airway, check & cornect hypoglycaems, if convulsion continue give in calcium; if combine still continue give in calcium; if combine gives	
ME 1203	new-borns including pre term and Small for	Staff is able to demonstrate steps of new born resuscitation	2	SIJRR	Iomiting normal saline over 20 - 30 min, repeat the bolus, if crevitation does not improve, (§1 Comunion: Managea airway, check & correct hypoglycemin, if convulsion continue give in Cadium, if convolution still continue give in Cadium, if convolution	
ME 620.3	new-borns including pre term and Small for	Staff is able to demonstrate steps of new born resuscitation	2		Jamilys pormal saline over 20 - 30 min, repeat the bolus, if credutation does not improve, (§1 Convisión: Manage ainway, check & correct hypoglycaemis, if convulsion continue give I calcium, if convoluion still continue give I calcium, if	

	Staff is aware of clinical presentation of LBW	2	SI	Feeding problem, asphyxia, hypothermia, RDS, Apnoeic spells, Intraventricular haemorrhage, hypoglycaemia, hyperbilirubinemia, infection and retinopathy of prematurity	
	Staff is aware of management protocols of babies < 1800		SI/RR	(ROP) etc. Use of Overhead radiant warmer or incubator to keep baby	
	gm (34 weeks)	2		warm. Regular monitoring of axillary temp at least once every 6-8hrs . Planning the nutrition and fluids of babies considering type	
				of feeding, quantity , frequency and modality of feeding	
	Staff is aware of frequency & type of feeding to LBW	2	SI/RR	LBW babes should fed with mother's milk every 2 hrs. starting immediately after bith. Ensure LBW bables receive hind milk. Multi bortilet bream this should be given to pre term <22 weeks/1200 gm, who laft to gain weight despite of breastfeeding. Unstandeding. Unstandeding. Lag of the control of the control of the control of breastmilk is. 12 to 24 ml/kg/day given every 1-3 hours delivered intra gastric.	
	Check staff is aware of importance of hind milk	2	SI	Comes towards end of feed, rich in fat content and provide more energy. LBW babies with poor weight gain may fed with expressed hind milk.	
	Check guidelines for mode and quantity of providing fluids and feeds to babies is available & followed	2	SI/RR	Guidelines for modes requirements (i.e. Based on Birth weight in gm and age (weeks). Guidelines for fluid requirement of neonate (ml/kg/day) _ (based on Birth weight)	
	Check total daily requirement is estimated as per guidelines	2	SI/RR	Check quantity given is monitored & charted	
	Check staff skill for various techniques/modes of feeding to LBW	2	SURR	Techniques: Minimum entral feeds: Small volume of expressed breastimist, is 2.10 2d nilly (3dy given every 1.3 hours delivered intra gastric. Monnaturities usciding in permature or small bables - to develop sucking behaviour & improve digestion of feed Garage feeds: Using feeding cathertier - bushy inde with 10m syringe (without plunger) statehed toward outer end of tube & milk is allowed to stricted by grawly. The baby inde with the placed in left lateral position for 15-20min to avoid Xarda Spoon Feed Feeding with spoon or palledal, specially reconstens with gestation of 30-32 weeks or more are in position for sallow. That required amount of expressed breast milk in katori, place the baby in semi upright positive. Fift the spoon with milk, altitle short of firm, place at light positive. The short with milk, altitle short of firm, place at light positive. The baby will actively swallow the milk.	
	Check fluid and nutritional supplementation is fulfilled as per requirement	2	08/5	Falid requirement: First day of fluid requirement range from 60-80 m/lg. Dally increment: approx. 5ml/lpg ill 150ml/lpg is reached. Nortritional Supplementation. Vit 8: All LBW-C1000gm - receive G.5 mg lM of Vit 8 at birth 8 all other 1mg lM. All LBW who are exclusively breasted should review 40010 daly of vit 8 from first day of life to note tably start accepting full of the control of the co	
	Check the records to monitor intake & output to prevent				
	fluid overload	2	SI/RR	(1) IV-fluids are given are compared with prescribed volume & recorded in fluid monitoring chart every 2 hrb, (2) Measure blood glucose every 6 Fbrs and take action for low (c45mg/di) or high (150mg/di) blood glucose (3) Dally monitoring: or Weight, unit output, frequency of passage of urine, sign of overhydration.	
	Staff infusion site is inspected frequently	2	SI/KK	If there is redness and swelling seen at any time stop the infusion remove the cannula and establish new IV line in d/f	
	Check Growth is monitored in LBW babies	2	SI SI/RR	vein Babies checked for weight (daily), head circumference(weekly) and length (fort-nightly). Fenton's growth chart is used for pre term babies. WHO growth chart is used from corrected age of 40 weeks	
	Precautions are taken to protect LBW baby from hypothermia	2		Heat loss is minimized by kangaroo-care and a cap on the head and socks on the feet	
		2	SI/RR	Normal Axillary temp- 36.5 - 37.5 °C Cold Stress- 36.4 - 36°C Moderate Hypothermia- 35.9 - 32°C	
	Staff is aware of assessment & grading of hypothermia		SI/RR	Severe Hypothermia-<32°C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch. BW prature habite: hypothermia sciences a Clifford.	
	Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia	2	Si	LBW, preterm babies, hypoglycemia,sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/apnoea etc	
	Sulf & seare of management of mild hypothermia (temp <35.5-36.4°C)	2		(1) Frovice RMC to re-earn bely with mid hypothermia or warm the room using radiant heater or other heating devices if RMC is not possible. (2) Cover adequately & ensure to replace cold clothes with warm clothes (3) Keep room warm [26-28°C] & draught free (4) Continue breast edening (5) Monitor temp. 8. capillary filling time during re-earning, Watch for appose and hypoglycaemis (6) Monitor axillary temp every 1/2hr till it reaches 36.5 °C, then hourly for each 4 hrs, 2 hrly for 21 shreefalted 3 hrly chem bourly for each 4 hrs, 2 hrly for 21 shreefalted 3 hrly chem bourly for each 4 hrs, 2 hrly for 21 shreefalted 3 hrly chem bourly for each 4 hrs, 2 hrly for 21 shreefalted 3 hrly chem bourly for each 4 hrs, 2 hrly for 21 shreefalted 3 hrly chem 2 hreefalted 3 hre	
	Staff is sears of management of severe hypothermia (temp <35.5°C)	2	SI/RR	as routine Remove too's dothes from baby and replace with warm clothes. Remove too's dothes from baby and replace with warm clothes. Place under radiant warmer or one may use room heater or other means to warm baby monitor temp every 150 mim, monitor of pl. HR, temp & giscore as needed. Additional Start IV 100% destrose, if perfusion is poor, give 10m/lgg of ringer lactate or normal saline. Give Vit K -1mg IVM & provide oxygen & monitor SPO ₂ . Assess for sepsis	
	Staff is able to demonstrate the process of Kangaroo monther care Protocols	2	SJ/RR	Counsel the mother and take consent for initiating KMC. Give mother/care taker front open loose shirt or blouse Guide the mother/ care taker to sit in semi reclining position on thair or bed Unbutton top 2-3 buttons and sigh baby with only napkin, socks and cap on, into shirt Ensure six into skin contact I/W abby and care taker Baby should be in froig like position with head turned to one side and placed between mother's breast The a string at bett level to prevent the baby from slipping down Cover mother and baby dyad with woollen or sheet factouring in frequent breast feeding	

		Staff is able to access the clinical definition and	2		Blood glucose level less than 45mg/dl in all new-borns Symptoms of hypoglycaemia: (1) alteriness, irrababily (2) ethat gy, impress (3) Weak or high pitched cry (4) Poor feeding, vomting	
		symptoms of hypoglycaemia is new-borns		Si	(5) Tachycardia (>180/min) (6) Sweating (7) Hypothermia (8) Poor respiratory effort or apnoea, tachypnoea (9) Cyanosis (10) Seizures or coma	
		Staff is skilled for technique of estimating blood sugar using regent strips in neonates	2		Common site-Heel. Il Ensure heels in not cold. Heel can be warmed by holding it in hand for few minutes. 2) Pepare the site with 70% isopropyl alcohol. Allow to dry. 3) Make needle sitck purcture of posterolateral aspect of heel & awoid making deep purcture. (4) Follow instructions on reagent strip bottle for obtaining blood sample analysis. (5) if blood glucose is low send blood sample to lab for confirmation.	
		Staff is competent in management of hypoglycaemia	2	SI SI	(1)Establish IV line, influse bolus of 2m/l/kg body weight of 10/l/k destrose over 1min. (2) If and IV line can to be established quickly, give 2m/l/kg body weight of 10/k destrose origastric tube (3) Start Influsion of destrose containing limit at daily maintenance volume acc. to bally 3 age to a to provide a gazcose influsion stac ((6)) of 6mg/kg min and ceased in steps of 2 mg/kg/min to max of 12mg/kg/min part of 10 mg/kg/min to max of 12mg/kg/min to 12mg/kg/min to max of 12mg	
				SI/RR	hrly, (G) If blood glucose is less than 25mg/dl, repeat the bolus of dextrose and Glik as needed. (J) if the blood glucose b/w 25-45mg/dl, do not give dextrose bolus but increase Glik. The upper conc. of dextrose sol. which can be influed safely through peripheral vein is 15%. Conc. higher than this necessitate central line placement &	
		Staff is aware of frequency of blood glucose measurement after blood glucose return to normal Charts/guidelines are readily available & followed in	2	SI/RR	(1) Every 8 hrs as long as baby require IV fluid. If the baby is no longer required or is not receiving IV fluid, measure blood glucose every 12 hrs for 24 hrs Infusion rates with birth weight more than or equal to	
		SNCU for estimating glucose infusion rates in neonates	2	SI/RR	Infosom using Mixture of D10 & D25. Infuse ion rates with birth weight less than 1500 gm using mixture of D10 & D25	
		Discharge & follow up protocols are followed LBW bables	2		[1] Consistently demonstrate weight again for 3 consecutive days (2) Mother should be confident in feeding the neonate (3) The required nutritional supplements started (4)BCG, Nep. 8 and OPV is given to baby (5) Methods of temperature regulation via: LMC and other skills are taught to mother and adequately practices in hospital	
		Check important information like ROP screening and	2	SI/RR	(6) Mother/parents are available to identify danger sign LBW (32 weeks/<1500gm) are advised for ROP screening at 1 month of postnatal age and hearing evaluation at 40 weeks	
ME E20.4	Management of neonatal asphyxia is done as per	hearing evaluation is given to parents/mother of LBW babies Staff is aware of clinical presentation of asphyxia	-	SI/RR	corrected gestational age Asphyxiated babies evolve neurological manifestation viz	
	guidelines		2	Si	seizure, hypotonia, come or Hypoxic ischemic encephalogathy (Ibli) within 27 ars of life Evidence of multi organ system dysfunction (manifested as difficult breathing or renal failure or feeding intolerance or hepatic dysfunction or haematological abnormalities) in immediate neonatal period	
		Grading of hypoxic ischaemic encephalopathy (HIE) is done & recorded on case sheet	2	SI/RR	Using Levene's grading HIE - assessment of consciousness, tone, seizure activities and autonomic disturbances like sucking & resignation - Severity & decided. Check sequential grading is done every 8-12 hrs to assess the progression of HIE	
		Initial stabilization & management of asphysia cases is done as per protocols	2	SI/RR	(I) Maintenance of temperature (keep the baby under radiant warmer & temps is maintained and cornoral range) perfusion, ventilation (monitoring of oxygen saturation-SOC maintained by wio 94-95) and noral het pabloc state including glucces, calcium and said base balance (IV fluids, enteral Redenig, glucces, calcium and said base balance (IV fluids, enteral Redenig, glucces enonthioring, management of hypocalcaema & administration of vis K. Img (M) [2 larly detection in management of continuous transmission of the continuous transmission of cerebral injury	
		Clinical monitoring or bed side tests of asphyviated babies is performed	2	SI/RR	(1) Levene's staging for neurological status (2) Downe's Score for respiratory status (3) Cardiovascular status-1e. heart rate, colour, CRT, peripheral pulser, non-investue BP (4) Abdominal circumference-to rule out fleus (5) Urine output: to check for serum electrolytes, blood urea & serum creatinine (8) Monitorina of Blood sureare.	
		Clinical monitoring is performed & updated in case sheet at defined intervals	2	SI/RR	(1) Levene's staging - every 8hrs (2) Downe's Score - every 2-3 hrs (3) Cardiovascular status - i.e. heart rate, colour, CRT, peripheral publics, non-investive BP (4) Abdominal circumferences- to rule out iteus (5) Urine output: - measured daily - should not be <1ml/lag/hr (6) Monitoring of Blood surger every 6-8hrs during the first 24 hrs	
		Staff is aware of two major clinical manifestation results due to asphyxia	2	SI	(1) Neonatal Shock (2) Neonatal Seizures	
		Staff is skilled to identify shock Staff is aware of technique to check CRT & its interpretation	2	SI SI/RR	(1) Unexplained Tachysardia- (RE-160/min) [2] Capillary refliam (CRT)- 32 seconds Gentle pressure is applied by the tip of finger on central part of the body such as chest for 3-5 seconds by slowly counting from 1 to 5. this result in to blanching and area refill & it become pink after the tip of finger is filted. Normal CRP is <3 sec. A prolonged CRT indicates poor circulation and tissue perfusion.	
		Staff is skilled to manage neonatal shock	2	SI/RR	[1] Supportive Care : (a) Maintain TBAC. (b) Hypoxia: Maintain SPO2-90-94% (c) Hypoxia: Maintain srornal blood glucose- (>45 (c) Fig. (c)	
		Staff is competent to assess improvement	2	SI/RR	Check: (1) improvement in CRT (2) Decrease in heart rate by at least 10 beats/min. (3) improvement in pulse volume and an increase in urine output over next 4-6 hrs (is sign of improvement)	
		Staff is competent to identify when to start vasopressors	2	SI/RR	If signs for poor perfusion persists despite 2 fluid boluses- Start vasopressor along with supportive care. Most commonly used vasopressor in neonates is dopamine	
		Staff is aware of dose of dopamine	2	SI/RR	(1) Starting dose- 5-10 microgram/kg/min (2) If no improvement occurs- the dose can be increased by increments of 5 microgram/kg/min every 20-30 min to max of 20microgram/kg/min	

		Staff is aware of next line of treatment if shock persists after max dose of dopamine	2	SI/RR	Dobutamine - Dose same as dopamine Hydrocortisone - Img/kg of hydrocortisone can be given as initial dose and then depending upon response , it can be given 8-12 hrly in dose of 1 mg/kg/dose for 2-3 days	
		Staff is aware of further line of treatment in case baby is unresponsive to shock	2	SI/RR	(1) Consider blood transfusion if Hb< 12gm% (2) Consider referral after stabilization of temperature, oxygenation and blood glucose	
		Staff is aware of therapeutic end points for babies suffering from neonatal shock	2	SI/RR	CRT <3 sec, Normal Heart rate, normal pulse, warm extremities, normal BP and urine output >1ml/kg/hr	
		Staff is competent in method of weaning from inotropes	2	SI/RR	Once hypotension improves (BP normal for 4-6hrs) & tissue perfusion improves, inotropes should be tapered slowly @5microgm/kg/min every 1-2 hrly provided neonate maintain the list of therapeutic end point	
		Staff is aware of causes of neonatal Seizures	2	SI	Asphyxia (Most common), birth injuries, meningitis, intracranial bleeding or due to metabolic problems like hypoglycaemia, hypocalcaemia, and hypo or hypernatremia	
		Staff knows d/f in spasm due to tetanus and jitteriness	2	SI	Spasm due to tetamus: Appear after 48hrs, involuntary contraction of muscles, fists of ten persistently and sightly contraction of muscles, fists of ten persistently and sightly clenched. Firsms opisithenous, signed by touch, light 4 sound and 8aby is conscious throughout, often crying with pain. Riteriness: Provoke by stimulus, abolished by verstraining, Not associated with autonomic changes, examination of menantal is normal by seiture episocies & EEG is normal	
		Staff is aware of diagnostic approach for seizure	2	SI	In sick babies: blood glucose, serum ionized calcium, serum sodium & Sepsis screen. Detailed history is taken and examination is done after initial acute management to determine the underlying cause.	
		Suff is skilled to provide treatment of neonate with sectures	2	SI/RR	1st Step: Resuscitate if needed : in thermoneutral environment ensure TABC. Start oragen if required IV access the result of the start oragen if required IV access the start oragen if required IV access the start oragen in the start of the start oragen in the start	
		Suff is warre of 1st and 2nd line ACD along with their dooses	2	SI/RR	1st Line ACD: Inj Phenobarbitione-20mg/kg IV over 20min. If bushy has no further seatures don to start maintenance. If setures persists after initial phenobarbitione infusion, administer boluses of smg/kg put total of mg/kg. 2nd Line ACD: Inj Phenytoin or Fosphenytoin 20mg/kg/V over 20 min if setures are not controlled with if Phenobarbitione. Assess setures control after the Intusion. If setures persists then correspond 20mg/kg/V over 20 min if setures are not controlled with infusion. If setures persists then correspond 20mg/kg/V mys be infused. Once the setures are controlled, start maintenance done of 3-4mg/kg by after 21 hrs of loading dose of phenobarbitione and phenytoin	
		Suff is aware of therapeutic action for neonate with seitures	2	SI/RR	(a) Transent metabolic problem in. Psypolycaemia, hypocalaemia, dyselectrolyfemia. Treat the cause, 1609 ACD immediately if started (2). Glestures controlled with 1st bobs of phenobarbitone- No maintenance ACD, observe for 48 hrs if seizures re occur (3) Estures controlled with multiple does of phenobarbitone. Start maintenance does phenobarbitone. Stop once seizure free for 48 hrs. Goldinate of the control seizures- Stop Phenytion if seizures (4) Difficult to control seizures- Stop Phenytion if seizures free for 48 hrs. continue maintenance does phenobarbitione, Assess neurological status: if normal-Stop phenobarbitione, if abnormal- may continue or all maintenance phenobarbitone.	
		Staff is competent to identify conditions when to refer the neonatal asphysia cases to higher centre	2	SI/RR	(1) when haby need respiratory support - as PPV required for Smin or longer (2) Onsect of setures within 12 hrs-refractory seizures (uncontrolled with phenotarbitone & phenytobin (3) Severe Hill & unable to restor or all feeds within 1 week- (4) Shock unresponsive to vasopressor	
		Post discharge & follow up advice is given as per protocols	2	SI/RR	To attend follow up clinic for monitoring of their growth & development and to identify post asphyxia sequelae and development delays	
ME E 20.5	Management of sepsis is done as per guidelines	Staff is aware of classification of neonatal sepsis	2	SI	Early orset sepsis (EOS): where sign & symptoms of sepsis appear within 72 hrs of birth due to pathogens in maternal genital tract or delavery area, respiration diverse due to congenital pneumonia. Late onset of Sepsis (LOS): where sign appear after 72 hrs of age due to pathogens from hospital or community. LO is commonly presented as Septicaemia, pneumonia, or meninelitis.	
		Staff it aware of signs of neonatal sepsis	2	SI	[11 Clinical picture is highly variable. Sign & symptom are minimal, subtle or non specific. [2] Clinical manifestation of neonatal sepsis: Lethargy, refuse to suckle, poor or yeth piliphtiched or oversible or non-thing the programme of the pro	
		Staff is competent to identify clinical manifestation of meningitis	2	SI	fever, seizures, blank look, high pitched cry to excessive crying/irritability, neck retraction & bulging fontanel	
		Laboratory investigations are performed to confirm neonatal sepsis	2	SI/RR	Direct method: Isolation of micro-organism from blood, CSF, urine or pus. Indirect method: Leukopenia (TLC > 5000/cu mm), Neutropenia (ANC < 1800/cu mm), Immature neutrophil to total neutrophil radio (O-QJ). Merc OSFS/Serm 1st honi up pastive C Protein. Any of the 2 or more test come positive indicate sepsis. Lumber puncture: must be performed in all cases with late onset of sepsis.	
		Supportive care is provided to manage new borns	2	SI/RR	Maintain TABC Ensure SPO, 90-94% Maintain normoghycemia Administer inj vit K. Img IV, if there is active bleeding from any site Avoid enteral feed if hemodynamically compromised & start feed as hemodynamically stable. Consider exchange transfusion if there is sclerema	
		Appropriate antibiotics are given according to age and weight of the baby	2	SI/ RR	Correct dose and frequency is given as per antibiotic therapy of neontal sepsis. Antibiotic therapy should cover the common bacteria viz, E coil, Staphylococcus aureus and Kebsiela Pneumonia Every new born unit must have its one antibiotic policy based on profile of pathogen & local sensitivity pattern	
		Staff administer antibiotic as per protocols for confirmed Sepsis	2	SI/RR	1. Give Injection ampicillin and gentamicin, as first line of treatment. 2. Give cloxocillin (if available) instead of ampicillin, if there are entensive skin pustules or abbossese, as these might be signs of Staphylococcus infection. 3. Antibiotics should be given slowly, after dissolving in 5-10 mil fluid using a microdrip set or influsion pump. 4. Never mix two antibiotics in same syringe.	

		Check algorithm & treatment charts for management of neonatal sepsis is available & practices	2	SI/RR	Antibiotic schedule & dosage including frequency, route and duration is available & used	
		Staff provide antibiotic as per protocols for confirmed		SI/RR	Check availability charts for prescribing antibitotics for	
		meningitis			meningitis. Check charts reflect following information:	
					Weight <2kg Inj Cefotaxime- 12 hrly (0-7 days of age) or 8 hrly (>7days of	
					age), IV, for 3 weeks Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of	
			2		age), IV, for 3 weeks Weight >2kg	
			•		Inj Cefotaxime- 8 hrly (0-7 days of age) or 6 hrly (>7days of age), IV, for 3 weeks	
					Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks.	
					2nd line treatment: Inj Meropenem- 8 hrly (0-7 days of age) or 8 hrly (>7days of	
					age), IV, for 3 weeks nj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of	
		The response to treatment is monitored		SI/RR	Empirical upgradation can be considered if there is no clinical	
			2		improvement by 48hrs of institution of antibiotic or there is sign of deterioration	
				SI/RR	Pneumonia in 0-59 days children - difficult to diagnose as per clinical conditions	
					Possible serious bacterial infections can be pneumonia, septicaemia, or meningitis.	
			2		Essential Features: (1) Baby not able to feed or (2) Convulsion or (3) Fast breathing (RR-> 60/min) or (4) Severe chest	
					indrawing or (5) Axillary temp > or equal to 37.5 °C (or feel hot to touch) (6) or Axillary tem <35.5 oC (or feel cold to	
		Staff assess the clinical presentation of possible serious bacterial infection among children of 0-59 days			touch) or movement only when stimulated or no movement at all	
		-		SI/RR	Hospitalise, Maintain nutrition & hydration, Give Oxygen (if	
			2		SpO2 <90), Check availability charts for prescribing antibitotics for	
					serious bacterial infections. Check dose, duration, frequency is given as per indicated	
		Management of Possible serious bacterial infections Staff is competent to identify conditions that do not		SI	Meconium strained amniotic fluid, meconium aspiration	
		require antibiotic for management	2	J.	syndrome, Mild respiratory distress, perinatal asphyxia,	
			-		Asymptomatic neonates with present of 1-2 risk factors of EOS, jaundice and prematurity	
		Staff is competent to identify when to refer the baby		SI/RR	If condition worsen or no improvement after 48hrs	
			2		(1) Respiratory failure requiring mechanical ventilation (2) Unresponsive shock	
			2		(3) Persistent convulsions (4) DIC (5) Baby require exchange transfusion (& facility is not	
ME E20.6	Management of the Control of the Con	Court is a second of the court			available	
INE EZO.6	Management of jaundice is done as per guidelines	Staff is aware of alert sign of neonatal pathological jaundice	2	SI	Clinical Jaundice in first 24 hrs of life or Total serum bilirubin (TSB) increasing by Smg/dl/day or 0.5mg/dl/hr or TSB	
			2		>15mg/dl to Conjugated serum bilirubin >2mg/dl or clinical jaundice persisting for >14 days in term and >21 days in	
		Staff is aware of causes of onset of Jaundice within 24 hrs		SI	preterm infants (1) Haemolytic disease of newborn: RH, ABO and minor	
		of age	2		group incompatibility,(2) Infection: Intrauterine viral- bacterial, malaria	
					(3) G6PD deficiency	
		Staff is aware of causes of onset of Jaundice after 24 hrs of age	2	s	Physiological, Polycythaemia, Concealed haemorrhage, Sepsis, neonatal hepatitis, metabolic disorder	
		Clinical assessment of severity of Jaundiced neonate is		SI/RR	Kramer's criteria: Jaundice limited to face: Serum Bilirubin-	
		done as per Kramer's criteria	2		about 6mg/dl, Jaundice extended to trunk-9mg/dl, Extended to abdomen-12mg/dl. Extended to legs -15mg/dl &	
					Extended to feet & hand-19-20mg/dl	
		Staff is aware of features of acute bilirubin encephalopathy	2	SI	Hypotonia, lethargy, high pitched cry, poor suck, hypertonia of external muscles, irritability, fever, seizures, opisthotonus,	
		Staff is aware of Jaundice evaluation protocols	2	SI	shrill crv. apnoea. coma Blood sample is taken for TSB estimation. Plotting of values	
		Management of Jaundice is done as per protocols	-	SI/RR	on AAP charts on bilirubin nomogram Management directed toward reducing level of bilirubin &	
			2		preventing CNS toxicity. Prevention of hyperbilirubinemia: by early & frequent	
					feeding Reduction of bilirubin: Achieved by phototherapy and /or	
		Normogram is used to imitate phototherapy & exchange	2	SI/RR	exchange transfusion Check normogram is available & practiced for new born	
		transfusion Guidelines for phototherapy & exchange transfusion is		SI/RR	more than 35 week For new born <35 week	
		readily available and being followed	2			
		Staff is aware of precautions to be taken while giving phototherapy to baby		SI/RR	Baby should be naked eyes & genitals should be covered. New born should be kept at distance of more than 45 cm	
			2		below light source.Frquent feeding every 2 hours 7 change in posture is promoted, once under phototherapy serum	
					bilirubin must be monitored every 12 hrs or earlier if required	
		Check baby is monitored through out the phototherapy		RR/SI	Check the records baby's temperature is measured every 4 hourly to monitor for hypo/hyperthermia	
					Check weight is taken daily Frequent breast feeding	
			2		Increase in allowance for fluid, (if there is any evidence of dehydration)	
					Position is changed frequently, after each feed (Low birth weight babies can have their socks, caps and	
		Check the availability & use of fluxmeter	2	RR	mittens on. while under phototherapy) Use Fluxmeter to check for and ensure optimal irradiance in	
ME E20.7	Management of children presenting	Staff is aware of common causes of hyperthermia	2	SI	phototherapy units (1) Sepsis	
	with fever, cough or respiratory distress is done as per guidelines				(2) Envt. too hot for baby (3) Wrapping the baby in too many layers of clothes, esp. in	
			2		hot humid climate (4) Keeping newborn close to heater/hot water bottle	
					(5) Leaving the under heating devices i.e. radiant warmer, incubator, phototherapy that is not functioning properly	
					and/to not check regularly	
		Staff is aware and follow management protocols of hyperthermia		SI	Examine every hyperthermic baby for infection (1) If temp. is above 39°C, the neonate should be undressed and	
					sponged with tepid water at app. 35°C until temperature is	
					below is below 38 °C (2) If temp. is 37.5-39°C- Undressing & exposing to room	
			2		temp is usually all that is necessary. (3) If due too envt. temperature: move baby to colder	
					environment & using loose & light clothes. (4) If due to device- remove the baby from source of heat	
					(5) Give frequent breastfeeds to replace fluids. if the baby cannot breastfeed, give EBM. If does not tolerate feeds, IV	
					fluids may be given (6) Measures the temp. hourly till it become normal	
		Staff is able to identify the babies with respiratory		SI/RR	(1) RR >60 breaths per min	
		distress	2		(2) Severe chest in drawing (3) Grunting	
		Staff is aware of common causes of respiratory distress		SI	(1) Pre Term : RDS, Congenital pneumonia, hypothermia &	
		in newborn			hypoglycaemia (2) Term: Transient tachypnoea of newborn (TTNB),	
			2		meconium aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Trachea -	
					oesophageal fistula, B/L choanal atresia (4) other causes: Congenital heart disease, acidosis, inborn	
		Detailed antenatal & perinatal history is taken based on		SI/RR	errors of metabolism H/O gestation, onset of distress, previous preterm babies	
		causes of respiratory distress & recorded	2		with RDS, antenatal steroid prophylaxis, rupture of membranes >24 hrs, intrapartum fever, meconium asphyxia,	
			-		maternal diabetes mellitus, poor feeding, lethargy, convulsion, h/o excessive frothing	
		Objective assessment of severity of respiratory distress is	2	SI/RR	Using Downe's score and status is recorded in BHT	
		done & recorded	-	I .		

		Staff is aware of parameters & interpretation of Downe's Score	2	SI/RR	Parameter: RR, Cyanosis, Air entry, Grunt and retraction. Score 1-6= RDS	
		Detailed examination of babies representing with RDS is		SI/RR	Score >6- Impending respiratory failure (1) Severity of RDS- Assessed by Downe Score	
		Detailed examination of babies representing with RDS is done and recorded		SI/RR	(1) Severity of RDS- Assessed by Downe Score (2) Neurological status: Activity or altered sensorium (3) CRT	
			2		(4) Hepatomegaly (5) Central Cyanosis or low oxygen saturation	
					(6) Features of sepsis (7) Evidences of malformation	
		Staff is competent to identify conditions when to order chest X ray		SI	(1) All babies with moderate to severe respiratory distress- to identify underlying causes	
		,	2		(2) Babies with mild respiratory distress observed for few hrs- if distress does not settle in 4-6 hrs or baby continues to	
		Staff follow support management protocols for all sick		SI/RR	need supplementary oxygen (1) Maintain body temp.	
		newborn			(2) Give Oxygen with oxygen hood or nasal prongs to achieve appropriate oxygen saturation. Titrate oxygen delivery,	
			2		targeting oxygen saturation of 90-94% (3) EBM by gavage feeding	
			-		(4) Give IV fluids if baby does not accept Breast feed (5) Maintain blood glucose, if low treat hypoglycaemia	
		Staff is competent in management of apnoeic baby		SI/RR	(a) Maintain temperature (b)	
					Stimulate to breathe by rubbing the back or flicking the sole. If does not begin to breathe, provide PPV with bag & mask	
			2		immediately (c) Check blood glucose (d) Administer caffeine citrate/Aminophylline if baby is pre term with no other	
					evident cause of apnoea (d) If apnoeic spells are recurrent, obtain sepsis screen along with blood culture and initiate	
		Staff is competent in specific management of moderate		SI/RR	treatment for sepsis Start nasal CPAP and/or organize transfer for assisted	
		to severe respiratory distress Staff is aware of duration to administer antibiotics	2	SI/RR	ventilation (1) If baby show clinical improvement-sepsis screen is	
					negative and blood culture is sterile stop antibiotic after 48 hrs	
					(2) if baby show clinical improvement but sepsis screen is positive & culture is negative give antibiotic for 5-7days	
			2		(3) Id culture is positive for Gram positive cocci (GPC) give antibiotic for 7 -10days & for Gram negative bacilli (GNB) for	
					10-14 days Antibiotic may be modified based in clinical response and	
					blood culture sensitivity pattern	
		Staff is skilled to provide oxygen therapy		SI/RR	(1) Pulse oximeter is used to check oxygen saturation -should be maintained b/w 90-94%	
					(2) Saturation below 90% should be treated using oxygen supplementation. Ensure at NO TIME babies under	
			2		supplemental oxygen should have oxygen saturation above 95%	
					(3) Nasal prongs & head box is used to deliver oxygen. Adjust flow of oxygen 0.5-2.0 L/min with Nasal prongs to achieve	
					target saturation. Adjust the flow of oxygen (3-SL/min) to achieve desired	
		Staff is competent in oxygen weaning protocols		SI/RR	oxygen saturation Once baby's oxygen saturation on pulse oximeter is 90-94%, gradually wean oxygen. Reduce the oxygen flow rate by	
			2		1/2litre/min every few minutes to observe the oxygen saturation. If oxygen saturation remain in normal range	
		Staff is competent to identify when to refer the baby		SI/RR	gradually remove oxygen. (1) If baby with breathing difficulty needs CPAP or	
			2		mechanical ventilation (2) persistent central cyanosis or low oxygen saturation	
			2		despite oxygen supplementation (3) Repeated apnoeic spells	
		Discharge & follow up advice is given as per protocols		PI/RR	Always stabilize before referral & transport Babies with respiratory distress should be seen 48hrs after	
			2		discharge, either at hospital or during home visit by ASHA. Counselling of parents for exclusive breastfeeding, temp	
ME E20.10					maintenance and immunization Should be done	
WE E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	SNCU promotes initiation of breastfeeding within half an hour after birth	2	PI/ SI	Check with mother when she has provided breastmilk to baby after delivery	
ME E20.10		hour after birth Check colostrum is given to baby & staff is aware of its	2	PI/ SI	baby after delivery Women produce colostrum in first few days after delivery. It	
ME E20.10		hour after birth			baby after delivery Women produce colostrum in first few days after delivery. It is thick yellowish in colour & contain antibodies, white blood cells and other anti infective proteins.	
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		Check mother is encouraged to visit, touch and care her	2	SI/PI	Ask mother how often she visits her baby in SNCU	
		Check mothers are encouraged to learn milk expression	_	SI/PI	Both manual and through breast pump.	
			2	.,	Check instructions are displayed in milk expression room.	
		SNCU has provision to collection, & storage breast milk	2	SI/OB	Functional electrical pumps are available Check availability of milk expression room & refrigerator to	
		SNCU has system to label & identify the expressed milk		SI/OB	store milk (1) Unique ID of baby, date of expression of milk or Date &	
		or milk received from CLMC	2	SI/OB	time of opening the DHM bottle Milk is immediately transferred to a refrigerator at the	
		Expressed milk/ DHM is stored at recommended temperature		SI/OB	temperature of +2°C to +4°C for storage.	
			2		EBM can be kept at room temp for 8 hours & in refrigerator for 24 hrs	
		Chick and the state of the stat		PI/RR	Check Bed head tickets whether mother milk or milk	
		SNCU promote feeding of breastmilk for pre term, low birth & sick new born	2	РІУКК	substitute is prescribed for admitted new born. Give non	
			-		compliance if milk substitute is prescribed (untill clinically indicated)	
		Check breastfeeding policy is displayed	2	RR	Mentioning 10 steps of successful breastfeeding. Check Staff	
			2		is able to explain at least 3 components of breastfeeding policy	
		Check SNCU promotes breastfeeding during follow up visits	2	RR/OB	(1) Exclusive during 6 months (2) initiate complemtary feeding after 6 months & (3) continue breastfeeding up to 2	
					vrs. and bevond	
		Check SNCU has linkage with Comprehensive lactation management centre	2	SI/PI	Inhouse or outsourced for ensuring breastmilk to the babies	
ME E20.11					DELETED	
			- F Infection Contro			
Standard F1	The facility has provision for Passive and active	The facility has infection control Progra	mme and procedure	es in place for prevention	and measurement of hospital associated infection	n
	culture surveillance of critical & high risk areas	Surface and environment samples are taken for	2			
ME F1.2	The facility measures hospital associated infection	microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces Patients are observed for any sign and symptoms of HAI. HAI	
ME F1.3	rates	There is procedure to report cases of Hospital acquired infection	2		reporting formats are available. Staff Know whom to report	
	There is Provision of Periodic Medical Check-up	There is procedure for immunization & periodic check-up	2	SI/RR	& action are taken on feed back.	
ME F1.4	and immunization of staff The facility has established procedures for regular	of the staff	2	SI/RR	Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic	
	monitoring of infection control practices		2		intervals for Staff as well as mothers/care givers visiting	
ME F1.5		Regular monitoring of infection control practices Check each person enter SNCU after hand washing &		SI/RR	regularly	
		gowning gowning	2	OB		
ME F1.6	The facility has defined and established antibiotic policy	Check doctors are aware of Hospital Antibiotic Policy	2	SI/RR		
Standard F2		The facility has defined	and Implemented pr		nd hygiene practices and antisepsis	
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use	2	ОВ	At least 1 wash basin for every 5 beds	
		Availability of antiseptic soap with soap dish/ liquid	2	-		
		antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of Alcohol based Hand rub	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
		Availability of elbow operated taps	2		Hand washing sink is wide and deep enough to prevent	
		Separate Handwashing facilities are available for parent/	2	OB	splashing and retention of water Only parents who follow the hygiene practices are allowed to	
	The facility staff is trained in hand washing	attendant	2	OB/SI	provide care to their sick newborn	
	practices and they adhere to standard hand	Adherence to 6 steps of Hand washing	2		(1) Ask for demonstration	
ME F2.2	washing practices	Check each person enter SNCU after hand washing &		SI/OB	(2) Staff aware of when to hand wash Ask for demonstration - mothers/guardian aware Steps of	
		gowning	2	OB/ PI	HW.	
		Mothers/care giver adhere to hand washing practices with soap	2		Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and	
Construct CO		The facility	· oneuroe etondord	PI/OB practices and materials fo	before feeding children.	
Standard F3	The facility ensures adequate personal protection	The facility	y ensures standard p	ractices and materials to	Personal protection	
ME F3.1	Equipment as per requirements	Clean gloves are available at point of use Availability of Mask caps & shoe cover	2	OB/SI OB/SI	Handwashing b/w each patient & change of gloves	
		Availability of gown/ Apron & mask	2	OB/SI	Staff, visitors and parent/attendants	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves. Masks, cans and aprops	2			
ME F3.2	protection practices	No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing	2	OB/SI		
ME F3.2		No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing the gloves & other PPEs Mother's/parents are allowed to entre SNCU after	2		Ask for demonstration.	
		Compliance to correct method of wearing and removing the gloves & other PPEs Mother's/parents are allowed to entre SNCU after gowning only	2	OB/SI SI	Ask for demonstration.	
ME F3.2 Standard F4	protection practices The facility ensures standard practices and materials	Compliance to correct method of wearing and removing the gloves & other PPEs Mother's/parents are allowed to entre SNCU after gowning only	2	OB/SI	Ask for demonstration. pment and instruments Ask staff about how they decontaminate the procedure	
	protection practices The facility ensures standard practices and materials for decontamination and cleaning of instruments and	Compliance to correct method of wearing and removing the gloves & other PPEs Mother's/parents are allowed to entre SNCU after gowning only The facility h	2	OB/SI SI	Ask for demonstration. pment and instruments Ask staff about how they decontaminate the procedure systrace like Examiston table. Patients Beds	
	protection practices The facility ensures standard practices and materials	Compliance to correct method of wearing and removing the glows. So there PBS. Mother /parents are allowed to entre SVCU after seeming only The facility h Decontamination of operating & Procedure surfaces	2 2 as standard procedu 2	OB/SI SI	Ask for demonstration. prenent and instruments Ask daff about how they decontaminate the procedure surface like Examination table. Patients Beds Swetcher/Trolleys etc. (Weigning with 35 Khorine solution	
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Standard F4	protection practices The facility ensures standard practices and materials for decontamination and cleaning of instruments and	Compliance to correct method of wearing and removing the glows. So there PBS. Mother /parents are allowed to entre SVCU after seeming only The facility h Decontamination of operating & Procedure surfaces	2 2 as standard procedu 2	OB/SI SI SI res for processing of equ SI/OB	Ask for demonstration. pment and instruments Ask staff about how they decontaminate the procedure surface like Examination table, Patients Beds Stretche/Trolleys et al. (Wiving with 15K Chlorine solution Cleaning is done with delergent and running water after	
Standard F4	protection practices The facility ensures standard practices and materials for decontamination and cleaning of instruments and	Compliance to correct method of wearing and removing the gloves. Bother PPGS Mother's/parents are allowed to entre SNCU after cooming only Compliance and the procedure surfaces. Decontamination of operating & Procedure surfaces. Cleaning of instruments. Proper handling of Soiled and infected linen.	2 2 as standard procedu 2	OB/S SI	Ask for demonstration. Property and instruments	
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Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1 ME F5.2 ME F5.4	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment Functional area of the department are arranged to ensure infection control practices. The facility ensures availability of standard materials for cleaning and disinfection of patient care areas The facility ensures availability of standard materials for cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Compliance to correct method of wearing and removing the gloves. Bother PRSS Mother Lyaperets are allowed to entre SNCU after SVE Control and the second of	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/S SI S	pment and instruments Ask tarif about how they decontaminate the procedure surface like Examination table, Patients Beds Stretcher/Trolleys etc. (Widning with St.Choiner solution Cleaning is done with detergent and running water after decontamination. The surface is a surface like Examination table, Patients Beds Stretcher/Trolleys etc. (Widning with St.Choiner solution) No corting, Minsing or skilding at Proint of use/ Patient care Standard concedure. Sandard concedure. Sandard concedure. Sandard concedure. (I) Individual item like ateriouscupe, thermometer measuring explained by the surface of the surf	
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		Availability of colour coded bins at point of waste	2			
ME F6.1	as per guidelines	generation Availability of Non chlorinated plastic colour coded		OB		
		plastic bags	2	OB		
		Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI		
		Segregation of infected plastic waste in red bin Display of work instructions for segregation and handling	2	OB	Pictorial and in local language	
		of Biomedical waste	2	OB	i scoriui una in occu iungauge	
		There is no mixing of infectious and general waste	2	OB		
	Facility ensures management of sharps as per guidelines	Availability of functional needle cutter & Puncture proof container	2		(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like	
ME F6.2	guidelines		•	OB	nursing station	
		Availability of post exposure prophylaxis			Staff knows what to do in case of needle stick injury.	
			2		2. Staff is aware of whom to report	
				OB/SI	Check if any reporting has been done Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue	2	OB	Includes used vials, slides and other broken infected glass	
	Facility ensures transportation and disposal of	colour coded puncture proof box Check bins are not overfilled	2		Bins should not be filled more than 2/3 of its capacity	
ME F6.3	waste as per guidelines	Disinfection of liquid waste before disposal	2	SI SI/OB		
		Transportation of bio medical waste is done in close	2			
		container/trolley		SI/OB		
Standard G1		The facility		cern - G Quality Managem <mark>anizational framework for</mark>		
ME G1.1		I THE IDENTITY	inds established org		DELETED	
ME G1.2 Standard G2		The faci	lity has established	system for patient and em	ployee satisfaction	
ME G2.1	Patient satisfaction surveys are conducted at	Patient relative satisfaction survey done on monthly	2	RR	proyee saustaction	
	periodic intervals	basis	2			
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken	2	RR		
ME G2.3	The facility prepares the action plans for the	Action plan is prepared and improvement activities are	_	RR		
	areas, contributing to low satisfaction of patients	undertaken	2			
Standard G3		The facility have established	internal and extern		ammes wherever it is critical to quality.	
ME G3.1	The facility has established internal quality	There is system daily round by matron/hospital		SI/RR	Findings /instructions during the visit are recorded	
	assurance programme in key departments	manager/ hospital superintendent/ Hospital Manager/	2			
ME G3.3	Facility has established system for use of check	Matron in charge for monitoring of services Internal assessment is done at periodic interval		RR/SI	NQAS assessment toolkit is used to conduct internal	
	lists in different departments and services	a done of periodic litterval	2	iny.	assessment toolikit is used to conduct internal	
		Departmental checklist are used for monitoring and		SI/RR	Staff is designated for filling and monitoring of these	
		quality assurance	2		Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR		
					Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed	Check action plans are prepared and implemented as per	2		Randomly check the details of action, responsibility, time line	
	during quality assurance process	internal assessment record findings		RR	and feedback mechanism	
ME G3.5					DELETED	
Standard G4 ME G4.1	Departmental standard operating procedures are			RR RR	g Procedures for all key processes and support so Check that SOP for management of services has been	ervices.
	available	prepared and approved	2		prepared and is formally approved	
		Current version of SOP are available with process owner	2	OB/RR	Check current version is available	
				OB		
					WI for phototherapy, Grading and management of hypothermia, Expression of milk, KMC, Management of	
			2		hypoglycaemia, housekeeping protocols, Administration of	
		Work instruction/clinical protocols are displayed			commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc	
ME G4.2	Standard Operating Procedures adequately	SNCU has documented procedure for ensuring patients		RR	Review the SOP has adequately cover procedure for taking	
	describes process and procedures	rights including consent, privacy, confidentiality & entitlement	2		consent, maintenance of privacy, confidentiality & entitlements	
		SNCU has documented breastfeeding policy	2	RR	Review the SOP has adequately explaining implementation of	
		SNCU has documented procedure for safety & risk		RR	10 steps of breastfeeding Check availability of risk management record/register to	
		management	2		identify risk & action taken to address them	
		SNCU has documented procedure for support services &		RR	Documented procedure for preventive- break down	
		facility management.	2		maintenance and calibration of equipment, Maintenance of	
					infrastructure, inventory management & storage, retaining ,retrieval of SNCU records	
		CHOILE TO THE CONTRACT OF THE		RR		
		SNCU has documented procedure for general patient care processes	2	RR	Availability of documented criteria & procedure for triage, admission, training and engagement of parent-attendants in	
					care provision, assessment & re assessment, referral &	
		SNCU has documented procedure for specific processes		RR	discharge of the patient SNCU has documented procedure for key clinical processes	
		to the department	2		including resuscitation, thermoregulation of new born, ,drugs,intravenous,and fluid management and nutrition	
			1		management of new born	
		SNCU has documented procedure for infection control &		RR	Check availability of documented procedure for infection	
		bio medical waste management	2		control practices& BMW	
		SNCU has documented procedure for quality management & improvement		RR	Check availability of documented procedure for departmental quality activities viz: nomination of department	
		- School & Important	2		Nodal officer, internal assessments, audits, patient	
					satisfaction survey, internal & external quality assurance processes,	
		SNCU has documented procedure for data collection,		RR	Check availability of documented departmental Data set	
		analysis & use for improvement	2		need to be measured monthly & procedure for their	
ME G4.3	Staff is trained and aware of the procedures		2	SI/RR	collection, analysis & improvement	
	written in SOPs	Check staff is a aware of relevant part of SOPs			sing non-value additive seat data.	
Standard G 5 ME G5.1		ine facility maps its key processes a	mu seeks to make ti	em more emicient by redu	ucing non value adding activities and wastages DELETED	
ME G5.2					DELETED	
ME G5.3 Standard G6		The facility has defined mis	sion values Quelity	nolicy & objectives & pro	pared a strategic plan to achieve them	
Standard G6 ME G6.4		The facility has defined his	Jon, values, Quality	poncy & objectives & pre	DELETED DELETED	
ME G6.5			also southern the	Toward by the second second	DELETED	
Standard G7 ME G7.1		The facility se	eks continually imp	rovement by practicing Qu	DELETED	
					DELETED	
ME G7.2 Standards G9		Eacility has astablished as a st	res for accessing	norting evaluating and	anaging risk as per Risk Management Plan	
ME G9.6			ror assessing, re	SI/RR		
	Periodic assessment for Medication and Patient care	Check periodic assessment of medication and patient	2		Verify with the records. A comprehensive risk assessment of	
	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	care safety risk is done using defined checklist periodically		<u></u>	all clinical processes should be done using pre define criteria at least once in three month.	
Standard G10		The facility has established c	linical Governance f		lity and safety of clinical care processes	
ME G10.3	Chaired care accessment arit - 1 to 1 to 1 to 1	The feeling has established		SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity	
	Clinical care assessment criteria have been defined and communicated	The facility has established process to review the clinical care	2		& mortality reivew, patient feedback, clinical audit & clinical	
					outcomes.	
		Check regular ward rounds are taken to review case	2		(1) Both critical and stable patients	
		progress		SI/RR	(2) Check the case progress is documented in BHT/ prgoress notes-	
		Check the patient /family participate in the care evalution	2		Feedback is taken from patient/family on health status of	
				SI/RR	individual under treatment System in place to review internal referral process, review	
		Check the care planning and co- ordination is reviewed	2	SI/RR	clinical handover information, review patient understanding	
ME G10.4		1		SI/RR	about their progress	
					Check medical audit records	
					(a) Completion of the medical records i.e Medical history,	
					assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the	
	Facility conducts the periodic clinical audits				case, patient education, delineation of responsibilities,	
	including prescription, medical and death audits	There is procedure to conduct medical audits	2		discharge etc. (b) Check whether treatment plan worked for the patient	
	auurs				(C) progress on the health status of the patient is mentioned	
					(d) whether the goals defined in treatment plan is met for the individual cases	
					(e) Adverse clinical events are documented	
		I			(f) Re admission	
				SI/RR		l l

					(1) All the deaths are audited by the committee.	
					(2) The reasons of the death is clearly mentioned	
					(3) Data pertaining to deaths are collated and trend analysis	
			2		is done	
		There is procedure to conduct newborn death audits	2		(4) A through action taken report is prepared and presented	
					in clinical Governance Board meetings / during grand round	
					(wherever required)	
				SI/RR	,	
					Check for -valid sample size, data is analysed, poor	
		There is procedure to conduct referral audits	2		performing attributes are identified and improvement	
				SI/RR	initiatives are undertaken	
				Synt		
		All non compliance are enumerated recorded for	2		Check the non compliances are presented & discussed	
		medical audits		SI/RR	during clinical Governance meetings	
				3i/KK	during clinical dovernance meetings	
		All non compliance are enumerated recorded for	,		Check the non compliances are presented & discussed	
		newborn death audits		SI/RR	during clinical Governance meetings	
				SIJAK	during clinical Governance meetings	
		All non compliance are enumerated recorded for	2		Check the non compliances are presented & discussed	
		referral audits		51/00		
ME G10.5				SI/RR	during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions	Check action plans are prepared and implemented as per			Randomly check the actual compliance with the actions	
	are taken to close the gaps identified during the	medical audit record findings	2		taken reports of last 3 months	
	audit process			SI/RR		
		Check action plans are prepared and implemented as per			Randomly check the actual compliance with the actions	
		newborn death audit record's findings	2		taken reports of last 3 months	
		newcom acous addit record s findings		SI/RR	toner reports of last 5 months	
		Check action plans are prepared and implemented as per			Randomly check the actual compliance with the actions	
		Check action plans are prepared and implemented as per referral audit record's findings	2		Randomly check the actual compliance with the actions taken reports of last 3 months	
		recertal audic record's findings		SI/RR		
		Check the data of audit findings are collated	2		Check collected data is analysed & areas for improvement is	
		CHECK THE GRAD OF BUILDINGS are collated		SI/RR	identified & prioritised	
ME G10.7						
	Facility ensures easy access and use of standard	Check standard treatment guidelines / protocols are			Staff is aware of Standard treatment protocols/	
	treatment guidelines & implementation tools at	available & followed.	2	SI/RR	guidelines/best practices	
	point of care					
		Check treatment plan is prepared as per Standard			Check staff adhere to clinical protocols while preparing	
		treatment guidelines	2	SI/RR	the treatment plan	
		Check the drugs are prescribed as per Standards			Check the drugs prescribed are available in EML or part	
		treatment guidelines	2	SI/RR	of drug formulary	
		d'éadiféir guideilles			Check when the STG/protocols/evidences used in	
		Check the updated/latest evidence are available	2	SI/RR	healthcare facility are published.	
					Whether the STG protocols are according to current	
					evidences.	
			Area o	of Concern - H Outcome		
Standard H1		The facility measures P	roductivity Indicato	rs and ensures compliance	with State/National benchmarks	
ME H1.1	Facility measures productivity Indicators on monthly	Percentage of babies weighting less than 1800gm are			No. of babies weighting less than 1800gm admitted / Total	
	basis	admitted to SNCU	2	RR	admission in SNCU in Month	
	0033	Bed Occupancy Rate	2	RR		
		Proportion of female babies admitted	2	RR	1	
		No. of FPC sessions conducted in a month	2	RR	FPC register	
C			uros Efficiones India			
Standard H2			ures Emciency maio	ators and ensure to reach	State/National Benchmark	
ME H2.1	Facility measures efficiency Indicators on monthly basis	L	2	l	No. of very low birth weight babies (< 1200 gm)/No. of Low	
		Percentage of very low birth weight babies survived		RR	birth+ Very low birth babies	
		Down time Critical Equipment	2	RR	1	
		Referral Rate	2	RR		
		Survival rate	2	RR	Discharge rate	
		Average waiting time for initiation of treatment	2	RR		
Standard H3		Average waiting time for initiation of treatment The facility measures	2	RR	Discharge rate each State/National benchmark	
Standard H3 ME H3.1	Facility measures Clinical Care & Safety Indicators on	Average waiting time for initiation of treatment	2 Clinical Care & Safe	RR		
	Facility measures Clinical Care & Safety Indicators on monthly basis	Average waiting time for initiation of treatment The facility measures	2	RR ty Indicators and tries to r		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting	2 Clinical Care & Safe	RR		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting	2 Clinical Care & Safe	RR ty Indicators and tries to r		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born	2 Clinical Care & Safe	RR ty Indicators and tries to r		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more	2 Clinical Care & Safe	RR ty Indicators and tries to r		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born	2 Clinical Care & Safe	RR ty Indicators and tries to r RR		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g	2 Clinical Care & Safe 2 2	RR ty Indicators and tries to r RR RR		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting S00gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antibilities use rate	2 Clinical Care & Safe 2 2	RR ty Indicators and tries to r RR RR RR		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2 2	RR ty indicators and tries to r RR RR RR RR RR		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antibiotic use rate Average length of stay	2 Clinical Care & Safe 2 2 2	RR ty indicators and tries to r RR RR RR RR RR RR		
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting S00gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antibilities use rate	2 Clinical Care & Safe 2 2 2 2 2 2 2 2	RR ty indicators and tries to r RR RR RR RR RR	each State/National benchmark	
		Average waiting time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Anathbolic use rate Average length of stay Percentage of new-born survived following Resuscitation	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2 2	RR ty indicators and tries to r RR RR RR RR RR RR RR RR	each State/National benchmark Baby theft, wrong drug administration, needle stick injury,	
ME H3.1		Average wating time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 200gmer more Percentage of new-born deaths among out-born weighting 1000 to 1800g Recovery rate Average ining of stay Percentage of new-born survived following Resuscitation Adverse events are reported	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2	RR Ty Indicators and tries to r RR RR RR RR RR RR RR RR	each State/National benchmark Baby theft, wrong drug administration, needle stick injury, absconding patients etc	
ME H3.1 Standard H4	monthly basis	Average wating time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting Porcertage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antiblotic use rate Average length of stay Percentage of new-born survived following Resuscitation Adverse events are reported The facility measures The facility measures	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2 2 Service Quality India	RR Ty Indicators and tries to r RR RR RR RR RR RR RR RR	each State/National benchmark Baby theft, wrong drug administration, needle stick injury,	
ME H3.1	monthly basis Facility measures Service Quality Indicators on monthly	Average wating time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting Porcertage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antiblotic use rate Average length of stay Percentage of new-born survived following Resuscitation Adverse events are reported The facility measures The facility measures	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2	NR ty indicators and tries to r RR R	each State/National benchmark Baby theft, wrong drug administration, needle stick injury, absconding patients etc	
ME H3.1 Standard H4	monthly basis	Average wating time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting 2500gm or more Percentage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antiblotic user rate Average length of stay Percentage of new-born survived following Resuscitation Adverse events are reported The facility measures LUMA Rate	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2 2 2 2 2	RR ty Indicators and tries to r RR	each State/National benchmark Baby theft, wrong drug administration, needle stick injury, absconding patients etc	
ME H3.1 Standard H4	monthly basis Facility measures Service Quality Indicators on monthly	Average wating time for initiation of treatment The facility measures Percentage of new-born deaths among inborn weighting Porcertage of new-born deaths among out-born weighting 1200 to 1800g Recovery rate Antiblotic use rate Average length of stay Percentage of new-born survived following Resuscitation Adverse events are reported The facility measures The facility measures	2 Clinical Care & Safe 2 2 2 2 2 2 2 2 2 2 Service Quality India	NR ty indicators and tries to r RR R	each State/National benchmark Baby theft, wrong drug administration, needle stick injury, absconding patients etc	

	Nat	tional Quality Assurance Sta			itals	Version: DH/NQAS-2020/00
		Checklist for Ope				9
Name of the	Hospital	I	Assessme	nt Summary	I	T
Names of As					Date of Assessment Names of Assessees	
Type of Asse	essment (Internal/External)				Action plan Submission Date	
		0	peration The	eatre Score C	Card	
	Area of Concern w	vise Score			Operation Theatre Score	
A	Service Provision	100%				
В	Patient Rights	100%				
С	Inputs	100%				
D	Support Services	100%			100%	
E	Clinical Services	100%			100%	
F	Infection Control	100%				
G	Quality Management	100%				
н	Outcome	100%				
	Major Gaps Observed					
1	major caps observed					
3						
4						
5	Strengths / Good Practices					
2						
3						
5						
	Recommendations/ Opportu	nities for Improvement				
2						
3						
5						
	Signature of Assessors					
	Date					
Reference No.	ME Statement	Checkpoint		Assessment Method		Remarks
Standard A1				oncern - A Servioncern - A Servicern - A		
ME A1.2	The facility provides General Surgery services	Availability of General Surgery procedures	2	SI/OB	Appendectomy, Intestinal Obstruction, Perforation, Tongue Tie, Inguinal Hernia, haemorrhoidectomy, Abscess drainage (perianal), Liver abscess, Cholecystectomy, superficial tumour excision.	
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Gynaecology procedures	2	SI/OB	(a) D. & C, Hysterectomy, Cervical Cautery, Bartholin cyst excision, explorative laparotomy (uterine perforation, twisted ovarian), sling operation, haematocoplous drainage colpotomy (b) Lump excision, Simple mastectomy, Mammary fistula excision, Abscess drainage (breast)	
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Surgery procedure	2	SI/OB	I&D, Pepuceal Dilation, Meatomy, Gland Biopsy, Reduction Paraphimosis, Brachial/Thyroglossal Cyst and Fistula, Inguinal Herniotomy, Neonatal Intestinal Obstruction	
ME A1.5	The facility provides Ophthalmology Services	Availability of Ophthalmic Surgery procedures	2	SI/OB	Cataract Extraction with IOL, Canthotomy, Paracentesis, Enucleation, Glaucoma surgery, Conjunctival Cyst,	
ME A1.6	The facility provides ENT Services	Availability of ENT surgical procedure	2	SI/OB	Nose, Ear and Throat surgical procedures Packing, therapeutic removal of granulation (nasal, aural, oropharyn), Martoid abaxess, myringoplasty, endoscopic sinus surgery, Antral Puncture, Fracture Reduction, Mastoid Abaxess I & D, periauricular sinus excision, stitching of CLW (nose & ear)	
ME A1.7	The facility provides Orthopaedics Services	Availability of Orthopaedic surgical procedures	2	SI/OB	Open and Closed Reduction, Nailing and Plating, Amputation, Disarticulation of Hip and Shoulder	
ME A1.10	The facility provides Dental Treatment	Availability of Oral surgery procedures	2	SI/OB	Trauma Including Vehicular Accidents , Fracture Wiring	
ME A1.14	Services Services are available for the time	OT Services are available 24X7	2	SI/RR		
ME A1.16	period as mandated The facility provides Accident &	Availability of Emergency OT services as and even	2	SI/OB	Check the number of emergency surgeries conducted in last 3	
Standard A2	Emergency Services	when required		provides RMNCH/		
ME A2.4	The facility provides Child health Services	Availability of Paediatric surgical Procedure under RBSK	2	SI/OB	Developmental Dysplasia of the Hip, Congenital Cataract, cleft lip and palate	

Standard A3	Standard A3 Facility Provides diagnostic Services						
ME A3.1	The facility provides Radiology Services	Availability of portable x-ray machine	2	SI/OB	Check availability of functional Carm for 300 and above beds		
	The facility Provides Laboratory						
ME A3.2 Standard A4	Services	Availability of point of care diagnostic test	2	SI/OB	Blood gas analyser & USG		
Standard A4	The facility provides services under	Facility provid	es services as ma	ndated in nationa	Health Programs/ state scheme		
ME A4.3	National Leprosy Eradication	Availability of Reconstructive Surgery	2	SI/OB	Reconstruction of hand (tendon repair), polio surgery		
	Programme as per guidelines	Availability of Amputation Surgery	2	SI/OB			
Standard B1		Facility and decades information to		Concern - B Pati	ent Rights Inity about the available services and their modalities		
ME B1.1	The facility has uniform and user-	Availability of departmental & directional	2	OB COMMU	Numbering, main department and internal sectional signage are		
WE DIST	friendly signage system	signages Signage for restricted area are displayed	2	OB	played		
		Zones of OT are marked	2	ОВ			
ME B1.2	The facility displays the services and entitlements available in its	Information regarding services are displayed	2	ОВ	Display doctor/ Nurse on duty and updated OT schedule		
	departments	OT schedule displayed	2	OB	displayed		
ME B1.6	Information is available in local	Signage's and information are available in local	2	ОВ			
Standard B2	language and easy to understand Services are delivered	Inguage In a manner that is sensitive to gender	, religious and cu	 tural needs, and t	there are no barrier on account of physical, economic, cultural or social reasons.		
ME B2.1	Services are provided in manner that	Availability of female staff if a male doctor examination/ conduct surgery of a female	2	OB/SI	Availability of female staff in pre and post operative room		
	are sensitive to gender	patients	2	00/3/	Availability of Tellifale staff in pre-and-post operative room		
ME B2.3	Access to facility is provided without any physical barrier & and friendly to	Availability of Wheel chair or stretcher for easy Access to the OT	2	ОВ			
	people with disabilities	Availability of ramps with railing	2	OB	At least 120 cm width, gradient not steeper than 1:12		
Standard B3			dentiality & digni		has a system for guarding patient related information.		
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen between OT table	2	ОВ			
	every point of cure	Patients are properly draped/covered before and	2	ОВ			
	Confidentiality of patients records and	after produce Patient Records are kept at secure place beyond					
ME B3.2	clinical information is maintained	access to general staff/visitors	2	SI/OB			
		No information regarding patient identity and details are unnecessary displayed	2	SI/OB			
	The facility ensures the behaviours of			au /			
ME B3.3	staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	PI/OB			
	The facility ensures privacy and confidentiality to every patient,						
ME B3.4	especially of those conditions having	Privacy and Confidentiality of HIV cases	2	SI/OB			
	social stigma, and also safeguards vulnerable groups						
Standard B4	Facility has defined an	nd established procedures for informing	and involving pa	tient and their far	milies about treatment and obtaining informed consent wherever it is required.		
ME B4.1	There is established procedures for taking informed consent before	Consent is taken before major surgeries	2	SI/RR			
	treatment and procedures	Anaesthesia Consent for OT	2	SI/RR			
	Information about the treatment is	Patient attendant is informed about clinical					
ME B4.4	shared with patients or attendants, regularly	condition and treatment been provided	2	PI/SI			
Standard B5		Facility ensures that there are no	financial barrier	to access and that	there is financial protection given from cost of care.		
ME B5.1	The facility provides cashless services to pregnant women, mothers and	Free medicines and consumables are available	2	PI/SI	ISSK		
	neonates as per prevalent government schemes	rice medicines and consumaties are available	2	1,731	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Schemes	All surgical procedure are free of cost as per entitlements	2	PI/SI	PMJAY beneficiaries/ state scheme etc		
	The facility ensures that drugs	Check that patient party has not spent on			·		
ME B5.2	prescribed are available at Pharmacy and wards	purchasing drugs or consumables from outside.	2	PI/SI			
ME B5.3	It is ensured that facilities for the	Check that patient party has not spent on	2	PI/SI			
	prescribed investigations are available at the facility	diagnostics from outside.	-	1,731			
ME B5.4	The facility provide free of cost		2	PI/SI/RR			
WIE BS.4	treatment to Below poverty line patients without administrative hassles	Surgical services are free for BPL patients	2	PI/SI/RR			
			Area	of Concern - C	Inputs		
Standard C1			r delivery of assu	red services, and	available infrastructure meets the prevalent norms		
ME C1.1	Departments have adequate space as per patient or work load	Adequate space for accommodating surgical load	2	ОВ			
		Availability of OT for elective major surgeries	2	ОВ	100-200 -1OT, 200-300-2, 300-400 -3		
		Availability of OT for Emergency surgeries Availability of OT ophthalmic/ENT	2 2	OB OB	Emergency OT 1 Ophthalmic/ENT- 1		
		Waiting area for attendants	2	OB	Optioning Civi- 1		
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available	2	ОВ	In the OT waiting area for patient relatives/ in the vicinity of OT		
		Availability of drinking water Availability of seating arrangement	2	OB OB	Check for availability of Hot water facility		
ME C1.3	Departments have layout and	Availability of seating arrangement Demarcated of Protective Zone	2	OB			
	demarcated areas as per functions	Demarcated Clean Zone	2	ОВ			
		Demarcated sterile Zone Demarcated disposal Zone	2	OB OB			
		Availability of Changing Rooms	2	OB			
		Availability of Pre & post Operative Room Availability of Scrub Area	2	OB OB			
		Availability of Autoclave room/ TSSU	2 2	OB OB			
		Availability of dirty utility area Availability of store	2	OB			
ME C1.4	The facility has adequate circulation area and open spaces according to need	Corridors are wide enough for movement of	2	ОВ	2-3 meters		
	and local law The facility has infrastructure for						
ME C1.5	intramural and extramural	Availability of functional telephone and Intercom Services	2	ОВ			
	communication				Hydraulic OT Tables		
ME C1.6	Service counters are available as per patient load	OT tables are available as per load	2	ОВ	As per case load at least two for 100 - 200 bedded DH and 4 for More than 200 beds		
	The facility and departments are						
ME C1.7	planned to ensure structure follows the function/processes (Structure	Unidirectional flow of goods and services	2	ОВ	No cris cross of infectious and sterile goods		
	commensurate with the function of the						
Standard C2	hospital)	The	facility ensures	the physical safety	of the infrastructure.		
ME C2.1	The facility ensures the seismic safety	Non structural components are properly secured	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and		
	of the infrastructure				secured		
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires	2	ОВ			
		Adequate electrical socket provided for safe and smooth operation of equipment	2	ОВ	Power boards are marked as per phase to which it belongs		
		Availability of three phase electricity supply	2	ОВ			
	•						

		OT has mechanism for periodical check / test of all electrical installation by competent electrical	2	ОВ		
		Engineer				
		Wall mounted digital display is available in OT to show earth to neutral voltage	2	ОВ		
		Quality output of voltage stabilizer is displayed in	2	ОВ		
		each stabilizer as per manufacturer guideline	2	05		
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the ward are non slippery and even	2	ОВ		
	for providing patient care	Walls and floor of the OT covered with joint less	2	ОВ		
		tiles Windows/ ventilators if any in the OT are intact		-		
		and sealed	2	ОВ		
Standard C3			y has established	Programme for fi	ire safety and other disaster	
ME C3.1	The facility has plan for prevention of fire	OT has sufficient fire exit to permit safe escape to its occupant at time of fire	2	OB/SI		
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.	2	ОВ		
ME C3.2	The facility has adequate fire fighting	OT room has installed fire Extinguisher that is	2	ОВ		
WIE CS.2	Equipment	Class A , Class B, C type or ABC type	2	OB		
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due	2	OB/RR		
		date for next refilling is clearly mentioned	2	OB/RR		
	The facility has a system of periodic					
ME C3.3	training of staff and conducts mock drills regularly for fire and other	Check for staff competencies' for operating fire extinguisher and what to do in case of fire	2	SI/RR		
	disaster situation	extinguisher and what to do in case of the				
Standard C4		The facility has adequate qualified	and trained staf	f, required for pro	oviding the assured services to the current case loa	d
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Obg & Gynae Surgeon	2	OB/RR	As per case load	
	doctors as per service provision	Availability of general surgeon	2	OB/RR	As per case load	
		Availability of Orthopaedic Surgeon Availability of ophthalmic surgeon	2		As per case load As per case load	
		Availability of ENT surgeon	2	OB/RR	As per case load	
		Availability of anaesthetist	2	OB/RR	As per case load	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff	2	OB/RR/SI	As per patient load , at least two	
	The facility has adequate					
ME C4.4	technicians/paramedics as per	Availability of OT technician	2	OB/SI		
	reauirement					
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant	2	SI/RR		
		Availability CSSD/ TSSU Asstt.	2	SI/RR SI/RR		
Standard C5		Availability of Security staff Facility prov	vides drugs and co		red for assured list of services.	
ME C5.1	The departments have availability of	Availability of Medical gases	2	OB/RR	Availability of Oxygen Cylinders / Piped Gas supply, Nitrogen	
	adequate drugs at point of use	Availability of Anti-Infective medicines -				
		Antibiotics, Antifungal	2		Inj. Ampillicin, Inj. metronidazole Inj. Gentamycin,	
		Availability of Antihypertensive medicines	2		Injectable preparations Tab Paracetamol, Ibuprofen, Inj. Diclofenac, Sodium plasma	
		Availability of analgesics and antipyretics	2	OB/RR	expender	
		Availability of Solutions Correcting Water, Electrolyte Disturbances and Acid-Base	2	OB/RR	IV fluids, Normal saline, Ringer lactate,	
		Disturbances			As per the State's EML - Topical agents: Lignocaine, Xylocaine	
		Availability of anaesthetic agents	2	OB/RR	Inhaled agents: Halothane, Nitrous oxide.	
			_		Injectable: Barbiturates (Thiopental, Thiamylal, methohexital, Benzodiazepines)	
		Availability of other medicines	2		Tab B complex, Inj. Betamethasone, Inj. Hydralazine,	
					Methyldopa, HIV drugs Inj. Magnesium sulphate 50%, Inj. Calcium Gluconate 10%, Inj.	
					Dexamethasone, Inj. Hydrocortisone Succinate, Inj. Diazepam,	
		Availability of emergency drugs	2	OB/RR	Inj. Pheniramine maleate, Inj Corboprost, Inj. Pentazocine, Inj. Promethazine, Betamethason, Inj. Hydrazaline, Nifedipine,	
	The december of the control of the c				Methyldopa, Ceftriaxone	
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads	2	OB/RR		
		Availability of syringes and IV Sets	2	OB/RR OB/RR		
		Availability of Antiseptic Solutions	2		Ethyl Alcohol, Povidone Iodine Solution	
				OB/RR	Ethyl Alcohol, Povidone Iodine Solution	
		Availability of Antiseptic Solutions	2		Ethyl Alcohol, Povidone Iodine Solution	
ME CE 2	Emergency drug trays are maintained at	Availability of Antiseptic Solutions Availability of consumables for new born care	2 2 2	OB/RR OB/RR	Ethyl Alcohol, Povidone Iodine Solution	
ME CS.3	every point of care, where ever it may	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of personal protective equipment	2	OB/RR	Ethyl Akchol, Povidone todine Solution	
ME C5.3 Standard C6	every point of care, where ever it may be needed	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room	2 2 2	OB/RR OB/RR OB/RR	Ethyl Akchol, Povidone Iodine Solution	
	every point of care, where ever it may be needed Availability of equipment & instruments	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room The facility! Availability of functional Equipment	2 2 2	OB/RR OB/RR OB/RR	red for assured list of services. BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter,	
Standard C6	every point of care, where ever it may be needed	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room The facility is	2 2 2 2 ass equipment &	OB/RR OB/RR OB/RR	red for assured list of services.	
Standard C6 ME C6.1	every point of care, where ever it may be needed Availability of equipment & instruments for examination & monitoring of patients Availability of equipment & instruments	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room The facility It Availability of functional Equipment &instruments for examination & Monitoring	2 2 2 ass equipment &	OB/RR OB/RR OB/RR OB/RR instruments requi	red for assured list of services. BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter, PV Set Diathermy (Unit and Bi Polar), Proctoscopy set, general Surgical	
Standard C6	every point of care, where ever it may be needed Availability of equipment & instruments for examination & monitoring of patients Availability of equipment & instruments for treatment procedures, being	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room The facility P Availability of functional Equipment &instruments for examination & Monitoring	2 2 2 2 ass equipment &	OB/RR OB/RR OB/RR Instruments requi	red for assured list of services. BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter, PV Set	
Standard C6 ME C6.1	every point of care, where ever it may be needed Availability of equipment & instruments for examination & monitoring of patients Availability of equipment & instruments	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room The facility It Availability of functional Equipment &instruments for examination & Monitoring Availability of functional General surgery equipment	2 2 2 ass equipment &	OB/RR OB/RR OB/RR OB/RR OB OB	red for assured list of services. BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter, pV Set Diathermy (Unit and BI Polar), Proctoscopy set, general Surgical Instruments for Piles, Fistula, & Fissures. Surgical set for Hernia & Hydrocole, Cautery	
Standard C6 ME C6.1	every point of care, where ever it may be needed Availability of equipment & instruments for examination & monitoring of patients Availability of equipment & instruments for treatment procedures, being	Availability of Antiseptic Solutions Availability of consumables for new born care Availability of personal protective equipment Emergency drug tray is maintained in OT in pre and post operative room The facility! Availability of functional Equipment &Instruments for examination & Monitoring Availability of functional General surgery	2 2 2 ass equipment &	OB/RR OB/RR OB/RR OB/RR OB OB	red for assured list of services. BP apparatus, Thermometer, Pulse Ony meter, Multiparameter, pv Set Diathermy (Unit and Bi Polar), Proctoscopy set, general Surgical Instruments for Piles, Fistula, & Fissures. Surgical set for Hernia & Hydrocele, Cautery Carm., check O'l Table is Carm compatible, Thomas Splint, IM. Mailling Set, SP Mailing, Compression Pilaring Kft, Dislocation Hip	
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Standard C7	Facilit	y has a defined and established proced	ure for effective	utilization, evaluat	tion and augmentation of competence and perforn	nance of staff
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined	2	SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.	
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year	2	SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Advance Life support	2	SI/RR	ALS and CPR by recognized agency to all category of staff.	
		OT Management	2	SI/RR	OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols.	
		Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
		Training on processing/sterilization of equipment	2	SI/RR		
		Patient Safety	2	SI/RR	Assessment, action planning, PDCA, 5S & use of checklist	
		Training on Quality Management System	2	SI/RR	To all category of staff. At the time of induction and once in a	
ME C7.10		Staff is skilled for resuscitation and intubation	2	SI/RR	year.	
	by on -job supportive supervision	Nursing Staff is skilled for maintaining clinical				
		records Staff is Skilled to operate OT equipment	2	SI/RR SI/RR		
		Staff is skilled for processing and packing instrument	2	SI/RR		
		instrument	Area of Co	ncern - D Suppo	ort Services	
Standard D1		The facility has established F	rogramme for in	spection, testing a	and maintenance and calibration of Equipment.	
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance	2	SI/RR	Check with AMC records/ Warranty documents Staff is aware of the list of equipment covered under AMC.	
					(1) Check log book is maintained & it shows time taken to repair equipment.	
		There is system of timely corrective break down maintenance of the equipment	2	SI/RR	(2) Backup of critical equipment (3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance	
		There has system to label Defective/Out of order equipment and stored appropriately until it has	2	OB/RR		
		been repaired Staff is skilled for trouble shooting in case	2	SI/RR		
		equipment malfunction Periodic cleaning, inspection and maintenance	2			
	The facility has established procedure	of the equipment is done by the operator	2	SI/RR		
ME D1.2	for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated	2	OB/ RR	Boyles apparatus, cautery, BP apparatus, autoclave etc.	
	Operating and maintenance	There is system to label/code the equipment to indicate status of calibration/verification when recalibration is due Up to date instructions for operation and	2	OB/ RR		
ME D1.3		maintenance of equipment are readily available with staff.	2	OB/SI		
Standard D2		The facility has defined procedures for				o areas
		The facility has defined procedures for	Storage, inventor	y management ar	nd dispensing of drugs in pharmacy and patient car	e dieds
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs	2	SI/RR	Stock level are daily updated Indent are timely placed	e al eas
ME D2.1 ME D2.3	There is established procedure for forecasting and indenting drugs and	There is established system of timely indenting			Stock level are daily updated Indent are timely placed Check drugs and consumables are kept at allocated space in Crash cart/Drug trolleys and are labelled. Labelled with drug Iname, drug strength and expiry date. Look alike and sound alike drugs are kept spararely from their identical one in look or	C of Cos
	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart	2	SI/RR	Stock level are daily updated indent are timely placed Check drugs and consumables are kept at allocated space in Crash card Drug trolleys and are liabelled, tabelled with drug amae, drug strength and expiry date, took alke and sound alked drugs are kept separately from their identical one in look or sound. Flow meter, humidfiler, key & updated data sheet is available with nue cylinder.	C of Coas
	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart and are labelled	2	SI/RR OB	Stock level are daily updated indent are timely placed Check drugs and consumables are kept at allocated space in Crash card Drug trolleys and are liabelled. Liabelled with drug ame, drug strength and expiry date, took alke and sound alked drugs are kept separately from their identical one in look or sound. Flow meter, humidifier, key & updated data sheet is available with nuse cylinders. Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FRIST OUT	C of Co.
ME D2.3	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of drugs and consumables The facility ensures management of	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled Expiry dates' are maintained at emergency drug	2 2	SI/RR OB	Stock level are daily updated indent are timely placed Check drugs and consumables are kept at allocated space in Crash card Drug trolleys and are labelled. Labelled with drug ame, drug strength and expiry date, took alke and sound alked drugs are kept separately from their identical one in look or sound. Flow meter, humidifier, key & updated data sheet is available with in use cylinders. Records for expiry and near expiry drugs are maintained for emergency tray FIRST CAPIET AND THE CAPIET OF THE CAPIET AND FIRST OUT (FEFO) is in practice.	C al cas
ME D2.3	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of drugs and consumables The facility ensures management of	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled Expiry dates' are maintained at emergency drug tray	2 2 2	OB OB OB/RR	Stock level are daily updated indent are timely placed Check drugs and consumables are kept at allocated space in Crash carty Drug trolleys and are labelled. Labelled with drug mane, drug strength and expiry date, lock alke and sound alked drugs are kept separately from their identical one in look or sound. Flow meter , humidifier, key & updated data sheet is available with in use cylinders. Records for expiry and near expiry drugs are maintained for emergency tray (FEFO) is in practice. Check drug usb store & emergency tray Records for expiry and near expiry drugs are maintained for mergency tray.	C of Co.
ME D2.3	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and near expiry drugs The facility has established procedure	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled Expiry dates' are maintained at emergency drug tray No expired drug found Records for expiry and near expiry drugs are maintained for drug stored at department There is practice of calculating and maintaining	2 2 2 2	OB OB/RR OB/RR	Stock level are daily updated inded are timely placed Check drugs and consumables are kept at allocated space in Crash cart/ Drug trolleys and are labelled. Labelled with drug lange, drug strength and expity date. Look alike and sound alike drugs are kest pearately from their distriction or in look or sound. Flow meter , humidfiler, key & updated data sheet is available with in use cylinders. Records for expity and near expiry drugs are maintained for emergency tray [FIST] EXPIRY and FIRST OUT [FEFO] is in practice. Minimum stock and recorder level are calculated based on consumption.	
ME D2.3 ME D2.4	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and near expiry drugs	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled Expiry dates' are maintained at emergency drug tray No expired drug found Records for expiry and near expiry drugs are maintained for drug stored at department There is practice of calculating and maintaining buffer stock Department maintained stock register of drugs	2 2 2 2 2 2 2	SI/RR OB OB OB/RR OB/RR RR SI/RR	Stock level are daily updated indent are timely placed Check drugs and consumables are kept at allocated space in Crash cart/ Drug trolleys and are labelled. Labelled with drug name, drug attength and expiry date. Look alle and sound allike drugs are kept sparately from their identical one in look or sound. Flow meter , humidfiler, key & updated data sheet is available with in use cylinders. Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEFO) is in practice. Check drug sub store & emergency tray are maintained for drug stored at department FIRST EXPIRY and FIRST OUT (FEFO) is in practice. Minimum stock and reorder level are calculated based on consumption. Minimum buffer stock is maintained all the time. Mocket record of drug received, issued and balance stock in hand.	
ME D2.3 ME D2.4	There is established procedure for forecasting and indenting drugs and consumables The facility ensures proper storage of drugs and consumables The facility ensures management of expiry and near expiry drugs The facility has established procedure	There is established system of timely indenting of consumables and drugs Drugs are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled Expiry dates' are maintained at emergency drug tray No expired drug found Records for expiry and near expiry drugs are maintained for drug stored at department There is practice of calculating and maintaining buffer stock Department maintained stock register of drugs and consumables Orugs are categorized in Vital, Essential and	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR OB OB OB/RR OB/RR RR SI/RR RR/SI	Stock level are daily updated inded are timely placed Check drugs and consumables are kept at allocated space in Crash card from groups and are labelled. Labelled with drug landing strength and expiry date. Look alike and sound alike drugs are keep teapartely from their identical one in look or sound. Flow meter , humidifier, key & updated data sheet is available with in use cylinders. Records for expiry and near expiry drugs are maintained for emergency tray (FEO) is in practice Check drug sub store & emergency tray and FIRST EXPIRY and FIRST OUT (FEO) is in practice Check drug sub store & emergency tray are maintained for drug stored at department FIRST EXPIRY and FIRST OUT (FEO) is in practice Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time Check record of drug received, issued and balance stock in hand and are maintained	
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ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt, grease, littering and cobwebs	
	nygrenic	Surface of furniture and fixtures are clean	2	OB		
		Toilets are clean with functional flush and running water	2	ОВ		
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	2	ОВ		
	municumed	Window panes , doors and other fixtures are intact	2	ОВ		
		OT Table are intact and without rust	2	OB	Check Mattresses are intact and clean	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the OT	2	ОВ		
ME D4.6	The facility has established procedures	No pests are noticed	2	ОВ		
Standard D5	for pest, rodent and animal control	The facility ensures 24Y7 water		n as ner requirem	ent of service delivery, and support services norms	
Standard DS	The facility has adequate arrangement	The facility ensures 24X7 water a	and power backu	p as per requirem	lent of service delivery, and support services norms	
ME D5.1	storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI		
	iii dii Turictioridi di eds	Availability of Hot water supply	2	OB/SI		
ME D5.2	The facility ensures adequate power backup in all patient care areas as per	Availability of power back up in OT	2	OB/SI	2 tier backup with UPS	
	load		-	OB/SI	Z New Backap Will 613	
		Availability of UPS Availability of Emergency light	2	OB/SI		
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and	Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply	2	ОВ		
Standard D7	vacuum supply		The facility er	nsures clean linen	to the patients	
ME D7.1	The facility has adequate sets of linen	OT has facility to provide sufficient and clean linen for surgical patient	2	OB/RR	Drape, draw sheet, cut sheet and gown	
		OT has facility to provide linen for staff	2	OB/RR		
		Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh	2	OB/RR		
ME D7.2	The facility has established procedures for changing of linen in patient care	Linen is changed after each procedure	2	OB/RR		
	areas The facility has standard procedures for					
ME D7.3	handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry	2	SI/RR		
		Check dedicated closed bin is kept for storage of	2	ОВ	Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed &	
		dirty linen			handed over	
Standard D11	The facility has established job	Job description is defined and communicated to		are determined a	as per govt. regulations and standards operating pr	ocedures.
ME D11.1	description as per govt guidelines	all concerned staff Staff is aware of their role and	2		Regular + contractual	
	The feetile has a satisficient assessment	responsibilities	2	SI		
ME D11.2	The facility has a established procedure for duty roster and deputation to	There is procedure to ensure that staff is available on duty as per duty roster	2	RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
	different departments		2	SI		
		There is designated in charge for department	2	31		
ME D11.3	The facility ensures the adherence to dress code as mandated by its	Doctor, nursing staff and support staff adhere to their respective dress code	2	ОВ		
	administration / the health department					
Standard D12		There is procedure to monitor the quality and	for monitoring th	e quality of outso	urced services and adheres to contractual obligation	ons I
			l		Verification of outsourced services (cleaning/	
ME D12.1	There is established system for contract management for out sourced services	adequacy of outsourced services on regular basis	2	SI/RR	Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff	
		adequacy of outsourced services on regular basis	Area of Co	oncern - E Clinic	Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff	
Standard E2		adequacy of outsourced services on regular basis The facility has defined and establi	Area of Co	oncern - E Clinic for clinical assess	Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff and Services services ment, reassessment and treatment plan preparation physical examination, results of lab investigation, diagnosis and	on.
	management for out sourced services There is established procedure for initial assessment of patients	adequacy of outsourced services on regular basis	Area of Co	oncern - E Clinic	Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff cal Services ment, reassessment and treatment plan preparation.	on.
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	There is process for identifying and	High alert drugs available in department are			Electrolytes like Potassium chloride, Opioids, Neuro muscular	
ME E7.1	cautious administration of high alert drugs (to check)	identified	2	SI/OB	blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable	
	drugs (to check)	Maximum dose of high alert drugs are defined			Value for maximum doses as per age, weight and diagnosis are	
		and communicated	2	SI/RR	available with nursing station and doctor	
		There is process to ensure that right doses of	2	SI/RR	A system of independent double check before administration,	
		high alert drugs are only given	2	SI/RR	Error prone medical abbreviations are avoided	
ME E7.2	Medication orders are written legibly	Every Medical advice and procedure is	2	RR		
WE E7.2	and adequately	accompanied with date , time and signature	2	KK.		
		Check for the writing, It comprehendible by the	2	RR/SI		
	There is a procedure to check drug	Clinical staff Drugs are checked for expiry and other				
ME E7.3	before administration/ dispensing	inconsistency before administration	2	OB/SI		
		Check single dose vial are not used for more than one dose	2	ОВ	Check for any open single dose vial with left over content intended to be used later on	
		Check for separate sterile needle is used every	2	ОВ		
		time for multiple dose vial Any adverse drug reaction is recorded and			In multi dose vial needle is not left in the septum	
		reported	2	RR/SI	Adverse drug event trigger tool is used to report the events	
ME E7.4	There is a system to ensure right	Check Nursing staff is aware 7 Rs of Medication	2	SI/RR	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and	
	medicine is given to right patient	and follows them	<u> </u>		Right Documentation	
Standard E8	All the assessments, re-assessment and		ed procedures fo	r maintaining, up	dating of patients' clinical records and their storagon I	
ME E8.1	investigations are recorded and	Records of Monitoring/ Assessments are maintained	2	RR	PAC, Intraoperative monitoring	
	updated	The state of the s				
ME E8.2	All treatment plan prescription/orders	Treatment plan, first orders are written on BHT	2	RR	Treatment prescribed in nursing records (Manually/e-records)	
	are recorded in the patient records.					
	Procedures performed are written on				Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of	
ME E8.4	patients records	Operative Notes are Recorded	2	RR	procedures, estimated blood loss, Fluid administered, specimen	
					removed, complications etc. (Manually/e-records)	
	Adequate for	Anaesthesia Notes are Recorded	2	RR	(Manually/e-records)	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available	2	RR/OB	Consents, surgical safety check list	
ME E8.6	Register/records are maintained as per	Registers and records are maintained as per	2	RR	OT Register, Schedule, Infection control records, autoclaving	
	guidelines	guidelines			records etc	
		All register/records are identified and numbered	2	RR		
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical	Safe keeping of patient records	2	RR		
	records					
Standard E11	The feedbacks in the	The facility has defined a	nd established p		ergency Services and Disaster Management	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR		
		Role and responsibilities of staff in disaster is	2	SI/RR		
Standard E12		defined The facility	v has defined and	established proc	edures of diagnostic services	
ME E12.1	There are established procedures for	Container is labelled properly after the sample	2	ОВ		
	Pre-testing Activities There are established procedures for	collection OT is provided with the critical value of different		-		
ME E12.3	Post-testing Activities	test	2	SI/RR		
Standard E13			d established pro	cedures for Blood	Bank/Storage Management and Transfusion.	
ME E13.8	There is established procedure for	Availability of blood units in case of emergency			The blood is ordered for the patient according to the MSBOS	
	issuing blood	with out replacement	2	RR/SI	(Maximum Surgical Blood Order Schedule)	
ME E13.9	There is established procedure for	with out replacement Consent is taken before transfusion	2	RR/SI RR	(Maximum Surgical Blood Order Schedule)	
ME E13.9		Consent is taken before transfusion	2	RR	(Maximum Surgical Blood Order Schedule)	
ME E13.9	There is established procedure for	Consent is taken before transfusion Patient's identification is verified before transfusion			(Maximum Surgical Blood Order Schedule)	
ME E13.9	There is established procedure for	Consent is taken before transfusion Patient's identification is verified before	2	RR	(Maximum Surgical Blood Order Schedule)	
ME E13.9	There is established procedure for	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by	2	RR SI/OB	(Maximum Surgical Blood Order Schedule)	
ME E13.9	There is established procedure for	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by qualified person	2 2 2 2	RR SI/OB RR SI/RR	(Maximum Surgical Blood Order Schedule)	
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by	2 2 2	RR SI/OB RR	(Maximum Surgical Blood Order Schedule)	
ME E13.9 ME E13.10	There is established procedure for transfusion of blood There is a established procedure for	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion shoot is kept on optimum temperature before transfusion shoot transfusion is monitored and regulated by outlified person allood transfusion note is written in patient recorded Any major or minor transfusion reaction is	2 2 2 2	RR SI/OB RR SI/RR	(Maximum Surgical Blood Order Schedule)	
ME E13.10	There is established procedure for transfusion of blood	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by qualified person Blood transfusion note is written in patient recorded. Any major or minor transfusion reaction is recorded and reported to responsible person	2 2 2 2 2 2	RR SI/OB RR SI/RR RR	(Maximum Surgical Blood Order Schedule)	
ME E13.10 Standard E14	There is established procedure for transfusion of blood There is a established procedure for monitoring and reporting Transfusion complication	Consent is taken before transfusion Patient's identification is verified before transfusion Blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by qualified person Blood transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person Face	2 2 2 2 2 2 2 2 iiity has establish	RR SI/OB RR SI/RR RR RR	(Maximum Surgical Blood Order Schedule)	
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ME E13.10 Standard E14	There is established procedure for transfusion of blood There is a established procedure for monitoring and reporting Transfusion complication Facility has established procedures for	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by cualified person. Blood transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person Fac There is procedure to ensure that PAC has been	2 2 2 2 2 2 2 2 iiity has establish	RR SI/OB RR SI/RR RR RR	(Maximum Surgical Blood Order Schedule)	
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ME E13.10 Standard E14	There is established procedure for transfusion of blood There is a established procedure for monitoring and reporting Transfusion complication Facility has established procedures for	Consent is taken before transfusion Patient's identification is verified before transfusion blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by qualified person Blood transfusion in its monitored and regulated by qualified person Blood transfusion note is written in patient recorded, Any major or minor transfusion reaction is recorded and reported to responsible person Fac There is procedure to ensure that PAC has been done before surgery.	2 2 2 2 2 2 2 2 ility has establish	RR SI/OB RR SI/RR RR RR RR RR RR	(Maximum Surgical Blood Order Schedule) **Anaesthetic Services** In emergency & Iffe saving conditions, surgery may be started with General physical examination of the patient & sending the	
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ME E15.4	Facility has established procedures for	Post operative monitoring is done before	2	RR/SI	Check for post operative operation ward is used and patients	
WE E15.4	Post operative care	discharging to ward	2	RR/SI	are not immediately shifted to wards after surgery	
		Post operative notes and orders are recorded	2	RR/SI	Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other medications and Laboratory investigations	
Standard E16	Death of admitted patient is adequately				gement of death & bodies of deceased patients	
ME E16.1	recorded and communicated	Death note is written on patient record	2	RR		
ME E16.2	The facility has standard procedures for handling the death in the hospital	resuscitation is noted in patient record	2	RR	Includes both maternal and neonatal death	
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	2	RR/SI		
				oncern - F Infect		
Standard F1	Facility has provision for Passive and		and procedures	in place for preve	ntion and measurement of hospital associated infe	ction
ME F1.2	active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance	2	SI/RR	Swab are taken from infection prone surfaces	
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection	2	SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .	
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxoid etc	
		Periodic medical check-up of the staff	2	SI/RR		
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR		
Standard F2	Hand washing facilities are provided at	Facility has defined and Availability of hand washing Facility at Point of			ring hand hygiene practices and antisepsis	
ME F2.1	point of use	Use	2	OB/SI	Check for availability of wash basin near the point of use	
		Availability of running Water Availability of antiseptic soap with soap dish/	2	OB/SI	Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and	
		liquid antiseptic with dispenser. Availability of Alcohol based Hand rub	2	OB/SI	uninterrupted Check for availability/ Ask staff for regular supply.	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
		Availability of elbow operated taps	2	ОВ	preferably in Local language	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water	2	ОВ		
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration	
	nand washing practices				procedure should be repeated several times so that the scrub lasts for 3 to 5	
		Adherence to Surgical scrub method Staff aware of when to hand wash	2	SI/OB SI	lasts for 3 to 5 minutes. The hands and forearms should be dried with a sterile towel only.	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions	2	ОВ		
	materials for antisepsis	Proper cleaning of procedure site with	2	OB/SI	like before giving IM/IV injection, drawing blood, putting	
		antisepsis Proper cleaning of perineal area before procedure with antisepsis	2	SI	Intravenous and urinary catheter	
		Check Shaving is not done during part preparation/delivery cases	2	SI		
		Check sterile field is maintained during surgery	2	OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field.	
Standard F3	Early and a second	Facility er	sures standard p	ractices and mate	rials for Personal protection	
ME F3.1	Facility ensures adequate personal protection equipment as per	Clean gloves are available at point of use	2	OB/SI		
	requirements	Availability of Masks	2	OB/SI		
		Sterile s gloves are available at OT and Critical areas	2	OB/SI		
		Use of elbow length gloves for obstetrical purpose	2	OB/SI		
		Availability of gown/ Apron	2	OB/SI		
		Availability of Caps	2	OB/SI OB/SI	HIV kit	
	Staff is adhere to standard personal	Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and	2		HIV KIT	
ME F3.2	protection practices	aprons. Compliance to correct method of wearing and		OB/SI		
Standard Ed		removing the PPE	2 tandard Procedu	SI res for processing	Gloves, Masks, Caps, Aprons	
Standard F4	Facility ensures standard practices and		tanuara Procedu	res for processing	of equipment and instruments Ask staff about how they decontaminate the procedure surface	
ME F4.1	materials for decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces	2	SI/OB	Jak starl about now they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution	
		Proper Decontamination of instruments after use	2	SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable	
		Contact time for decontamination is adequate	2	SI/OB	10 minutes	
		Cleaning of instruments after decontamination	2	SI/OB	Cleaning is done with detergent and running water after decontamination	
		Proper handling of Soiled and infected linen	2	SI/OB	decontamination No sorting ,Rinsing or sluicing at Point of use/ Patient care area	
		Staff know how to make chlorine solution	2	SI/OB		
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement	2	OB/SI	Autoclaving/HLD/Chemical Sterilization	
		High level Disinfection of instruments/equipment is done as per protocol	2	OB/SI	Ask staff about method and time required for boiling	
		Chemical sterilization of instruments/equipment is done as per protocols	2	OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization	
		Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions	2	OB/SI		
		Autoclaved linen are used for procedure Autoclaved dressing material is used	2 2	OB/SI OB/SI		
		Instruments are packed according for	2	OB/SI		
		autoclaving as per standard protocol Autoclaving of instruments is done as per protocols	2	OB/SI	Ask staff about temperature, pressure and time	
		Regular validation of sterilization through biological and chemical indicators	2	OB/SI/RR		
		Maintenance of records of sterilization There is a procedure to ensure the traceability of	2	OB/SI/RR		
		sterilized packs Sterility of autoclaved packs is maintained during	2	OB/SI/RR OB/SI	Sterile packs are kept in clean, dust free, moist free	
Standard F5		storage			environment. care areas ensures infection prevention	
		·, s.cai iayout allu el		and patient	January prevention	

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ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic	2	ОВ	Faculty layout ensures separation of general traffic from patient traffic	
		Zoning of High risk areas Facility layout ensures separation of routes for	2	ОВ		
		clean and dirty items Floors and wall surfaces of ICU are easily	2	OB		
		cleanable CSSD/TSSU has demarcated separate area for	2	ОВ		
		receiving dirty items, processes, keeping clean and sterile items	2	ОВ		
ME FS.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
		Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR		
		Cleaning of patient care area with detergent solution	2	SI/RR		
		Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI		
		Cleaning equipment like broom are not used in patient care areas	2	OB/SI		
		Use of three bucket system for mopping Fumigation/carbolization as per schedule	2 2	OB/SI SI/RR		
	w m	External footwares are restricted	2	ОВ		
ME F5.4	Facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases	2	OB/SI		
ME F5.5	Facility ensures air quality of high risk area	Positive Pressure in OT	2	OB/SI		
Standard F6	F 22	Adequate air exchanges are maintained	dures for segrega	SI/RR	reatment and disposal of Bio Medical and hazardo	us Wasta
ME F6.1	Facility Ensures segregation of Bio	Availability of colour coded bins & Plastic bags at	2	OB OB	Adequate number. Covered. Foot operated.	as waste.
	Medical Waste as per guidelines	point of waste generation Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
		Segregation of infected plastic waste in red bin	2	OB	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and	
		Display of work instructions for segregation and handling of Biomedical waste	2	OB	gloves Pictorial and in local language	
		There is no mixing of infectious and general	2	ОВ		
ME F6.2	Facility ensures management of sharps	waste Availability of functional needle cutters &	2	ОВ	See if it has been used or just lying idle.	
ME F6.2	as per guidelines	puncture proof, leak proof, temper proof white container for segregation of sharps	2	OB	See if it has been used or just lying idle. Ask if available. Where it is stored and who is in charge of that.	
		Availability of post exposure prophylaxis & Protocols Contaminated and broken Glass are disposed in	2	OB/SI	Also check PEP issuance register Staff knows what to do in condition of needle stick injury	
		puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled	2	SI	Not more than two-third.	
		Disinfection of liquid waste before disposal	2	SI/OB	Through Local Disinfection	
		Transportation of bio medical waste is done in close container/trolley	2	SI/OB		
		Staff aware of mercury spill management	2	Si/RR	Look for: 1. Spill area evacuation 2. Remond of kewellery 3. Wear ope 4. Use of flashlight to locate mercury beads 5. Use syringe without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Spinnike sulphur or zinc powder to remove any remaining mercury 7. Spinnike sulphur or zinc powder to remove any remaining mercury 8.4 If the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution 9.4 If the bags or containers containing items contaminated with mercury should be marked as "Hazardous Waste, Handle with Care" 10. Collected mercury waste should be handed over to the CRMW/YF	
			Area of Cond	cern - G Quality		
Standard G1					ework for quality improvement Check if quality circle formed and functional with a designated	
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the OT	2	SI/RR	nodal officer for quality	
Standard G3 ME G3.1	Facility has established internal quality assurance program at relevant departments	Facility have established in There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	eternal and exterr	nal quality assurar	ce programs wherever it is critical to quality. Check for entries in Round Register	
ME G3.2	Facility has established external assurance programs at relevant departments		2			
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI		
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2		Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2		Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action	2		Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report	
Standard G4			nented and maint	ained Standard O	perating Procedures for all key processes and supp	ort services.
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved	2	RR		
		Current version of SOP are available with process owner Work instruction/clinical protocols are	2	OB/RR		
	Standard Operating Procedures	displayed	2	OB	processing and sterilization of equipment,	
ME G4.2	adequately describes process and procedures	Department has documented procedure for scheduling the Surgery and its booking	2	RR		
		Department has documented procedure for pre operative procedure, in-process check and post	2	RR		
		operative care				

	_					
		Department has documented procedure for pre operative anaesthetic check up	2	RR		
		Department has documented procedure for post	2	RR		
		operative care of the patient Department has documented procedure for				
		operation theatre asepsis and environment management	2	RR		
		Department has documented procedure for OT documentation.	2	RR		
		Department has documented procedure for				
		reception of dirt packs and issue of sterile packs from TSSU	2	RR		
		Department has documented procedure for	2	RR		
		maintenance and calibration of equipment	2	iu.		
		Department has documented procedure for general cleaning of OT and annexes	2	RR		
ME G4.3	Staff is trained and aware of the	Check staff is a aware of relevant part of SOPs	2	SI/RR		
	standard procedures written in SOPs			.,		
Standard G 5 ME G5.1	Frontier and the settled and the settled	Facility maps its key processes and Process mapping of critical processes done	seeks to make th	em more efficient SI/RR	by reducing non value adding activities and wasta	ges
	Facility maps its critical processes Facility identifies non value adding		2	.,		
ME G5.2	activities / waste / redundant activities	Non value adding activities are identified	2	SI/RR		
ME G5.3	Facility takes corrective action to	Processes are rearranged as per requirement	2	SI/RR		
Standard G6	improve the processes		on, values, Qualit	y policy & objectiv	ves & prepared a strategic plan to achieve them	
		i i			Check short term valid quality objectivities have been framed	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5	Mission, Values, Quality policy and	Check of staff is aware of Mission , Values,	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement. Core Values and Quality Policy is displayed	
ME 00.5	objectives are effectively communicated to staff and users of services	Quality Policy and objectives	2	SIJAR	Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
					Review the records that action plan on quality objectives being	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and	Check time bound action plan is being reviewed	2	SI/RR	reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality	
	objectives	at regular time interval			during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	
Standard G7		Facility seeks	continually impr	ovement by pract	icing Quality method and tools.	
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method	2	SI/OB	PDCA & 5S	
ME G7.2	Facility uses tools for quality	7 basic tools of Quality	2	SI/RR	Minimum 2 applicable tools are used in each department	
Standards G9	improvement in services				g and managing risk as per Risk Management Plan	
ME G9.6	Periodic assessment for Medication and	Check periodic assessment of medication and	2	SI/RR	Verify with the records. A comprehensive risk assessment of all	
ME G9.6	Patient care safety risks is done as per defined criteria.	patient care safety risk is done using defined checklist periodically	2	SI/RR	clinical processes should be done using pre define criteria at least once in three month.	
	Periodic assessment for potential risk				Check that the filled checklist and action taken report are	
ME G9.7	regarding safety and security of staff including violence against service providers	SaQushal assessment toolkit is used for safety audits.	2	SI/RR	available	
	is done as per defined criteria				2. Staff is aware of key gaps & closure status	
ME G9.8	Risks identified are analysed evaluated and	Identified risks are analysed for severity	2	SI/RR	Action is taken to mitigate the risks	
	rated for severity					
Standard G10		The facility has established	ciinicai Governanc	e framework to impr	ove quality and safety of clinical care processes	
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established procedures to review the clinical care processes	2	SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.	
		Check that the patient /family participate in the	2	SI/RR	Feedback is taken from patient/family on health status of	
		care evalution Check the care planning and co- ordination is			individual under treatment System in place to review internal referral process, review	
		reviewed	2	SI/RR	clinical handover information, review patient understanding about their progress	
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is the procedure to conduct surgical audits	2	SI/RR	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, reassessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission	
		There is procedure to conduct death audits	2	SI/RR	(1) All the deaths are audited by the committee (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)	
		All non compliance are enumerated and	2	SI/RR	Check the non compliances are presented & discussed during	
		recorded for surgical audits			clinical Governance meetings	
		All non-compliance are enumerated and recorded for death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
	Clinical care audits data is analysed,	Check action plans are prepared and				
ME G10.5	and actions are taken to close the gaps identified during the audit process	implemented as per surgical audit record findings Check action plans are prepared and	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per death audit record's findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or revalent quality method is used to address critical problems	2	SI/RR	thentimed & prontised Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per	2	SI/RR	Check staff adhere to clinical protocols while preparing the	
		Standard treatment guidelines Check the drugs are prescribed as per			treatment plan Check the drugs prescribed are available in EML or part of	
		Standards treatment guidelines	2	SI/RR	drug formulary	
		Check the updated/latest evidence are	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published.	
		available		эг/кк	Whether the STG protocols are according to current evidences.	

		Check the mapping of existing clinical			The gaps in clinical practices are identified & action are
			2	SI/RR	taken to improve it. Look for evidences for improvement in
		practices processes is done			clinical practices using PDCA
			Area o	f Concern - H (
Standard H1		The facility measures Pro	ductivity Indicat	ors and ensures	compliance with State/National benchmarks
	Facility measures productivity Indicators on	No. of Major surgeries done per 1 lakh			
ME H1.1	monthly basis	population	2	RR	
		No. of emergency surgeries done	2	RR	
		Proportion of other emergency surgeries done in			
		the night	2	RR	
		No. of elective surgeries performed	2	RR	
		CSSD/TSSU productivity index	2	RR	No. of packs sterilized against the no. of surgeries
Standard H2			res Efficiency Ind	icators and ensu	re to reach State/National Benchmark
	Facility measures efficiency Indicators on	l ,			
ME H2.1	monthly basis	Downtime critical equipment	2	RR	
		Skin to skin time	2	RR	
		No of major surgeries per surgeon	2	RR	
		Proportion emergency surgeries	2	RR	
		Cycle time for instrument processing	2	RR	
Standard H3		The facility measures C	linical Care & Saf	ety Indicators an	nd tries to reach State/National benchmark
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site infection Rate	2	RR	No. of observed surgical site infections*100/total no. of Major surgeries
					Complication grading using Clavien-Dindo scale.
		Proportion of cases with post surgical	2		All the cases with complication more than graded >2 on the
		complications			Clavien-Dindo scale
		No of adverse events per thousand patients	2	RR	
		Incidence of re-exploration of surgery	2	RR	
		% of environmental swab culture reported positive	2	RR	
		Perioperative Death Rate	2	RR	Deaths occurred from pre operative procedure to discharge of the patient
		Proportion of General Anaesthesia to spinal anaesthesia	2	RR	
		Proportion of PAC done out of total elective surgeries	2	RR	
		No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle	2	RR	
Standard H4			ervice Quality Ind	icators and ende	eavours to reach State/National benchmark
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates	2	RR	(a) No. of cancelled operation*1000 /total operation done Planned operations cancelled due to any reason like clinical, non clinical (theatre), or by patient
		Average time taken to conduct the emergency surgery	2	RR	Time taken from presentation in emergency department to non- elective surgery conducted

	National Quality Assurance Standards					
CH	ecklist for Maternity	Operation Theatre		10		
Name of the Hospital			Date of Assessment			
Names of Assessors			Names of Assesses			
Type of Assessment (Internal/External)			Action plan Submission Date			
	Ор	eration Theatre Score Ca	rd			
Area of Concern wise S	core		Operation Theatre Scor	e		

	Operation Theatre Score Card							
	Area of Concern wise S	core	Operation Theatre Score					
А	Service Provision	100%						
В	Patient Rights	100%						
С	Inputs	100%						
D	Support Services	100%	100%					
E	Clinical Services	100%	100%					
F	Infection Control	100%						
G	Quality Management	100%						
н	Outcome	100%						

	Major Gaps Observed
1	
2	
3	
4	
5	
	Strengths / Good Practices
1	
2	
3	
4	
5	
	Recommendations/ Opportunities for Improvement
1	
2	
3	
4	
5	
	Signature of Assessors
	Date

	*					
Reference No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
			Area of Co	oncern - A Service	Provision	
Standard A1			Facility	Provides Curative S	ervices	
ME A1.14	Services are available for the time period as mandated	OT Services are available 24X7	2	SI/RR	Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours	
ME A1.16	The facility provides Accident & Emergency Services	Availability of Emergency OT services as and when required	2	SI/OB		
ME A1.17	The facility provides Intensive care Services	Availability of Maternity HDU/ICU services in the facility	2	SI/OB		
Standard A2			Facility	provides RMNCHA S	Services	
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services	2	SI/OB	tubal ligation	
ME A2.2	The facility provides Maternal health Services	Availability of Elective C-section services	2	SI/RR	Check services are available and are being utilized	
		Availability of Emergency C-section services	2	SI/RR	Check services are available and are being utilized	
		Management of MTP	2	SI/OB	Surgical management	
ME A2.3	The facility provides New-born health Services	Availability of New born resuscitation& essential new born care	2	SI/OB	Dedicated Functional New born Care services in Operation theatre	

Standard A3		Availability of point of care diagnostic		Provides diagnostic		
ME A3.2	The facility Provides Laboratory Services	test	2	SI/OB	Glucometer, RDK , Blood grouping	
				Concern - B Patier		1.00
Standard B1	Facili	ty provides the information to	care seekers, atte	endants & communi	ty about the available services and their Numbering, main department and internal sectional	modalities
ME B1.1		Availability of departmental &	2	ОВ	signage, Restricted area signage displayed.	
	signage system	directional signages			Directional signages are given from the entry of the facility	
ME B1.2	The facility displays the services and	Information regarding services are	2	OB	Display doctor/ Nurse on duty and updated OT	
IIIC DIIIC	entitlements available in its departments	displayed	-	0.5	schedule displayed	
Standard B2	Services are delivered in a man Access to facility is provided without any	nner that is sensitive to gender,	, religious and cul	tural needs, and the	ere are no barrier on account of physical, e	conomic, cultural or social reasons.
ME B2.3	physical barrier & and friendly to people	OT is easily accessible	2	ОВ	Availability of Wheel chair or stretcher for easy Access. Door is wide enough for passage of trolley	
Charles I DD	with disabilities	acilitu maintaine privacu confic	donatiolian O digni	by of motions, and by	and staff. as a system for guarding patient related in	in you at in y
Standard B3	Adequate visual privacy is provided at	Patients are properly draped/covered	dentiality & digni	ty or patient, and na	Look patients are covered while transferred from	ormation.
ME B3.1	every point of care	before and after procedure	2	OB	ward to OT and vice-versa.	
					Preferably only one OT table should be placed in	
		Visual Privacy is maintained between	2	ОВ	theatre, if it is not possible because of high case load	
		two OT Tables			adequate visual privacy should be provided through screens of multiple patients are present in same OT	
	Confidentiality of patients records and	Patient Records are kept at secure				
ME B3.2	clinical information is maintained	place beyond access to general staff/visitors	2	SI/OB	In drawers/Amirah; preferably with lock facility.	
ME B3.3	The facility ensures the behaviour of staff	Behaviour of OT staff is dignified and	2	00/01	Check that OT staff is not providing care in	
IVIE B3.3	is dignified and respectful, while delivering the services	respectful	2	OB/PI	undignified manner such as yelling, scolding, shouting, blaming and using abusive language	
	The facility ensures privacy and	Pregnant women is not left			Check that care providers are attentive and	
ME B3.4	confidentiality to every patient, especially of those conditions having social stigma,	unattended or ignored during care in	2	OB/PI	empathetic to the pregnant women at no point of	
	and also safeguards vulnerable groups	the OT			care they are left alone.	
Standard B4	Facility has defined and establ	ished procedures for informing	and involving pa	tient and their fami	ilies about treatment and obtaining inform	ed consent wherever it is required.
	There is established procedures for taking	Consent is taken for surgical			written consent with details of the procedure with	
ME B4.1	informed consent before treatment and procedures	procedures	2	SI/RR	potentials risks and complication. Should be signed by patient/next of kin and one witness	
		Separate consent is taken for Anaesthesia procedure	2	SI/RR	written consent with details of the anaesthesia with potentials risks and complication. Should be signed	
					by patient/next of kin and one witness	
Standard B5	Fac	cility ensures that there are no	<mark>financial barrier t</mark>	o access and that th	nere is financial protection given from cost	of care.
ME B5.1	The facility provides cashless services to	All surgical procedure are free of cost	,	PI/SI	for the second s	
IVIE BS.1	pregnant women, mothers and neonates as per prevalent government schemes	for JSSK beneficiaries	2	PI/SI	free drugs, consumables , blood, referral etc.	
			Area	of Concern - C In	puts	
Standard C1	т	he facility has infrastructure for	r delivery of assu	red services, and av	ailable infrastructure meets the prevalent	norms
ME C1.1	Departments have adequate space as per	Adequate space for accommodating surgical load	2	OB	OT around 40 Square meter. Two OT tables are not kept in one OT	
ME C1.3	patient or work load Departments have layout and demarcated	Demarcated Protective Zone	2	ОВ	Reception, waiting area, stretcher/Trolley bay, Pre	
IIIC CIIS	areas as per functions	Demarcated Protective Zone			and post operative rooms, Doctor's and Nurse's room, Anaesthesia room,	
		Demarcated Clean Zone	2	OB	equipment room, emergency exit.	
		Demarcated sterile Zone	2	ОВ	Operating room, Scrub station, Anaesthesia station,	
		Demarcated disposal Zone	2 2	OB OB	Disposal corridor, janitor closet	
		Availability of Changing Rooms Availability of demarcated Pre & post	2	OB	Separate for male and females Can be in a single room with a partition.	
		Operative Room /area	2	OB .	Functional warmer, resuscitation apparatus,	
		Availability of earmarked area for new born Corner	2	OB	suction/mucous extractor, O2 cylinder, weighing	
					scale and sterile gloves. Height around 96 cm with elbow taps/sensors, both	
		Availability of Scrub Area	2	ОВ	hot and cold water available. Sink is deep and wide enough to avoid spoiling. Scrub area should not be	
					inside the OT room.	
		Availability of TSSU /CSSD	2	ОВ	Dedicated areas with provision of Washing, Packing	
			2	OB	, Autoclaving the instruments and linen	
	The facility has adequate circulation area	Availability of store Corridors are wide enough for				
ME C1.4	and open spaces according to need and local law	movement of trolleys	2	OB	7 to 10 feet.	
	The facility has infrastructure for				Intercom should connects Operation theatre to key	
ME C1.5	intramural and extramural	Availability of functional telephone and Intercom Services	2	ОВ	areas like ICU, Blood Bank, SNCU, Lab, Accident and	
	communication				emergency, wards, Administration	
ME C1.6	Service counters are available as per patient load	OT tables are available as per load	2	ОВ	Hydraulic OT Tables As per case load at least two	
	The facility and departments are planned to ensure structure follows the					
ME C1.7	to ensure structure follows the function/processes (Structure	Unidirectional flow of goods and	2	ОВ	Services are designed in a way, that there is no criss cross in moment of sterile & no sterile supplies &	
	commensurate with the function of the	services			equipment etc.	
Standard C2	hospital)	The	facility ensures t	he physical safety o	f the infrastructure.	
	The facility ensures the seismic sefet: -f				Check for fixtures and furniture like cupboards,	
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured	2	ОВ	cabinets, and heavy equipment , hanging objects are properly fastened and secured	
					property lastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires	2	ОВ	No extension cord or multi-plugs	
					Check electricity bill or Power Distribution Board.	
		Availability of three phase electricity supply	2	SI/OB	Meter have three wires coming out (with one	
ME C2.4	Physical condition of buildings are safe for	Walls and floor of the OT covered with	2	OB	neutral). made of anti-skid & Epoxy flooring	
WIL CENT	providing patient care	joint less tiles Windows/ ventilators if any in the OT				
		are intact and sealed	2	ОВ	No broken glass, gap or cracks in window/ventilator.	
Standard C3		The facilit OT has sufficient fire exit to permit	y has established	Programme for fire	e safety and other disaster	
ME C3.1	The facility has plan for prevention of fire	safe escape to its occupant at time of	2	OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked	
		fire			Class A , Class B, C type or ABC type. Check the	
ME C3.2	The facility has adequate fire fighting	Labour room has installed fire Extinguishers & expiry is displayed on	2	ОВ	expiry date for fire extinguishers are displayed on	
	Equipment	each fire extinguisher			each extinguisher as well as due date for next refilling is clearly mentioned	
	The facility has a system of periodic training of staff and conducts mock drills	Check for staff competencies for			staff should be able to demonstrate how to open the	
ME C3.3	regularly for fire and other disaster	operating fire extinguisher and what to do in case of fire	2	SI/RR	extinguisher and operate it. PASS (Pull the pin, Aim at the base of fire, Sway from side to side)	
Standard C4	situation		and trained staf	f required for pro-	viding the assured services to the current c	ase load
	Inc	- racinty has adequate qualified	a aria transcu stal	., .equired for prov	name the assured services to the cultent t	use rout

ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Obs. & Gynae Surgeon	2	OB/RR	100 beds 2, 200 beds-3, 300 beds-4, 400 beds-5 and 500 beds-6	
	doctors as per service provision	Availability of anaesthetist	2	OB/RR	At least One	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff	2	OB/RR/SI	As per patient load , at least two	
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of OT technician	2	OB/SI	One per shift.	
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant & TSSU assistant	2	SI/RR	1 each	
Standard C5	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Facility prov	rides drugs and co	onsumables require	d for assured list of services.	
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of medical gases	2	OB/RR	Availability of Oxygen, nitrogen Cylinders / Piped Gas supply.	
		Availability of drugs for local anaesthesia	2	OB/RR	Procaine, lignocaine, bupivacaine, Xylocaine jelly	
		Availability of drugs for general anaesthesia	2	OB/RR	Inhaled agents-Halothane, nitrous oxide. Injectable: Barbiturates (Theopental, Thiamylal, methohexital, Bernodiazepines (diazepam, Lorazepam, Midazolam), Ketamine, Etomidate, Propofol . Neostigmine, Naloxone, Flumazenil, Sugammadex-as per EDL/State guidelines.	
		Availability of opioid analgesics.	2	OB/RR	Fentanyl, Sufentanil, Morphine, Buprenorphine, Levorphanol, Methadone-As per EDL/State guidelines.	
		Availability of muscle relaxants drugs	2	OB/RR	Succinylcholine, Vecuronium, Mivacurlum, Tubocarine as per EDL/state guidelines	
		Availability of emergency drugs	2	OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj diazepam, inj Pheneramine maleate, inj Corboprost, Inj Fortwin, inj Phenergen, Betameathazon, Inj Hydrazaline, Nefidepin, Methyldopa,ceftriaxone	
		Availability of other drugs	2	OB/RR	Antibiotics, Analgesics, Uterotonic drugs, IV fluids and anithypertensive drugs as per EDL/ state guidelines	
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings Material	2	OB/RR	Adequate quantity of sterile pads, gauze, bandages , Antiseptic Solution.	
	The second of th	Availability of syringes and IV Sets	2	OB/RR	In adequate quantity as per load.	
		Availability of consumables for new born care	2	OB/RR	Cord Clamp, mucous sucker, airway, NG Tube, Suction catheter, IV cannula, paed IV set and Bag	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be	Emergency drug tray is maintained in OT in pre and post operative room	2	OB/RR	and Mask (0 & 1 no.) Every tray is labelled with name and number of drugs and consumables along with their date of	
Standard C6	needed	The facility h	as equipment &	instruments require	expiry. ed for assured list of services.	
ME C6.1	Availability of equipment & instruments	Availability of functional Equipment &Instruments for examination &	2	OB	BP apparatus, Thermometer, Pulse Oxy meter,	
ME C6.2	for examination & monitoring of patients Availability of equipment & instruments for treatment assessment being	Monitoring Availability of functional instruments	2	OB	Multiparameter , PV Set, torch & wall clock. LSCS Set, Cervical Biopsy Set, Proctoscopy Set,	
IVIE CO.2	for treatment procedures, being undertaken in the facility	for Gynae and obstetrics	2	UB UB	Hysterectomy set, D&C Set Radiant warmer, Baby tray with Two pre warmed	
		Availability of functional equipment/ Instruments for New Born Care	2	OB	towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 &1 no.), sterilized thread for cord/cord clamp, nasogastric tube	
		Availability of functional General surgery equipments	2	OB	Diathermy (Unit and Bi Polar), Cautery	
		Operation Table with Trendelenburg type	2	ОВ	OT Table hydraulic major and OT table hydraulic minor	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments	2	OB	Glucometer, HIV rapid diagnostic kit, USG, ABG machine	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments Resuscitation for new born & Mother	2	OB	Resuscitation bag (Adult & paediatrics) Ambu bag, Oxygen, Suction machine , laryngoscope scope, Defibrillator (Paediatric and adult) , LMA, ET Tube	
		Availability of functional anaesthesia equipment	2	ОВ	Boyles apparatus, Bains Circuit or Soda lime absorbent in close circuit ,AGSS (Anaesthesia gas scavenging system)	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage of drugs & Instruments	2	OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley, Instrument cabinet and racks for storage of sterile items	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning	2	OB	Three Bucket system for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush	
		Availability of equipment for TSSU	2	OB	Autoclave Horizontal & Vertical, Steriliser Big & Small	
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light	2	OB	Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp	
		Availability of Fixtures	2	ОВ	Tray for monitors, Electrical panel for anaesthesia machine with minimum 6 electrical sockets (2= 15 amp power point), panel with outlet for Oxygen and vacuum, X ray view box.	
Standard C7	Facility has a c		ure for effective (utilization, evaluation	on and augmentation of competence and p Check objective checklist has been prepared for	performance of staff
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined	2	SI/RR	assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.	
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year	2	SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Advance Life support	2	SI/RR	ALS and CPR by recognized agency to all category of staff.	
		Training on OT Management	2	SI/RR	OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols.	
		Biomedical Waste Management& Infection control and hand hygiene Patient safety	2	SI/RR	To all category of staff. At the time of induction and once in a year.	
		Training on Quality Management	2	SI/RR	Assessment, action planning, PDCA, 5S & use of checklist	
Standard D1		The facility has astablished D		oncern - D Suppor	t Services d maintenance and calibration of Equipme	ent.
Standard D1	The facility has established system for	All equipment are covered under AMC			look for MOU and visit records of the empanelled	
ME D1.1	maintenance of critical Equipment	including preventive maintenance There is system of timely corrective	2	SI/RR	agency. Back up for critical equipment. Label Defective/Out	
		break down maintenance of the equipment	2	SI/RR	of order equipment and stored appropriately until it has been repaired	

		Staff is skilled for cleaning, inspection & trouble shooting in case equipment	2	SI/RR	E.g. when to change water of batteries, when to oil, change fuse, replace filters etc.
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	malfunction All the measuring equipment/ instrument are calibrated	2	OB/ RR	Boyles apparatus, cautery, BP apparatus, autoclave etc. There is system to label/ code the equipment to indicate status of calibration / verification when recalibration is due to de up to the calibration is due to de up to the calibration is due.
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with staff.	2	OB/SI	If operator doesn't understand English, then instructions should be in local language.
Standard D2		ity has defined procedures for	storage, inventor	y management and	dispensing of drugs in pharmacy and patient care areas
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs	2	SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart are labelled	2	OB	Away from direct sunlight and temperature is maintained as per instructions of manufacturer.
		Empty and filled cylinders are labelled & kept separately	2	ОВ	Each cylinder is provided with a checklist & flow meter and key for opening the cylinder
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray	2	OB/RR	Records for expiry and near expiry drugs are maintained for drug stored at department. No expired drugs found
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock	2	SI/RR	At least one week of minimum buffer stock is maintained all the time in the labour room. Minimum stock and reorder level are calculated based on consumption in a week accordingly
		Department maintained stock and expenditure register of drugs and consumables	2	RR/SI	Check that records are regularly updated
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart	2	SI/RR	There is no stock out of drugs
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained	2	OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic ,psychotropic & Anaesthetic agents are kept in lock and key	2	OB/SI	Under direct supervision of anaesthetist
Standard D3		The facility provides	safe, secure and	comfortable enviro	nment to staff, patients and visitors.
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table	2	OB	100000 lux
ME D3.2	visitors in patient areas	Warning light outside the OT is switched on when OT is functional	2	OB/SI	Only persons required in OT are allowed to enter the OT
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature & humidity is maintained and record of same is kept	2	SI/RR	20-25°C, (CU has functional room thermometer and temperature is regularly maintained. 50-60% humidity
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at OT	2	ОВ	Restricted Signage, security guard, CCTV camera
Standard D4			established Prog	gramme for mainten	nance and upkeep of the facility
ME D4.1	Exterior of the facility building is maintained appropriately	Department is painted/whitewashed in uniform colour &plastered & painted Floors, walls, roof, roof tops, sinks	2	ОВ	Painted in soothing colours Not bright colours.
ME D4.2		patient care and circulation areas are Clean Surface of furniture and fixtures are	2	ОВ	All area are clean with no dirt,grease,littering and cobwebs Look for dirt above OT light, behind stationary
	Hospital infrastructure is adequately	clean Check for there is no seepage , Cracks,	2	OB	equipment etc.
ME D4.3	maintained	chipping of plaster	2	OB	check corners, false ceiling.
		OT Table are intact and without rust	2	OB	Mattresses are intact and clean
		No unnecessary items in sterile zone	2		No slabs, almirah, storing unnecessary items like drums, equipment, Instruments etc Items not required for immediate procedures are kept out of sterile zone
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the OT	2	ОВ	No partial compliance.
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	ОВ	Check for no stray animal in and around OT. Also no lizard, cockroach, mosquito, flies, rats etc.
Standard D5	Ti	he facility ensures 24X7 water a	and power backu	<mark>p as per requiremer</mark>	nt of service delivery, and support services norms
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI	Availability of Hot water supply
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OT	2	OB/SI	2 tier backup with UPS
		Availability of UPS & Emergency light	2	OB/SI	Check their functionality.
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply	2 The facility or	OB Isures clean linen to	Cylinders are provided with trolleys to prevent fall and injuries.
Standard D7		OT has facility to provide sufficient			
ME D7.1	The facility has adequate sets of linen	and clean linen for surgical patient	2	OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff	2	OB/RR	OT dress, gown. Separate OT dress for OT staff.
ME D7.2	The facility has established procedures for changing of linen in patient care areas The facility has standard procedures for	Linen is changed after each procedure There is system to check the	2	OB/RR	Bed sheets, draw sheets and Macintosh.
ME D7.3 Standard D11	handling , collection, transportation and washing of linen	cleanliness and Quantity of the linen received from laundry	2	SI/RR	OT teck/Nurse checks Number of linen, cleanliness, whether it is turned or stained per govt. regulations and standards operating procedures.
Standard D11	The facility ensures the adherence to		unu chinical Staff	are actermined as	per 50 to regulations and standards operating procedures.
ME D11.3	dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code	2	ОВ	Check staff is wearing dress as per their dress code.
				oncern - E Clinical	
Standard E2			sned procedures	tor clinical assessm	ent, reassessment and treatment plan preparation.
ME E2.1	There is established procedure for initial assessment of patients	There is procedure for Pre Operative assessment	2	RR/SI	Physical examination, results of lab investigation, X- Rays, diagnosis and proposed surgery
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check care is delivered by competent multidisciplinary team	2	SI/RR	Check care plan is prepared and delivered as per direction of qualified physician
		Check treatment / care plan is documented	2	RR	Care plan include, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc

Section of the property of the							
March Marc	Standard E3	Facility has established procedure for		and established	procedures for cont	inuity of care of patient and referral	
The content	ME E3.1	continuity of care during		2	SI/RR	Transfer Register is maintained.	
March Marc	Standard E4	interdepartmental transfer		ility has defined a	and established pro	cedures for nursing care	
entitioned and believe to the control of the contro	ME E4.1			2	OB/SI		
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Market Committee Committ			recorded periodically	_	·		
March Park		The facility identifies vulnerable nations and					
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## Call Propriet for complete region programmed Call Propriet for complete region Call Call Proprie	ME E5.2			2	OB/SI	HIV, Infectious cases	
whether is the processor of profession and programme and p	Standard E6			ility ensures rati	onale prescribing ar	nd use of medicines	
The service of communication of the communication o	ME E6.1			2	RR	Check at least 5 case sheets selected randomly	
See 12 See 1	ME EG 2	· · · · · · · · · · · · · · · · · · ·		2	SI/DD	Check if drugs are prescribed as per STG in at least 5	
Incompany Company Provided Street of Provided	IVIC CO.2	There is procedure or rational use or drugs					
And the second promotions of economic term any parties of the control of the cont				2	RR		
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the sea process for indentifying and on the control of the control				2	SI/RR		
The control of production of the production of t	Standard E7		Fac	ility has defined	procedures for safe		
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	ME E8.1 ME E8.2 ME E8.4 ME E8.5 ME E8.6 ME E8.6 ME E8.7 Standard E11 ME E11.3 Standard E12 ME E12.1 ME E13.9 ME E13.9 ME E13.10 Standard E14	All the assessments, re-assessment and investigations are recorded and updated All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use. Register/records are maintained as per guidelines. The facility ensures safe and adequate storage and retrieval of medical records. The facility ensures safe and adequate storage and retrieval of medical records. The facility has disaster management plan in place. There are established procedures for Pretesting Activities. There are established procedures for Post testing Activities. There is established procedure for susing blood. There is established procedure for transfusion of blood. There is a established procedure for monitoring and reporting Transfusion complication. Facility has established procedures for Pre Anaesthetic Check up.	Records of Monitoring/ Assessments are maintained Treatment plan, first orders are written on Case Sheet Operative Notes are Recorded Anaesthesia Notes are Recorded Standard Formats are available Registers and records are maintained as per guidelines All register/records are identified and numbered Safe keeping of patient records The facility has defined as Staff is aware of disaster plan & their role and responsibilities of staff is defined to the staff is defined as the sample collection OT is provided with the critical value of different test The facility has defined and Availability of blood units in case of emergency with out replacement Consent is taken before transfusion Patient's identification is verified before transfusion is monitored & regulated Any major or minor transfusion is monitored & regulated Any major or minor transfusion reaction is recorded and reported to responsible person Facc There is procedure to ensure that PAC has been done before surgery Minimum PAC for emergency cases Anaesthesia plan is documented	2 2 2 2 2 2 2 2 y has defined and 2 2 stablished pro 2 2 2 2 2 2 3 established pro 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR RR RR RR/OB RR RR RR RR RR RR RR RR RR SI/RR Lestablished proces OB SI/RR SI/RR Lestablished proces OB SI/RR RR/SI RR	ting of patients' clinical records and their PAC, Intraoperative monitoring Treatment prescribed in nursing records Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated blood loss, Fluid administered, specimen removed, complications etc. notes includes Amaesthesia type, induction, airway, intubation, inhalation agents, epidural, spinal, allerlegis, Ni Ines, Vi fluids, regional block. Consent forms, Anaesthesia form, surgical safety check list Of Register, Schedule, Infection control records, autoclaving records etc. Register are labelled and numbered. Records are labelled and numbered. Records are kept in place without seepage, moisture, termite, pests. gency Services and Disaster Management Ask role of staff in case of disaster. Sures of diagnostic services Including Specimen for HPE & biopsy, Name, Age, Sex, Aste, UHID Critical values are displayed. ank/Storage Management and Transfusion The blood is ordered for the patient according to the MSBOS (Maximum Surgical Blood cracer Schedule) Duly signed by patient/next of kin At least two identifiers are used. blood is kept on optimum temperature before transfusion, Reaction form is returned back to blood bank, even when there is no reaction. Anaesthetic Services There is procedure to review findings of PAC in emergency & life saving conditions, surgery may be started with General physical examination of the patient & sending the sample for lab. Examination Type of anaesthesia planned- local/general/spinale/pidural. Time is mentioned on	

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		Anaesthesia Safety Checklist is used for safe administration of anaesthesia	2	RR	Check use of WHO Anaesthesia Safety Checklist	
		Anaesthesia equipment are checked before induction	2	RR	Sufficient reserve of gases. Vaporizers are connected, Laryngoscope, ET tube and suction App	
		Food intake status of Patient is	2	RR/SI	are ready and clean Time of last food intake is mentioned	
		checked Patients vitals are recorded during	2	RR	Heart rate , cardiac rate , BP, O2 Saturation,	
		anaesthesia	2	KK	temperature, Respiration rate.	
		Airway security is ensured	2	RR/SI	Breathing system of anaesthesia equipment that delivers gas to the patient is securely and correctly assembled and breathing circuits are clean	
		Potency and level of anaesthesia is monitored	2	RR/SI	Recorded in the Anaesthesia Record Form.	
		Anaesthesia note is recorded	2	RR	Check for the adequacy, signed, complete, and post anaesthesia instructions.	
		Any adverse Anaesthesia Event is recorded and reported	2	RR	Reduced level of consciousness, reparatory depression, malignant hyperpyrexia, bone marrow depression, life threatening pressure effect,	
ME E14.3	Facility has established procedures for	Post anaesthesia status is monitored	2	RR/SI	anaphylaxis Check for anaesthetic notes & post operating	
Standard E15	Post Anaesthesia care	and documented Facility	has defined and	established procedu	instructions in post operative room & area ures of Surgical Services	
ME E15.1	Facility has established procedures OT	List of Elective Surgeries for the day is	2	RR/SI	Surgery list is prepared in consonance with availability of the OT hours and patients	
	Scheduling	prepared and displayed outside OT.			requirement. Day, date and time of surgeries.	
		Surgery list is complete in all respect	2	OB/SI	Clear dear unit of Sugeries. Name, Age, Gender of patients. Clear description of the procedure (name of procedure which side,) Name of the surgeon & anaesthetist. Major or minor case.	
		Operation list is sent to OT well in advance	2	RR/SI	By 12:00 hours, a day before the surgery.	
		Surgery list is informed to surgeon and ward sister.	2	RR/SI	Verify the surgery register/email	
		The operation list does not exceed the	2	RR/SI	This does not refer to the time during an operation	
ME E15.2	Facility has established procedures for	time allocated to it. Patient evaluation before surgery is	2	RR/SI	of an individual patient Vitals , Patients fasting status etc.	
	Preoperative care	done and recorded Antibiotic Prophylaxis and Tetanus	2			
		given as indicated Surgeries planned under local	2	RR/SI	As per instructions of surgeon/anaesthetist.	
		anaesthesia/Regional Block sensitivity test is done	2	RR/SI	lidocaine sensitivity test	
		There is a process to prevent wrong site and wrong surgery	2	RR/SI	Surgical Site is marked before entering into OT	
		No shaving of the surgical site	2	SI/RR	Only clipping on the day of surgery in OT is done	
		Skin preparation before surgery is	2	SI/RR	Bathing with soap and water prior to surgery in	
		done.	2	3i/NK	ward.	
		Skin preparation is done as per protocol	2	RR/SI	Prepare the skin with antiseptic solution (Chlorhexidine gluconate and iodine), starting in the centre and moving out to the periphery. This area should be large enough to include the entire incision and an adjacent working area.	
		Draping is done as per protocol	2	SI/OB	Scrub, gown and glove before covering the patient with sterile drapes. Leave uncovered only the operative field and those areas necessary for the maintenance of anaesthesia.	
ME E15.3	Facility has established procedures for Surgical Safety	Surgical Safety Check List is used for each surgery	2	RR/SI	Check for Surgical safety check list has been used for surgical procedures	
		Sponge and Instrument Count Practice is implemented	2	RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure & documented	
		Adequate Haemostasis is secured	2	RR/SI	Check for functional Cautery, use of artery forceps and suture ligation techniques	
		during surgery Appropriate suture material is used for surgery as per requirement	2	RR/SI	For dosing abdomial wall or ligating blood vessel use non-absorbable sutures (braided suture, nylon, polyester etc). absorbable sutures in urinary tract. Braided Biological sutures are not used for dirty wounds, Catgut is not used for closing fascial layers of abdominal wounds or where prolonged support is required	
		Check for suturing techniques are applied as per protocol	2	RR/SI	Braided sutures for interrupted stiches. Absorbable and non-absorbable monofilament sutures for continuous stiches.	
ME E15.4	Facility has established procedures for Post operative care	Post operative monitoring is done before discharging to ward	2	RR/SI	Check for post operative operation room /area is used and patients are not immediately shifted to wards after surgery	
		Post operative notes and orders are recorded	2	RR/SI	Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other medications and Laboratory investigations	
		Information & instructions are given to nursing staff before shifting the patient to the ward from the OT	2	RR/SI	Instructions given by surgeon and anaesthetist.	
Standard E16			tablished proced	ures for the manage	ement of death & bodies of deceased pati	ents
	The facility has standard procedures for				Includes both maternal and neonatal death. Death	
ME E16.2 Standard E18	handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record	2 as established nr	RR Ocedures for Intrana	summary is given to patient attendant quoting the immediate cause and underlying cause if possible atal care as per guidelines	
	Facility staff adheres to standard procedures	Wipes the baby with a clean pre-			Check staff competence through demonstration or	
ME 18.3	for routine care of new-born immediately after birth	warmed towel and wraps baby in second pre-warmed towel;	2	SI/OB	case observation	
		Performs delayed cord clamping and cutting (1-3 min);	2	SI/OB	Check staff competence through demonstration or case observation	
		Initiates breast-feeding soon after birth	2	SI/OB	Check staff competence through demonstration or case observation	
		Records birth weight and gives	2	SI/OB	Check staff competence through demonstration or	
ME E18.4	There is an established procedure for assisted and C-section deliveries per scope of services.	injection vitamin K Pre operative care and part preparation	2	SI/RR	case observation Check for Haemoglobin level is estimated , and arrangement of Blood, Catheterization, Administration of Antacids Proper cleaning of perineal area before procedure with antisepsis	
		Proper selection Anaesthesia technique	2	SI/RR	Check Both General and Spinal Anaesthesia Options are available. Ask for what are the criteria for using spinal and GA. Regional block and epidural anaesthesia used wherever required/indicated	
			1	1		I .

		Intraoperative care	2	SI/RR	Check for measures taken to prevent Supine Hypotension (Use of pillow/Sandbag to tilt the uterus), Technique for Incision, Opening of Uterus, Delivery of Foetus and placenta, and closing of Uterine Incision	
		Post operative care	2	SI/RR	Frequent monitoring of vitals, Strict IO charting, Flat bed without pillow for SA, NPO depending on type of anaesthesia and surgery.	
ME 18.5	Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia	Management of PIH/Eclampsia	2	SI/RR	Ask for how to secure airway and breathing, Loading and Maintenance dose of Magnesium sulphate , Administration of anti Hypertensive Drugs	
ME 18.6	Facility staff adheres to standard protocols for identification and management of PPH.	Postpartum Haemorrhage	2	SI/RR	IV fluids, parental oxytocin and antibiotics, manual removal of placenta, blood transfusion, B-lynch suturing, surgery	
		Ruptured Uterus	2	SI/RR	Put patient in left lateral position, maintain Airway, breathing and circulation, IV Fluid, antibiotics, urgent laparotomy and hysterectomy.	
ME 18.7	Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn	Provides ART for seropositive mothers/ links with ART centre	2	SI/RR	Check case records and Interview of staff	
		Provides syrup Nevirapine to new- borns of HIV seropositive mothers	2	SI/RR	Check case records and Interview of staff	
ME 18.10	There is Established protocol for new-born resuscitation is followed at the facility.	New born Resuscitation	2	SI/RR	Ask Nursing staff to demonstrate Resuscitation Technique	
Standard E19		Facility h	as established pr	ocedures for postna	atal care as per guidelines	
ME E19.1	Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care	Prevention of Hypothermia	2	SI/RR	Skin contact, Kangaroo mother care, radiant warmer, warm clothes.	
ME E19.2	Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding	Initiation of Breastfeeding with in 1 Hour	2	PI/SI	Shall be initiated as early as possible and exclusive breast feeding	
ME E19.5	The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols	There is established criteria for shifting new born to SNCU	2	SI/RR	only the new born requiring intensive care should be transferred to SNCU	
Standard F1	Facility	y has infection control program		oncern - F Infection	on Control <mark>cion and measurement of hospital associat</mark>	ed infection
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance	2	SI/RR	Swab are taken from infection prone surfaces	
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection	2	SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .	
ME F1.4	There is Provision of Periodic Medical Check-ups and immunization of staff Facility has established procedures for	There is procedure for immunization medical check-up of the staff	2	SI/RR	Hepatitis B, Tetanus Toxoid etc	
ME F1.5	regular monitoring of infection control practices Facility has defined and established	Regular monitoring of infection control practices Check for Doctors are aware of	2	SI/RR	Hand washing and infection control audits done at periodic intervals Antibiotics prescribed are in line with Antibiotic	
ME F1.6 Standard F2	antibiotic policy	Hospital Antibiotic Policy		SI/RR	Policy. ng hand hygiene practices and antisepsis	
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use	2	OB OB	Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted.	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
		Availability of elbow operated taps	2	ОВ	elbow /foot operated or sensor	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water	2	ОВ	Tap should be approx. 96 cm from the ground. Check Finger nails of staff. They should not reach	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adequate preparation for surgical scrub.	2	OB/SI/RR	beyond finger tip. No nail polish or artificial nails. All jewellery on the fingers, wrists and arms should be removed. Adjust water to a comfortable temperature.	
		Adherence to Surgical scrub method	2	SI/OB	Procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. Hands must always be kept above elbow level. The hands and forearms should be dried with a sterile towel only.	
		Use of antibiotic soap/liquid Staff aware of when to hand wash	2	SI/OB SI	Check adequate quantity of antibiotic soap/Chlorhexidine solution is available and used. Ask for 5 moments of hand washing	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions	2	OB	Povidone iodine solution	
		Proper cleaning of procedure site with antisepsis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	
Standard F3		Check sterile field is maintained during surgery Facility en	2 sures standard p	OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field. als for Personal protection	
	Facility ensures adequate personal	Sterile gloves are available at OT and				
ME F3.1	protection equipment's as per requirements	Critical areas Availability of Masks	2	OB/SI	In adequate quantity, as per load In adequate quantity, as per load	
		Availability of Caps & gown/ Apron	2	OB/SI	In adequate quantity, as per load	
		Personal protective kit for infectious patients	2	OB/SI	Disposable surgery kit for HIV patients	
ME F3.2	Staff is adhere to standard personal	Availability of gum boots No reuse of disposable gloves, Masks,	2	OB/SI	In adequate quantity, as per load	
IVIC F3.2	protection practices	caps and aprons. Compliance to correct method of wearing and removing the gloves	2	OB/SI/RR SI	Check Autoclaving/sterilization records. Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of	
		Compliance to standard technique of wearing and removing of gown	2	SI	time. Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time.	
Standard F4		Facility has st	andard Procedur	es for processing of	equipment's and instruments	
ME F4.1	Facility ensures standard practices and materials for decontamination and clean in of	Decontamination of operating &	2	SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys	
	instruments and procedures areas	Procedure surfaces		31,00	etc. (Wiping with 0.5% Chlorine solution)	

				51/00	Ask staff how they clean the instruments like	
		Cleaning of instruments after use	2	SI/OB	ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5%	
					Chlorine Solution or 70% Alcohol as applicable)	
		Proper handling of Soiled and infected	2	SI/OB	No sorting ,Rinsing or sluicing at Point of use/ sterile	
		linen Staff know how to make disinfectant			area Carbolic acid, chlorine solution, glutaraldehyde or	
		solution	2	SI/OB	any other disinfectant used	
	Facility ensures standard practices and	Equipment and instruments are	_			
ME F4.2	materials for disinfection and sterilization of instruments and equipment's	sterilized after each use as per requirement	2	OB/SI	Autoclaving/Chemical Sterilization	
		Chemical sterilization of			Ask staff about method, concentration and contact	
		instruments/equipment's is done as per protocols	2	OB/SI	time required for chemical sterilization.	
		Glutaraldehyde solution is changed as	2	OB/SI	Date of preparation & due date of change of solution is mentioned on container and staff is	
		per manufacturer instructions		Ob/si	aware of When to change the chemical.	
		Autoclaved linen and Dressing are used for procedure	2	OB/SI	Gowns, draw sheets , Cotton, Gauze, bandages. Etc.	
		Instruments are packed as per	2	OB/SI	Check for Window of autoclave drum is closed, drum	
		standard protocol	2	05/31	is not filled more than 3/4th, instruments are not hinged,	
		Autoclaving of instruments is done as per protocols	2	OB/SI	Ask staff about temperature, pressure and time	
		Regular validation of sterilization	2	OB/SI/RR	Indicators (temperature sensitive tape) that change	
		through chemical indicators	-	05/31/111	colour after being exposed to certain temperature.	
					Bacillus Thermophilus spores are used, for	
		Regular validation of sterilization	2	OB/SI/RR	measuring biological performance of autoclaving process. Performed monthly. Label the spore	
		through biological indictor			ampule, place in horizontal position, kept at the	
					bottom or farthest part of autoclave	
		Maintenance of records of sterilization	2	OB/SI/RR	Autoclave Register have column: Date, Time started, Time finished, Temp, pressure, Autoclave tape,	
		Thorn is a procedure to ensure the			spore test, Each Sterilized pack is marked with Date/Time of	
		There is a procedure to ensure the traceability of sterilized packs	2	OB/SI/RR	sterilization, contents, name/signature of the Technician,	
		Sterility of autoclaved packs is	2	OB/SI	Sterile packs are kept in clean, dust free, moist free	
Standard F5		maintained during storage Physical layout and en	vironmental con	trol of the patient c	environment. are areas ensures infection prevention	
ME F5.1	Functional area of the department are arranged to ensure infection control	Facility layout ensures separation of	2	OB	Facility layout ensures separation of general traffic	
	practices	routes for clean and dirty items	-	0.5	from patient traffic. Separate disposal zone	
		CSSD/TSSU has demarcated separate area for receiving dirty items,				
		processes, keeping clean and sterile	2	OB	Sterile & unsterile store are separately.	
	Facility ensures availability of standard	items Availability of disinfectant as per			Chlorine solution, Glutaraldehyde, carbolic acid ,	
ME F5.2	materials for cleaning and disinfection of patient care areas	requirement	2	OB/SI	fumigation material	
	patient care areas	Availability of cleaning agent as per	2	OB/SI	Hospital grade phenyl, disinfectant detergent	
	Facility ensures standard practices followed	requirement			solution	
ME F5.3	for cleaning and disinfection of patient care areas	Spill management protocols are implemented	2	SI/RR	spill management kit. staff training, protocol displayed	
	dieds				Hospital should aspire to be mercury free. If used	
		Mercury Spill management Kit is available	2	SI/OB	than Hg spill management kit should be available with gloves, cap, mask, goggles, polybag, Plastic	
		Cleaning of patient care area with			container & torch. Washing of floor with luke warm water and	
		detergent solution	2	SI/RR	detergent.	
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Use of three bucket system for mopping	
		Cleaning equipment's like broom are	2	OB/SI	Look in janitors closet	
		not used in patient care areas			check that Formalin is not used. safer commercially	
		Fumigation as per schedule	2	SI/RR	available disinfectants such as Bacillicidal are used for fumigation	
		External footwears are restricted	2	OB	adequate numbers are available at the entrance	
		Entry to sterile zone is permitted only				
		after hand washing, change of clothes, gowning & PPE	2	OB/SI	only persons really required are allowed to enter the sterile zone	
					OT to have an independent air handling unit with	
ME F5.5	Facility ensures air quality of high risk area	Positive Pressure in OT	2	OB/SI	controlled ventilation such that the lay-up room and	
		Adequate air exchanges are			the OT table is under positive pressure Independent AHU also allows to maintain required	
		maintained	2	SI/RR	number of Air exchange side. 20-25.	
Standard F6		Availability of colour coded bins &	dures for segrega	ition, collection, tre	atment and disposal of Bio Medical and ha	azardous waste.
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Plastic bags at point of waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
					Human Anatomical waste, Items contaminated with	
		Segregation of Anatomical and soiled	2	08/5	blood, body fluids, dressings, plaster casts, cotton	
		waste in Yellow Bin	2	OB/SI	swabs and bags containing residual or discarded blood and blood components.	
					Items such as tubing, bottles, intravenous tubes and	
		Segregation of infected plastic waste in red bin	2	ОВ	sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with	
					their needles cut) and gloves	
		Display of work instructions for segregation and handling of	2	ОВ	Pictorial and in local language	
		Biomedical waste			. 55.	
	Facility ensures management of sharps as	Availability of functional needle cutters & puncture proof, leak proof,				
ME F6.2	per guidelines	temper proof white container for	2	OB	See if it has been used or just lying idle.	
		segregation of sharps				
					Ask if available. Where it is stored and who is in	
		Availability of post exposure prophylaxis & Protocols	2	OB/SI	charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick	
					injury	
		Contaminated and broken Glass are disposed in puncture proof and leak	_	65	Includes used vials, slides and other broken infected	
		proof box/ container with Blue colour marking	2	OB	glass	
ME F6.3	Facility ensures transportation and	Check bins are not overfilled	2	SI	Not more than two-third.	
	disposal of waste as per guidelines	Disinfection of liquid waste before				
		disposal	2 Avec of Con-	SI/OB	Through Local Disinfection	
			Area of Con	cern - G Quality M	anagement	

Standard St		The feetiles is				
Standard G1 ME G1.1	The facility has a quality team in place	Quality circle has been formed in the	as established or	ganizational frames	vork for quality improvement Check if quality circle formed and functional in the	
Standard G3	The facility has a quality team in place	operation theatre			OT e programs wherever it is critical to quality	
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system of daily round by matron/hospital manager/ hospital superintendent/ OT in charge for monitoring of services	2	SI/RR	Check for entries in Round Register.	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS assessment toolkit is used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or prevalent quality method is used to take corrective and preventive action	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report	
Standard G4		stablished, documented implem Standard operating procedure for	ented and maint	tained Standard Ope	erating Procedures for all key processes an	d support services.
ME G4.1	Departmental standard operating procedures are available	department has been prepared and	2	RR	Can be prepared by junior surgeon and approved by HOD/OT in charge	
		approved Current version of SOP are available with process owner	2	OB/RR	Look for version.	
		Work instruction/clinical protocols are displayed	2	ОВ	processing and sterilization of equipment's,	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement Department has documented	2	RR	Check SOP for adequacy	
		procedure for safety & risk management Department has documented	2	RR	Check SOP for adequacy	
		procedure for support services & facility management. Department has documented	2	RR	Check SOP for adequacy	
		procedure for general patient care processes Department has documented	2	RR	Check SOP for adequacy	
		procedure for specific processes to the department Department has documented	2	RR	Check SOP for adequacy	
		procedure for infection control & bio medical waste management Department has documented	2	RR	Check SOP for adequacy	
		procedure for quality management & improvement Department has documented	2	RR	Check SOP for adequacy	
	Staff is trained and aware of the standard	procedure for data collection, analysis & use for improvement	2	RR	Check SOP for adequacy	
ME G4.3	procedures written in SOPs	Check staff is a aware of relevant part of SOPs	2	SI/RR	Ask staff how they carry out a specific activity.	
Standard G 5						
	Facil	lity maps its key processes and s	seeks to make th	<mark>em more efficient b</mark>	y reducing non value adding activities and	wastages
ME G5.1 ME G5.2	Facil	lity maps its key processes and	seeks to make th	em more efficient b	y reducing non value adding activities and DELETED DELETED	wastages
ME G5.1 ME G5.2 ME G5.3					DELETED DELETED DELETED	wastages
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ME G5.1 ME G5.2 ME G5.3 Standard G6		lues, Quality policy & objectives			DELETED DELETED DELETED	wastages
ME G5.1 ME G5.2 ME G5.3 Standard G6 ME G6.4	The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and	Lues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval	& prepared a str	si/RR	DELETED DELETED DELETED DELETED DELETED Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	wastages
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ME 65.1 ME 65.2 ME 65.3 Standard G6 ME 66.5 ME 66.7 Standard G7 ME 67.1 ME 67.1 ME 67.2 Standard G9 ME 69.6 Standard G10 ME G10.3	The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services. Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated	Check of staff is aware of Mission , Values, Quality Policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval Facility seeks Facility has established proce Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established procedures to review the clinical care processes Check the patient /family participate in the care evaluation Check the care planning and coordination is reviewed There is a procedure to conduct C-	& prepared a str 2 continually impr dures for assessing. 2 clinical Governance 2 2	styre styre framework to improv	DELETED DELETED DELETED DELETED DELETED Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in Angres and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet ing Quality method and tools. DELETED DELETED and managing risk as per Risk Management Plan Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month. e quality and safety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through peer review, morbidity & morality review, paint feedback, clinical audit & clinical outcomes. Feedback is taken from patient/family on health status of individual under treatment System in place to review internal referral process, review clinical handover information, review patient understanding about their progress	wastages
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		Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	Check the drugs prescribed are available in EML or part of drug formulary
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in health.car facility are published. Whether the STG protocols are according to current evidences.
		Check the mapping of existing clinical practices processes is done	2	SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA
			Area o	f Concern - H Out	tcome
Standard H1		The facility measures Pro	ductivity Indicate	ors and ensures con	npliance with State/National benchmarks
ME H1.1	Facility measures productivity Indicators on monthly basis	C-Section Rate	2	RR	Total LSCS done x 100/Total deliveries conducted (Normal +LSCS)
		Percentage of C-Sections done in the night	2	RR	Total C-Section done in night x 100/Total surgeries conducted (Day Night)
Standard H2		The facility measur	res Efficiency Ind	icators and ensure t	to reach State/National Benchmark
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime critical equipment	2	RR	Sum total of time Elapsed between when equipment had problem and when the problem is sorted out for critical equipment.
		No of C-Section per OBG surgeon	2	RR	Total number of C-Section done/No. of OBG Surgeon available
		Percentage of elective C-Sections	2	RR	No. of elective LSCS x 100/Total LSCS (Elective + Emergency)
		No of drug stock out in the month	2	RR	
Standard H3		The facility measures C	linical Care & Saf	ety Indicators and t	ries to reach State/National benchmark
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site infection Rate	2	RR	No. of observed surgical site infections*100/total no. of Major surgeries
		No of adverse events per thousand patients	2	RR	No of Adverse events reported x 1000/total no of patient treated in OT
		% of environmental swab culture reported positive	2	RR	No. of swab culture reported positive x 100/Total no. of swab sent for culture
		Perioperative Death Rate	2	RR	Deaths occurred from pre operative procedure to discharge of the patient
		Percentage of C-Sections conducted using Safe Surgery Checklist	2	RR	No. of C- Section Conducted using safe surgery checklist *100/Total no. C-Section Conducted
Standard H4		The facility measures Se	rvice Quality Ind	icators and endeave	ours to reach State/National benchmark
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates	2	RR	No. of cancelled operation*1000 /total operation done

		Quality Assurance Standards for		tals		Version: DH/NQAS-2020/00
		Checklist for Intensive Ca Assessment Summary				12
Name of the H	· · · · · · · · · · · · · · · · · · ·				Date of Assessment	
Names of Assess	ment (Internal/External)				Names of Assessees Action plan Submission Date	
турс от Аззеззі	mene (internal) External)	Intensiv	e Care Unit Sc	ore Card	Action plan 3ubinission Date	
	Area of Concern wis				Intensive Care Un	it Score
А	Service Provision	100%				
В	Patient Rights	100%				
С	Inputs	100%				
D	Support Services	100%			1000/	
E	Clinical Services	100%			100%	
F	Infection Control	100%				
G	Quality Management	100%				
н	Outcome	100%				
	Major Gaps Observed					
1 2						
3						
<u>4</u> 5						
	Strengths / Good Practices					
2						
3						
<u>4</u> 5						
	Recommendations/ Opportunities for	Improvement				
1						
3						
4						
5	Signature of Assessors					
	Date					
Reference No	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
			Full/Partial/No Area of Concern - A	Service Provision		
Standard A1 ME A1.1	The facility provides General Medicine services	Availability of Intensive care services for medical cases	Facility Provides C	si/OB	Major medical cases like CVA, Haematomas, CAD, Haemoptysis,	ICU caters all the departments.
		,,			Snake bite, Br. Asthma Poisoning etc	
ME A1.2	The facility provides General Surgery services The facility provides Obstetrics & Gynaecology	Availability of Intensive care services for Surgical cases Availability of Intensive care services for Gynae and	2	SI/OB	Major surgical cases including trauma If ICU services are not available then	
ME A1.3	Services Services are available for the time period as	obstetrics cases	2	SI/OB	facility ensure linkages (Partial Compliance)	
ME A1.14	mandated	Availability of ICU services 24X7	2	SI/RR	Intubation, Tracheotomy, Mechanical	
ME A1.17	The facility provides Intensive care Services	Availability of Intensive care services.	2	SI/OB	Ventilation, short term cardio respiratory support, Defibrillation, CPR, Mobilization, Chest Tube, ventilator	
Standard A3 ME A3.1	The facility provides Radiology Services	Availability of Portable X ray services	Facility Provides dia	SI/OB		
ME A3.2	The facility Provides Laboratory Services	Availability of USG services Functional side laboratory services are available	2	SI/OB SI/OB	ABG & Electrolyte	
ME A3.3	The facility provides other diagnostic services, as mandated	Functional ECG Services are available	2	SI/OB	12 lead ECG	
Standard A4 ME A4.8		Facility provides servi	ces as mandated in n	national Health Prog	rams/ state scheme DELETED	
Standard B1		Facility provides the information to care se	Area of Concern -		e available services and their mo	dalities
ME B1.1	The facility has uniform and user-friendly signage	Availability of departmental & directional signages	2	ОВ	Numbering, main department and	
	system The facility displays the services and entitlements	Restricted area signage are displayed	2	OB	internal sectional signage are displayed	
ME B1.2	The facility displays the services and entitlements available in its departments	Services provision in ICU are displayed Services not available in ICU are displayed	2	OB OB		
		Names of doctor and nursing staff on duty are displayed and updated	2	ОВ		
		Important numbers including ambulance, blood bank and referral centres displayed	2	ОВ		
ME B1.4 ME B1.5	Patients & visitors are sensitised and educated			OB	DELETED	
ME B1.6	through appropriate IEC / BCC approaches Information is available in local language and easy	IEC material displayed in waiting area Signage's and information are available in local	2	OB		
ME B1.8	to understand The facility ensures access to clinical records of	language	2	OB		
Standard B2	patients to entitled personnel	Discharge summary is given to the patient n a manner that is sensitive to gender, religio			arrier on account of physical, ecor	nomic, cultural or social reasons.
ME B2.1	Services are provided in manner that are sensitive	Availability of female staff if a male doctor examination	2	OB/SI		

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ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the ICU	2	OB		
		ICU is connected to lift/ramp	2	OB	for easy , safe and fast transport of bed/trolley of critically sick patient	
Standard B3	Adequate visual privacy is provided at every point of	The facility maintains privacy, confidential Availability of screen/curtain at the examination	1		for guarding patient related inform	nation.
ME B3.1	care Confidentiality of patients records and clinical	and procedural area Patient Records are kept at secure place beyond access	2	OB		
ME B3.2	information is maintained	to general staff/visitors No information regarding patient identity and details	2	SI/OB		
	The facility ensures the behaviours of staff is	are unnecessary displayed	2	SI/OB		
ME B3.3	dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	PI/OB		
	The facility ensures privacy and confidentiality to					
ME B3.4	every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of HIV cases	2	SI/OB		
Standard B4	Facility has defined and	d established procedures for informing and in	volving patient and t	heir families about t	reatment and obtaining informed	consent wherever it is required.
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent for ICU	2	SI/RR	Admission, intubation, blood transfusion	
		Consent for Invasive procedure	2	SI/RR		
ME B4.3	Staff are aware of Patients rights responsibilities	Staff is aware of patients rights and responsibilities	2	SI		
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	ICU has system in place to communicate with patient/ their family member the nature and seriousness of the	2	PI/SI	Ask patients relative about whether they have been communicated about the	
		illness at least once in day Availability of complaint box and display of process for			treatment plan and progress	
ME B4.5	The facility has defined and established grievance redressal system in place	grievance re addressal and whom to contact is displayed	2	OB		
Standard B5	The facility provides cashless services to pregnant	Facility ensures that there are no financial	al barrier to access ar	d that there is finan	cial protection given from cost of	care.
ME B5.1	women, mothers and neonates as per prevalent	ICU services are free for beneficiaries	2	PI/SI	PMJAY, JSSK and any other beneficiary	
ME B5.2	The facility ensures that drugs prescribed are	Check that patient party has not incurred expenditure	2	PI/SI		
	available at Pharmacy and wards It is ensured that facilities for the prescribed	on purchasing drugs or consumables from outside. Check that patient party has not incurred expenditure				
ME B5.3 ME B5.4	investigations are available at the facility	on diagnostics from outside.	2	PI/SI	DELETED	
Standard B6		Facility has defined framework for ethical man	agement including dilen	nmas confronted during	delivery of services at public health fa	cilities
ME 86.6	There is an established procedure for 'end-of-life' care	End of life policy & procedure are available and followed	2	si/ar	The policy clearly defines the procedures for managing critical cases in the ward, thoUPCU, brain deed patients, conscious patients with serious diseases like motor sale includes: a solicitation of the procedure of the procedur	
		Staff is educated & trained for end of life care	2	SI/RR		
		The patient's Relatives informed clearly about the deterioration in the health condition of Patient.	2	SI/RR	Periodic update on the patient's condition is given to the family.	
		Policy & procedures like DNR , DNI etc for critical cases			Patient right "Do not resuscitate" or " Do	
		are in consonance with legal requirement	2	SI/RR	not intubate"/ allow natural death are respected	
		The is a standard procedure for removal of life- sustaining treatment as per law	2	SI/RR	(1) Check about the policy and practice for removing life support (2)Patient or family is involved in decision-making, and patient's or family's choice is respected	
		There is a procedure to allow patient relative/Next of Kin to observe patient in last hours	2	SI/OB		
		Staff is aware of events indicating that conversations about end-of-life care need to start with patient or family	2	RR/SI	(a) a patient living with or diagnosed with life-limiting illness (b) a patient who is likely to die in the short or medium term is admitted, or deteriorate during their admission (c) a patient is dying where Patient (or lamily member, if the patient lacks capacity) (d) apprehius of the patient lacks capacity) as the patient lacks capacity or lamily member, if the patient lacks capacity or lamily member, and support or lack or	
		Hospital has documented policy for pain management	2	SI/OB		
		Screening of the patient for pain	2	SI/RR	Symptomatic treatment is given to the patient to prevent complications to	
		Pain alleviation measures or medication is initiated &	2	SI/RR	extent possible	
MC D C	There is an established procedure for patients who wish	titrated as per need and response		.,	Consequences of LAMA are explained to	
ME B 6.7	to leave hospital against medical advice or refuse to receive specific c treatment	Declaration is taken from the LAMA patient	2 Area of Conce	RR/SI	patient/relative	
Standard C1		The facility has infrastructure for delive	Area of Conce ery of assured services		structure meets the prevalent nor	ms
ME C1.1	Departments have adequate space as per patient or work load	ICU has adequate space as per requirement	2	ОВ	Space requirement in ICU is 100-125 sq. feet area per bed in patient care area including space for storage and duty room etc	
		Availability of adequate waiting area	2	ОВ		
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement	2	OB		
		Availability of cold Drinking water Availability of functional toilets	2	OB OB		
ME C1.3	Departments have layout and demarcated areas as per functions	ICU has single entry and exit	2	OB	There is no thoroughfare through ICU	
		Central nursing station is available in ICU ICU has designated Isolation room	2	OB OB	All monitors/ patients must be observable from nursing station either directly or through central monitoring station	
					Ancillary area includes: Nursing station,	
		Availability of Ancillary area ICU has dedicated change room for staff	2	OB OB	clean and dirty utility area, Unit stores, Hand washing and gowning area, Separate doctor and nurse change room	
	The facility has adopted a signification	ICU has dedicated counselling room	2	OB	are available	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for easy movement of Trolleys	2	ОВ	2-3 Meters	
	The facility has infrastructure for introduction	There is sufficient space between two bed to provide bed side nursing care and movement	2	ОВ		
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services	2	OB		

					Г	
ME C1.6	Service counters are available as per patient load	Availability of ICU beds as per load	2	OB		
	The facility and departments are planned to ensure				Thorn is consents purring station for each	
ME C1.7	structure follows the function/processes (Structure	Unidirectional flow of services	2	ОВ	There is separate nursing station for each ward	
	commensurate with the function of the hospital)				Location of purries station and extinets	
		There is a separate nursing station	2	ОВ	Location of nursing station and patients beds enables easy and direct observation	
		ICU is in Proximity of OT and has functional linkage			of patients	
		with OT	2	ОВ		
Standard C2		The facility	ensures the physica	safety of the infras	Check for fixtures and furniture like	
ME C2.1	The facility ensures the seismic safety of the	Non structural components are properly secured	2	ОВ	cupboards, cabinets, and heavy	
	infrastructure				equipment's , hanging objects are properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	ICU building does not have temporary connections and loose hanging wires	2	ОВ		
	establishinent	ICU has mechanism for periodical check / test of all				
		electrical installation by competent electrical Engineer	2	OB/RR		
		ICU has dedicated earthling pit system available Wall mounted digital display is available in ICU to show	2	OB/RR		
		earth to neutral voltage	2	OB		
		Quality output of voltage stabilizer is displayed in each stabilizer as per manufacturer guideline	2	ОВ		
		Power boards are marked as per phase to which it	2	ОВ		
ME C2.4	Physical condition of buildings are safe for providing	belongs	_	OB		
ME C2.4	patient care	Floors of the ICU are non slippery and even Windows/ ventilators if any in the OT are intact and	2			
		sealed	2	OB		
Standard C3		The facility has e ICU has sufficient fire exit to permit safe escape to its	stablished Programn		other disaster	
ME C3.1	The facility has plan for prevention of fire	occupant at time of fire	2	OB/SI		
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.	2	ОВ		
ME C3.2	The facility has adequate fire fighting Equipment	OPD has installed fire Extinguisher that is Class A , Class	2	ОВ		
	,	B C type or ABC type Check the expiry date for fire extinguishers are	· · · · · ·			
		displayed on each extinguisher as well as due date for	2	ОВ		
		next refilling is clearly mentioned ICU has provision of Smoke and heat detector	2	OB/RR		
		ICU has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic	2	OB/RR		
		fire extinguisher		- Coyant		
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other	Check for staff competencies for operating fire	2	SI/RR		
	disaster situation	extinguisher and what to do in case of fire		The state of the s		
Standard C4	The facility has adequate specialist doctors as per	The facility has adequate qualified and to			sured services to the current case	load
ME C4.1	service provision	Availability of full time intensivist	2	OB/RR		
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor	2	OB/RR	Duty doctor in 1: 5 ratio	
ME C4.3	The facility has adequate nursing staff as per service	Availability of Nursing staff as per requirement	2	OB/RR/SI	As per guideline	
	provision and work load The facility has adequate technicians/paramedics as					
ME C4.4	per requirement	Availability of paramedic staff	2	OB/SI	1: 5 ratio	
ME C4.5	The facility has adequate support / general staff	Availability of ICU attendant	2	SI/RR		
		Availability Security staff	2	SI/RR SI/RR	1 in each shift	
Standard C5		Availability of housekeeping staff Facility provides de	ugs and consumable		d list of services.	
ME CS.1	The departments have availability of adequate	Availability of Analgesics/Antipyretics/Anti	2	OB/RR	As per DGESIC RC List	
	drugs at point of use	Inflammatory Availability of Anti Infectives - Antibiotics, Antifungal,		OB/RR		
		Antiprotozoal Availability of Infusion Fluids	2	OB/RR	As per DGESIC RC List As per DGESIC RC List	
		Availability of Drugs acting on Cardiovascular System			As per DG-ESIC RC List	
			2	OB/RR		
		Availability of drugs action on Central Nervous system, Peripheral Nervous System	2	OB/RR	As per DGESIC RC List	
		Availability of drugs action on Central Nervous system,		OB/RR OB/RR		
		Availability of drugs action on Central Nervous system, Peripheral Nervous System Availability of dressing material and antiseptic	2	OB/RR OB/RR OB/RR	As per DGESIC RC List	
		Availability of drugs action on Central Nervous system, Peripheral Nervous System Availability of dressing material and antiseptic liquid/pioton Drugs for Respiratory System Hormonal Preparation and Anti-Hormonal Preparation	2 2 2 2	OB/RR OB/RR OB/RR OB/RR	As per DG-ESIC RC List	
	The departments have adequate consumables at	Availability of drugs action on Central Nervous system, Peripheral Nervous System Availability of dressing material and antiseptic liquid/Dotton Drugs for Respiratory System Hormonal Preparation and Anti-Hormonal Preparation Availability of Medical gases	2 2 2 2 2	OB/RR OB/RR OB/RR OB/RR OB/RR	As per DG-ESIC RC List Availability of Oxygen Cylinders	
ME C5.2	The departments have adequate consumables at point of use	Availability of drugs action on Central Nervous system, Peripheral Nervous System Availability of dressing material and antiseptic liquid/pioton Drugs for Respiratory System Hormonal Preparation and Anti-Hormonal Preparation	2 2 2 2	OB/RR OB/RR OB/RR OB/RR	As per DG—ESIC RC List Availability of Oxygen Cylinders examination gloves, Syringes,	
ME CS.2		Availability of drugs action on Central Nervous system, Peripheral Nervous System Availability of dressing material and antiseptic liquid/Dotton Drugs for Respiratory System Hormonal Preparation and Anti-Hormonal Preparation Availability of Medical gases	2 2 2 2 2	OB/RR OB/RR OB/RR OB/RR OB/RR	As per DG—ESIC RC List Availability of Oxygen Cylinders examination gloves, Syringes, Masks, Ryles tubes, Catheters, Chest	
ME CS.2	point of use Emergency drug trays are maintained at every point	Availability of drugs action on Central Nenrous system, Peripheral Nervous System Availability of dresign material and antiseptic iquid/cloon longs for Respiratory System Hormonal Preparation and Anti-Hormonal Preparation Availability of Medical gases Availability of disposables Resuscitation Consumables / Tubes	2 2 2 2 2 2 2	OB/RR OB/RR OB/RR OB/RR OB/RR	As per DG—ESIC RC List Availability of Oxygen Cylinders examination gloves, Syringes,	
	point of use	Availability of drugs action on Genral Nervous system, Pertipheral Nervous System Availability of dressing material and antiseptic louisd/fotion. Drugs for Respiratory System Homonal Preparation and Anti- Hormonal Preparation Availability of Medical gases Availability of Medical gases Resuscitation Consumables / Tubes Emergency and resuscitation tray are maintained	2 2 2 2 2 2 2 2 2	OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	As per DG—ESIC RC List Asper DG—SIS RC List Availability of onygen Cylinders examination gloves, Syringes, Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc	
ME C5.3	point of use Emergency drug trays are maintained at every point of care, where ever it may be needed Availability of equipment & instruments for	Availability of drugs action on Gentral Nervous system, rephyleral Nervous System Availability of dressing material and antiseptic isoual/botton Drugs for Respiratory System Homonal Preparation and Anti- Hormonal Preparation Availability of Medical gases Availability of disposables Resuscitation Consumables / Tubes Emergency and resuscitation tray are maintained The facility has equ Availability of functional Equipment & Mistruments	2 2 2 2 2 2 2 2	OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR	As per DG—ESIC RC List Asper DG—SIS RC List Availability of Organ Cylinders examination gloves, Syringes, Masks, Pyles tubes, Catheters, Chest Tube, ET tubes etc d list of services. Bed side monitor, pulse oximeter,	
ME C5.3 Standard C6 ME C6.1	point of use Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of drugs action on Central Nervous system, reptiplend Nervous System Availability of dressing material and antiseptic logical/fotion. Drugs for Respiratory System Homonal Preparation and Anti- Hormonal Preparation Availability of Medical gases Availability of Medical gases Resuscitation Consumables / Tubes Emergency and resuscitation tray are maintained The facility has equ Availability of functional Equipment & Instruments for examination & Monitoring	2 2 2 2 2 2 2 2 2 2 2 2 pment & instrument	OB/RR	As per DG—ESIC RC List Availability of Oxygen Cylinders examination gloves, Syringes, Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc d list of services.	
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		Training on Quality Management System	2	SI/RR	To all category of staff. At the time of	
		Training on quanty wanagement system		39100	induction and once in a year.	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Staff is skilled to operate ICU equipments	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Staff is skilled for resuscitation and intubation	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Nursing staff is skilled identifying and managing complication	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Nursing Staff is skilled for maintaining clinical records	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
Standard D1		The facility has established Program	Area of Concern - D		nce and calibration of Equipment.	
ME D1.1	The facility has established system for maintenance	All equipments are covered under AMC including	2	SI/RR	Check with AMC records/ Warranty documents	
	of critical Equipment	preventive maintenance		39100	Staff is aware of the list of equipment covered under AMC. (1) Check log book is maintained & it shows time taken to repair equipment.	
		There is system of timely corrective break down maintenance of the equipments	2	SI/RR	(2) Backup of critical equipment such as Ventilator, Infusion pump, C-PAP,etc. is available (3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance	
		There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired Staff is skilled for trouble shooting in case equipment	2	OB/RR		
		malfunction Periodic cleaning, inspection and maintenance of the	2	SI/RR		
	The facility has established procedure for internal	equipments is done by the operator All the measuring equipments/ instrument are	2	SI/RR		
ME D1.2	and external calibration of measuring Equipment	There is system to label/ code the equipment to indicate status of calibrated	2	OB/ RR		
ME D1.3	Operating and maintenance instructions are available with the users of equipment	recalibration is due Up to date instructions for operation and maintenance of equipments are readily available with staff.	2	OB/SI	Check the down time of equipments	
Standard D2	There is established procedure for forecasting and	he facility has defined procedures for storage There is established system of timely indenting of			Stock level are daily updated	care areas
ME D2.1	indenting drugs and consumables	consumables and drugs at nursing station	2	SI/RR	Indents are timely placed Away from direct sunlight and	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled	2	OB OB	temperature is maintained as per instructions of manufacturer.	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray	2	OB/RR	Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEFO) is in practice	
		No expired drug found Records for expiry and near expiry drugs are maintained for drug stored in ICU	2	OB/RR RR	Check the drug expiry of drug sub store Check the record of expiry and near expiry drug	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock	2	SI/RR	Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time	
		Department maintained stock register of drugs and consumables	2	RR/SI	Check record of drug received, issued and balance stock in hand and are regularly updated	
ME D2.6	There is a procedure for periodically replenishing the	Drugs are categorized in Vital, Essential and Desirable There is established system for replenishing drug tray	2	OB/RR SI/RR	Check all Vital drugs are available	
	drugs in patient care areas	/crash cart There is no stock out of drugs	2	OB/SI	Check stock of some vital drugs	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records twice a day and are maintained	2	OB/RR	Check for temperature charts are maintained and updated twice a daily.	
ME D2.8	There is a procedure for secure storage of narcotic	Narcotic ,psychotropic drugs are kept separately in lock and key	2	OB/SI	Separately kept, away from other drugs and labelled	
Standard D3	and psychotropic drugs	The facility provides safe, s	ecure and comfortab	le environment to st		
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station	2	ОВ	General Patient Care - 200-50 Lux Procedure Spot Light - 1500 Lux	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Adequate illumination in patient care unit Entry to ICU is restricted	2	OB OB		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Visiting hour are fixed and practiced Temperature is maintained in ICU and record of same is kept	2	OB/PI SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained	
		Humidity is maintained in ICU and record of same is maintained	2	SI/RR	50-60%	
		ICU has system to maintain its ventilation and its environment is dust free	2	SI/RR		
		ICU has system to control the sound producing activities and gadgets' (like telephone sounds, staff area and equipments)	2	SI/RR		
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at ICU	2	ОВ	Check mechanism at place to track the	
ME D3.5	The facility has established measure for safety and	Identification band for all Female staff feel secure at work place	2	OB SI	patient based on UID	
Standard D4	security of female staff	The facility has establ			pkeep of the facility	
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform color	2	ОВ	·	
		Interior of patient care areas are plastered & painted	2	ОВ		
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	OB	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean Toilets are clean with functional flush and running	2	OB OB		
ME D4.3	Hospital infrastructure is adequately maintained	water Check for there is no seepage , Cracks, chipping of plaster	2	ОВ		
		Window panes , doors and other fixtures are intact	2	ОВ		
ME D4.5	The facility has policy of removal of condemned junk	Patients beds are intact and painted No condemned/Junk material in the ICU	2	OB OB	Mattresses are intact and clean	
ME D4.6	material The facility has established procedures for pest,	No rodent/pests are noticed	2	OB		
	rodent and animal control					

		The feeliles are 24V7 water and are			dellares and assessed and dellares	
Standard D5	The facility has a decreased and a second	The facility ensures 24X7 water and por	wer backup as per re	quirement of service	delivery, and support services no	ms
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI		
ME D5.2	The facility ensures adequate power backup in all	Availability of power back up in ICU	2	OB/SI	Power back for all critical equipments	
	patient care areas as per load	Availability of UPS	2	OB/SI		
ME DS.3	Critical areas of the facility ensures availability of oxygen,	Availability of Emergency light Availability of Centralized /local piped Oxygen and	2	OB/SI OB		
StandardD6	medical gases and vacuum supply	vacuum supply Dietary services are available			requirement of the patients.	
ME D6.1	The facility has provision of nutritional assessment	Nutritional assessment of patient done as required and	2	RR/SI		
ME D6.2	of the patients The facility provides diets according to nutritional	directed by doctor Check for the adequacy and frequency of diet as per	2	OB/RR	Check that all items are as per clinical	
ME DOLE	requirements of the patients	nutritional requirement		PI/SI	advice Ask patient/staff weather they are	
	Hospital has standard procedures for preparation,	Check for the Quality of diet provided in ICU	2	PI/SI	satisfied with the Quality of food	
ME D6.3	handling, storage and distribution of diets, as per requirement of patients	There is procedure of requisition of different type of diet from ward to kitchen	2	RR/SI		
Standard D7			facility ensures clea		its	
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed Gown is provided to all patients	2	OB/RR OB/RR		
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day and whenever it get soiled	2	OB/RR		
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry	2	SI/RR		
		·			Check linen is kept closed bin & emptied	
		Check dedicated closed bin is kept for storage of dirty linen	2	ОВ	regularly. Plastic bag is used in dustbin & these bags are sealed before removed &	
					handed over	
Standard D11	Rol The facility has established job description as per	es & Responsibilities of administrative and cl Job description is defined and communicated to all				procedures.
ME D11.1	govt guidelines	concerned staff Staff is aware of their role and responsibilities	2	RR SI	Regular + contractual	
	The facility has a salelished according for disk.		-	-	Check for system for recording time of	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster	2	RR/SI	reporting and relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department	2	SI		
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health	Doctor, nursing staff and support staff adhere to their	2	ОВ		
Standard D12	department	respective dress code Facility has established procedure for more			s and adheres to contractual chill-	ations
Standard D12		racinty has established procedure for mol	morning the quanty o	outsourced service	Verification of outsourced services	autoris .
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis	2	SI/RR	(cleaning/ Dietary/Laundry/Security/Maintenance)	
	our sourced services	auequacy or outsourced services on regular basis			provided are done by designated in- house staff	
			Area of Concern - E			
Standard E1 ME E1.1	The facility has established procedure for	The facility has defined pro Unique identification number is given to each patient		tion, consultation a	nd admission of patients.	
ME ET'T	registration of patients	during process of registration	2	RK		
		Patient demographic details are recorded in admission records	2	RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.	
ME E1.3	There is established procedure for admission of	There is established criteria for admission at ICU	2	SI/RR	Criteria based on Vital sign, Laboratory value/ Diagnostic values and Physical	
ME ET'3	patients				finding	
		There is no delay in admission of patient Admission is done on written order by authorized	2	SI/RR/OB SI/RR/OB		
		doctor Time of admission is recorded in patient record	2	RR		
	There is established procedure for managing				Check for admission criteria. Check for	
WIE E1.4		Procedure cope with surplus patient load	2	OB/SI		
ME E1.4	patients, in case beds are not available at the facility	Procedure cope with surplus patient load The facility has defined and established in			linkage with higher facilities	ation
ME E1.4 Standard E2	patients, in case beds are not available at the facility	The facility has defined and established p Initial assessment of all admitted patient done as per			linkage with higher facilities	ation.
	patients, in case beds are not available at the facility	The facility has defined and established p Initial assessment of all admitted patient done as per			linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different kind of medical /surgical conditions is defined	ation.
Standard E2	patients, in case beds are not available at the facility There is established procedure for initial assessment	The facility has defined and established p Initial assessment of all admitted patient done as per standard protocols Patient History is taken and recorded	rocedures for clinical	assessment, reasses	linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different kind of	ation.
Standard E2	patients, in case beds are not available at the facility There is established procedure for initial assessment	The facility has defined and established p Initial assessment of all admitted patient done as per standard protocols	rocedures for clinical	assessment, reasser	linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different kind of medical /surgical conditions is defined	ation.
Standard E2	patients, in case beds are not available at the facility There is established procedure for initial assessment	The facility has defined and established p initial assessment of all admitted patient done as per standard protocols Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded	rocedures for clinical 2	assessment, reasse: RR/SI RR	linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different kind of medical /surgical conditions is defined	ation.
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Standard E2 ME E2.1	patients, in case beds are not available at the facility There is established procedure for initial assessment of patients	The facility has defined and established p initial assessment of all admitted patient done as per standard protocols Patient History is taken and recorded. Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded Initial assessment and treatment is provided Initial assessment and treatment is provided Initial assessment is documented preferably within 1 hours. There is fixed schedule for reassessment of patient under observation.	rocedures for clinical 2 2 2 2 2 2 2	assessment, reasses RR/SI RR RR RR RR/SI RR/OB	linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different kind of medical /surgical conditions is defined	ation.
Standard E2 ME E2.1	patients, in case beds are not available at the facility There is established procedure for initial assessment of patients There is established procedure for follow-up/	The facility has defined and established p initial assessment of all admitted patient done as per standard protocols Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded Initial assessment and treatment is provided Initial assessment and treatment is provided Initial assessment is documented preferably within 1. hours There is fixed schedule for reassessment of patient under observation There rising the provision of patient in the provision of patients admitted in the ward there is provision of reassessments as per need	2 2 2 2 2 2	RR/SI RR RR RR RR RR RR	linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different tind of medical /surgical conditions is defined and practiced	ation.
Standard E2 ME E2.1	patients, in case beds are not available at the facility There is established procedure for initial assessment of patients There is established procedure for follow-up/	The facility has defined and established p initial assessment of all admitted patient done as per standard protocols Patient History is taken and recorded. Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded Initial assessment and treatment is provided Initial assessment and treatment is provided Initial assessment is documented preferably within 1 hours. There is fixed schedule for reassessment of patient under observation.	rocedures for clinical 2 2 2 2 2 2 2	assessment, reasses RR/SI RR RR RR RR/SI RR/OB	linkage with higher facilities ssment and treatment plan prepar Assessment criteria of different kind of medical /surgical conditions is defined and practiced Criteria is defined for identification, and management of high risk patients/	ation.
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Standard E2 ME E2.1 ME E2.2 ME E2.3 Standard E3 ME E3.1	patients, in case beds are not available at the facility There is established procedure for initial assessment of patients There is established procedure for follow-up/ reassessment of Patients. There is established procedure for follow-up/ reassessment of Patients. There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results Facility has established procedure for continuity of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to the patients/Services for transfer to other/higher facilities to	The facility has defined and established p Initial assessment of all admitted patient done as per sandard protocols Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded Initial assessment and treatment is provided Initial assessment and treatment in provided Initial assessment and treatment of patient under observation For critical patients admitted in the ward there is provision of reassessments as per nead There is system in place to identify and manage the changes in Patient's health status Check the treatment or care plan is modified as per re assessment results Check healthcare needs of all hospitalised patients are identified through assessment process Check treatment/care plan is prepared as per patient's need Check treatment/ care plan is prepared as per patient's need Check treatment/ care plan is documented Check treatment / care plan is documented There is procedure for hand over for patient transferred from ICU to IPD/OT/HOU Check for the procedure if patient is to be consulted with other specialist Patient referred with referral slip Reason for referral is clearly stated and referral is Reason for referral is clearly stated and referral is	cocedures for clinical 2 2 2 2 2 2 2 2 2 2 2 2 2	ASSESSMENT, reasses	inkage with higher facilities soment and treatment plan prepar soment and treatment plan prepar Assessment criteria of afferent kind of medical /surgical conditions is defined and practiced Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating the patient whose condition is deteriorating these there is a session and the patient of the condition is deteriorating. Check the re assessment helds / Case sheets modified treatment plan or care olan is documented Assessment includes physical assessment, shotly, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological / cultural, social factors (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan includer, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, dicklarge plan et check for how hand over its given from CLI to ward and vice versa etc. Check for the procedure for calling specialist on call to ic U for opinion / Advice: is there any list of specialist with phone no. available [1] Verify with referral records that reasons for referral were clearly mentioned (2) ic U staff confirms the suitability of referral with higher centres to ascertain	ation.

		Advance communication is done with higher centre & Referral vehicle is being arranged	2	SI/PI/RR	(1) Check ICU staff facilitates arrangement of ambulance for transferring the patient to higher centre (2) Patient attendant are not asked to arrange wehicle by their own (3) Check If ICU staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be required in transit	
		Referral in or referral out register is maintained	2	RR	(1) Referral check list is filled before referral to ensure all necessary steps have been taken for sale referral CO (2) Check referral enough his information (2) Check referral enough his information, transport arrangement, accompanying care provider, reason for referral, time taken for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up	
		Facility has functional referral linkages to facilities	2	SI/RR	Check the mechanism of referral linkages to lower/higher facilities	
		There is a system of follow up of referred patients	2	RR	to lower/righter identities	
ME E3.3	A person is identified for care during all steps of care	Doctor and nurse is designated for each patient admitted to ICU ward	2	RR/SI	Treating doctor is designated	
		There is established procedure for co ordination of care between duty doctor and treating doctor/specialist	2	RR/SI	Duty doctor takes round with treating doctor	
		Patient condition is reviewed during hand over between duty doctors	2	RR/SI		
Standard E4	Procedure for identification of patients is established at	The facility ha	s defined and establi		nursing care Patient id band/ verbal confirmation/Bed	
ME E4.1	the facility	identification before any clinical procedure	2	OB/SI	no. etc.	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained	2	RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.	
		There is a process to ensue the accuracy of verbal/telephonic orders	2	SI/RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period	
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift	2	SI/RR	period	
		Nursing Handover register is maintained Hand over is given bed side	2	RR SI/RR		
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately	2	RR/SI	Check for nursing note register. Notes are adequately written	
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically	2	RR/SI	Check for TPR chart, IO chart, any other vital required is monitored	
		Critical patients are monitored continually	2	RR/SI	Check for use of cardiac monitor/multi parameter	
Standard E5	The facility identifies vulnerable patients and ensure	Facility has a p	rocedure to identify I		Unconscious and comatose patient,	
ME E5.1	their safe care	taken to protect them from any harm	2	OB/SI	stupors patient, patient with suppressed immune system	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	priority	2	OB/SI		
Standard E6 ME E6.1	Facility ensured that drugs are prescribed in generic	Check for BHT if drugs are prescribed under generic	nsures rationale preso	cribing and use of mo	edicines	
ME E6.2	name only There is procedure of rational use of drugs	name only Check for that relevant Standard treatment guideline	2	RR		
	There is procedure or rational use of drugs	are available at point of use Check staff is aware of the drug regime and doses as	2	SI/RR	Check BHT that drugs are prescribed as	
		per STG Availability of drug formulary	2	SI/OB	per STG Check complete medication history	
ME E6.3	There are procedures defined for medication review and optimization	Complete medication history is documented for each patient	2	RR/OB	including over-the- counter medicines is taken and documented	
		Medicine are reviewed and optimised as per individual treatment plan	2	SI/RR	Medicines are optimised as per individual treatment plan for best possible clinical outcome	
		Complete medication history is documented and communicated for each patient at the time of discharge	2	SI/RR	Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced Changes in prescribed medicines, including medicines started or stopped, or dosage changes, and reason for the change are clearly documented in the case sheet and case summary	
		Patients are engaged in their own care	2	PI/SI	Clinician/Nurse/Paramedics counsel the patient on medication safety using "5 moments for medication safety app" Noments for medication safety app" Nurse/Pharmacist highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for discharge	
Standard E7		Facility ha	s defined procedures	TOT SATE GRUE Admin	Electrolytes like Potassium chloride,	
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified	2	SI/OB	Uploads, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable	
		Maximum dose of high alert drugs are defined and communicated	2	SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor	
		There is process to ensure that right doses of high alert drugs are only given	2	SI/RR	A system of independent double check before administration, Error prone	
ME E7.2		70			medical abbreviations are not used	
	Medication orders are written legibly and adequately	Every Medical advice and procedure is	2	RR	medical appreviations are not used	
	adequately	Every Medical advice and procedure is accompanied with date , time and signature Check for the writing, It comprehendible by the clinical staff	2	RR RR/SI	medical abbreviations are not used	
ME E7.3		Every Medical advice and procedure is accompanied with date , time and signature Check for the writing, it comprehendible by the clinical				
ME E7.3	adequately There is a procedure to check drug before	Every Medical advice and procedure is accompanied with date, time and signature Check for the writing, It comprehendible by the clinical staff Drugs are checked for expiry and other	2	RR/SI	medical appreviations are not used Check for any open single dose vial with left over content indented to be used later on	
ME E7.3	adequately There is a procedure to check drug before	Every Medical advice and procedure is accompanied with date, time and signature Check for the writing, it comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Check single dose vial are not used for more than one	2	RR/SI OB/SI	Check for any open single dose vial with left over content indented to be used later on In multi dose vial needle is not left in the septum	
ME E7.3	adequately There is a procedure to check drug before	Every Medical advice and procedure is accompanied with date, time and signature Check for the writing, it comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Check single dose vial are not used for more than one dose Check for separate sterile needle is used every time for	2 2	RR/SI OB/SI OB	Check for any open single dose vial with left over content indented to be used later on. In multi dose vial needle is not left in the	
ME E7.3	adequately There is a procedure to check drug before	Every Medical advice and procedure is accompanied with date, time and signature check for the writing, it comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Check single dose vial are not used for more than one dose Check for separate sterile needle is used every time for multiple dose vial	2 2 2	RR/SI OB/SI OB OB	Check for any open single dose vial with left over content indented to be used later on In multi dose vial needle is not left in the septum. Adverse drug event trigger tool is used to	
ME E7.4 Standard E8	adequately There is a procedure to check drug before administration/ dispensing There is a system to ensure right medicine is given to right patient.	Every Medical advice and procedure is accompanied with date, time and signature Check for the writing. It comprehensible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Check single dose vial are not used for more than one dose Check for separate sterile needle is used every time for multiple dose vial are not used for more than one Check for separate sterile needle is used every time for multiple dose vial are not used for more than one Check for separate sterile needle is used every time for multiple dose vial are not seen of Check for separate sterile needle is used every time for multiple dose vial are not seen of Check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial are not check for separate sterile needle is used every time for multiple dose vial check for separate sterile needle is used every time for multiple dose vial check for separate sterile needle is used every time for multiple dose vial check for separate sterile needle is used every time for multiple dose vial check for separate sterile needle is used every time for multiple dose vial check for separate sterile needle is used every time for multiple dose vial check for separate sterile needle is used every time for check for check check check check check check check check check check check check check check	2 2 2 2 2 2 2 cedures for maintaini	RR/SI OB/SI OB OB RR/SI SV/RR	Check for any open single dose vial with left over content indented to be used later on in multi dose vial needle is not left in the septum. Adverse drug event trigger tool is used to report the events. Administration of medicines done after route, right time, Right dose, Right Reason and Right Documentation ents' clinical records and their storents.	age
ME 67.4	adequately There is a procedure to check drug before administration/ dispensing There is a system to ensure right medicine is given	Every Medical advice and procedure is accompanied with date, time and signature Check for the writing. It comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Check single dose vial are not used for more than one dose Check for separate sterile needle is used every time for multiple dose vial Any adverse drug reaction is recorded and reported Check Nursing staff is aware 7 Rs of Medication and follows them	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI OB/SI OB OB RR/SI SI/RR	Check for any open single dose vial with left over content indented to be used later on In multi dose vial needle is not left in the septum Adverse drug event trigger tool is used to report the events. Administration of medicines done after ensuring right patient, right drugs, right orute, right time, right dose, Right Resion and Right Documentation	age

March Marc							
Column C	ME E8.3	Care provided to each patient is recorded in the	Maintenance of treatment chart/treatment registers	2	RR	Treatment given is recorded in treatment	
March Marc							
March Marc	ME E8.4		Procedure performed are recorded in BHT	2	RR		
Mile	ME E8.5	Adequate form and formats are available at point of	Standard Formats are available	2	RR/OB		
Part		use	Standard Formats are available	-	,	Requisition slips etc.	
Separation of montane for any plane March and montane and any plane Separation Separatio						Admission register, lab register,	
March Marc	ME CO C	Desistes/seconds are excitational as a second delication	Bardadan and according to the bardan and according to	_	0.0		
March Marc	WIE E0.0	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines	2	NN.		
Marie Mari							
March Marc			All and the formation of the stiffer of an all and a second	,	DD.	register	
Moderation Mod		The facility and advantage and	All register/records are identified and flumbered	2	····		
March Marc	ME E8.7		Safe keeping of patient records	2	ОВ		
Company Comp	Standard E9		The facility has de	fined and established	procedures for disch		
	ME E9.1	Discharge is done after assessing patient readiness	ICU has established criteria for discharge of the patient	2	SI/RR		
March Concessor of the protection of the pro			Assessment is done before discharging patient	2		восовнени	
Process Proc			Discharge is done by an authorised doctor				
Content Cont				2	PI/SI		
Company of the Comp				2	SI/RR		
Medical Professional	MF FQ 2	Case summary and follow-up instructions are		,	PR/PI	See for discharge summary, referral slip	
Marie Mari	me con	provided at the discharge	Discharge summary is provided	2	10411	provided.	
March Section March Ma				2	RR		
Control Security Control Con							
Marca Marc			LAMA/Referred out	2	SI/RR		
Marca Part	ME E9.3		Patient is counselled before discharge	2	PI/SI		
March Marc		discharges wherever required	Time of discharge is communicated to patient before				
Material			hand				
March Marc	Standard E10	The facility has established procedure for shifting the	The facility has	defined and establish	ned procedures for in		
March Marc	ME E10.1	patient to step-down/ward based on explicit assessment	ICU has procedure for step down of the patient.	2	RR/SI	duty doctor in consultation with treating	
Common						doctor	
Company Comp	ME E10.2						
Company							
The facility has defined and equation for product of the product o			ICU has protocol for early eternal nutrition		RR/SI		
March Marc				2	RR/SI	Prevention of decubitus in ICU patient	
Marchant			ICU has protocol for management of anaphylactic	,	RR/SI		
Ministration Mini				<u> </u>			
March Marc	ME E10.2		ICU has criteria defined for non invasive ventilation in	_	pp/ci	C 000 41/ 000	
Control for Management 2 1901					10431	C 15, did v TEP	
Command Comm			Criteria for intubation	2	RR/SI		
Column C			Criteria for extubating				
March				2	KK/SI	Monitoring include subjective responses.	
State of the feature process of the centre o				2	RR/SI	physiological responses, blood gas	
Marcial Control Price of Control Price	Standard E11		The facility has defined and est	l ablished procedures f	or Emergency Service		
The facility has defined and established procedures of Parlaments of the Community of the C	MF F11.3	The facility has disaster management plan in place					
The further year calculation of procedures for five feating Annahum (account a state of procedure of the procedure for five feating Annahum (account a state of procedure for feating Collections (account a state) procedure for feating the procedure for		The facility has assessed management plan in place					
Marcial Services exhalled procedure for Pre-tensing Company four the unique of control of Marcial Services (Company for the unique of Company for th					.,		
Activities Control C		There are established according for Don Arabina		efined and establishe		nostic services	
More resemblished procedure for Protesting 1 Worker Set 1 Work is established procedure for Insurance 1 Work is esta	ME E12.1		Container is labelled properly after the sample				
The footility has defined and established procedures for troungs blood 1		Activities	collection	2	OR		
The instablished procedure for training blood and procedure for tr	ME E12.3	There are established procedures for Post-testing					
The facility has established procedure for transforming and procedure for the procedure for transforming and procedure for transforming and procedure for the procedure for transforming and procedure for transfo		There are established procedures for Post-testing	ICU has critical values of various lab test	2	SI/RR	Management and Transfusion.	
Second S	Standard E13	There are established procedures for Post-testing Activities	ICU has critical values of various lab test The facility has defined and estab	2 lished procedures for	SI/RR Blood Bank/Storage	Management and Transfusion.	
Standard Est. We 12.50 There is a established procedure for monitoring and sequence of the procedure for monitoring and regulated by a grown or monitoring and regulated by a grown or monitoring and regulated by a grown or monitoring and sequence of the procedure for monitoring and procedure for foreign and procedure foreign and procedure for foreign and procedure foreign and procedure for foreign and procedure foreign and procedure for foreign and procedure foreign and procedure for foreign and procedure foreign and procedure for foreign and procedure foreign and procedure foreign and procedure for foreign and procedure for foreign and procedure foreign and procedure for foreign and procedure foreig	Standard E13 ME E13.8	There are established procedures for Post-testing Activities There is established procedure for issuing blood	ICU has critical values of various lab test The facility has defined and estab There is a procedure for issuing the blood promptly for	2 lished procedures for	SI/RR Blood Bank/Storage RR/SI	Management and Transfusion.	
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Parallel	Standard E13 ME E13.8	There are established procedures for Post-testing Activities There is established procedure for issuing blood There is established procedure for transfusion of	ICU has critical values of various lab test The facility has defined and estab There is a procedure for issuing the blood promptly for itie saving measure. Consent is taken before transfusion Patient's taken before transfusion Patient's taken before transfusion Blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by qualified person.	2 lished procedures for 2 2 2 2 2 2	SI/RR Blood Bank/Storage RR/SI RR SI/OB RR SI/RR	Management and Transfusion.	
Peace Peac	Standard E13 ME E13.8 ME E13.9	There are established procedures for Post-testing Activities There is established procedure for issuing blood There is established procedure for transfusion of blood There is a established procedure for transfusion of blood	ICU has critical values of various lab test The facility has defined and estab There is a procedure for issuing the blood promptly for like saving measure. Consent is taken before transfusion Patient's identification is verified before transfusion Blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by cualified person Blood transfusion is monitored and regulated by cualified person Blood transfusion is monitored and regulated by cualified person Blood transfusion is monitored and regulated by	2 Ished procedures for 2 2 2 2 2 2 2	SI/RR Blood Bank/Storage RR/SI RR SI/OB RR SI/RR RR	Management and Transfusion.	
Assembled to the death of the foundation of the facility has defined and established procedures for the management of death & bodies of deceased patients The facility has defined and established procedures for the management of death & bodies of deceased patients CUI has proceive to inform patient estitives about a communication of communicat	Standard E13 ME E13.8 ME E13.9 ME E13.9 ME E13.9 ME E13.9 ME E13.10 ME E13.10	There are established procedures for Post-testing Activities There is established procedure for issuing blood There is established procedure for transfusion of blood There is a established procedure for transfusion of blood	ICU has critical values of various lab test The facility has defined and estab There is a procedure for issuing the blood promptly for like saving measure. Consent is taken before transfusion Patient's identification is verified before transfusion Blood is kept on optimum temperature before transfusion Blood transfusion is monitored and regulated by cuillified person Blood transfusion is monitored and regulated by cuillified person Blood transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person	2 lished procedures for 2 2 2 2 2 2 2 2 2	SI/RR Blood Bank/Storage RR/SI RR SI/OB RR SI/OB RR RR RR		
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		Availability of elbow operated taps Hand washing sink is wide and deep enough to prevent	2	OB		
		splashing and retention of water	2	OB		
ME F2.2	Staff is trained and adhere to standard hand	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration	
	washing practices	Staff aware of when to hand wash	2	SI		
ME F2.3	Facility ensures standard practices and materials for		2	OB		
WIE FZ.3	antisepsis	Availability of Antiseptic Solutions	2	ОВ		
		Proper cleaning of procedure site with antisepsis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary	
				The state of the s	catheter	
Standard F3		Facility ensures s	standard practices an	d materials for Perso	onal protection	
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use	2	OB/SI		
	equipments as per requirements	Availability of Mask	2	OB/SI		
		Availability of gown/ Apron	2	OB/SI	Staff and visitors	
		Availability of shoe cover	2	OB/SI OB/SI	Staff and visitors Staff and visitors	
		Availability of Caps Personal protective kit for infectious patients	2 2	OB/SI	Starr and visitors	
ME F3.2	Staff is adhere to standard personal protection		2	OB/SI		
INIC F3.2	practices	No reuse of disposable gloves, Masks, caps and aprons.	, , , , , , , , , , , , , , , , , , ,	08/31		
		Compliance to correct method of wearing and removing the PPE	2	SI	Gloves, Masks, Caps and Aprons	
Standard F4		Facility has standard	d Procedures for proc	essing of equipment	s and instruments	
					Ask staff about how they decontaminate	
	Facility ensures standard practices and materials for				the procedure surface like Examination	
ME F4.1	decontamination and clean ing of instruments and procedures areas	Cleaning & Decontamination of patient care Units	2	SI/OB	table , Patients Beds Stretcher/Trolleys etc.	
	procedures areas				(Wiping with 0.5% Chlorine solution	
					Ask staff how they decontaminate the	
					instruments like abusage, suction	
		Proper Decontamination of instruments after use	2	SI/OB	cannula, Airways, Face Masks, Surgical Instruments	
					(Soaking in 0.5% Chlorine Solution,	
					Wiping with 0.5% Chlorine Solution or	
		Contact time for decontamination is adequate	2	SI/OB	70% Alcohol as applicable 10 minutes	
					Cleaning is done with detergent and	
		Cleaning of instruments after decontamination	2	SI/OB	running water after decontamination	
					No sorting ,Rinsing or sluicing at Point of	
		Proper handling of Soiled and infected linen	2	SI/OB	use/ Patient care area	
	Encility operane etge dead assets as	Staff know how to make chlorine solution	2	SI/OB		
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and	Equipment and instruments are sterilized after each	2	OB/SI	Autoclaving/HLD/Chemical Sterilization	
	equipments	use as per requirement		·	_ ,	
		High level Disinfection of instruments/equipments is	2	OB/SI	Ask staff about method and time required	
		done as per protocol			for boiling	
		Autoclaving of instruments is done as per protocols	2	OB/SI	Ask staff about temperature, pressure	
					and time Ask staff about method, concentration	
		Chemical sterilization of instruments/equipments is	2	OB/SI	and contact time required for chemical	
		done as per protocols			sterilization	
		Autoclaved linen are used for procedure Autoclaved dressing material is used	2 2	OB/SI OB/SI		
		There is a procedure to ensure the traceability of	2	OB/SI		
		sterilized packs	, , , ,	ОВ/ЗІ		
		Sterility of autoclaved packs is maintained during storage	2	OB/SI	Sterile packs are kept in clean, dust free, moist free environment.	
Standard F5		Physical layout and environn	nental control of the	patient care areas e		
ME FS.1	Layout of the department is conducive for the infection	Facility layout ensures separation of general traffic	2	ОВ		
	control practices	from patient traffic Facility layout ensures separation of routes for clean				
		and dirty items	2	OB		
		Floors and wall surfaces of ICU are easily cleanable	2	ОВ		
	Facility ensures availability of standard materials for				Chlorine solution, Glutaraldehyde,	
ME F5.2	cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	carbolic acid	
		Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant	
	Facility ensures standard practices followed for cleaning	Availability of cleaning agent as per requirement			Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Availability of cleaning agent as per requirement Staff is trained for spill management	2	OB/SI SI/RR		
ME F5.3						
ME F5.3		Staff is trained for spill management Cleaning of patient care area with detergent solution	2	SI/RR SI/RR		
ME F5.3		Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
ME F5.3		Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are	2	SI/RR SI/RR		
ME F5.3		Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are followed	2 2 2 2	SI/RR SI/RR SI/RR OB/SI	detergent solution	
ME F5.3		Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are	2 2	SI/RR SI/RR SI/RR	detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of duty particles in air should	
ME F5.3		Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mosping and scrubbing are followed Cleaning equipments like broom are not used in patient care areas	2 2 2 2	SI/RR SI/RR SI/RR OB/SI	detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to	
ME FS.3		Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard practice of morphing and scrubbing are followed Cleaning equipments like broom are not used in patient	2 2 2 2 2	SI/RR SI/RR SI/RR OB/SI OB/SI OB/SI SI/RR	detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of duty particles in air should	
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ME FS.4	and disinfection of patient care areas	Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure. Standard protection Standard protectio	2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR OB/SI OB/SI OB/SI SI/RR OB/SI OB/SI OB/SI	detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of duty particles in air should	
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ME FS.4 ME FS.5 Standard F6	and disinfection of patient care areas Facility ensures segregation infectious patients Facility ensures air quality of high risk area Facility ensures air quality of high risk area	Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure. Standard protective Standard practice of mosping and scrubbing are followed Cleaning equipments like broom are not used in patient care areas. Low of three bucket system for mosping Funnigation/carbonization as per schedule Steaning foot users are restricted Isolation and barrier nursing procedure are followed for septic cases Regative pressure is maintained in Isolation Institute of the control of the co	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR OR/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI	Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided disposal of Bio Medical and hazar	dous Waste.
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ME FS.S. Standard FS.ME FS.S.	Facility ensures segregation infectious patients Facility ensures segregation infectious patients Facility ensures air quality of high risk area Facility Ensures segregation of Bio Medical Waste as per guidelines Facility Ensures management of sharps as per	Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Cleaning equipments like broom are not used in patient care areas Low of three bucket system for mopping Furnigation/carbonization as per schedule Isolation and barrier nursing procedure are followed for isolation and barrier nursing procedure are followed for septic cases Negative pressure is maintained in isolation It was the procedure are followed for septic cases Negative pressure is maintained in isolation Why has defined and established procedures Availability of colour coded non chlorinated plastic bass Segregation of Anatomical and soiled waste in Yellow Bin Segregation of Anatomical and soiled waste in Yellow Bin Display of work instructions for segregation and handling of Biomedical waste There is no mixing of infectious and general waste Availability of functional needle cutters Segregation of sharps waste including Metals in white (translucent) Purcture proof, Leak proof, tamper proof containers. Staff knows what to do in condition of needle stick liplury Contaminated and broken Glass are disposed in	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR SI/RR OB/SI OB/SI OB/SI SI/RR OB OB OB OB OB OB OB	Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided disposal of Bio Medical and hazar Adequate number. Covered. Foot operated. Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. Items such as tubing, bottles, intravenous tubes and sets, catheters, unite bags, syringes (without needles and floed needle syringes) and vacutainers with their needles couly and gloves Pictorial and in local language See If it has been used or just lying idle. Should be available nears the point of spenration. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalegies, blades, or any other contaminated sharp object that may cause puncture and on the contaminated metal sharps Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. When to report. See if any reporting has been doine	dous Waste.
ME FS.S. Standard FS.ME FS.S.	Facility ensures segregation infectious patients Facility ensures segregation infectious patients Facility ensures arguality of high risk area Facility ensures segregation of 8io Medical Waste as per guidelines Facility ensures management of sharps as per guidelines	Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per trained and procedure Sandard pr	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR SI/RR OB/SI OB/SI OB/SI SI/RR OB OB OB OB OB OB OB	Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided disposal of Bio Medical and hazar Adequate number. Covered. Foot operated. Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags contaming residual or discarded blood and blood components. Items such as tubing, bottles, intravenous tubes and sets, catheters, unite bags, syringes (without needles and flued needle syringes) and vacutainers with their needles cut) and gloves Pictorial and in local language See if it has been used or just lying idle. Should be available nears the point of generation. Needles, syringes with flued needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated since pole that hars conceived in the contaminated and contaminated metal sharps Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report, See if any reporting has been doine	dous Waste.
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ME FS.3 Standard FS ME FS.1	Facility ensures segregation infectious patients Facility ensures segregation infectious patients Facility ensures arguality of high risk area Facility ensures segregation of 8io Medical Waste as per guidelines Facility ensures management of sharps as per guidelines	Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard procedures Sta	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR SI/RR OB/SI OB/SI OB/SI SI/RR OB OB/SI OB/SI OB/SI OB/SI OB/SI OB OB OB OB OB OB OB O	Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided disposal of Bio Medical and hazar Adequate number. Covered. Foot operated. Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discated blood and blood components. Items such as tubing, bottles, intravenous tubes and sets, catheters, unite bags, syringes (without needles and floed needle syringes) and vacutainers with their needles couly and gloves Pictorial and in local language See If it has been used or just lying idle. Should be available nears the point of spenration. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalegies, blades, or any other contaminated sharp object that may case puncture and on the contaminated metal sharps Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. When to report. See if any reporting has been doine	dous Waste.
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ME FS.3 Standard FS ME FS.1	Facility ensures segregation infectious patients Facility ensures segregation infectious patients Facility ensures air quality of high risk area Facility Ensures segregation of Bio Medical Waste as per guidelines Facility ensures management of sharps as per guidelines Facility ensures management of sharps as per guidelines	Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per tandard procedure Sandard procedure Availability of functional needle cutters Availability of post exposure prophylasis Sand Knows what to do in condition of needle stick injury Contaminated and broken Glass are disposed in Disinfection of Illayd weste before disposal	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR SI/RR SI/RR OB/SI OB/SI OB/SI SI/RR OB OB/SI OB/SI OB/SI OB/SI OB/SI OB OB OB OB OB OB OB O	Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided disposal of Bio Medical and hazar Adequate number. Covered. Foot operated. Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discated blood and blood components. Items such as tubing, bottles, intravenous tubes and sets, catheters, unite bags, syringes (without needles and floed needle syringes) and vacutainers with their needles couly and gloves Pictorial and in local language See If it has been used or just lying idle. Should be available nears the point of spenration. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalegies, blades, or any other contaminated sharp object that may case puncture and on the contaminated metal sharps Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. When to report. See if any reporting has been doine	dous Waste.

Standard G1			2 Area of Concern - G O			
		Quality circle has been formed in the Intensive			Check if quality circle formed and	
ME G1.1	The facility has a quality team in place	Care Unit	2	SI/RR	functional with a designated nodal officer for quality	
Standard G3		Facility have established internal There is system daily round by hospital	and external quality a	ssurance programs	wherever it is critical to quality.	
ME G3.1	Facility has established internal quality assurance program at relevant departments	superintendent/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR	Check for entries in Round Register	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA)	
			and majorationed State	dend On eaching Days	project report	
Standard G4	Departmental standard operating procedures are	y has established, documented implemented Standard operating procedure for department has been			equres for all key processes and si	upport services.
ME G4.1	available	prepared and approved Current version of SOP are available with process	2	RR		
		owner Work instruction/clinical protocols are displayed	2	OB/RR OB	Admission and discharge criteria,	
	Chandrad Carretine 2	Department has documented procedure for receiving,			Intubation protocol, CPR registration, consultation, Procedures,	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	initial assessment, admission, clinical assessment & reassessment of patient in icu	2	RR	assessment of patient , counselling, Monitoring etc.	
		Department has documented procedure for discharge of the patient	2	RR		
		ICU has documented procedure nursing care for critical patient	2	RR		
		ICU has documented procedure for collection, transfer and reporting the sample to laboratory	2	RR		
		ICU has documented procedure for nutrition in critical illness	2	RR		
		ICU has documented procedure for key clinical protocols	2	RR		
		ICU has documented procedure for preventive- break down maintenance and calibration of equipments	2	RR		
		ICU has documented system for storage, retaining, retrieval of records ICU has documented procedure for purchase of	2	RR		
		External services and supplies ICU has documented procedure for Maintenance of	2	RR		
		Infrastructure of SNCU ICU has documented procedure for thermoregulation	2	RR RR		
		ICU has documented procedure for	2	RR		
		drugs,intravenous,and fluid management of patient ICU has documented procedure for counselling of the				
		patient attendant ICU has documented procedure for infection control	2	RR RR		
		practices ICU has documented procedure for inventory	2	RR		
		management ICU has documented procedure for entry of visitor in	2	RR		
ME G4.3	Staff is trained and aware of the standard	ICU Check staff is a aware of relevant part of SOPs	2	SI/RR		
Standard G 5	procedures written in SOPs	Facility maps its key processes and seeks t			non value adding activities and wa	 stages
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done	2	SI/RR	and a services alla we	
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified	2	SI/RR		
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement	2	SI/RR		
Standard G6 ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility	The facility has defined mission, val	ues, Quality policy &	objectives & prepare	ed a strategic plan to achieve them Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check If SMART Quality Objectives have framed	2	SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2	SI/RR	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	SI/RR	Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	
Standard G7		Facility seeks contin	nually improvement b	y practicing Quality	method and tools.	
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method	2	SI/OB	PDCA & 5S	
		Advance quality improvement method	2	SI/OB	Six sigma, lean.	

					Minimum 2 applicable tools are used in	
ME G7.2 Standard G9	Facility uses tools for quality improvement in services	7 basic tools of Quality Facility has established procedures for	or assessing, reporting, e	SI/RR valuating and managin	each department	
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	2	SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.	
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	SaQushal assessment toolkit is used for safety audits.	2	SI/RR	Check that the filled checklist and action taken report are available Staff is aware of key gaps & closure	
ME G9.8	Risks identified are analysed evaluated and rated for severity	Identified risks are analysed for severity	2	SI/RR	Action is taken to mitigate the risks	
Standards G10	Seventy	The facility has established clinical	Governance framework	to improve quality and	d safety of clinical care processes	
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established procedures to review the clinical care processes	2	SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.	
		Check regular ward rounds are taken to review case progress	2	SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-	
		Check the patient /family participate in the care evaluation	2	SI/RR	Feedback is taken from patient/family on health status of individual under treatment	
		Check the care planning and co- ordination is reviewed	2	SI/RR	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress	
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical audits	2	SI/RR	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, porgress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discontinued to the case, patient education, delineation of responsibilities, discontinued to the case of the	
		There is procedure to conduct death audits	2	SI/RR	[1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (bwterever required)	
		There is procedure to conduct referral audits	2	SI/RR	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
		All non compliance are enumerated & recorded for medical audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated & recorded for newborn death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated & recorded for referral audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.5	Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process	Check action plans are prepared and implemented as per medical audit record findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per death audit record's findings	2	SI/RR	Randomly check the actual compliance with the actions taken reports of last 3	
		Check action plans are prepared and implemented as per prescription audit record findings	2	SI/RR	months Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	SI/RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or revalent quality method is used to address critical problems	2	SI/RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per Standard treatment guidelines	2	SI/RR	Check staff adhere to clinical protocols while preparing the	
		Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	treatment plan Check the drugs prescribed are available in EML or part of drug formulary	
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
		Check the mapping of existing clinical practices processes is done	2	SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA	
Standard H1		The facility measures Productiv	Area of Concern			
ME H1.1	Facility measures productivity Indicators on monthly	Bed Occupancy Rate	2 2	RR	- Later reconding pentilillarits	
	basis	Proportion of BPL patients admitted	2	RR		
Standard H2		Number of the patients screened for pain The facility measures Effi	2 ciency Indicators and	RR ensure to reach Sta	te/National Benchmark	
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime critical equipments	2	RR		
		Transfer Rate Re admission rate	2 2	RR RR		
Standard H3		Patient's fall rate The facility measures Clinical	2 Care & Safety Indicate	RR ors and tries to reac	h State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of stay	2	RR		
		Risk Adjusted Mortality Rate/Standard Mortality Rate	2	RR		
		No of Pressure Ulcer developed per thousand cases	2	RR		
			1	1	1	

		No of adverse events per thousand patients	2		Injection room : Post exposure prophylaxis, medication error, patient fall.	
		UTI rate	2	RR		
		VAP rate	2	RR		
		Adverse events are identified	2		Injection room : Post exposure prophylaxis, medication error, patient fall.	
		Reintubation Rate	2	RR		
		Culture Surveillance sterility rate	2		% of environmental swab culture reported positive	
Standard H4		The facility measures Service C	Quality Indicators and	endeavours to reac	h State/National benchmark	
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate	2	RR		
		Patient Satisfaction Score	2	RR		

Checklist No. 11 IPD Version - NHSRC 3.0

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	Nation	al Quality Assurance Standard		spitals		Version: DH/NQAS-2020/00		
		Checklist for Indoor Patient Assessment Summ				13		
Name of the Hospi	tal	Assessment summ	diy		Date of Assessment			
Names of Assessor					Names of Assessees			
Type of Assessmen	t (Internal/External)				Action plan Submission Date			
		Indoor Patien	t Department S	Score Card				
	Area of Concern wise S				IPD Score			
	Area or concern wise s	core			IFD Score			
A	Service Provision	100%						
В	Patient Rights	100%						
С	Inputs	100%						
D	Support Services	100%			100%			
E	Clinical Services	100%			100%			
F	Infection Control	100%						
G	Quality Management	100%						
н	Outcome	100%						
	Major Gaps Observed							
1								
3								
5								
	Strengths / Good Practices							
2								
3								
5								
1	Recommendations/ Opportunities fo	r Improvement						
3								
4								
5	Signature of Assessors							
	Date							
Reference No/	ME Statement	Checkpoints	Compliance	Assessment Method	Means of verification	Remarks		
nererence no/	ivic Statement			Assessment Method Service Provision	ivicalis of verification	neniarks		
Standard A1			The facility provide	s Curative Services				
ME A1.1	The facility provides General Medicine services	Availability of general medicine indoor services Availability of isolation ward services	2	SI/OB SI/OB				
ME A1.2	The facility provides General Surgery services	Availability of isolation ward services Availability of surgery ward/beds Availability of burn ward	2 2	SI/OB SI/OB				
ME A1.5	The facility provides Ophthalmology Services	Availability of ophthalmology indoor services	2	SI/OB	to IDUS 2022 hode and the first first			
ME A1.7	The facility provides Orthopaedics Services	Availability of Orthopaedics indoor services	2	SI/OB	In IPHS 2022, beds provision is there for Orthopaedic inpatient services			
ME A1.9	The facility provides Psychiatry Services	Availability of Psychiatry Indoor services	2	SI/OB	(a) Assessment by doctor, availability of doctor on call (b) Availability of emergency care round the clock (c) Psycho social interventions	Applicable to only few location		
ME A1.12	The facility provides Physiotherapy Services	Availability of Indoor Physiotherapy Procedures	2	SI/OB	Physiotherapy advices for IPD patient, Physiotherapy procedures like tractions (Lumbar & Cervical), Short Wave Diathermy, Electrical stimulator with TENS, Ultra sonic therapy, Paraffin wax bath, Infra are therapy, Ultraviolet therapy, Electric Vibraror, Vibraror bett message, Post polio exercises, Obesity exercises, cerebral Palsy massage, Breathing exercises & Postural Drainage			
ME A1.14	Services are available for the time period as mandated	Availability of nursing services 24X7	2	SI/OB				
ME A1.16	The facility provides Accident & Emergency Services	Availability of accident & trauma ward	2	SI/OB				
Standard A4	The facility provides services under National	The facility provides ser						
ME A4.1	Vector Borne Disease Control Programme as per guidelines	Availability of Indoor services for Management	2	SI/RR	Malaria Kalaazar Dengue & Chikunguna AES/Japanese Encephalitis as prevalent locally			
ME A4.2	The facility provides services under national tuberculosis elimination programme as per	Indoor treatment of TB patients requires hospitalization	2	SI/RR				
ME A4.3	guidelines. The facility provides services under National Leprosy Eradication Programme as per guidelines	Inpatient Management of severely ill cases	2	SI/RR				
	1 1 1	i .			ı			

	C					
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Inpatient care for cases require hospitalization	2	SI/RR		
ME A4.5	The facility provides services under National	And the state of the best of the state of th	2	SI/OB		
	Programme for prevention and control of Blindness as per guidelines	Availabily of Ophthalmic ward	2	SI/OB		
ME A4.7 ME A4.15					DELETED	
Standard A6		Health services pr	ovided at the facility	are appropriate to com	nunity needs.	
	The facility provides curatives & preventive	Availability of indoor Services as per local prevalent	2		-	
ME A6.1	services for the health problems and diseases, prevalent locally.	disease	2	SI/RR		
				- B Patient Rights		
Standard B1		he facility provides the information to care	seekers, attendants	& community about the	available services and their modalities Numbering, main department and internal sectional	
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages	2	ОВ	signage are displayed. Directional signages are given	
	Jyaciii -	Display of layout/floor directory	2	OB	from the entry of the facility	
		Visiting hours and visitor policy are displayed	2	OB		
ME B1.2	The facility displays the services and entitlements	All signages are in uniform colour scheme	2	OB OB		
IVIE D1.2	available in its departments	List of services available are displayed				
		Entitlement under different national health program	2	ОВ		
		List of drugs available are displayed and updated	2	ОВ		
		Contact details of referral transport / ambulance displayed	2	ОВ		
ME B1.4	User charges are displayed and communicated to	User charges if any displayed	2	OB		
	patients effectively			-		
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Relevant IEC material displayed at wards	2	ОВ		
ME B1.6		Signage's and information are available in local	2	OB		
INIE DT-0	to understand	language	2	UB .		
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient	2	RR/OB		
Standard B2	Services are delivered in a	manner that is sensitive to gender, religion	us and cultural need	ls, and there are no barri	er on account of physical, economic, cultur	al or social reasons.
ME B2.1	Services are provided in manner that are sensitive to gender	Separate male & female wards	2	OB	Where ever male and female are kept in same wards male and female area are demarcated	
		Male and female toilets are demarcated Access to toilet should not go through opposite sex	2	OB/SI		
		patient care area	2	OB		
		Male attendants are not allowed to stay at night in female ward	2	OB/SI		
		There is no discrimination with transgender patients	2	SI/PI		
		No unnecessary /non-essential disclosure of a person's	2	SI/PI/RR		
		trans status	-	-9. ym		
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the ward	2	ОВ		
	, pp with discountes		2	OB	At least 120 cm width, gradient not steeper than	
		Availability of ramps with railing	2		1:12	
Standard B3		Availability of specially able toilet The facility maintains privacy, confidential		OB ent, and has a system for	guarding patient related information.	
ME B3.1	Adequate visual privacy is provided at every point	Availability of screens / Curtains	2	ОВ	Bracket screen	
	of care	Examination/ Dressing of patient is done in enclosed	2	OB		
		area Curtains / frosted glass have been provided at			Check all the windows are fitted with frosted glass or	
		windows	2	OB	curtains have been provided	
		No two patients are treated on one bed Partitions separating men and women are robust	2	OB		
		enough to	2	ОВ		
ME B3.2	Confidentiality of patients records and clinical	prevent casual overlooking and overhearing Patient Records are kept at secure place beyond access	2	SI/OB		
	information is maintained	to general staff/visitors No information regarding patient identity and details		-,-		
		are unnecessary displayed	2	SI/OB		
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the	Behaviour of staff is empathetic and courteous	2	OB/PI		
	services The facility ensures privacy and confidentiality to					
ME B3.4	every patient, especially of those conditions	HIV status of patient is not disclosed except to staff	2	SI/OB		
WE 03.4	having social stigma, and also safeguards vulnerable groups	that is directly involved in care	-	3,700		
Standard B4	The facility has defined and est	ablished procedures for informing patients	about the medical o	ondition, and involving	them in treatment planning, and facilitates	informed decision making
ME 84.1	There is established procedures for taking informed consent before treatment and	General Consent is taken before admission	2	SI/RR		
WE 54.1	procedures		•	Jy III		
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about clinical condition and treatment been provided	2	PI		
ME B4.5	The facility has defined and established grievance	Availability of complaint box and display of process for	2	OB		
ME 84.5	redressal system in place	grievance re redressal and whom to contact is displayed				
Standard B5		lity ensures that there are no financial barr	ier to access, and the	at there is financial prote	ection given from the cost of hospital service	es.
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent	Stay in wards is free for entitled patients under NHP and state scheme	2	PI/SI		
	government schemes					
	w	Drugs and consumables under NHP are free of cost	2	PI/SI		
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.	2	PI/SI		
ME B5.3	It is ensured that facilities for the prescribed	Check that patient party has not spent on diagnostics	2	PI/SI		
ME B5.4	investigations are available at the facility	from outside.			DELETED	
ME B5.6 Standard B6		Facility has defined framework for ethical ma	nagement including dile	mmas confronted during dall	DELETED very of services at public health facilities	
ME B6.6	There is an established procedure for 'end-of-life' care	Staff is educated & trained for end of life care	2	SI/RR	, and the same of	
		The patient's Relatives informed clearly about the			Periodic update on the patient's condition is given to	
		deterioration in the health condition of Patient.	2	SI/RR	the family.	
		Policy & procedures like DNR , DNI etc for critical	_		Patient right "Do not resuscitate" or " Do not	
		cases are in consonance with legal requirement	2	SI/RR	intubate"/ allow natural death are respected	
		Hospital has documented policy for pain management	2	SI/OB		
		Screening of the patient for pain intensity	2	SI/RR	Using pain assessment scales /tools	
		Check the pain characteristics	2	SI/RR	In terms of Location, frequency, duration, radiation etc.	
		Pain alleviation measures or medication is initiated &			- Post operating, neuralgia, arthralgia or myalgia	
		titrated as per need and response	2	SI/RR		
		Patient & family are educated on various pain management techniques wherever appropriate	2		Specially in chronic cases	
ME B 6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to	Declaration is taken from the LAMA patient	2	RR/SI	Consequences of LAMA are explained to	
me 8 0.7	to leave hospital against medical advice or refuse to receive specific c treatment	Declaration is taken from the LAMA patient			patient/relative	
		The facility of		ern - C Inputs		
Standard C1	Departments have adequate space as per patient	The facility has infrastructure for delive				
ME C1.1	or work load	Adequate space in wards with no cluttering of beds	2	OB	Distance between centres of two beds – 2.25 meter	
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are	2	ОВ	one toilet for 12 patients	
		available as per strength and patient load of ward				
		Functional bathroom with running water are available as per strength and patient load of ward	2	ОВ		
		as per strength and patient load of ward Availability of drinking water	2	OB		
		Patient/ visitor Hand washing area	2	OB		
		Adequate shaded waiting area is provide for attendants of patient	2	ОВ		
ME C1.3	Departments have layout and demarcated areas	Availability of Dadicated nuccion station	2	ОВ		
MC CLIS	as per functions	Availability of Dedicated nursing station Availability of Examination room	2	OB OB		

		Availability of Treatment room Availability of Doctor's and Nurse Duty room	2	OB OB		
		Availability of Store	2	OB OB	Drug &Linen store	
		Availability of clean and Dirty utility room	2	OB.	Space between two beds should be at least 4 ft and	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	There is sufficient space between two bed to provide bed side nursing care and movement	2	ОВ	clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should	
		Corridors are wide enough for patient, visitor and	2	OB	be 2 ft Corridor should be 3 meters wide	
	The facility has infrastructure for intramural and	trolley/ equipment movement Availability of functional telephone and Intercom			Corridor should be 3 meters wide	
ME C1.5	extramural communication	Services	2	OB		
ME C1.6	Service counters are available as per patient load	There is a separate nursing station for each ward	2	OB	Location of nursing station and patients beds in enables easy and direct observation of patients	
	The facility and departments are planned to	Availability of IPD beds as per load	2	OB		
ME C1.7	ensure structure follows the function/processes	Surgical wards has functional linkages with OT	2	ОВ		
	(Structure commensurate with the function of the hospital)					
		Location of nursing station and patients beds enables easy and direct observation of patients	2	ОВ		
Standard C2		The facilit	y ensures the physic	al safety of the infrastru		
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are	
	The facility ensures safety of electrical	IPD building does not have temporary connections and			properly fastened and secured	
ME C2.3	establishment Physical condition of buildings are safe for	loosely hanging wires	2	ОВ	Switch Boards other electrical installations are intact	
ME C2.4	providing patient care	Floors of the ward are non slippery and even	2	ОВ		
Standard C3		Windows have grills and wire meshwork The facility has of	established Program	OB me for fire safety and ot	ner disaster	
ME C3.1	The facility has plan for prevention of fire	Ward has sufficient fire exit to permit safe escape to	2	OB/SI		
		its occupant at time of fire Check the fire exits are clearly visible and routes to	2	OB		
ME C3.2	The facility has adequate fire fighting Equipment	reach exit are clearly marked. IPD has installed fire Extinguisher that is Class A , Class	2	OB		
WE C3.2	The facility has adequate me lighting Equipment	B, C type or ABC type Check the expiry date for fire extinguishers are	•			
		displayed on each extinguisher as well as due date for next refilling is clearly mentioned	2	OB/RR		
ME CO.O.	The facility has a system of periodic training of	Check for staff competencies for operating fire	_	cu		
ME C3.3	staff and conducts mock drills regularly for fire and other disaster situation	extinguisher and what to do in case of fire	2	SI/RR		
Standard C4		The facility has adequate qualified and t			ed services to the current case load	
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of specialist doctor on call	2	OB/RR		
ME C4.2	The facility has adequate general duty doctors as	Availability of General duty doctor at all time	2	OB/RR		
	per service provision and work load The facility has adequate nursing staff as per					
ME C4.3	service provision and work load	Availability of Nursing staff	2	OB/RR/SI	As per patient load	
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of dresser in surgical ward	2	OB/SI/RR		
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant/ Ward boy	2	SI/RR		
		Availability Security staff	2	SI/RR		
Standard C5			des drugs and consui	mables required for assu	red services.	
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Non-opioid Analgesics/Antipyretics/Anti Inflammatory medicines	2	OB/RR	As per DG-ESIC RC List	
		Availability of Anti - Infective Medicines - Antibiotics,	2	OB/RR	As per DG-ESIC RC List	
		Antifungal Availability of Solutions Correcting Water, Electrolyte				
		Disturbance and Acid-base Disturbance	2	OB/RR	As per DG-ESIC RC List	
		Availability of medicines acting on Cardiovascular System	2	OB/RR	As per DG-ESIC RC List	
		Availability of medicines acting on Central Nervous System/Peripheral Nervous System	2	OB/RR	As per DG-ESIC RC List	
		Availability of dressing material and antiseptic	2	OB/RR	As per DG-ESIC RC List	
		liquid/cream/ lotion Medicines for Respiratory System	2	OB/RR	As per DG-ESIC RC List	
		Hormonal Preparation and other Endocrine Medicines	2	OB/RR	As per DG-ESIC RC List	
	The departments have adequate consumables at	Availability of Medical gases	2	OB/RR	Availability of Oxygen Cylinders	
ME C5.2	point of use	Availability of dressing material in surgical wards	2	OB/RR	As per DG-ESIC RC List	
		Availability of syringes and IV Sets /tubes Availability of Antiseptic Solutions	2	OB/RR OB/RR	As per DG-ESIC RC List	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drug tray	2	OB/RR		
Standard C6	point of care, where ever it may be needed	The facility has equ	uipment & instrumer	nts required for assured l	ist of services.	
ME C6.1	Availability of equipment & instruments for	Availability of functional Equipment	2	ОВ	BP apparatus, Thermometer, fetoscope, baby and adult weighing scale. Stethoscope . Doppler	
	examination & monitoring of patients Availability of equipment & instruments for	&Instruments for examination & Monitoring			weighing scale, Stethoscope , Doppler	
ME C6.2	treatment procedures, being undertaken in the	Availability of dressing tray for Surgical Ward	2	ОВ		
	facility Availability of equipment & instruments for					
ME C6.3	diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments	2	ОВ	Glucometer	
	Availability of equipment and instruments for	Availability of functional Instruments for	_		Adult bag and mask, Oxygen, Suction machine, Airway,	
ME C6.4	resuscitation of patients and for providing intensive and critical care to patients	Resuscitation.	2	OB	nebulizer, suction apparatus , LMA, Laryngoscope, ET tube	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs	2	ОВ	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and	Availability of equipment for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste trolley, Deck	
ME C6.7	instruments for support services Departments have patient furniture and fixtures	Availability of attachment/ accessories with patient	2	OB	brush Hospital graded mattress, Bed side locker , IVstand,	
	as per load and service provision	bed	2	ОВ	Bed pan Spot light, electrical fixture for equipment like suction,	
		Availability of Fixtures			X ray view box cupboard, nursing counter, table for preparation of	
Standard C7		Availability of furniture Facility has a defined and established procedure	2 o for effective utilization	OB evaluation and augmentation	medicines, chair.	
Standard C/		racinty has a defined and established procedure	e for effective utilization	, evaluation and augmentation	Check objective checklist has been prepared for	
	Criteria for Competence assessment are defined for	Check parameters for assessing skills and proficiency of	2		assessing competence of doctors, nurses and	
ME C7.1	clinical and Para clinical staff	clinical staff has been defined	2	RR/SI	paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW	
					can be used for this purpose.	
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a	Check for competence assessment is done at least once	2	RR/SI	Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff	
	year	in a year		,-	for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
	competences and training plan	Patient Safety	2	SI/RR	туксис	
		Basic Life Support Training on Quality Management System	2	SI/RR SI/RR	To all category of staff. At the time of induction and	
			-	-, 1111	once in a year.	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive	Nursing staff is skilled for maintaining clinical records	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the	
	gained thought trainings by on -job supportive supervision			Jy mi	training imparted. Also staff is provided on job training wherever there is still gaps	
			Area of Concern - I	Support Services	V-1-	
Standard D1		The facility has established Program				
ME D1.1	The facility has established system for	All equipment are covered under AMC including	2	SI/RR	Check with AMC records/ Warranty documents	
	maintenance of critical Equipment	preventive maintenance			Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down			Check for breakdown & Maintenance record in the log book	
		maintenance of the equipments	2	SI/RR	2. Staff is aware of contact details of the	
ME D1.2	The facility has established procedure for internal	All the measuring equipments/ instrument are			agency/person in case of breakdown.	
	and external calibration of measuring Equipment	calibrated	2	OB/ RR	BP apparatus, thermometers etc are calibrated	
WE 01.2	8-1-7					

	The	fortille. here defined an endines for the end			!h	
Standard D2		e facility has defined procedures for storag	e, inventory manage	ment and dispensing of t	Stock level are daily updated	
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station	2	SI/RR	Indents are timely placed	
	The facility ensures proper storage of drugs and	Drugs are stored in containers/tray/crash cart and are			Away from direct sunlight and temperature is	
ME D2.3	consumables	labelled	2	OB	maintained as per instructions of manufacturer.	
		Empty and filled cylinders are labelled	2	OB	Records for expiry and near expiry drugs are	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray	2	OB/RR	maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEFO) is in practice	
		No expiry drug found	2	OB/RR		
		Records for expiry and near expiry drugs are maintained for drug stored at department	2	RR	Check the record of expiry and near expiry drug in drug sub store	
					Minimum stock and reorder level are calculated based	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock	2	SI/RR	on consumption	
		Department maintained stock register of drugs and			Minimum buffer stock is maintained all the time Check record of drug received, issued and balance	
		consumables	2	RR/SI	stock in hand and are regularly updated	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is established system for replenishing drug tray /crash cart	2	SI/RR		
		There is no stock out of drugs	2	OB/SI	Check stock of some vital drugs	
ME D2.7	There is process for storage of vaccines and other	Temperature of refrigerators are kept as per storage requirement and records twice a day and are	2	OB/RR	Check for temperature charts are maintained and updated twice a daily.	
	drugs, requiring controlled temperature	maintained			Separate prescription for narcotic and psychotropic	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic ,psychotropic drugs are kept separately in lock and key	2	OB/SI	drugs. Separately kept, away from other drugs and	
Standard D3		The facility provides safe,	secure and comforta	ble environment to staff	patients and visitors.	
ME D3.1	The facility provides adequate illumination level at	Adequate Illumination at nursing station	2	OB		
	patient care areas	-				
		Adequate illumination in patient care areas	2	OB	Potable spot light and it is used whenever it is required	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and practiced	2	OB/PI		
		There is no overcrowding in the wards during to visitors hours	2	ОВ		
		One family members is allowed to stay with the	2	OB/SI		
		patient		. , .		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area	2	PI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		Temperature control and ventilation in nursing station/duty room	2	SI/OB	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
ME D3.4	The facility has security system in place at patient	Security arrangement in IPD	2	OB/SI		
	care areas				Check mechanism at place to track the patient based	
		Identification band for all	2	OB	on UID	
ME D3.5	The facility has established measure for safety and security of female staff	Female staff feel secure at work place	2	SI		
Standard D4		The facility has estab	lished Programme fo	or maintenance and upke	ep of the facility	
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour	2	OB		
		Interior of patient care areas are plastered & painted	2	ОВ		
ME D4.2	Daking to a second second benefit as	Floors, walls, roof, roof topes, sinks patient care and	2	OB	All area are clean with no dirt,grease,littering and	
WE 04.2	Patient care areas are clean and hygienic	circulation areas are Clean Surface of furniture and fixtures are clean	2	OB	cobwebs	
		Toilets are clean with functional flush and running	2	OB		
		water Check for there is no seepage , Cracks, chipping of				
ME D4.3	Hospital infrastructure is adequately maintained	plaster	2	OB		
		Window panes , doors and other fixtures are intact	2	ОВ		
		Patients beds are intact and painted	2	OB	Mattresses are intact and clean	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward	2	OB		
ME D4.6	The facility has established procedures for pest,	No stray animal/rodent/birds	2	ОВ		
Standard D5	rodent and animal control	The facility ensures 24X7 water and po	wer backup as per re	equirement of service de	livery, and support services norms	
ME D5.1	The facility has adequate arrangement storage					
ME DS.1	and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI		
ME D5.1	areas The facility ensures adequate power backup in all	Availability of 24x/ running and potable water Availability of power back up in patient care areas	2	OB/SI		
	areas		2	OB/SI	irement of the patients.	
ME D5.2	areas The facility ensures adequate power backup in all patient care areas as per load The facility has provision of nutritional assessment	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and	2	OB/SI	irement of the patients.	
ME D5.2 StandardD6 ME D6.1	areas The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and directed by doctor Check for the adequacy and frequency of diet as per	2 e as per service provi 2	OB/SI Sion and nutritional requ	Check that all items fixed in diet menu is provided to	
ME D5.2 StandardD6	areas The facility ensures adequate power backup in all patient care areas as per load The facility approvision of nutritional assessment of the oatients	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and directed by doctor Check for the adequacy and frequency of diet as per nutritional requirement.	2 e as per service provi 2 2	OB/SI sion and nutritional requ RR/SI OB/RR	Check that all items fixed in diet menu is provided to the patient	
ME D5.2 StandardD6 ME D6.1	areas The facility ensures adequate power backup in all patient care areas as per load The facility has provision of nutritional assessment of the calcitis. The facility provides diet according to nutritional requirements of the patients.	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and directed by doctor Check for the adequacy and frequency of diet as per	2 e as per service provi 2	OB/SI Sion and nutritional requ	Check that all items fixed in diet menu is provided to	
ME D5.2 StandardD6 ME D6.1	areas The facility ensures adequate power backup in all patient care areas as per load The facility has provision of nutritional assessment of the patients The facility provides diets according to nutritional	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and directed by doctor Check for the adequacy and frequency of diet as per nutritional requirement Check for the Quality of diet provided There is procedure of requisition of different type of	2 e as per service provi 2 2	OB/SI sion and nutritional requ RR/SI OB/RR	Check that all items fixed in diet menu is provided to the patient Ask patient/staff weather they are satisfied with the Quality of food diet for diabetic patients, low salt and high protein diet	
ME D5.2 StandardD6 ME D6.1 ME D6.2 ME D6.3	areas The facility ensures adequate power backup in all patient care areas as per load The facility has provision of nutritional assessment of the asitents The facility rovides diets according to nutritional requirements of the asitents Hospital has standard procedures for preparation,	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and directed by doctor Check for the adequacy and frequency of diet as per nutritional requirement. Check for the Quality of diet provided There is procedure of requisition of different type of diet from wast to kitchen	2 2 2 2 2 2 2	OB/SI OB/SI RR/SI OB/RR PI/SI RR/SI	Check that all items fixed in diet menu is provided to the patient Ask patient/Staff weather they are satisfied with the Quality of food	
ME D5.2 StandardD6 ME D6.1 ME D6.2	areas The facility ensures adequate power backup in all patient care areas as per load. The facility has provision of nutritional assessment of the calients. The facility provides diet according to nutritional requirements of the patients. The facility provides diets according to nutritional requirements of the patients. Mospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients.	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and directed by doctor Check for the adequacy and frequency of diet as per nutritional requirement. Check for the Quality of diet provided There is procedure of requisition of different type of diet from wast to kitchen	2 2 2 2 2 2 2	OB/SI OB/SI RR/SI OB/RR PI/SI	Check that all items fixed in diet menu is provided to the patient Ask patient/staff weather they are satisfied with the Quality of food diet for diabetic patients, low salt and high protein diet	
ME D5.2 StandardD6 ME D6.1 ME D6.2 ME D6.3 Standard D7	areas The facility ensures adequate power backup in all patient care areas as per load. The facility has provision of nutritional assessment of the calients. The facility provides diet according to nutritional requirements of the patients. The facility provides diets according to nutritional requirements of the patients. Mospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients.	Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as required and dietected by doors. Check for the adequacy and frequency of diet as per nutritional requirement Check for the Quality of diet provided There is procedure of requisition of different type of diet from waid to blichen Th Clean Lineas are provided for all occupied bed Gown are provided a test to the cases going for	2 2 2 2 2 2 e facility ensures cle	OB/SI Sion and nutritional requ RR/SI OB/RR PI/SI RR/SI an linen to the patients	Check that all items fixed in diet menu is provided to the patient Ask patient/staff weather they are satisfied with the Quality of food diet for diabetic patients, low salt and high protein diet	
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		Provisional Diagnosis is recorded Initial assessment and treatment is provided	2	RR		
		immediately	2	RR/SI		
		Initial assessment is documented preferably within 2	2	RR		
	There is established procedure for follow-up/	hours There is fixed schedule for assessment of stable	2			
ME E2.2	reassessment of Patients	patients For critical patients admitted in the ward there is		RR/OB		
		provision of reassessment as per need	2	RR/OB	Criteria is defined for identification, and management	
		There is system in place to identify and manage the changes in Patient's health status	2	SI/RR	of high-risk patients and patient whose condition is	
		Check the treatment or care plan is modified as per re			deteriorating Check the re assessment sheets/ Case sheets modified	
		assessment results	2	SI/RR	treatment plan or care plan is documented	
	There is established procedure to plan and deliver				Assessment includes physical assessment, history,	
ME E2.3	appropriate treatment or care to individual as per the	Check healthcare needs of all hospitalised patients are identified through assessment process	2	SI/RR	details of existing disease condition (if any) for which regular medication is taken as well as evaluate	
	needs to achieve best possible results				psychological ,cultural, social factors	
					(a) According to assessment and investigation findings (wherever applicable).	
		Check treatment/care plan is prepared as per patient's	2	RR	(b) Check inputs are taken from patient or relevant	
		need	2	RK	care provider while preparing the care plan.	
					Care plan include:, investigation to be conducted,	
		Check treatment / care plan is documented	2	RR	intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc	
		Check care is delivered by competent multidisciplinary	2	SI/RR	Check care plan is prepared and delivered as per	
Standard E3		The facility has defined and			direction of qualified physician	
	The facility has established procedure for	Facility has established procedure for handing over of				
ME E3.1	continuity of care during interdepartmental transfer	patients from one department to other department	2	SI/RR		
		There is a procedure for consultation of the	2	RR/SI		
		patient to other specialist with in the hospital				
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities	Patient referred with referral slip	2	RR/SI		
	to assure the continuity of care.					
		Advance communication is done with higher centre	2	RR/SI		
		Referral vehicle is being arranged Referral in or referral out register is maintained	2 2	SI/RR RR		
		Referral in or referral out register is maintained Facility has functional referral linkages to lower	2	SI/RR	Check for referral cards filled from lower facilities	
		facilities There is a system of follow up of referred	2	RR		
	A person is identified for care during all steps of	patients				
ME E3.3	care	Duty Doctor and nurse is assigned for each patients	2 us defined and establ	RR/SI ished procedures for nur	ring care	
Standard E4 ME E4.1	Procedure for identification of patients is	There is a process for ensuring the patient's	2	OB/SI	Patient id band/ verbal confirmation/Bed no. etc.	
MIC E4.1	established at the facility	identification before any clinical procedure	2	06/31	Check for treatment chart are updated and drugs given	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained	2	RR	are marked. Co relate it with drugs and doses prescribed.	
		There is a process to ensue the accuracy of verbal/telephonic orders	2	SI/RR	(1) Check system is in place to give telephonic orders & practised	
		verbal, explicite orders			(2) Verbal orders are verified by the ordering physician within defined time period	
ME E4.3	There is established procedure of patient hand	Patient hand over is given during the change in the	2	SI/RR		
	over, whenever staff duty change happens	shift		- ,		
				0.0		
		Nursing Handover register is maintained Hand over is given bed side	2 2	RR SI/RR		
ME E4.4	Nursing records are maintained				Check for nursing note register. Notes are adequately written	
ME E4.4 ME E4.5	There is procedure for periodic monitoring of	Hand over is given bed side Nursing notes are maintained adequately Patient Vitals are monitored and recorded	2	SI/RR	written Check for TPR chart, IO chart, any other vital required	
ME E4.5	-	Hand over is given bed side Nursing notes are maintained adequately Patient Vitals are monitored and recorded periodically Critical patients are monitored continually	2 2 2 2	SI/RR RR/SI RR/SI RR/SI	written Check for TPR chart, IO chart, any other vital required is monitored	
ME E4.5 Standard ES	There is procedure for periodic monitoring of patients	Hand over is given bed side Nursing notes are maintained adequately Patient Vitals are monitored and recorded periodically Critical patients are monitored continually The facility has	2 2 2 2 a procedure to identi	si/RR RR/Si RR/Si RR/Si fy high risk and vulnerab	written Check for TPR chart, IO chart, any other vital required is monitored le patients.	
ME E4.5	There is procedure for periodic monitoring of	Hand over is given bed side Nursing notes are maintained adequately Patient Vitals are monitored and recorded periodically Critical patients are monitored continually	2 2 2 2	SI/RR RR/SI RR/SI RR/SI	written Check for TPR chart, IO chart, any other vital required is monitored	
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ME E4.5 Standard E5 ME E5.1	There is procedure for periodic monitoring of patients. The facility identifies vulnerable patients and ensure their sale care The facility identifies vulnerable patients and ensure their sale care.	Narid over is given bed side Nursing nodes are maintained adequately Patient Vitals are monitored and recorded periodically Critical patients are monitored continually The facility has: Valenciable patients are identified and measures are taken to protect them from any harm High risk patients are identified and treatment given on priority Facility e	2 2 2 2 2 a procedure to identi 2	SI/RR RR/SI RR/SI RR/SI fy high risk and vulnerat OB/SI	written Okek for IPR chart, IO chart, any other vital required is monitored le patients. Unstable, irritable, unconscious. Psychotic and serious patients are identified	
ME E4.5 Standard E5 ME E5.1 ME E5.2	There is procedure for periodic monitoring of patients The facility identifies vulnerable patients and ensure their safe care The facility identifies high risk patients and ensure their	Nand over is given bed side Nursing notes are maintained adequately Patient Vitals are monitored and recorded periodically Cintied patients are monitored continually The facility has Vulnerable patients are identified and measures are taken to protect them from any harm High risk patients are identified and measures are taken to protect them from any harm High risk patients are identified and treatment given on priority. Facility e Check for Birt if drugs are prescribed under generic name only	2 2 2 2 2 a procedure to identi 2	SI/RR RR/SI RR/SI RR/SI fy high risk and vulnerat OB/SI OB/SI	written Okek for IPR chart, IO chart, any other vital required is monitored le patients. Unstable, irritable, unconscious. Psychotic and serious patients are identified	
ME E4.5 Standard E5 ME E5.1 ME E5.2 Standard E6	There is procedure for periodic monitoring of patients The facility identifies vulnerable patients and ensure their safe care The facility identifies high risk patients and ensure their case, up or their need The facility ensured that drugs are prescribed in generic.	Nard over is given bed side Nursing notes are maintained adequately Patient Vitals are monitored and recorded periodicially Critical patients are monitored continually The facility has. Vulnerable patients are identified and measures are taken to protect them from any harm High risk patients are identified and treatment given on priority. Facility of Check for BHT if frugs are prescribed under generic name only.	2 2 2 2 3 procedure to identi 2 2 2 nsures rationale pre:	SJ/RR RR/SI RR/SI RR/SI RR/SI RR/SI OB/SI OB/SI OB/SI	written Okek for IPR chart, IO chart, any other vital required is monitored le patients. Unstable, irritable, unconscious. Psychotic and serious patients are identified	
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ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature	2	RR		
		Check for the writing, It comprehendible by the clinical staff	2	RR/SI		
ME E7.3	There is a procedure to check drug before	Drugs are checked for expiry and other	2	OB/SI		
	administration/ dispensing	inconsistency before administration Check single dose vial are not used for more than one	2	OB	Check for any open single dose vial with left over	
		dose Check for separate sterile needle is used every time for			content intended to be used later on	
		multiple dose vial	2	OB	In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported	2	RR/SI	Adverse drug event trigger tool is used to report the	
					Administration of medicines done after ensuring right	
ME E7.4	There is a system to ensure right medicine is given to right patient	Check Nursing staff is aware 7 Rs of Medication and follows them	2	SI/RR	patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation	
ME E7.5		Patient is advice by doctor/ Pharmacist /nurse about	2		regit reason and right pocurrentation	
Standard E8	Patient is counselled for self drug administration	the dosages and timings. The facility has defined and established p		aining undating of natio	nte' clinical records and their storage	
ME E8.1	All the assessments, re-assessment and	Day to day progress of patient is recorded in BHT	2	RR	(Manually/e-records)	
ME E8.2	investigations are recorded and updated All treatment plan prescription/orders are		2	RR	Treatment prescribed inj nursing records (Manually/e-	
	recorded in the patient records. Care provided to each patient is recorded in the	Treatment plan, first orders are written on BHT			records) Treatment given is recorded in treatment chat	
ME E8.3	patient records	Maintenance of treatment chart/treatment registers	2	RR	(Manually/e-records)	
ME E8.4	Procedures performed are written on patients records	Any procedure performed written on BHT	2	RR	Dressing, mobilization etc (Manually/e-records)	
ME E8.5	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet available as per state guidelines	2	RR/OB	Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc.	
					General order book (GOB), report book, Admission	
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines	2	RR	register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out	
					register, OT register, Diet register, Linen register, Drug intend register	
		All register/records are identified and numbered	2	RR		
ME E8.7	The facility ensures safe and adequate storage and		2	OB		
ME E8.7 Standard E9	retrieval of medical records	sale keeping or patient records		OB ed procedures for dischar	ge of patient.	
Standard E9 ME E9.1	Discharge is done after assessing patient readiness		2	SI/RR	o panemi	
	O	Discharge is done by a responsible and qualified doctor		-,		
		after assessment in consultation with treating doctor	2	SI/RR	Discharge is done in consultation with treating doctor	
		Patient / attendants are consulted before discharge	2	PI/SI		
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided	2	RR/PI	See for discharge summary, referral slip provided.	
	provided de tire discharge	Discharge summary adequately mentions patients	2	RR		
		clinical condition, treatment given and follow up Discharge summary is give to patients going in				
		LAMA/Referral	2	SI/RR		
ME E9.3	Counselling services are provided as during	Patient is counselled before discharge	2	SI/PI	Advice includes the information about the nearest health centre for further follow up. Counsel mother for	
	discharges wherever required	8-		-,	treatment, follow up, feeding, discharge timings are explained prior	
		Time of discharge is communicated to patient in prior	2	PI/SI		
Standard E11		The facility has defined and est			and Disaster Management	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR		
		Role and responsibilities of staff in disaster is defined	2	SI/RR		
Standard E12	There are established procedures for Pre-testing		erined and establish	ed procedures of diagno	stic services	
		Container is labelled properly after the sample	,	OB		
ME E12.1	Activities	collection	2	OB		
ME E12.3		collection Nursing station is provided with the critical value of different tests	2	SI/RR	anagement and Transfusion	
ME E12.3 Standard E13	Activities There are established procedures for Post-testing	collection Nursing station is provided with the critical value of different tests The facility has defined and establishments of the collection of the col	2 lished procedures fo	SI/RR or Blood Bank/Storage M	anagement and Transfusion.	
ME E12.3	Activities There are established procedures for Post-testing Activities	collection Nursing station is provided with the critical value of different tests The facility has defined and estat Consent is taken before transfusion	2 Dished procedures for 2	SI/RR o <mark>r Blood Bank/Storage M</mark> RR	anagement and Transfusion.	
ME E12.3 Standard E13	Activities There are established procedures for Post-testing Activities There is established procedure for transfusion of	collection Nursing station is provided with the critical value of different tests The facility has defined and establishments of the collection of the col	2 Ilished procedures fo 2 2	SI/RR or Blood Bank/Storage M RR SI/OB	anagement and Transfusion.	
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		Psychosocial support is provided	2	SI/RR	(a) Basic psycho education about treatment adherence (b) Motivation enhancement (c) Reduction of high risk behaviour (d) Relapse prevention (e) Recreation facility	
					(d) Patient support group / individual counselling	
Standard F1	71-			F Infection Control	asurement of hospital associated infection	
		There is procedure to report cases of Hospital acquired			Patients are observed for any sign and symptoms of	
ME F1.3	rates	infection	2	SI/RR	HAI like fever, purulent discharge from surgical site .	
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxoid etc	
		Periodic medical check-ups of the staff	2	SI/RR		
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.6		Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR		
Standard F2	policy	The facility has defined and Imp	lemented procedure	s for ensuring hand hygi		
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use	2	ОВ	Check for availability of wash basin near the point of use along with elbow operated tap	
		Availability of running Water	2	OB/SI	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Availability of Alcohol based Hand rub	2	OB/SI	Check for availability/ Ask staff for regular supply.	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility	
	The facility staff is trained in hand washing				, preferably in Local language	
ME F2.2	practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration	
	The facility ensures standard practices and	Staff aware of when to hand wash	2	SI		
ME F2.3	materials for antisepsis	Availability of Antiseptic Solutions	2	OB	Planta de la Caracteria	
		Proper cleaning of procedure site with antisepsis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	
Standard F3 ME F3.1	The facility ensures adequate personal protection	The facility ensure Clean gloves are available at point of use	es standard practices	and materials for Person	nai protection	
me 13.1	Equipment as per requirements	Clean gloves are available at point of use Availability of Masks	2	OB/SI		
ME F3.2	The facility staff adheres to standard personal	No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI		
	protection practices	Compliance to correct method of wearing and	2	SI	Gloves, Masks, Caps and Aprons	
Standard F4		removing the PPE The facility has stand	lard procedures for p	processing of equipment	and instruments	
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces	2	SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution	
		Proper Decontamination of instruments after use	2	SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable	
		Contact time for decontamination is adequate	2	SI/OB	10 minutes	
		Cleaning of instruments after decontamination	2	SI/OB	Cleaning is done with detergent and running water	
			2	SI/OB	after decontamination No sorting ,Rinsing or sluicing at Point of use/ Patient	
		Proper handling of Soiled and infected linen Staff know how to make chlorine solution	2	SI/OB	care area	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and	Equipment and instruments are sterilized after each	2	OB/SI	Autoclaving/HLD/Chemical Sterilization	
	equipment	use as per requirement High level Disinfection of instruments/equipments is done as per protocol	2	OB/SI	Ask staff about method and time required for boiling	
		Autoclaved dressing material is used	2	OB/SI		
Standard F5		Physical layout and environr	mental control of the	patient care areas ensu	res infection prevention	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
		Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR		
		Cleaning of patient care area with detergent solution	2	SI/RR		
		Staff is trained for preparing cleaning solution as per	2	SI/RR		
		standard procedure Standard practice of mopping and scrubbing are	2	OB/SI	Unidirectional mopping from inside out	
		followed Cleaning equipments like broom are not used in	2	· ·	Any cleaning equipment leading to dispersion of dust	
		patient care areas Isolation and barrier nursing procedure are followed		OB/SI	particles in air should be avoided	
ME F5.4 Standard F6	The facility ensures segregation infectious patients	for septic cases	2 es for segregation, co	OB/SI	disposal of Bio Medical and hazardous Was	to
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management	Availability of colour coded bins at point of waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
	of waste is carried out as per guidelines	Availability of colour coded non chlorinated plastic				
		bags	2	OB	Human Anatomical waste. Items contaminated with	
		Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
		Segregation of infected plastic waste in red bin	2	ОВ	Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves	
		Display of work instructions for segregation and handling of Biomedical waste	2	ОВ	Pictorial and in local language	
		There is no mixing of infectious and general waste	2			
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	2	ОВ	See if it has been used or just lying idle.	
	Kunemies	Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers	2	OB	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalegis, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps.	
		Availability of post exposure prophylaxis	2	SI/OB	Ask if available. Where it is stored and who is in charge of that.	
		Staff knows what to do in condition of needle stick injury	2	SI	of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done	
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Vials, slides and other broken infected glass	
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled	2	SI/OB		
		Transportation of bio medical waste is done in close container/trolley	2	SI/OB		

		Staff is aware of mercury spill management Arr	2 ea of Concern - G	s/RR	Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Newer PE 4. Use of Tabalight to locate mercury beads 5. Use syrings without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in Irake proof bag or container 7. Spirinks suphur or zinc prowder to remove any remaining mercury 8. All the mercury spill surfaces should be decontaminated with 10% sodium thisualitate solution contaminated with mercury should be marked as **Reardous Values**, Lenade with Cae** 10. Collected mercury waste should be handed over to the CBMVTF.	
Standard G1				framework for quality i		
ME G1.1	Facility has a quality team in place	Quality circle has been formed in the IPD	2	SI/RR	Check if quality circle formed and functional with a designated nodal officer for quality	
Standard G2 ME G2.1	Patient satisfaction surveys are conducted at	Patient satisfaction survey done on monthly basis	established system to	r patient and employee	satisfaction	
Standard G3	periodic intervals	The facility have established internal	and external quality	assurance Programmes	wherever it is critical to quality.	
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by Hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR	Check for entries in Round Register	
ME G3.2	The facility has established external assurance programmes at relevant departments		2			
ME G3.3	The facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval Departmental checklist are used for monitoring and	2	RR/SI SI/RR	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment Staff is designated for filling and monitoring of these	
		quality assurance Non-compliances are enumerated and recorded	2	RR	checklists Check the non compliances are presented & discussed	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	RR	during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report	
Standard G4	The facility Departmental standard operating procedures are	y has established, documented implemented Standard operating procedure for department has			dures for all key processes and support sen	rices.
ME G4.1	available	been prepared and approved Current version of SOP are available with process	2	RR OB/RR		
		owner Work instruction/clinical protocols are displayed	2	OB/RR	Patient safety, CPR	
ME G4.2	Standard Operating Procedures adequately	Department has documented procedure for receiving	2	RR	ration salety, crn	
	describes process and procedures	and initial assessment of the patient Department has documented procedure for admission, shifting and referral Of patient	2	RR		
		Department has documented procedure for requisition of diagnosis and receiving of the reports	2	RR		
		Department has documented procedure for preparation of the patient for surgical procedure Department has documented procedure for	2	RR RR		
		transfusion of blood Department has documented procedure for	2	RR		
		maintenance of rights and dignity of Patient Department has documented procedure for record eminence including taking consent	2	RR		
		Department has documented procedure for counselling of the patient at the time of discharge	2	RR		
		Department has documented procedure for environmental cleaning and processing of the equipment	2	RR		
		Department has documented procedure for sorting, and distribution of clean linen to patient	2	RR		
		Department has documented procedure for end of life care	2	RR		
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs	2	SI/RR		
Standard G 5 ME G5.1	The facility maps its critical processes	he facility maps its key processes and seek Process mapping of critical processes done	s to make them more	si/RR	on value adding activities and wastages	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified	2	SI/RR		
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement	2	SI/RR		
Standard G6 ME G6.3	Facility has defined Quality policy, which is in	The facility has defined mission, val Check if Quality Policy has been defined and approved	ues, Quality policy &	objectives & prepared a	strategic plan to achieve them Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy	
ME G6.4	congruency with the mission of facility Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	enables achievement of mission of the facility and health department Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable,	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Relevant and Time Bound. Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is	
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2	SI/RR	displayed prominently in local language at Key Points Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	SI/RR	Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	
Standard G7 ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method	2	t by practicing Quality n	PDCA & SS	
ME G7.2	The facility uses tools for quality improvement in	Advance quality improvement method 7 basic tools of Quality	2	SI/OB SI/RR	Six sigma, lean. Minimum 2 applicable tools are used in each	
Standard G9	services	Facility has established procedures	_		department c as per Risk Management Plan	
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	2	SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.	
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	SaQushal assessment toolkit is used for safety audits.	2	SI/RR	Check that the filled checklist and action taken report are available Staff is aware of key gaps & closure status	
ME G9.8 Standard G10	Risks identified are analysed evaluated and rated for severity	Identified risks are analysed for severity The facility has established clinic	2 al Governance framewor	SI/RR k to improve quality and safe	Action is taken to mitigate the risks ety of clinical care processes	
ME G10.3	Clinical care assessment criteria have been defined and communicated	The facility has established procedures to review the clinical care processes	2	SI/RR	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.	

		Check regular ward rounds are taken to review case progress	2	SI/RR	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-	
		Check the patient /family participate in the care evaluation	2	SI/RR	Feedback is taken from patient/family on health status of individual under treatment	
					System in place to review internal referral process,	
		Check the care planning and co- ordination is reviewed	2	SI/RR	review clinical handover information, review patient understanding about their progress	
ME G10.4	Facility conducts the periodic clinical audits including prescription, medical and death audits	There is procedure to conduct medical audits	2	s/rr	Check medical audit records (a) Completion of the medical secords i.e. Medical hallow, assessment, reassessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the public progress on the health status of the patient is mentioned. (d) whether the goals defined in treatment plan is met for the included cases. (e) Alverse chinical events are documented (f) Re admission.	
		There is procedure to conduct death audits	2	SI/RR	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)	
		There is procedure to conduct referral audits	2	SI/RR	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
		All non compliance are enumerated & recorded for medical audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated & recorded for newborn death audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated & recorded for referral audits	2	SI/RR	Check the non compliances are presented & discussed during clinical Governance meetings	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care	Check standard treatment guidelines / protocols are available & followed.	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines/best practices	
		Check treatment plan is prepared as per Standard	2	SI/RR	Check staff adhere to clinical protocols while	
		treatment guidelines Check the drugs are prescribed as per Standards treatment guidelines	2	SI/RR	oreoaring the treatment plan Check the drugs prescribed are available in EML or part of drug formulary	
		Check the updated/latest evidence are available	2	SI/RR	Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences.	
		Check the mapping of existing clinical practices processes is done	2	SI/RR	The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA	
			Area of Concer			
Standard H1	Facility measures productivity Indicators on monthly	The facility measures Productiv	vity Indicators and en	sures compliance with S	tate/National benchmarks	
ME H1.1	basis productivity indicators on monthly	Bed Occupancy Rate of Medical Wards	2	RR		
		Bed Occupancy Rate for surgical wards	2	RR		
Standard H2		Number of the patients screened for pain The facility measures Effi	iciency Indicators and	RR d ensure to reach State/	National Benchmark	
ME H2.1	Facility measures efficiency Indicators on monthly basis		2	RR		
	secury measures entirency mulcators on monthly basis	Bed Turnover rate	2	RR		
		Discharge rate	2	RR		
		No. of drugs stock out in the ward	2	RR		
		Percentage of in-patients with complete screening for nutritional needs	2	RR		
Character of 112		Patient's fall rate	2	RR	- Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A	
Standard H3	Facility measures Clinical Care & Safety Indicators on	The facility measures Clinical			ate/National benchmark	
ME H3.1	monthly basis	Average length of stay for Medical wards	2	RR		
		Average length for surgical wards Time taken for initial assessment	2 2	RR RR		
		Medication error per 1000 patient days	2	RR		
Standard H4	Encility measures Conice Out to the American	The facility measures Service			tate/National benchmark	
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate	2	RR		
		Patient Satisfaction Score	2	RR		

	National	Quality Assurance Stand	ards for District Hospitals	Version: DH/NQAS-2020/00
		Checklist for Blo	od Bank	14
		Α	ssessment Summary	
Name of the	e Hospital		Date of Assessment	
Names of Assessors			Names of Assessees	
Type of Assessment (Internal/External)			Action plan Submission Date	
		В	lood Bank Score Card	,
	Area of Concern wise	Score	Blood Bank Score	
Α	Service Provision	100%		
В	Patient Rights	100%		
С	Inputs	100%		
D	Support Services	100%	100%	
E	Clinical Services	100%	100%	
F	Infection Control	100%		
G	Quality Management	100%		
н	Outcome	100%		
	Major Gaps Observed			
1				
2				
3				
4				
5				
	Strengths / Good Practices			
1				
2				
3				
4				
5				
	Recommendations/ Opportunites for	or Improvement		
1				
2				
3				
4				
5				
	Signature of Assessors			
	Date			

Reference No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks			
Standard A1.	Facility Provides Curative Services								
ME A1.14.	Services are available for the time period as mandated	Blood bank services available 24X7	2	SI/RR					
ME A1.18.	The facility provides Blood bank & transfusion services	Blood bank has facility of whole blood collection and storage	2	SI/OB					
		Blood Bank has facility for Blood Components preparation	2	SI/OB	PRC, Platelets Concentrate, FMP, Plasma& Single donor Cryo Precipitate				
		Blood bank has emergency stock of blood	2	SI/OB	For A+, B+, O+ and O-				
		Provision of blood donation camps	2	SI/OB	As per the procedure laid down by the National Blood Transfusion Council				
Standard A2			Facility pro	vides RMNCHA S	ervices				
ME A2.2	The facility provides Maternal health Services	Availability of transfusion services	2	SI/OB					
Standard A3			Facility Prov	vides diagnostic S	Services				
ME A3.2	The facility Provides Laboratory Services	Availability of screening and cross matching services	2	SI/OB					
Standard A4		Facility provides ser	vices as manda	ated in national F	Health Programs/ state scheme				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of platelets for management of Dengue cases	2	SI/RR					
Standard A6.		Health services p	rovided at the	facility are appro	priate to community needs.				

ME A6.1.	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Blood Bank provides blood components for thalassemia, dengue, haemophilia etc. as per local need	2 Area of Cor	sı/RR ncern - B Patier	at Dights	
Standard B1.	Facilit	v provides the information to care			it rights ty about the available services and their modal	ities
ME B1.1.	The facility has uniform and user-friendly	Availability of departmental & directional	2	ОВ	Numbering, main department and internal sectional signage	
ME B1.2.	Signage system The facility displays the services and	signages	2	OB	are displayed	
WIE B1.2.	entitlements available in its departments	List of services available are displayed	<u> </u>	UB		
		Blood bank has displayed of Information regarding donors eligibility	2	OB		
	Hear charges are displayed and communicated	Blood bank has displayed information regarding number of blood units available	2	ОВ		
ME B1.4.	User charges are displayed and communicated to patients effectively	User services charges in r/o blood are displayed at entrance	2	ОВ		
ME B1.5.	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC material is available in blood bank to provide information and to promote blood donation	2	ОВ		
ME B1.6. Standard B2.	Information is available in local language and easy to understand Services are delivered in a mar	Signage's and information are available in local language ner that is sensitive to gender, relig	2 gious and cultur	OB ral needs, and th	ere are no barrier on account of physical econor	nic, cultural or social reasons
ME B2.3.	Access to facility is provided without any physical barrier & and friendly to people with	Availability of ramp or alternate for easy access to the blood bank	2	ОВ	At least 120 cm width, gradient not steeper than 1:12, if ramp is available	
Standard B3.	disabilities The fa	l scility maintains privacy, confidentia	ality & dignity o	f patient, and ha	 s a system for guarding patient related informat	ion.
ME B3.1.	Adequate visual privacy is provided at every point of care	Privacy at blood donation and counselling room Blood Bank has system to ensure the	2	OB		
ME B3.2.	Confidentiality of patients records and clinical information is maintained The facility ensures the behaviours of staff is	confidentiality of results of screening test done	2	SI/OB	Blood bank staff do not discuss the lab result outside. reports are kept in secure place	
ME B3.3	dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	PI/OB		
ME B3.4.	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Confidentiality and privacy of HIV patients	2	SI/OB		
Standard B4.	Facility has defined and establish	shed procedures for informing and	involving patie	nt and their fami	lies about treatment and obtaining informed co	sent wherever it is required.
ME B4.1.	There is established procedures for taking informed consent before treatment and procedures	Blood bank is taking informed consent of donor	2	SI/RR	In consent form, procedure of donation is explained along with informing the donor regarding testing of blood is mandatory for safety of recipient	
ME B4.3.	Staff are aware of Patients rights responsibilities	Awareness of staff on donor rights and donor responsibilities	2	SI	About the confidentiality and privacy of donor information	
ME B4.4.	Information about the treatment is shared with patients or attendants, regularly	Pre donation counselling is done before donation	2	PI/SI/RR	Procedure include preparation of venepuncture site, use of blood bags and anticoagulant solution, collecting sample for	
		Post donation counselling for sero reactive donors	2	PI/SI	laboratory test Post donation counselling also include counselling on HIV/ Hept B for which blood bank may refer the donor to ICTC /SACS/ MTC	
ME B4.5.	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed	2	OB	/SRCS/ MIC	
Standard B5.		ility ensures that there are no finan	cial barrier to a	ccess and that th	ere is financial protection given from cost of car	e.
ME B5.1.	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free blood for Pregnant woman, Mothers and New Borns	2	PI/SI		
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing blood from outside.	2	PI/SI		
ME B5.4.	The facility provide free of cost treatment to		2	PI/SI/RR		
WE 05.4.	Below poverty line patients without administrative hassles	Free blood for BPL patients				
	-	. 6 - 122 - 1 - 2 - 6 - 1 - 12		Concern C: In		
Standard C1. ME C1.1.	Departments have adequate space as per	Blood bank has adequate space as per	2 2	OB OB	ailable infrastructure meets the prevalent norms	
WE CI.I.	patient or work load	requirement			Space required is more than 100 sq meters	
	Patient amenities are provide as per patient	Availability of waiting area in blood bank Separate toilet facilities for male & female	2	OB		
ME C1.2.	load	are available	2	OB		
ME C1.3.	Departments have layout and demarcated areas	Seating arrangement in waiting area Dedicated examination room	2	OB OB		
WIE C1.5.	as per functions	Dedicated Blood collection room	2	OB		
		Dedicated transfusion transmissible	2	ОВ		
		infection (TTI) lab Availability of refreshment cum rest room	2	ОВ		
		Dedicated sterilization area	2	OB		
		Dedicated store cum record room Availability of Duty room for staff	2	OB OB		
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff and equipments	2	OB		
ME C1.5.	The facility has infrastructure for intramural and		2	ОВ		
ME C1.6.	extramural communication Service counters are available as per patient	Intercom Services Adequate Donor couches/ donor units as	2	ОВ		
ME C1.7.	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	per load Blood bank layout ensures smooth flow of donor and services	2	OB		
Standard C2.	THE TOP	The facil	ity ensures the	physical safety o	f the infrastructure.	
ME C2.1	The facility ensures the seismic safety of the	Non structural components are properly	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened	
	infrastructure The facility ensures safety of electrical	secured Blood bank does not have temporary			and secured	
ME C2.3	establishment	connections and loosely hanging wires Adequate electrical socket provided for safe	2	OB OB/RR		
ME C2.4	Physical condition of buildings are safe for	and smooth operation of lab equipments Work benches are chemical resistant	2	OB/RR OB		
	providing patient care	Floors of the Laboratory are non slippery	2	OB		
		and even				
Standard C2		Windows have grills and wire meshwork	2 octablished Br	OB OB	esfety and other diseases	
Standard C3. ME C3.1.	The facility has plan for prevention of fire	The facility has Blood bank has sufficient fire exit to permit safe escape to its occupant at time of fire	established Pr	ogramme for fire OB/SI	e safety and other disaster	
		Check the fire exits are clearly visible and	2	OB		
		routes to reach exit are clearly marked. Blood bank has plan for safe storage and handling of potentially flammable materials.	2	OB		
ME C3.2.	The facility has adequate fire fighting Equipment	Blood Bank has installed fire Extinguisher	2	OB/RR		
	, sequote me againg equipment	that is Class A , Class BC type or ABC type				

		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned	2	OB/RR		
ME C3.3.	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4.	The		trained staff, r	equired for prov	iding the assured services to the current case lo	ad
ME C4.1.	The facility has adequate specialist doctors as per service provision	Availability of dedicated blood bank medical officer	2	OB/RR	MBBS doctor with one year experience	
ME C4.3.	The facility has adequate nursing staff as per	Availability of dedicated Nursing Staff	2	OB/RR/SI		
	service provision and work load The facility has adequate	Availability of dedicated Blood Bank				
ME C4.4.	technicians/paramedics as per requirement	Technician round the clock	2	SI/RR		
ME C4.5.	The facility has adequate support / general staff	Availability of housekeeping staff	2	SI/RR		
		Availability of security staff	2	SI/RR		
Standard C5.		Facility provides of Departments have availability of	drugs and cons	<mark>umables require</mark> I	d for assured list of services.	
ME C5.1.	The departments have availability of adequate drugs at point of use	adequate emergency drugs at point of use	2	OB/RR	Inj Adrenaline,Inj Deriphylline,Inj Dexamethasone ,Inj Chlorpheniramine,Inj Metochlorpromide	
		Availability Laboratory materials	2	OB/RR	Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/paper stickers Standard Grouping Sera Anti A, Anti B & Anti D, VDRL/RPR Kit	
ME C5.2.	The departments have adequate consumables at point of use	Availability of Reagents /Kits for lab	2	OB/RR	for Syphillis, RDK/ ELISA for Malarial Antigen, ELISA kit for Hep B &C, ELISA kit for HIV1 & 2, malarial parasite stains	
Standard C6.		The facility has eq	uipment & inst	truments require	ed for assured list of services.	
ME C6.1.	Availability of equipment & instruments for	Availability of functional Equipment &Instruments for examination &	2	ОВ	Adult Weighing machine, BP apparatus , clinical	
	examination & monitoring of patients Availability of equipment & instruments for	Monitoring Availability of laboratory equipment &			thermometer Microscope with water bath. ELISA reader with washer. RH	
ME C6.3.	diagnostic procedures being undertaken in the facility	instruments for laboratory	2	OB	viewer, Sahli's Haemoglobino meter/Others	
ME C6.4.	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.	2	ОВ	Adult bag and mask and Oxygen	
ME C6.5.	Availability of Equipment for Storage	Check for availability of storage equipments for blood products	2	OB	Blood bags refrigerator with thermo graph and alarm device, Insulated carrier boxes with ice packs, Blood bag weighting machine, deep freezer, Platelets agitators	
ME C6.6.	Availability of functional equipment and	Availability of equipments for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste trolley, Deck	
ME C6.7.	instruments for support services Departments have patient furniture and fixtures	Availability of beds/Couches in blood bank	2	OB	Blood collection bed, recovery beds	
co.7.	as per load and service provision	, , , , , , , , , , , , , , , , , , , ,			Blood collection bed, recovery beds Hospital graded Mattress, bed sheet, blanket, and bed side	
		Availability of attachment/ accessories	2	OB	table	
		Availability of Fixtures	2	ОВ	Electrical fixture for equipments lab and storage equipments	
		Availability of furniture	2	ОВ	cupboard, counter for issuing blood, work benches for lab,	
Standard C7	Facility	y has a defined and established procedur	e for effective uti	lization, evaluation	chair. and augmentation of competence and performance of:	staff
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined	2	RR/SI	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW can be used for this purpose.	
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year	2	RR/SI	Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core	Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
	competencies and training plan	Patient Safety	2	SI/RR		
		Basic Life Support	2	SI/RR	To all category of staff. At the time of induction and once in a	
		Training on Quality Management System	2	SI/RR	year.	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Staff is skilled for operating the equipments	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
				ern - D Suppor		
Standard D1.		The facility has established Progra	ımme for inspe	ction, testing and	d maintenance and calibration of Equipment.	T
ME D1.1.	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance	2	SI/RR	Check with AMC records/ Warranty documents Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the equipments	2	SI/RR	Check for breakdown & Maintenance record in the log book Staff is aware of contact details of the agency/person in	
		There has system to label Defective/Out of order equipments and stored appropriately	2	OB/RR	case of breakdown.	
		until it has been repaired Staff is skilled for trouble shooting in case	2	SI/RR		
		equipment malfunction Periodic cleaning, inspection and maintenance of the equipments is done by	2	SI/RR		
ME D1.2.	The facility has established procedure for internal and external calibration of measuring	the operator All the measuring equipments/ instrument are calibrated	2	OB/ RR		
	Equipment	There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due	2	OB/ RR		
		Blood bank has system to update correction factor after calibration wherever required	2	SI/RR	Check for records	
		Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded.	2	SI/RR		
ME D1.3.	Operating and maintenance instructions are	Up to date instructions for operation and maintenance of equipments are readily	2	OB/SI		
	available with the users of equipment	available with staff.				
Standard D2.			ge, inventory n	nanagement and	dispensing of drugs in pharmacy and patient car	e areas
ME D2.1.	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and reagents	2	SI/RR	Stock level are daily updated Indent are timely placed	
ME D2.3	The facility ensures proper storage of drugs and consumables	Reagents and consumables are kept away from water and sources of heat, direct sunlight	2	OB/RR	Check the storage conditions of reagents, blood,etc.	
		Reagents are labelled appropriately	2	OB/RR	Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning	
ME D2.4.	The facility ensures management of expiry and	Expiry dates' of the blood bags are	2	OB/RR	1	
	near expiry drugs	maintained		OBJAK		
	near expiry drugs		2 2	OB/RR OB/RR	Check the record of expiry and near expiry drug in drug	

				1		1
ME D2.5	The facility has established procedure for	There is practice of calculating and maintaining buffer stock of reagents	2	SI/RR	Minimum stock and reorder level are calculated based on consumption	
	inventory management techniques	Department maintained stock register of			Minimum buffer stock is maintained all the time Check record of drug received, issued and balance stock in	
		reagents	2	RR/SI	hand and are regularly updated	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is established procdeure for replenishing drug tray /crash cart	2	SI/RR		
		There is no stock out of reagents Temperature of refrigerators used for	2	OB/SI	Check some stock of reagent	
ME D2.7.	There is process for storage of vaccines and other drugs, requiring controlled temperature	storing lab reagents are kept as per storage requirement and records twice a day are	2	OB/RR	Check for temperature charts are maintained and updated twice a day for refrigerators used storing lab reagents	
	0	maintained			twice a day for refrigerators used storing lab reagents	
Standard D3.		Regular Defrosting is done The facility provides safe,	secure and cor	SI/RR mfortable enviro	nment to staff, patients and visitors.	
ME D3.1.	The facility provides adequate illumination level	Adequate illumination at work station in	2	OB	Illumination level of blood bank is as per recommendation/	
WE US.1.	at patient care areas	laboratory	2	UB UB	sufficient to carry out blood bank activities	
		Adequate illumination at donation area	2	ОВ		
ME D3.2.	The facility has provision of restriction of visitors	Entry is restricted in storage and lab area of the blood bank	2	ОВ		
	in patient areas The facility ensures safe and comfortable	Temperature is maintained and record of			Air conditioned blood collection room, blood group serology	
ME D3.3.		same is kept	2	SI/RR	lab, testing lab for Transfusion Transmissible Diseases, refreshment cum rest room	
ME D3.5	The facility has established measure for safety and security of female staff	Female staff feel secure at work place	2	SI		
Standard D4.	accurity of remain atom	The facility has estal	olished Program	nme for mainten	ance and upkeep of the facility	
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour	2	ОВ		
	арргорпасету	Interior of patient care areas are plastered &	2	OB		
		painted Floors, walls, roof, roof topes, sinks patient				
ME D4.2.	Patient care areas are clean and hygienic	care and circulation areas are Clean	2	OB	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean	2	ОВ		
		Toilets are clean with functional flush and	2	ОВ		
ME D4.3.	Hospital infrastructure is adec	running water Check for there is no seepage , Cracks,	2	OB		
MIL 04.3.	Hospital infrastructure is adequately maintained	chipping of plaster Window panes , doors and other fixtures are				
		intact	2	OB		
ME D4.5.	The facility has policy of removal of condemned	Patients beds are intact and painted No condemned/Junk material in the lab	2	OB OB	Mattresses are intact and clean	
	junk material The facility has established procedures for pest,					
ME D4.6	rodent and animal control	No stray animal/rodent/birds	2	ОВ		
Standard D5.	The facility has adequate arrangement storage		<mark>ower backup a</mark>	<mark>s per requiremer</mark>	nt of service delivery, and support services norm	S
ME D5.1	and supply for portable water in all functional	Availability of 24x7 running and potable water	2	OB/SI		
ME D5.2.	areas The facility ensures adequate power backup in	Availability of power back up in Blood Bank	2	OB/SI		
WE U5.2.	all patient care areas as per load	Availability of UPS	2	OB/SI		
Standard D7				res clean linen to	the patients	
ME D7.1 Standard D10.		Blood bank provides Linen for donors Facility is compliant with all statuto	ry and regulate		Blankets imposed by local, state or central government	
	The facility has requisite licences and	Blood bank has valid license under Rule				
ME D10.1.	certificates for operation of hospital and different activities	122(G) Drug and cosmetic act	2	RR		
Standard D11.		sponsibilities of administrative and of a look	clinical staff are	determined as	per govt. regulations and standards operating pr	ocedures.
ME D11.1.	per govt guidelines	communicated to all concerned staff	2	RR	Regular + contractual	
		Staff is aware of their role and				
			2	SI		
ME DAT 2	The facility has a established procedure for duty	responsibilities There is procedure to ensure that staff is			Check for system for recording time of reporting and	
ME D11.2.	The facility has a established procedure for duty roster and deputation to different departments	responsibilities There is procedure to ensure that staff is available on duty as per duty roster	2	SI RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
ME D11.2.		responsibilities There is procedure to ensure that staff is				
	roster and deputation to different departments The facility ensures the adherence to dress code	responsibilities There is procedure to ensure that staff is available on duty as per duty roster There is designated in charge for department Doctor, technician and support staff adhere	2	RR/SI SI		
ME D11.3.	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department	responsibilities There is procedure to ensure that staff is available on duty as per duty roster There is designated in charge for department Doctor, technician and support staff adhere to their respective dress code	2 2 2	RR/SI SI OB	relieving (Attendance register/ Biometrics etc)	
	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department Facility	responsibilities There is procedure to ensure that staff is available on duly as per duty roster There is designated in charge for department Doctor, technician and support staff adhere to their respective dress code ty has established procedure for me	2 2 2	RR/SI SI OB	relieving (Attendance register/ Biometrics etc)	ons
ME D11.3.	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department Facili	responsibilities There is procedure to ensure that staff is available on duly as per duty roster There is designated in charge for department Doctor, technician and support staff adhere to their respective dress code ty has established procedure for m There is procedure to monitor the quality and adequacy of outcourced services.	2 2 2	RR/SI SI OB	relieving (Attendance register/ Biometrics etc) ced services and adheres to contractual obligati Verification of outsourced services (cleaning) Detary/Laundy/Security/Mantenance) provided are done	ons
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ME D11.3. Standard D12. ME D12.1 : Standard E1. ME E1.1. Standard E2. ME E3.1 ME E3.2 Standard E4. ME E4.3 Standard E8. ME E8.1 ME E8.5	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department Facili There is established system for contract management for out sourced services The facility has established procedure for registration of patients There is established procedure for initial assessment of patients Facility has established procedure for continuity of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services por transfer to other/higher facilities to assure their continuity of care. There is established procedure of patient hand over, whenever staff duty change happens Fac All the assessments, re-assessment and investigations are recorded and updated Adequate form and formats are available at a point of use Register/records are maintained as per	responsibilities There is procedure to ensure that staff is available on duty as per duty roster There is designated in charge for department Doctor, technician and support staff adhere to their respective dress code ty has established procedure for mere is procedure to monitor the quality and adequacy of outsourced services on regular basis The facility has defined procedure for mere is procedure for monitor the quality and adequacy of outsourced services on regular basis The facility has defined procedure for mere is procedure for mere fight and admitted that the facility has defined procedure for sense from the facility has defined and established There is procedure for assessment of patient before donation Facility has established procedure for handing over of patients during departmental transfer. There is a procedure consultation of the patient to other specialist with in the hospital There is procedure for referral of cases for which requested blood group is not available Facility has functional referral linkages to blood storage unit The facility has functional referral linkages to blood storage unit The facility has defined and established precedure on support of the patient of the	2 2 2 2 2 2 Area of Controcedures for 1 2 2 2 procedures for 2 2 2 2 2 2 2 2 3 defined and 2 2 0 cedures for m 2 2	RR/SI SI OB uality of outsour SI/RR ern - E Clinical registration, con RR RR Clinical assessme RR/SI cedures for conti SI/RR SI/RR SI/RR SI/RR established proc RR/SI RR antiaining, upda RR RR/OB	ced services and adheres to contractual obligative description of outsourced services (cleaning/ bleary)caundry/security/Maintenance) provided are done by designated in-house staff Services sultation and admission of patients. Check for that patient demographics like Name, age, Sex, Address etc. Check for that patient demographics like Name, age, Sex, Address etc. Initial assessment and treatment plan preparative initial assessment is recorded inuity of care of patient and referral initial assessment for the contractive of the contracti	on.
ME D11.3. Standard D12. ME D12.1 : Standard E1. ME E1.1. Standard E2. ME E3.1 ME E3.2 Standard E4. ME E4.3 Standard E8. ME E8.1 ME E8.5	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department Facili There is established system for contract management for out sourced services The facility has established procedure for registration of patients There is established procedure for initial assessment of patients Facility has established procedure for continuity of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. There is established procedure of patient hand over, whenever staff duty change happens Fac All the assessments, re-assessment and investigations are recorded and updated Adequate form and formats are available at a point of use Register/records are maintained as per	responsibilities There is procedure to ensure that staff is available on duty as per duty roster There is designated in charge for department. Doctor, technician and support staff adhere to their respective dress code ty has established procedure for mithere is procedure to monitor the quality and adequacy of outsourced services on regular basis. The facility has defined procedure for mithere is procedure to monitor the quality and adequacy of outsourced services on regular basis. The facility has defined groces of registration of the patient for a designation of the patient to other specialist with in the hospital There is a procedure for referral of cases for which requested blood group is not available. Facility has functional referral linkages for which requested blood group is not available. Facility has functional referral linkages to blood storage unit The facility has functional referral linkages to blood storage unit The facility has functional referral sinkages with the special sink of the patient to handone the substitution of the patient to other specialist with in the hospital There is procedure for referral of cases The facility has functional referral linkages to blood storage unit The facility has facility has defined and established present the substitution of the patient to other specialists with in the hospital standard formats available Blood bank records are labelled and indexed	2 2 2 2 2 2 Area of Concrete for the concedures for	RR/SI SI OB uality of outsour SI/RR ern - E Clinical egistration, con RR RR clinical assessme RR/SI cedures for conti SI/RR SI/RR SI/RR SI/RR SI/RR RR/SI RR/OB	ced services and adheres to contractual obligative forms of the contractual of the contractual obligative forms of the contractual obligation of the contractual obligation of	on.
ME D11.3. Standard D12. ME D12.1 : Standard E1. ME E1.1. Standard E2. ME E1.1. Standard E3. ME E3.1 ME E3.2 Standard E4. ME E4.3 Standard E8. ME E8.5 ME E8.6.	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department Facili There is established system for contract management for out sourced services The facility has established procedure for registration of patients There is established procedure for initial assessment of patients Facility has established procedure for initial assessment of patients Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. There is established procedure of patient hand over, whenever staff duty change happens All the assessments, re-assessment and investigations are recorded and updated Adequate form and formats are available at point of use. Register/records are maintained as per guidelines	responsibilities There is procedure to ensure that staff is available on duty as per duty roster There is designated in charge for department. Doctor, technical and support staff adhere to their respective dress code There is procedure to monitor the quality and adequacy of outsourced services on regular basis The facility has defined procedure for method in the control of the patient to other specialist with in the hospital There is procedure for referral of cases for which requested blood group is not available Facility has functional referral linkages to blood storage unit The facility has defined and effer all of the control of the	2 2 2 2 2 2 Area of Concrecedures for 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI OB Uality of outsour SI/RR ern - E Clinical registration, con RR RR Clinical assessme RR/SI SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR PR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR RR/SI RR RR/SI RR RR/SI RR RR/SI RR RR/SI RR RR/SI	ced services and adheres to contractual obligative forms of the co	on.
ME D11.3. Standard D12. ME D12.1 Standard E1. ME E1.1. Standard E2. ME E2.1 Standard E3. ME E3.1 ME E3.2 Standard E4. ME E4.3 Standard E8. ME E8.1 ME E8.1 ME E8.5	roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its administration / the health department Facili There is established system for contract management for out sourced services The facility has established procedure for registration of patients There is established procedure for initial assessment of patients Facility has established procedure for continuity of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. There is established procedure of patient hand over, whenever staff duty change happens Fac All the assessments, re-assessment and investigations are recorded and updated Adequate form and formats are available at a point of use Register/records are maintained as per	responsibilities There is procedure to ensure that staff is available on duty as per duty roster There is designated in charge for department. Doctor, technician and support staff adhere to their respective dress code ty has established procedure for mithere is procedure to monitor the quality and adequacy of outsourced services on regular basis. The facility has defined procedure for mithere is procedure to monitor the quality and adequacy of outsourced services on regular basis. The facility has defined groces of registration of the patient for a designation of the patient to other specialist with in the hospital There is a procedure for referral of cases for which requested blood group is not available. Facility has functional referral linkages for which requested blood group is not available. Facility has functional referral linkages to blood storage unit The facility has functional referral linkages to blood storage unit The facility has functional referral sinkages with the special sink of the patient to handone the substitution of the patient to other specialist with in the hospital There is procedure for referral of cases The facility has functional referral linkages to blood storage unit The facility has facility has defined and established present the substitution of the patient to other specialists with in the hospital standard formats available Blood bank records are labelled and indexed	2 2 2 2 2 2 Area of Concrete for the concedures for	RR/SI SI OB uality of outsour SI/RR ern - E Clinical egistration, con RR RR clinical assessme RR/SI cedures for conti SI/RR SI/RR SI/RR SI/RR SI/RR RR/SI RR/OB	ced services and adheres to contractual obligative forms of the co	on.

March Marc	Standard E11.		The facility has defined and es	stablished proc	edures for Emerg	gency Services and Disaster Management	
March Marc	ME E11 2	The facility has disaster management plan in	Blood bank has system of coping with extra	,	CI/DD		
1	WIE EII.5.	place	demand of blood in case of disaster	2	.,		
March Marc			is defined				
March Marc		There are established precedures for Pre-	The facility has			lures of diagnostic services	
Description for a first first and entire protection of the company of the compa	ME E12.1		sample collection				
March Marc	Standard E13.		The facility has defined and esta	blished proced	ures for Blood B	ank/Storage Management and Transfusion.	1
March Marc	ME E13.1.			2	RR/SI		
A Comment of the Comm		Scientific Chemical Control of Chemical Contro			0.0 (0.15)		
March Marc	•		voluntary donors only		7.7.		
Part			donation	2	RR/PI		
Harrison Harris				2	OB/RR		
					-	Daniel de la	
Section of the control of the control of broken, we control of the	ME E13.2.			2	RR/SI	blood bags and anticoagulant solution, collecting sample for	
		or blood					_
			collected blood are communicated to those	2	RR/SI		
March Marc			Blood bank has identified procedure for				
The company of the co				2	RR/OB		
The company of the co			Blood bank has system to trace of unit of	,	pp/ci		
Management of the control of the con	•		destination		KIN 31		
The second control of the control of				2	RR/SI		
New 1st substituted procedure for the beats of parameters of the Section for the Section for section care of parameters of param			after donation	_	,		
The control of the co				2	RR/SI		
well and processes of the commence of the comm		There is established procedure for the testing of	site				
to the commendation of the	ME E13.3.		recommended methods	2	RR/SI		
Administration of the control of the			Determination of Rh (D) Type done as per recommended method	2	RR/SI	RH + or RH- Blood type	
Amount of the components of th				2	DD/C1	or infectious diseases (VDRL/RPR/TPHAfor syphilis,	
March 1997 March			done as per recommended method	<u> </u>	RRYSI		
Company Comp			There is provision of Quarantine Storage untested blood	2	RR/OB/SI	Check for untested blood is stored in different refrigerator	
Met in Section of the Control of the			Blood units with reactive test result area	2	RR/OB/SI	In dedicate secure area with biohazard sign until disposal	
Metabolish Description of programminal solicities dependent in source of the composers in source of the composers of the comp							
Many is established procedure for preparations of some components incomed of the components incomed of the components of				2	RR/OB/SI		
Transference from Personal Accordance from Leading Company of the Personal Resource from Personal Personal Resource f	ME E13.4			2	SI/RR	Check for use of aseptic method and availability of Sterile	
Reces components are prepared poor to concentrate and the components are prepared poor to check the components are prepared to the components to components are components are components to components are components to components are components ar		or blood component					
At the last included. Next is setablish procedure for labeling and econogenets to a grant of the companion				2	SI/RR	Within 6 hours	
Approximate volume of the components 2 98				2	SI/RR	Check availability and adherence to NACO standards	
There is establish procedure for labelling and doubtfaction of Second stage are labelled only by the all and doubtfaction of Second stage are labelled only by the all and second or second stage are labelled only by the all and second or second stage are labelled only by the all and second or second stage are labelled only by the all and second or labelled only by the all and second or labelled only by the all and second or labelled on the all the product information to the affect the affec			Approximate volume of the component is	2	RR		
Infect is extantion procedure for along and to ground and control control control of the control of product and to ground and control control of product and to ground and control control of product and to ground and control control of product and contr			Indicated on bag Blood bank has system to ensure that final				
the blood bask has yielder of identification and interest containing of important containing of incomi	ME E13.5.		blood bags are labelled only after all	2	RR/SI		
Second basis has system to the affix the product information to bug after product information and product information and information to bug after a second to the second information and information an						Blood bags are Identified with a numeric or alpha numeric	
and early, mount of anticognitive and approximate blood colorated, have proceeding and procedure of processing and procedure of colorated, have an advantage time person unables of colorated, have an advantage time person unables of colorated, have an advantage time person unables of colorated, have been an advantage time person and supply date. Blood group A. Wellow, Blood group				2	RR/SI		
product information on bag, after procedure for storaged and sub-presented an interface of translations are printed on label and standards for translations are printed on label and standards. There is established procedure for storaged of Collecting Ecility, storage temperature and expryy date of collecting Ecility storage and expryy date of collecting Ecility, storage temperature and expryy date of collecting Ecility storage and expryy date of collecting Ecility, storage and expryy date of collecting Ecility storage and expryy and the storage and expryy and the storage and expryy date of collecting Ecility storage and expryy date of			Blood hank has system to the affix the				
Interest is established the compatibility testing There is established the compatibility testing Adequate afternate area provided with referential. There is established procedure for storage of the stable and the			product information on bag, after	2	RR/SI		
black Section of the National Color coded scheme for differentiate Alig group is differentiate Alignment and the section of the properties and transparent and trans			processing				
Stood bank his codour coded scheme for differentiate AMD groups There is established procedure for stronge of stood group of strong path references and stronger path of stronger path references and stronger p				2	RR/SI		
There is established procedure for storage of blood storage are not used for blood storage are hot used for some pother times 2 00k/MR Check records that temperature is maintained at 4c + 2 C temperature as monitored at every 4 hours should be appearable. Committee of the committee o			Blood bank has colour coded scheme for	2	RR/SI	Blood group O -blue, Blood group A- yellow, Blood group B-	
blood storage are not used for storing are required for schooling other items 2		There is established procedure for storage of				Pink, Blood group AB- White	
storage are kept at recommended temperature is maintained at 4 + 2 C temperature is monitored at every 4 Sonage temperature is monitored at every 4 2 OB/RR Oheck the records Sonage temperature is monitored at every 4 2 OB/RR Oheck the records Sonage temperature is monitored at every 4 2 OB/RR Oheck the records Sonage temperature is monitored at every 4 2 OB/RR Oheck the records Sonage temperature is monitored at every 4 2 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records Sonage temperature is monitored at every 4 OB/RR Oheck the records of the and recipient and components is a setablished procedure for recipient and congenity the procedure of its setablished procedure for sonage temperature of an observation of the analysis of the setablished procedure for monitoring temperature of the procedure for sonage temperature of the procedure for sonage temperature of the oheck the sonage temperature of the oheck of the procedure for monitoring temper	ME E13.6			2	OB	Lab reagents etc.	
Storage temperature is monitored at every 4 hours Storage temperature is monitored at every 4 hours Alarm system has been provided with enforcement conge facility available 2 RR/SI Alarm system to existing and cross authorized at every 4 hours Shelf life of Blood and components is althered age or MACD protocols 2 RR/SI There is established the compatibility testing There is established procedure for insultation of blood and components for transfusion of blood and bl					00/00		
Alarm system has been provided with refrigerator and accomponents in advanced as per NACD protocols. Shell file of blood and components is advanced as per NACD protocols. Shell file of blood and components is advanced and components for translation of blood and components for translation. There is established procedure for recipient blood includes Determination ABO type, matching in case of massive translation. There is established procedure for recipient blood includes Determination ABO type, matching in case of massive translation. All table. There is established procedure for issuing blood ample of recipient blood annel blood ample of recipient blood includes Determination ABO type, matching in case of massive translation. Blood bank has system to testing and cross matching the recipient blood includes Determination ABO type, matching the recipient blood annel blood annel blood annel before a communicated to those responsible for collection and harding blood annel before a communicated to those responsible for collection and and recipients to those responsible for collection and harding blood annel before a communicated to those responsible for collection and and recipients blood annel for flyes at specified temperature (2-8 c) after each translation. Blood bank has system to confirm that information on translation form and recipients and down those dample for flyes at specified temperature (2-8 c) after each translation. Blood bank has system to identify the person who is performing the core some ablood and before the performing the core some and and expe				2	OB/KK	Check records that temperature is maintained at 4c + 2 C	
Adequate alternate storage ficility available 2 RR/SI Adequate alternate storage ficility available 2 RR/SI Adequate alternate storage ficility available 2 RR/SI Sheff life of blood and components is admered as per NACO protocols 2 RR/SI There is established the compatibility testing Blood bank has system to testing and cross matching the recipient blood includes Determination ABO types, Protocol of the compatibility testing and cross matching from cross matching from cross matching from cross matching for cross matching from cross matching from cross matching for matching for matching for matching for cross matching for matchi				2	OB/RR	Check the records	
Shelf life of blood and components is adhered as per MAC protocols and entered as per MAC type, and entered as per MAC by type, detection of unexpected antibodies etc. There is established procedure for re-cross matching the recipient blood of restandation of blood and components for transfusion of blood and components for transfusion of blood and components for transfusion and transfusion components for transfusion and transfusion and transfusion and transfusion and transfusion and transfusion requirements and transfusion and transfusion requirements and down that as system to desting and cross and transfusion requirements and down to transfusion requirements and transfusion requirements and down those responsible for collection and recipients blood ashing ashing the cross matching report and ashing the cross matching report ashing the cross matching the cross				2	RR/SI		
Shelf life of blood and components is adhered as per MAC protocols and entered as per MAC type, and entered as per MAC by type, detection of unexpected antibodies etc. There is established procedure for re-cross matching the recipient blood of restandation of blood and components for transfusion of blood and components for transfusion of blood and components for transfusion and transfusion components for transfusion and transfusion and transfusion and transfusion and transfusion and transfusion requirements and transfusion and transfusion requirements and down that as system to desting and cross and transfusion requirements and down to transfusion requirements and transfusion requirements and down those responsible for collection and recipients blood ashing ashing the cross matching report and ashing the cross matching report ashing the cross matching the cross			Adequate alternate storage facility and in	,	· ·		
adhered as per NACO protocols There is established the compatibility testing There is established the compatibility testing There is established procedure for selection of the stabilided procedure for re cross matching in case of massive transfusion Peediatric blood collection bags are available RE 13.8. There is established procedure for issuing blood amplied for collection and handling blood sample of recipients blood plood sample of recipients blood sample of recipients blood plood sample of recipients blood sam							
There is established the compatibility testing matching the recipient blood There is established procedure for selection of blood and components for transfusion There is established procedure for recross matching in case of massive transfusion Paediatric blood collection bags are available Paediatric blood dollection bags are available Paediatric blood collection bags are available Paediatric blood collection bags are available Paediatric blood collection bags are available Paediatric blood dollection bags are available Paediatric blood collection bags are available and cross matching the recipient blood of sample collection on transfusion remained to those responsible for collection on transfusion requisition form and recipient blood assemble for 7 days at specified temperature (2.8 d after each transfusion Paediatric blood sample for 7 days at specified temperature (2.8 d after each transfusion Paediatric blood sample for 7 days at specified temperature (2.8 d after each transfusion Paediatric blood sample for 7 days at specified temperature (2.8 d after each transfusion Paediatric blood sample for 7 days at specified temperature (2.8 d after each transfusion recommended to itselfity the person who is performing the cross matching etta and is				2	RR/SI		
There is established procedure for relection of blood and components for transfusion of transfusion of transfusion of the procedure for recross matching in case of massive transfusion of the procedure for issuing blood small has speten to testing and cross matching the recipient blood of plood small has speten to testing and cross matching the recipient blood and for specification of the procedure for issuing blood sample of recipient and communicated to those responsible for collection and handling blood sample of recipient and communicated to those responsible for collection of the procedure for specification or transfusion for requisition form and recipients blood sample label is same Blood bank has system to confirm that information on transfusion requisition form and recipients blood sample label is same Blood bank has system to retain recipient and done blood sample label is same Blood bank has system to retain recipient and done blood and provide the providence of	ME E13.7.	There is established the compatibility testing		2	RR/SI		
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		There is a established procedure for monitoring					
	ME E13.10.			2	RR/SI		
		1			,		

		Blood bank has system of detection,		20.50		
		reporting and evaluations of transfusion errors	2	RR/SI		
Standard F1.	Facility	has infection control program and		ern - F Infectio	on Control ion and measurement of hospital associated infe	ction
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance	2	SI/RR	Swab are taken from infection prone surfaces	
ME F1.4.	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxid etc	
	Facility has established procedures for regular	Periodic medical checkups of the staff Regular monitoring of infection control	2	SI/RR	Hand washing and infection control audits done at periodic	
.ME F1.5. Standard F2.	monitoring of infection control practices	practices	2 emented proce	SI/RR	intervals ng hand hygiene practices and antisepsis	
ME F2.1.	Hand washing facilities are provided at point of	Availability of hand washing Facility at Point	2	OB	Check for availability of wash basin near the point of use	
	use	of Use Availability of running Water	2	OB/SI	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point of Use	2	OB/SI OB	Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility,	
		Availability of elbow operated taps Hand washing sink is wide and deep enough	2	OB	preferably in Local language	
ME F2.2.	Staff is trained and adhere to standard hand	to prevent splashing and retention of water	2	OB		
ME F2.2.	washing practices	Adherence to 6 steps of Hand washing Staff aware of when to hand wash	2	SI/OB SI	Ask of demonstration	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions	2	ОВ		
		Proper cleaning of procedure site with antisepsis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	
Standard F3. ME F3.1.	Facility ensures adequate personal protection	Clean gloves are available at point of use	s standard prac	OB/SI	als for Personal protection All personal use gloves while drawing sample, examining and	
	equipments as per requirements	Availability of lab aprons/coats	2	OB/SI	disposable of the samples	
	Chaff in all the stand of the stand	Availability of Masks	2	OB/SI		
ME F3.2.	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing	2	OB/SI		
Standard F4.		and removing the PPE	rd Procedures	SI for processing of	Gloves, Masks, Caps and Aprons equipments and instruments	
ME F4.1.	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces	2	SI/OB	Ask staff about how they decontaminate work benches (Wiping with 0.5% Chlorine solution	
	procedures areas	Proper Decontamination of instruments after use	2	SI/OB	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other	
		Contact time for decontamination is adequate	2	SI/OB	appropriate method 10 minutes	
		Cleaning of instruments after decontamination	2	SI/OB	Cleaning is done with detergent and running water after decontamination	
		Staff know how to make chlorine solution	2	SI/OB		
ME F4.2.	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Disinfection of reusable glassware	2	SI/OB	Disinfection by hot air oven at 160 oC for 1 hour	
Standard F5.		Physical layout and enviror	mental contro	of the patient ca	are areas ensures infection prevention	
ME F5.2.	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Gluteraldehye, carbolic acid	
	8	Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3.	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR		
		Cleaning of patient care area with detergent solution	2	SI/RR		
		Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out	
		Cleaning equipments like broom are not used in patient care areas	2	OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided	
Standard F6.	Facility has Facility Ensures segregation of Bio Medical	defined and established procedure Availability of colour coded bins at point of			atment and disposal of Bio Medical and hazardo	us Waste.
ME F6.1.	Waste as per guidelines	waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
		Availability of colour coded non chlorinated plastic bags Segregation of different category of waste	2	OB OB/GI		
		as per guidelines Display of work instructions for segregation	2	OB/SI OB	Natural and in Israel Israel	
		and handling of Biomedical waste There is no mixing of infectious and general	2	OB OB	Pictorial and in local language	
ME F6.2.	Facility ensures management of sharps as per	waste	2	OB	Son if it has been used as best blue talls	
WIL 10.2.	guidelines	Availability of functional needle cutters Seggregation of sharps waste including		UB	See if it has been used or just lying idle. Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter	
		Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers	2	ОВ	syringes with tixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	
		Availability of post exposure prophylaxis	2	SI/OB	Ask if available. Where it is stored and who is in charge of	
		Staff knows what to do in condition of	2	SI	that. Staff knows what to do in case of shape injury. Whom to	
ME F6.3.	Facility ensures transportation and disposal of	needle stick injury			report. See if any reporting has been done	
MC FO.S.	waste as per guidelines	Disinfection of liquid waste before disposal Disposal of discarded blood bags as per	2	SI/OB		
		guideline Check bins are not overfilled	2	SI/OB SI		
		Transportation of bio medical waste is done in close container/trolley	2	SI/OB		
		Staff aware of mercury spill management	2	SI/RR	Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Wear PPE 4. Use of flashight to lacate mercury beads 5. Use syringe without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprinke sulphur or zinc powder to remove any remaining mercury 8. All the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution 9. All the bags or containers containing terms contaminated with mercury should be marked as "Hazardous Wastes"	

		Aı	ea of Concer	n - G Quality N	/Janagement	
Standard G1.		The facility has est			vork for quality improvement	
ME G1.1.	The facility has a quality team in place	Quality circle has been formed in the Blood Bank	2	SI/RR	Check if quality circle formed and functional with a designated nodal officer for quality	
Standard G2	Patient Satisfaction surveys are conducted at	Facility has en There is system to take feed back from			nd employee satisfaction	
ME G2.1	periodic intervals	clinician about quality of services Feedback from donor are taken on periodic	2	RR		
Standard G3.		basis	2 l and external	RR quality assurance	e programs wherever it is critical to quality.	
ME G3.1.	Facility has established internal quality	Internal Quality assurance program is in	2	SI/RR	programs wherever it is critical to quanty.	
	assurance program at relevant departments	place Standards are run at defined interval	2	SI/RR		
		Control charts are prepared and outliers are identified.	2	SI/RR		
		Corrective action is taken on the identified outliers	2	SI/RR		
ME G3.2.	Facility has established external assurance programs at relevant departments	Cross validation of lab test are done and reports are maintained	2	SI/RR	It includes participation of laboratory in inter laboratory comparison	
		Corrective actions are taken on abnormal values	2	SI/RR	Blood bank takes corrective action when control criteria are not fulfilled in Interlaboratory comparisons and records of	
	Facility has a stablished a star for any of sheet				same is maintained	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these	
		Non-compliances are enumerated and	2	RR	Check the non compliances are presented & discussed	
		recorded Check action plans are prepared and	_		during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through	Check PDCA or revalent quality method is used to take corrective and preventive	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA)	
	Quality Improvement Cycles (PDCA)	action			project report	aut comitoes
Standard G4.	Departmental standard operating procedures	Standard operating procedure for			erating Procedures for all key processes and supp	ort services.
ME G4.1.	are available	department has been prepared and approved	2	RR		
		Current version of SOP are available with process owner	2	OB/RR		
		Work instruction/clinical protocols are displayed	2	ОВ	work instruction for screening of blood, storage of blood, maintaining blood and component in event of power failure	
	Standard Operating Procedures adequately	Blood bank has documented procedure for				
ME G4.2.	describes process and procedures	Donor selection and collection of blood from donor	2	RR		
		Blood bank has documented procedure for testing of donated blood	2	RR		
		Blood bank has documented procedure for	2	RR		
		preparation of blood components				
		Blood bank has documented procedure for storage, transportations of blood and issue of blood for transfusion	2	RR		
		Blood bank has documented procedure for issue of blood in case of urgent requirement	2	RR		
		Blood bank has documented procedure to address the transfusion reactions	2	RR		
		Blood bank has documents procedure for calibration and maintenance of equipment	2	RR		
		Blood bank has documented procedure for HAI and disposal of BMW	2	RR		
		Blood bank has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination	2	RR		
		sample and reports of results. Blood bank has documented system for internal and external Quality control of	2	RR		
	Staff is trained and aware of the standard	Equipments, reagent and tests Check staff is a aware of relevant part of				
ME G4.3. Standard G 5.	procedures written in SOPs	SOPs	to make them	SI/RR	y reducing non value adding activities and wasta	***
ME G5.1.	Facili	ty maps its key processes and seeks	to make them	more emcient b	DELETED DELETED	ges
ME G5.2. ME G5.3.					DELETED	
Standard G6		The facility has defined mission, va	lues, Quality p	olicy & objective	S & prepared a strategic plan to achieve them Check quality policy of the facility has been defined in	
ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility	Check if Quality Policy has been defined and approved	2	SI/RR	Criect quality points of a consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2	SI/RR	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	SI/RR	Review the records that action plan on quality objectives being reviewed at least onnce in month by departmental incharges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan	
Standard G7		Facility seeks cont	inually improve	ement by practic	tracking sheet ing Quality method and tools.	
ME G7.1.	Facility uses method for quality improvement in services	Basic quality improvement method	2	SI/RR	PDCA & 5S	
ME G7.2.	Facility uses tools for quality improvement in	Advance quality improvement method 7 basic tools of Quality	2	SI/OB SI/RR	Six sigma, lean. Minimum 2 applicable tools are used in each department	
Standard G9	services			1	and managing risk as per Risk Management Plan	
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	2	SI/RR	Verify with the records. A comprehensive risk assesment of all clincial processes should be done using pre define critera at least once in three month.	
ME G9.7 ME G9.8	Risks identified are analyzed evaluated and rated for	Manager at the control of the contro	2	61/00	DELETED	
WIE 09.8	severity	Identified risks are analysed for severity		sı/RR oncern - H Out	Action is taken to mitigate the risks	
Standard H1.		The facility measures Product			npliance with State/National benchmarks	

ME H1.1.	Facility measures productivity Indicators on monthly basis	No. of Blood unit issued per thousand population	2	RR	No. of Unit issued X1000/ Population of serving area	
		% of units issued for the transfusion at facility	2	RR	No. of Unit issued for facility*100/Total no of units issued in the period	
		No of voluntary donation done per thousand population	2	RR	No of Voluntary Donation X1000/Population of the serving area	
		No. of units supplied to storage units	2	RR	Self Explanatory	
		Blood donation camps held	2	RR	Self Explanatory	
		Proportion of blood units issued in emergency cases out of total unit issued in month	2	RR		
		No of blood units issued for free of cost	2	RR	JSSK, Thalassemia , BPL	
Standard H2.		The facility measures Ef	ficiency Indica	tors and ensure t	to reach State/National Benchmark	
ME H2.1.	Facility measures efficiency Indicators on monthly basis	Downtime critical equipments	2	RR	Time period for which equipment was out of order/Total no of working hours for equipments	
		% of Blood Units discarded	2	RR	No of unit discarded *100/ Total no of unit collected	
		% of unit issued against replacement	2	RR	No of unit issued on replacement *100/ Total no of unit issued	
		% of unit tested seroreactive	2	RR	No of unit found sero reactiveX100/ No of unit tested	
Standard H3.		The facility measures Clinica	I Care & Safety	Indicators and t	ries to reach State/National benchmark	
ME H3.1.	Facility measures Clinical Care & Safety Indicators on monthly basis	Blood transfusion reaction rate	2	RR	No of Blood Transfusion reactions 1000/ No of patient blood issued	
		Adverse events are identifies and reported	2	RR	Chemical splash, Needle stick Injuries. Major blood transfusion reaction, wrong cross matching, wrong blood Issue	
		Component to whole blood ratio	2	RR	No of component unit issued/No of whole blood issued	
		Cross matched/ Transfused Ratio	2	RR	No of unit are cross matched on request/ No of unit actually transfused	
		% of single unit transfusion	2	RR	% of single use transfusion 100/ Total no of units transfused	
		Number of adverse events per thousand patients	2	RR	Chemical splash, Needle stick injuries. Major blood transfusion reaction, wrong cross matching, wrong blood issue	
Standard H4.		The facility measures Service	Quality Indica	tors and endeave	ours to reach State/National benchmark	
ME H4.1.	Facility measures Service Quality Indicators on monthly basis	Time gap between issuing and requisition of blood in routine conditions	2	RR		
		Time gap between issuing and requisition of blood in emergency conditions	2	RR		
		Donor Satisfaction Score at Blood Bank	2	RR		
		No of refusal cases	2	RR	No of requisition refused/ referred due to non availability of blood group or any other reason	

	National Quali	ity Assurance Standards f	or Distric	t Hospit	als	Version: DH/NQAS-2020/0
		Checklist for Laborato	ory			15
		Assessment Summar	у			
Name of the	Hospital				Date of Assessment	
Names of Ass	sessors				Names of Assessees	
Type of Asses	ssment (Internal/External)				Action plan Submission Date	
			rv Score (Card		
	Area of Concern wise S	Score			Laboratory Score	
A	Service Provision	100%				
В	Patient Rights	100%				
С	Inputs	100%				
D	Support Services	100%			1000/	
E	Clinical Services	100%			100%	
F	Infection Control	100%				
G	Quality Management	100%				
н	Outcome	100%				
1	Major Gaps Observed					
2						
3						
5						
	Strengths / Good Practices					
1						
3						
4						
5						
	Recommendations/ Opportunites for	Improvement				
2						
3						
4						
5	Circumstance of Assessment					
	Signature of Assessors Date					
	1					
Standard	ME Statement	Checkpoint	Compliance Full/Partial/ No			Remarks
Standard A1			Concern - A : ty Provides Cu			
ME A1.14		All lab services are available in routine	2	SI/RR		
	E	working hours Emergency lab services are available for selected tests of Haematology, Biochemistry and Serology 24X7	2	SI/RR	Check for: 1. Laboratory services are available at night 2. Look for number of lab tests performed at night	
Standard A3	d		v Provides dia			

Standard	ME Statement	Checkpoint	Compliance Full/Partial/ No	udit Metho	Means of Verification	Remarks
		Area of	Concern - A	Service Pr	ovision	
Standard A1		Facili	ity Provides C	urative Serv	rices	
ME A1.14	Services are available for the time period as mandated	All lab services are available in routine working hours	2	SI/RR		
		Emergency lab services are available for selected tests of Haematology, Biochemistry and Serology 24X7	2	SI/RR	Check for: 1. Laboratory services are available at night 2. Look for number of lab tests performed at night	
Standard A3		Facilit	y Provides di	agnostic Ser	vices	
ME A3.2	The facility Provides Laboratory Services	Availability of Haematology services	2	SI/OB		
		Availability of Biochemistry services	2	SI/OB		
		Availability of Microbiology services	2	SI/OB		
		Availability of Cytology services	2	SI/OB		
		Availability of Histopathology services	2	SI/OB		
		Availability of Clinical Pathology services	2	SI/OB		
		Availability of Serology services	2	SI/OB		
Standard A4		Facility provides services as r	mandated in r	national Hea	alth Programs/ state scheme	

ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per	Tests for Diagnosis of maleria (Smear and	2	SI/OB		
	guidelines	RDTK)	_	5,700		
		Tests for diagnosis of Dengue, Chikengunia	2	SI/OB		
ME A4.2	The facility provides services under national tuberculosis elimination programme as per	Availability of Designated Microscoy Center	2	SI/OB		
INC A4.2	guidelines.	(AFB)		31/08		
	The facility provides services under National	Availability or Linkage with CBNAAT	2			
ME A4.3	Leprosy Eradication Programme as per	Availability of Skin Smear Examination	2	SI/OB		
	guidelines The facility provides services under National					
ME A4.8	Programme for Prevention and control of	Availability of blood test for NCD	2	SI/RR	Haemogram, BT CT, Fasting/PP Sugar, Lipid Profile,	
	Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	, , , , , , , , , , , , , , , , , , , ,		,	Blood Urea , LFT Kidney Function Test	
Standard A6		Health services provided a	t the facility	are appropr	iate to community needs.	
ME A C 4	The facility provides curatives & preventive	Laboratory provides specific test for local	2	SI/RR	Like Dengue, swine flu, Kala Azar, Lymphatic	
ME A 6.1	services for the health problems and diseases, prevalent locally.	health problems/diseases			Filariasis,etc.	
			of Concern -			
Standard B1	Facility provid The facility has uniform and user-friendly signage	es the information to care seekers, a			about the available services and their mod Numbering, main department and internal sectional	dalities
ME B1.1	system	signages	2	OB OB	signage are displayed	
ME B1.2	The facility displays the services and	Restricted area signage are displayed List of services available are displayed at the	2	OB		
IVIC D1.2	entitlements available in its departments	entrance Timing for collection of sample and delivery				
		of reports are displayed	2	ОВ		
ME B1.4	Information is available in local language and	Signage's and information are available in	,	OR	DELETED	
ME B1.5	easy to understand The facility ensures access to clinical records of	local language	2	ОВ		
ME B1.8	patients to entitled personnel	Lab Reports are provided to Patient in printed format	2	ОВ		
Standard B2	Services are delivered in a manner that Services are provided in manner that are				are no barrier on account of physical, econ	omic, cultural or social reasons.
ME B2.1	sensitive to gender	Separate queue for females at lab	2	ОВ		
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with	Check the availability of ramp in lab building	2	ОВ	At least 120 cm width, gradient not steeper than 1:12,	
	disabilities	area /sample collection area			if ramp is available	
Standard B3	The facility ma Confidentiality of patients records and clinical	aintains privacy, confidentiality & dig Laboratory has system to ensure the			a system for guarding patient related inforn Laboratory staff do not discuss the lab result outside.	nation.
ME B3.2	information is maintained	confidentiality of the reports generated	2	SI/OB	And reports are kept in secure place	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the	Behaviour of staff is empathetic and courteous	2	PI/OB		
	services The facility ensures privacy and confidentiality to	courteous				
ME B3.4	every patient, especially of those conditions	HIV positive reports/pregnancy reports are	2	SI/OB		
	having social stigma, and also safeguards vulnerable groups	communicated as per NACO guidelines		.,.		
Standard B4	Facility has defined and established pro		patient and t	heir familie	s about treatment and obtaining informed	consent wherever it is required.
ME B4.1	There is established procedures for taking informed consent before treatment and	Informed Consent is taken before HIV testing, Biopsy and any other invasive	2	SI/RR	Before testing HIV patient is informed that test is	
	procedures	procedure		·	voluntary and result will be disclosed to him/her only	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Pre test counselling is given before HIV	2	PI/SI/RR		
		testing	_			
Standard B5	Facility ensu				e is financial protection given from cost of o	care.
Standard B5 ME B5.1		ures that there are no financial barrie Free Diagnostic tests for Pregnant women,			e is financial protection given from cost of	care.
	Facility ensurements for a facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	res that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children	er to access ar	nd that ther	e is financial protection given from cost of o	care.
	Facility ensurements The facility provides cashless services to pregnant women, mothers and neonates as per	res that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables	er to access ar	nd that ther	e is financial protection given from cost of a	care.
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Standard C3 ME C3.1 T		Floors of the Laboratory are non slippery and even surfaces and acid resistent Windows have grills and wire meshwork The facility has establish	2	ОВ		
			2	ОВ		
	The facility has also for accounting of fig.		ed Programm	e for fire s	afety and other disaster	
ME C3.1		Laboratory has plan for safe storage and	2	OB/SI		
	The facility has plan for prevention of fire	handling of potentially flammable materials.	2	OB/3i		
		Department has sufficient fire exit with signage to permit safe escape to its occupant	2	ОВ		
		at time of fire				
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.	2	ОВ		
ME C3.2 T	The facility has adequate fire fighting Equipment	Lab has installed fire Extinguisher that is	2	OB/RR		
WE CS.2	The facility has adequate the lighting Equipment	Class A , Class B C type or ABC type Check the expiry date for fire extinguishers				
		are displayed on each extinguisher as well as	2	OB/RR		
		due date for next refilling is clearly mentioned				
	The facility has a system of periodic training of	Check for staff competencies for operating		51 (00		
	staff and conducts mock drills regularly for fire and other disaster situation	fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4	The facility h	nas adequate qualified and trained s	taff, required	for providi	Ing the assured services to the current case	load
	The facility has adequate specialist doctors as	Availability of dedicated pathologist	2	OB/RR	For 100 bed - 1 , 200-1, 300-3, 400-3, 500-4.	
P	per service provision	Availability of dedicated Microbiologist	2	OB/RR	For 300-500 bed -1	
	The facility has adequate technicians/paramedics as per requirement	Availability of Lab Technician 24X7	2	SI/RR		
	The facility has adequate support / general staff	Availability of Lab assistant	2	SI/RR	In-house/Out-sourced	
		Availability of housekeeping staff	2	SI/RR		
		Availability of security staff	2	SI/RR		
Standard C 5	The departments have adequate consumables at	Facility provides drugs and			lodine Solution, Gram Romanowsky ,StainZiehl-	
	point of use	Availability of stains	2	OB/RR	neelsen, Acridine orange, Acridine orange (?)	
		Availability of reagents	2	OB/RR OB/RR	Reagents for auto analyzers, ELISA Readers Acetone, Alcohol, distilled water, Microscope gel etc.	
		Availability of other Chemicals	- 4	OB/RR		
		Availability Laboratory materials	2	OB/RR	Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/paper stickers	
	Empressed designation and the second					
	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained	2	OB/RR		
Standard C 6	· · ·	The facility has equipment	& instrument	s required	for assured list of services.	
٥	Availability of equipment & instruments for	Availability of functional Equipment	2	ОВ		
	examination & monitoring of patients	&Instruments for examination & Monitoring	2	ОВ	BP apparatus, Stethoscope at sample collection area	
	Availability of equipment & instruments for diagnostic procedures being undertaken in the	Availability of functional auto analyzers	2	ОВ	Auto/ Semi Auto analyzers according to need	
	facility		2	ОВ		
		Availability of functional haematology equipments	2	ОВ	Cell Counters/ Counting Chambers , Heamoglobinometer , ESR stands with tubes	
		Availability of functional Biochemistry	2	ОВ	Calorie meter, Blood Gas Analyzer, Electrolyte	
		Equipment Availability of functional equipments for	,		analyzer	
		sample processing	2	ОВ	Micropipettes , Centrifuge, Water Bath, Hot air oven.	
		Availability of functional Microscopy equipments	2	ОВ	Binocular Micro scope , FNAC, staining rack	
		Availability functional Histopathology equipments	2	ОВ	Microtome	
		Availability of functional Serology	2	ОВ	Elisa Reader, Elisa washer	
		Equipments Availability of functional Microbiology			Incubator , Inoculators, safety hood and bio safety	
		equipments	2	ОВ	cabinet	
ME C 6.5	Availability of Equipment for Storage	Availability of equipment for storage of sample and reagents	2	ОВ	Refrigerators	
	Availability of functional equipment and	Availability of equipments for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste trolley, Deck brush	
	instruments for support services Departments have patient furniture and fixtures	Availability of fixtures at lab	2	ОВ	Illumination at work stations, Electrical fixture for lab	
a	as per load and service provision	Availability of fixtures at lab	-	0.5	equipments and storage equipments	
		Availability of furniture	2	ОВ	Lab stools, Work bench's, rack and cupboard for storage of reagent ,Patient stool, Chair table	
Standard C7	Facility has a defined an	d established procedure for effectiv	e utilization,	evaluation	and augmentation of competence and perf	ormance of staff
	·	•			Check objective checklist has been prepared for	
		Check parameters for assessing skills and	2	SI/RR	assessing competence of doctors, nurses and paramedical staff based on job description defined for	
c c	clinical and Para clinical staff	proficiency of clinical staff has been defined		3i/ KK	each cadre of staff. Dakshta checklist issued by	
					MoHFW can be used for this purpose.	
	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in	Check for competence assessment is done at	2	SI/RR	Check for records of competence assessment including filled checklist, scoring and grading . Verify	
	a year	least once in a year	_	J./ NN	with staff for actual competence assessment done	
	The Staff is provided training as per defined core	Training on automated Diagnostic	2	SI/RR		
0	competencies and training plan	Equipments like auto analyzer Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand	
		Training on Internal and External Quality			Hygiene	
		Assurance	2	SI/RR		
		Laboratory Safety Patient Safety	2	SI/RR SI/RR		
	<u> </u>	Basic Life Support	2	SI/RR	To all category of staff. At the time of induction and	
		Training on Quality Management System	2	SI/RR	once in a year.	
To the second	There is established procedure for utilization of				Check supervisors make periodic rounds of department and monitor that staff is working	
ME C7.10 si		Staff is skilled to run automated equipments	2	SI/RR	according to the training imparted. Also staff is	
S	ouper visiol11				provided on job training wherever there is still gaps	
		reality of the defendance of the second			Check supervisors make periodic rounds of	
		Staff is skilled for maintaining Laboratory records	2	SI/RR	department and monitor that staff is working according to the training imparted. Also staff is	
					provided on job training wherever there is still gaps	
			Concern - D			
Standard D1	The fac	ility has established Programme for	inspection, te	sting and n	naintenance and calibration of Equipment. 1. Check with AMC records/	
	The facility has established system for	All equipments are covered under AMC	2	SI/RR	Warranty documents	
n	maintenance of critical Equipment	including preventive maintenance		<u> </u>	Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break			Check for breakdown & Maintenance record in the log book	
		down maintenance of the equipments	2	SI/RR	2. Staff is aware of contact details of the	
			L		agency/person in case of breakdown.	1

		There has system to label Defective/Out of order equipments and stored appropriately	2	OB/RR		
		until it has been repaired		1		
		Staff is skilled for trouble shooting in case equipment malfunction	2	SI/RR		
		Periodic cleaning, inspection and maintenance of the equipments is done by	2	SI/RR		
	The facility has established procedure for	the operator				
ME D1.2	internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated	2	OB/ RR		
	Egaphicit	There is system to label/ code the equipment				
		to indicate status of calibration/ verification when recalibration is due	2	OB/ RR		
		Calibrators are available for Automated	2	SI/RR		
		haematology analyzers Laboratory has system to update correction	2	SI/RR		
		factor after calibration wherever required	2	SI/NN		
		Each lot of reagents has to be checked against earlier tested in use reagent lot or	2	SI/RR		
		with suitable reference material before being placed in service and result should be	2	SI/ NN		
	Operating and maintenance instructions are	recorded. Up to date instructions for operation and	_			
ME D1.3	available with the users of equipment	maintenance of equipments are readily available with staff.	2	OB/SI		
Standard D2		efined procedures for storage, invent There is established system of timely	tory manager	nent and di	spensing of drugs in pharmacy and patient of Stock level are daily updated	care areas
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	indenting of consumables and reagents	2	SI/RR	Indent are timely placed	
ME D2.3	The facility ensures proper storage of drugs and	Reagents and consumables are kept away from water and sources of heat, direct	2	OB/RR	Check the storage condition of reagents,etc.	
	consumables	sunlight			Reagents label contain name, concentration, date of	
		Reagents are labelled appropriately	2	OB/RR	preparation/opening, date of expiry, storage conditions and warning	
ME D2.4	The facility ensures management of expiry and near expiry drugs	No expired reagent found	2	OB/RR		
		Records for expiry and near expiry reagent are maintained	2	RR	Check the record of expiry and near expiry drug in drug substore	
	The facility has established procedure for	There is practice of calculating and			Minimum stock and reorder level are calculated	
ME D2.5	inventory management techniques	maintaining buffer stock of reagents	2	SI/RR	based on consumption Minimum buffer stock is maintained all the time	
		Department maintained stock register of	2	RR/SI	Check record of drug received, issued and balance	
	Those is a suppositive for periodically real existing	reagents These is established assessing for		-	stock in hand and are regularly updated	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is established procedure for replenishing drug tray	2	SI/RR	Challe and down	
		There is no stock out of reagents	2	OB/SI	Check the stock of some reagents Check for refrigerator/ILR temperature charts. Charts	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records twice a day	2	OB/RR	are maintained and updated twice a day. Refrigerators meant for storing drugs should not be	
		and are maintained			used for storing other items such as eatables.	
Standard D3		Regular Defrosting is done The facility provides safe, secure ar	2 nd comfortab	SI/RR le environn	nent to staff, patients and visitors.	
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate illumination at work station	2	ОВ		
		Adequate illumination at Collection area	2	ОВ	Testing areas, report writing area	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Entry is restricted in testing area	2	ОВ		
ME D3.3	The facility ensures safe and comfortable	Temperature control and ventilation in	2	SI/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as	
WIE D3.3	environment for patients and service providers	collection area	-	Si/ Kit	per environment condition and requirement	
		Temperature control and ventilation testing area	2	SI/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		In histopathology, for tissue processing	2	ОВ		
		separate room with fume hood is available				
MF D3.5	The facility has established measure for safety and	Availability of Eye washing facility Female staff feel secure at work place	2	OB SI		
Standard D4	security of female staff	The facility has established Pr	ogramme for	maintenan	ce and upkeep of the facility	
ME D4.1	Exterior of the facility building is maintained	Building is painted/whitewashed in uniform	2	ОВ		
	appropriately	Interior of patient care areas are plastered & painted	2	ОВ		
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient	2	ОВ	All area are clean with no dirt,grease,littering and	
ME OVIE	. Galant care areas are credit and mygreriic	care and circulation areas are Clean			cobwebs	
		Surface of furniture and fixtures are clean	2	ОВ		
		Toilets are clean with functional flush and running water	2	ОВ		
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	2	ОВ		
		Window panes , doors and other fixtures are intact	2	ОВ		
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the lab	2	ОВ		
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	ОВ		
Standard D5			kup as per re	quirement o	of service delivery, and support services nor	ms
ME D5.1	and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI	Water use for analytical purpose should be of reagent grade	
ME D5.2	The facility ensures adequate power backup in	Availability of power back up in laboratory	2	OB/SI		
Standard D10	all patient care areas as per load Facility i		gulatory requ	uirement im	posed by local, state or central governmen	t
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	Any positive report of notifiable disease is intimated to designated authorities	2	RR/SI		
Standard D11			aff are deteri	mined as pe	r govt. regulations and standards operating	procedures.
ME D11.1	The facility has established job description as per		2	RR	Regular + contractual	
	govt guidelines	Staff is aware of their role and	2	SI		
ME DIA 3	The facility has a established procedure for duty	responsibilities There is procedure to ensure that staff is		nn/cı	Check for system for recording time of reporting and	
ME D11.2	roster and deputation to different departments	available on duty as per duty roster	2	RR/SI	relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department	2	SI		

ME D11.3	The facility ensures the adherence to dress code	Doctor, technician and support staff adhere	2	ОВ		
Standard D12	as mandated by its administration / the health department	to their respective dress code			d services and adheres to contractual obliga	ations
ME D12.1	There is established system for contract	There is procedure to monitor the quality and adequacy of outsourced services on	2	SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are	
	management for out sourced services	regular basis	Concern - E	Clinical Se	done by designated in-house staff	
Standard E1	The facility has established procedure for	The facility has defined procedure Unique laboratory identification number is			tation and admission of patients.	
ME E1.1	registration of patients	given to each patient sample Patient demographic details are recorded in	2	RR	Check for that patient demographics like Name, age,	
Standard E3		laboratory records Facility has defined and establishe	2 ed procedures	for continu	Sex, Chief complaint, etc.	
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher	Laboratory has referral linkage for tests not	2	RR/SI		
IVIE E3.2	facilities to assure their continuity of care.	available at the facility		NN/31		
		Facility gets referred patients from lower level of facility The facility has define	2	RR/SI	e.g.: linkage for disease surveillance and water testing	
Standard E4 ME E4.3	There is established procedure of patient hand	Procedure to handover test/ results during	and establi	RR/SI	dures for nursing care	
IVIE E4.3	over, whenever staff duty change happens	shift change Handover register is maintained	2	RR		
Standard E8					ng of patients' clinical records and their stor	age
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available	2	RR/OB	Printed formats for requisition and reporting are available	
ME E8.6	Register/records are maintained as per guidelines	Lab records are labelled and indexed	2	RR		
	The feelile consequence of and advantage shows	Records are maintained for laboratory	2	RR	Test registers, IQAS/EQAS Registers, Expenditure registers, Accession list etc.	
ME E8.7 Standard E11	The facility ensures safe and adequate storage and retrieval of medical records	Laboratory has adequate facility for storage of records	2 L procedures	OB	ncy Services and Disaster Management	
ME E11.3	The facility has disaster management plan in	Staff is aware of disaster plan	2	SI/RR	icy services and bisaster Management	
	place	Role and responsibilities of staff in disaster is defined	2	SI/RR		
ME E11.5	There is procedure for handling medico legal	Samples of medico legal cases are identified	2	SI/RR	Requisition and reports are marked with MLC and	
Standard E12	cases	The facility has defined a	nd establishe	d procedur	reports are handed over to authorized personnel only es of diagnostic services	
ME E12.1	There are established procedures for Pre-testing Activities	Requisition of all laboratory test is done in request form	2	RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, type of primary sample, examination requested, date and time of primary sample collection and date and time of receipt of sample by laboratory.	
		Instructions for collection and handling of primary sample are communicated to those	2	RR/SI		
		responsible for collection Laboratory has system in place to label the	2	RR/SI		
		primary sample Laboratory has system to trace the primary sample from requisition form	2	RR/SI		
		Laboratory has system to record the identity of person collecting the primary sample	2	RR/SI		
		Laboratory has system in place to monitor the transportation of the sample	2	RR/SI	Transportation of sample includes: Time frame, temperature and carrier specified for transportation	
ME E12.2	There are established procedures for testing Activities	testing procedure are readily available at work station and staff is aware of them	2	OB/RR		
		Laboratory has Biological reference interval for its examination of various results	2	OB/RR		
		Laboratory has identified critical intervals for which immediate notification is done to concerned physician	2	RR/SI		
ME E12.3	There are established procedures for Post- testing Activities	Laboratory has system to review the results of examination by authorized person before release of report	2	RR/SI		
		Laboratory has format for reporting of results	2	RR/OB		
		Laboratory has system to provide the reports within defined cycle time/ or each category of patient -routine and emergency	2	RR/SI		
		Laboratory results written in reports are legible without error in transcription	2	RR/SI		
		Laboratory has defined the retention period and disposal of used sample	2	RR/SI		
		Laboratory has system to retain the copies of reported result and promptly retrieved when	2	RR/SI		
			National Healt			
Standard E23		Facility provides National he	aitii program	as per ope	rational/Cillical Guidelines	
ME E23.9	Facility provide service for Integrated disease surveillance program	Weekly reporting of Confirmed cases on form "L" from laboratory	2	SI/RR	(a) Submitted to District surveillance officer (b) Data is submitted manually or through IHIP (integrated health information plateform)	#Daily
Standard F1	Facility has info		Concern - F		Control a and measurement of hospital associated i	nfection
ME F1.2	Facility has provision for Passive and active	Surface and environment samples are taken	2 In place for	SI/RR	Swab are taken from infection prone surfaces	
mt ri.2	culture surveillance of critical & high risk areas	for microbiological surveillance Technician is trained for taking and processing surface and air sample	2	SI/RR SI/RR	Javan die Lakeii ii vin Intection prone surfaces	
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B, Tetanus Toxid etc	
		Periodic medical checkups of the staff	2	SI/RR		
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy	2	SI/RR		
Standard F2 ME F2.1	Fa Hand washing facilities are provided at point of	Availability of hand washing Facility at Point	procedures fo	or ensuring OB	hand hygiene practices and antisepsis Check for availability of wash basin near the point of	
	use	of Use			use	

		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Availability of Alcohol based Hand rub	2	OB/SI	Check for availability/ Ask staff for regular supply.	
		Display of Hand washing Instruction at Point			Prominently displayed above the hand washing	
		of Use	2	OB	facility , preferably in Local language	
		Availability of elbow operated taps	2	OB		
		Hand washing sink is wide and deep enough to prevent splashing and retention of water	2	ОВ		
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing	2	SI/OB	Ask of demonstration	
	Facility ensures standard practices and materials	Staff aware of when to hand wash	2	SI		
ME F2.3	for antisepsis	Availability of Antiseptic Solutions	2	ОВ		
		Proper cleaning of procedure site with antisepsis	2	OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter	
Standard F3		Facility ensures standard	practices an	d materials		
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use	2	OB/SI		
		Availability of lab aprons/coats Availability of Masks	2	OB/SI OB/SI		
ME F3.2	Staff is adhere to standard personal protection	No reuse of disposable gloves and Masks.	2	OB/SI		
WIE F3.2	practices	Compliance to correct method of wearing		05/31		
		and removing the PPE	2	SI	Gloves, Masks, Caps and Aprons	
Standard F4	Facility ensures standard practices and materials for	Facility has standard Proceed	lures for proc	essing of ed	Ask staff about how they decontaminate work	
ME F4.1	decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces	2	SI/OB	benches (Wiping with 0.5% Chlorine solution	
		Proper Decontamination of instruments after use	2	SI/OB	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropriate method	
		Contact time for decontamination is adequate	2	SI/OB	10 minutes	
		Cleaning of instruments after	2	SI/OB	Cleaning is done with detergent and running water	
		decontamination Staff know how to make chlorine solution	2	SI/OB	after decontamination	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Disinfection of reusable glassware	2	SI/OB	Disinfection by hot air oven at 160 oC for 1 hour	
		Autoclaving for used culture media and other	2	SI/OB		
Standard F5		infected material Physical layout and environmental co	ontrol of the	patient care	areas ensures infection prevention	
ME F5.2	Facility ensures availability of standard materials for	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Gluteraldehye, carbolic acid	
	cleaning and disinfection of patient care areas	Availability of cleaning agent as per				
	Facility ensures standard practices followed for	requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR		
		Cleaning of patient care area with detergent solution	2	SI/RR		
		Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out	
		Cleaning equipments like broom are not used in patient care areas	2	OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided	
					particles in all siloulu de avolueu	
ME F5.4	Facility ensures segregation infectious patients	Precaution with infectious patients like TB	2	OB/SI	particles in an sriouto de avolued	
ME F5.4 ME F5.5	Facility ensures air quality of high risk area	Air quality in Lab	2	OB/SI	Negative Pressure for microbiology	
ME F5.5 Standard F6	Facility ensures air quality of high risk area Facility has defined	Air quality in Lab and established procedures for segre	2 egation, colle	OB/SI		dous Waste.
ME F5.5	Facility ensures air quality of high risk area	Air quality in Lab and established procedures for segre Availability of colour coded bins at point of waste generation	2	OB/SI	Negative Pressure for microbiology	dous Waste.
ME F5.5 Standard F6	Facility ensures air quality of high risk area Facility has defined Facility Ensures segregation of Bio Medical	Air quality in Lab and established procedures for segre Availability of colour coded bins at point of	2 egation, colle	OB/SI ction, treat	Negative Pressure for microbiology ment and disposal of Bio Medical and hazar	dous Waste.
ME F5.5 Standard F6	Facility ensures air quality of high risk area Facility has defined Facility Ensures segregation of Bio Medical	Air quality in Lab and established procedures for segre Availability of colour coded bins at point of waste generation Availability of colour coded non chlorinated	2 egation, colle	OB/SI ction, treati	Negative Pressure for microbiology ment and disposal of Bio Medical and hazar	dous Waste.
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		Staff aware of mercury spill management	2	SI/RR	Look for: 1. Spill are executation 2. Removal of Jewellery 3. Wear PPE 4. Use of flashight to lacate mercury beads 5. Use syringe without a needle/eyedropper and stoky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprinke sulphur or zinc prowder to remove any remaining mercury 8. All the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution 9. All the bags or containers containing items "Hazardous Waste, Handle with Care" 10. Collected mercury waste should be handed over to the CBMWTF	
		Area of Co	ncern - G Q	uality Mar	nagement	
Standard G1		The facility has established	organization	al framewor	rk for quality improvement	
ME G1.1	The Smiller have a smaller known by along	Quality circle has been formed in the	2	SI/RR	Check if quality circle formed and functional with a	
ME G1.1	The facility has a quality team in place	Laboratory	_		designated nodal officer for quality	
Standard G2		Facility has established	system for p	atient and	employee satisfaction	
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	There is system to take feed back from	2	RR		
	periodic intervais	clinician about quality of services Client/Patient satisfaction survey done on				
		monthly basis	2	RR		
Standard G3			ernal quality	assurance p	rograms wherever it is critical to quality.	
ME G3.1	Facility has established internal quality assurance		2	SI/RR		
	program at relevant departments	place Standards are run at defined interval	2	SI/RR		
		Control charts are prepared and outliers are				
		identified.	2	SI/RR		
		Corrective action is taken on the identified	2	SI/RR		
		outliers Internal Quality Control for Public Health lab			Routine checking of equipments, new lots of regent,	
		is in place	2	SI/RR	smear preparation, grading etc	
ME G3.2	Facility has established external assurance	Proficiency Test / EQUAS is done	2	SI/RR	For tests where Nationnal Proficiency Test program is	
	programs at relevant departments			. 9	available	
		External / Internal split testing is done	2	SI/RR	For test where PT program is not available	
		504			Staff is aware of EQAS reporting system, how to	
		EQAs reporst are analysed and evaluated	2		evaluate, and compare	
	l	Corrective actions are taken on abnormal	2	SI/RR		
		values/ Outliers		.,		
	l	External quality assurance program	2	SI/RR	Onsite evaluation done Monthly	
		implemented as per NTEP program			Random Blinded rechecking (RBRC) done Monthly	
		External quality assurance program	2	SI/RR		
		implemented for NVBDCP				
		External quality assurance under NACP	2	SI/RR		
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
		Departmental checklist are used for	2		Staff is designated for filling and monitoring of	
		monitoring and quality assurance			these checklists	
		Non-compliances are enumerated and	2	RR	Check the non compliances are presented &	
		recorded			discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed	Check action plans are prepared and	2	RR	Randomly check the details of action, responsibility,	
ME G3.4	during quality assurance process	implemented as per internal assessment record findings	2	RR	time line and feedback mechanism	
					Check actions have been taken to close the gap. It can	
ME G3.5	Planned actions are implemented through Quality Improvement Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action	2	SI/RR	be in form of action taken report or Quality	
		-	landaria and Chan	d O	Improvement (PDCA) project report	
Standard G4			intained Star	dard Opera	ting Procedures for all key processes and su	ipport services.
ME G4.1	Departmental standard operating procedures	Standard operting procedure for department	2	RR		
	are available	has been prepared and approved				
		Current version of SOP are available with	2	OB/RR		
		process owner Work instruction/clincal protocols are				
		displayed	2	OB	Work instruction for Internal Quality control,	
	Standard Operating Procedures adequately	Laboratory has documented process for			Look for procedure for transportation of primary	
ME G4.2	describes process and procedures	Collection, handling, transportation of	2	RR	sample with specification about time frame,	
		primary sample		-	temperature and carrier	
	l	Laboratory has documented process on	2	RR		
		acceptance and rejection of primary samples				
		Laboratory has documented procedure on	2	RR		
		receipt, labeling, processing and reporting of primary sample	'	145		
	l	Laboratory has documented procedure on receipt, labeling, processing and reporting of	2	RR		
	l	primary sample for emergency cases				
		Laboratory has documented system for	2	RR		
		storage of examined samples		nA.		
		Laboratory has documented system for	2	RR		
		repeat tests due to analytical failure Laboratory has documented validated				
		procedure for examination of samples	2	RR		
		Laboratory has documented biological	2	RR		
		reference intervals				
		Laboratory has documented critical reference values and procedure for immediate	2	RR		
		reporting of results				
		Laboratory has documented procedure for				
		release of reports including details of who may release result and to whom	2	RR		
		Laboratory has documented internal quality control system to verify the quality of results	2	RR		
				-		
	l	Laboratory has documented External Quality assurance program	2	RR		į l
		Laboratory has documented procedure for	2	RR		
		calibration of equipments	<u> </u>	140		
		Laboratory has documented procedure for				
	l	validation of results of reagents ,stains ,	2	RR		į l
		media and kits etc. wherever required				
	l	Laboratory has documented system of		nn.		
	l	resolution of complaints and other feedback received from stakeholders	2	RR		
		Laboratory has documented procedure for	2	RR		
		examination by referral laboratories		RR		

		Laboratory has documented system for				
		storage, retaining and retrieval of laboratory records, primary sample, Examination sample	2	RR		
		and reports of results.				
		Laboratory has documented system to	2	RR		
		control of its documents	-			
		Laboratory has documented procedure for preventive and break down maintenance	2	RR		
		Laboratory has documented procedure for	_	RR		
		internal audits	2	RR		
		Laboratory has documented procedure for	2	RR		
	Staff is trained and aware of the standard	purchase of External services and supplies Check staff is a aware of relevant part of				
ME G4.3	procedures written in SOPs	SOPs	2	SI/RR		
Standard G 5	Facility maps	its key processes and seeks to make	them more e	fficient by r	educing non value adding activities and wa	stages
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done	2	SI/RR		
ME G5.2	Facility identifies non value adding activities /	Non value adding activities are identified	2	SI/RR		
ME G5.3	waste / redundant activities Facility takes corrective action to improve the		2	SI/RR		
	processes	Processes are rearranged as per requirement			k prepared a strategic plan to achieve them	
Standard G6	The fac	mity has defined mission, values, Qua	inty policy &	objectives e	Check quality policy of the facility has been defined in	
ME G6.3	Facility has defined Quality policy, which is in	Check if Quality Policy has been defined and		SI/RR	consultation with hospital staff and duly approved by	
IVIE G6.3	congruency with the mission of facility	approved	2	SI/KK	the head of the facility . Also check Quality Policy enables achievement of mission of the facility and	
					health department	
					Check short term valid quality objectivities have been	
ME G6.4	Facility has de defined quality objectives to achieve	Check if SMART Quality Objectives have	2	SI/RR	framed addressing key quality issues in each department and cores services. Check if these	
	mission and quality policy	framed		1	objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of	Check of staff is aware of Mission , Values,	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is	
	services	Quality Policy and objectives	-	July and t	displayed prominently in local language at Key Points	
					Verify with records that a time bound action plan has	
ME G6.6	Facility prepares strategic plan to achieve mission,	Check if plan for implementing quality policy	2	SI/RR	been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if	
	quality policy and objectives	and objectives have prepared		[the plan has been approved by the hospital	
					management	
					Review the records that action plan on quality objectives being reviewed at least onnce in month by	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	SI/RR	departmnetal incharges and during the qulaity team	
	, , , , , , , , , , , , , , , , , , , ,				meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	
Standard G7		Facility seeks continually in	provement b	v practicing		
ME G7.1	Facility uses method for quality improvement in	Basic quality improvement method	2	SI/OB	PDCA & 5S	
	services	Advance quality improvement method	2	SI/OB	Six sigma, lean.	
	Facility uses tools for quality improvement in					
		/ basic tools of Quality	2	SI/RR	Minimum 2 applicable tools are used in each	
ME G7.2 Standard G9	services	7 basic tools of Quality		SI/RR	department	Plan
Standard G9	services Facility has	established procedures for assessing		1	department nd managing risk as per Risk Management I	Plan
	services Facility has Periodic assessment for Medication and Patient care	established procedures for assessing Check periodic assessment of medication and patient care safety risk is done using defined		1	department nd managing risk as per Risk Management I Verify with the records. A comprehensive risk assement of all clincial processes should be done	Plan
Standard G9	services Facility has	established procedures for assessing Check periodic assessment of medication and	g, reporting, e	evaluating a	department nd managing risk as per Risk Management Verify with the records. A comprehensive risk	Plan
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		National Quality Assurance St	tandards for District Hospitals		Version: DH/NQAS-2020/00
		Checklist for Radio	ology Department		16
		Assessmen	t Summary		
Name of t	the Hospital			Date of Assessment	
Names of	Assessors			Names of Assessees	
Type of A	ssessment (Internal/External)			Action plan Submission Date	
. ypc 0.7c	ssessment (internal) External)				
			Radiology Score Card		
	Area of Concern v	vise Score		Radiology Score	
Α	Service Provision	100%			
В	Patient Rights	100%			
С	Inputs	100%			
D	Support Services	100%		100%	
E	Clinical Services	100%		100%	
F	Infection Control	100%			
G	Quality Management	100%			
н	Outcome	100%			
	Major Gaps Observed				
1					
2					
3					
<u>4</u> 5					
	Strengths / Good Practices				
1	gas, accarractices				
2	1				
3					
4	1				
5	1				
	Recommendations/ Opportun	ites for Improvement			
1	opportun	provement			
2	1				
3					
4	+				
5	Si				
	Signature of Assessors Date				

Reference no.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
			Full/Partial/No Area of Cor	ncern - A Service P	Provision	
Standard A1				Provides Curative Ser		
ME A1.14	Services are available for the time period as mandated	All radiology services are available in routine working hours	2	SI/RR		
		Emergency radiology services are available for selected procedure 24X7	2	SI/RR	Check for: 1. Radiological services are available at night 2. Look for number of radiology test performed at night	
Standard A2			Facility p	rovides RMNCHA Se	rvices	
ME A2.2	The facility provides Maternal health Services	Availability of USG services for Pregnant women	2	SI/OB		
Standard A3			Facility P	rovides diagnostic Se	ervices	
ME A3.1	The facility provides Radiology Services	Availability of X ray services	2	SI/OB	for chest, bones, skull, spine and abdomen.	
		Availability of special radio graph services	2	SI/OB	Barium Swallow, Barium enema, Barium meal, MMR (Miniature mass radiography) Chest, IVP, Mammography, C-arm	
		Availability of Dental X ray Services	2	SI/OB	Radio-vision-Graph (RVG) Digital dental X-ray, OPG services	
		Availability of ultrasound services	2	SI/OB	Pre natal diagnostic procedure: Ultrasonography with colour doppler, Fetoscopy	
		Availability of CT scan facility	2	SI/OB		
				oncern - B Patient		
Standard B1			n to care seekers, atte	ndants & community	about the available services and their mod	alities
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages	2	ОВ	Numbering, main department and internal sectional signage are displayed	
		Display of PNDT Notice at USG	2	ОВ	Notice in local language is displayed at entrance of USG department that All persons including the employer, employee or any other person associated with department shall not conduct or associate with or help in carrying out detection or disclosure of sex of foetus in any manner	
		Display of cautionary signage outside the X ray department	2	ОВ	Radiation hazard sign and caution for pregnant women and children	
ME B1.2	The facility displays the services and entitlements available in its departments	List of services available are displayed at the entrance	2	ОВ		
		Timing for taking X ray and collection of reports are displayed outside the X ray department	2	ОВ		
ME B1.4					DELETED	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language	2	ОВ		
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Reports are provided to Patient in proper printed format	2	ОВ		
Standard B2	Services are deliv	ered in a manner that is sensitive to ge	nder, religious and cult	tural needs, and ther	re are no barrier on account of physical econo	omic, cultural or social reasons
ME B2.1	Services are provided in manner that are sensitive to gender	Female attendant should accompany female patients during radiological procedures	2	OB/SI		
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Check the availability of ramp in OPD/ X ray room	2	ОВ	At least 120 cm width, gradient not steeper than 1:12, if ramp is available	
Standard B3			onfidentiality & dignity	of patient, and has	a system for guarding patient related inform	ation.
ME 83.1	Adequate visual privacy is provided at every point of care	X ray department has provision of privacy while taking X ray.	2	ОВ		
	every position care	USG department has provision of privacy while taking sonography	2	ОВ	provision of screen	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Radiology has system to ensure the confidentiality of the reports generated	2	RR/SI	Radiology staff do not discuss the lab result outside. And reports are kept in secure place	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	PI		
Standard B4		ed and established procedures for infor	ming and involving pat	ient and their familio	es about treatment and obtaining informed o	onsent wherever it is required.

	There is established procedures for	Form F for USG under PNDT maintained for scan				
ME B4.1	taking informed consent before treatment and procedures	of pregnant woman	2	RR		
Standard B5		Facility ensures that there are	e no financial barrier to	access and that the	ere is financial protection given from cost of co	are.
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free Diagnostic tests are available as per entitlement	2	PI/SI	Pregnant women, Infant and Children	
ME B5.3 ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Tests are free of cost for BPL patients	2	PI/SI	DELETED	Aplicable to all
ME 85.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Cashless investigation by empanelled lab for JSSK beneficiaries for test not available within the facility	2	PI/SI/RR		
	and reimbursement to the patients	the facility	Area	of Concern - C Inp	uts	
Standard C1					lable infrastructure meets the prevalent norr The room housing X-ray equipment have appropriate	ns
ME C1.1	Departments have adequate space as per patient or work load	Room Size of X ray unit is as per AERB safety code	2	ОВ	area to facilitate easy movement of staff & proper patient positioning.	
ME C1.2	Patient amenities are provide as per	Availability of adequate waiting area Attached toilet facility available	2	OB OB	For USG	
	patient load	Waiting area with sitting facility	2	OB		
ME C1.3	Departments have layout and demarcated areas as per functions	Entrance of X ray room is as per AERB layout guidelines	2	ОВ	Preferably one entrance with door having hydraulic mechanism to ensure that it is closed during procedure	
		Opening for Ventilation and natural light has been provided in X ray room as per AERB layout guidelines	2	ОВ	Windows should be above 2m from finished floor level outside the x ray. If no then shielding is provided is provided on the window up to 2 m	
		Positioning of chest stand as per AERB layout guidelines	2	ОВ	The chest stand should be located opposite to entrance door and control console	
		Positioning of control console as per AERB layout guidelines	2		Control console should be positioned as far away as possible from the X ray tube.	
ME C1.4	The facility has adequate circulation area and open spaces according to need and	Corridors are wide enough for movement of trolleys and stretchers	2	ОВ	2-3 meters	
ME CLS	local law The facility has infrastructure for intramural and extramural	Availability of functional telephone and Intercom	2	OB		
ME C1.6	communication Service counters are available as per	Services	2	OB		
ME C1.6	patient load The facility and departments are planned	No of X ray machines as per load	2	OB	Check for the adequacy X-ray machines as per load	
ME C1.7	to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Unidirectional flow of goods and services	2	ОВ	No cris cross in the movement patient traffic and services flow Should be near emergency department	
Standard C2 ME C2.1	The facility ensures the seismic safety of		The facility ensures th	oe physical safety of	Check for fixtures and furniture like cupboards, cabinets,	
ME C2.3	the infrastructure The facility ensures safety of electrical	Non structural components are properly secured X-ray - does not have temporary connections	2	OB	and heavy equipment, hanging objects are properly fastened and secured Switch Roards other electrical installation are intact	
ME C2.3	establishment	and loosely hanging wires Adequate electrical socket provided for safe and	2	OB	Switch Boards other electrical installation are intact	
		smooth operation of lab equipment Stabilizer is provided for X-ray machine	2	OB		
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the Radiology department are non slippery and even	2	ОВ		
		Positioning of mobile protective barrier as AERB layout guidelines	2	ОВ	Mobile protective barrier should to positioned in such as manner that the operator is completely shielded during exposure The thickness is appropriate taking into consideration of	
		Thickness of walls at X room are as AERB layout guidelines X ray department should not be located adjacent	2	OB/RR OB	(1) Distance from centre of patient table (2) type of shielding material (brick, concrete, steel, lead or any other material)	
Standard C3					safety and other disaster	
ME C3.1	The facility has plan for prevention of fire	Radiology has sufficient fire exit to permit safe escape to its occupant at time of fire	2	OB/SI		
ME C3.2	The facility has adequate fire fighting Equipment	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Radiology department has installed fire Extinguisher that is Class A , Class B C type or	2	OB OB		
	Equipment	ABC type Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned	2	OB/RR		
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4	The facility has adequate specialist				ling the assured services to the current case I	oad
ME C4.1	doctors as per service provision The facility has adequate	Availability of Radiologist	2	OB/RR	200-400-2 >400-3	
ME C4.4	technicians/paramedics as per requirement	Availability of Radiographer	2	SI/RR	100-2, 200-3, 300-5, 400-7, 500-9	
ME C4.5	The facility has adequate support / general staff	Availability of housekeeping staff	2	SI/RR		
Standard C5	The departments have adequate	Availability of security staff Facility	provides drugs and co	SI/RR nsumables required	for assured list of services.	
ME C5.2	consumables at point of use	Availability Consumables Availability of personal protective equipment	2	OB/RR OB/RR	X ray films, Developer, Fixer, USG gel, printing paper Mobile protective barrier, Lead apron, Rubber hanging	
ME CS.3	Emergency drug trays are maintained at		2	OB/RR	flaps, hand glove, lead shields.	
ME CS.3 Standard C6	every point of care, where ever it may be needed				for assured list of services.	
ME C6.1	Availability of equipment & instruments		2	ОВ	TLD badges	TLD badges for all the technician
ME C6.3	Availability of equipment & instruments for diagnostic procedures being	Availability of functional X-ray machines	2	OB	300 MA X ray machine & 100 MA X ray machine	
	undertaken in the facility	Availability of functional Dental X-Ray	2	ОВ	Radio-Visio-Graph (RVG) – digital dental X-Ray,	
		Machine Availability of functional Ultrasonography	2	ОВ	Orthopantomogram (OPG) 2 one general purpose & one for Obstetric purpose	
		Availability of functional Portable X-ray	2	ОВ	60 MA X ray machine (Mobile)	
		Machine Availability of functional CT-scan machine	2	ОВ		
		Availability of Accessories for X ray	ż	ОВ	Cassettes X ray, Intensifying screen X ray, Lead letter (A- Z), Letter figures (0-9) and R & L (Manual). Computer, printer, x -ray holder/positioner, (Digital)	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste trolley, Deck brush	
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of attachment/ accessories	2	ОВ	Bucky Stand	
		Availability of fixtures at radiology Availability of furniture	2 2	OB	X-ray View box, Electrical fixture for equipment rack and cupboard , Chair table	
Standard C7		Facility has a defined and establishe	d procedure for effective		nd augmentation of competence and performance of Check objective checklist has been prepared for	of staff
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined	2		assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Daksha checklist issued by MoHFW can be used for this purpose.	
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check for competence assessment is done at least once in a year	2		Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Training on radiation safety	2	SI/RR		
		Infection control & prevention training Patient Safety	2	SI/RR SI/RR	Bio medical Waste Management including Hand Hygiene	
		Basic Life Support	2	SI/RR SI/RR		

			2	SI/RR	To all category of staff. At the time of induction and	
		Training on Quality Management System	2	SI/RR	once in a year.	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job	Radiographers are skilled to operating	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the	
INIC C7.20	supportive supervision	equipment	•	Jynn.	training imparted. Also staff is provided on job training wherever there is still gaps	
			Area of Cor	ncern - D Support	Services	
Standard D1		The facility has establish	ned Programme for ins	pection, testing and	maintenance and calibration of Equipment. 1. Check with AMC records/	
ME D1.1	The facility has established system for	All equipments are covered under AMC including preventive maintenance	2	SI/RR	Warranty documents	
	maintenance of critical Equipment	preventive maintenance			Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down	2	SI/RR	Check for breakdown & Maintenance record in the log book	
		maintenance of the equipments	_		Staff is aware of contact details of the agency/person in case of breakdown.	
		There has system to label Defective/Out of order equipments and stored appropriately until it has	2	OB/RR		
		been repaired Staff is skilled for trouble shooting in case				
		equipment malfunction	2	SI/RR		
		Periodic cleaning, inspection and maintenance of the equipments is done by the operator	2	SI/RR		
ME D1.2	The facility has established procedure for internal and external calibration of	All the measuring equipments/instrument are	2	OB/ RR		
WE DI.2	measuring Equipment	calibrated	2	Ob/ RK		
		There is system to label/ code the equipment to indicate status of calibration/ verification when	2	OB/ RR		
		recalibration is due	_			
ME D1.3	Operating and maintenance instructions are available with the users of	Operating instructions and factor charts are	2	OB/SI		
	equipment	available with the equipments				
Standard D2	There is established procedure for	There is established system of timely indenting			ispensing of drugs in pharmacy and patient co Stock level are daily updated	are areas
ME D2.1	forecasting and indenting drugs and consumables	of X ray films, fixer and developers etc.	2	SI/RR	Indent are timely placed	
ME D2.3	The facility ensures proper storage of	There is separate storage area for undeveloped X	2	OB/RR	Check the storage area and its condition	
	drugs and consumables	ray films and personal monitoring devices				
		X ray films/ Fixers, developer and consumables are kept away from water and sources of heat,	2		Storage condition - Kept away from direct sunlight, not	
	The feetler on	direct sunlight			in contact with damp wall, water, etc	
ME D2.4	The facility ensures management of expiry and near expiry drugs	No expired consumables is found	2	OB/RR	X ray films, USG jelly, contrast media, plate cleaner (fixer & developer - manual)	
		Records for expiry and near expiry are maintained	2	RR	Check the record of expiry and near expiry drug in drug sub store and are regular update	
ME D2.5		There is practice of calculation and maintaining	2	SI/RR	X ray films, USG jelly, contrast media, plate cleaner,	
	inventory management techniques	buffer stock Department maintained stock register in X ray &			print paper roll (fixer & developer - manual) Check record of drug received, issued and balance stock	
		USG	2	RR/SI	in hand and are regularly updated	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is established procedure for replenishing drug tray /crash cart	2	SI/RR		
Standard D3		The facility prov	vides safe, secure and o	comfortable environi	ment to staff, patients and visitors.	
ME D3.1	The facility provides adequate	Adequate illumination at work station at X ray	2	ОВ		
	illumination level at patient care areas	room				
		Adequate illumination at workstation at USG	2	ОВ		
ME D3.2	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed one time at X room	2	ОВ		
		Warning light is provided outside X ray room and its been used when unit is functional	2	OB/SI		
ME D3.3	The facility ensures safe and comfortable environment for patients and service	Protective apron and gloves are being provided to relative of the child patient who escort the	2	OB/SI		
	providers	child for X ray examination/ immobilisation support is provided to children				
		X ray room has been kept closed at the time of radiation exposure	2	ОВ		
		Lead apron and other protective equipment's are	2	ОВ		
		available with radiation workers and they are using it	2	OB	Check TLD batch is worn below the lead apron	
		TLD badges are available with all staff of X ray department	2	ОВ	Records of its regular assessment is done by X ray department	
		Temperature control and ventilation in X ray room	2	SI/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
					Fans/ Air conditioning/Heating/Exhaust/Ventilators as	
		Temperature control and ventilation USG	2	SI/RR	per environment condition and requirement	
ME D3.5	The facility has established measure for safety and security of female staff	Female staff feel secure at work place	2	SI		
Standard D4	Exterior of the facility building is				nce and upkeep of the facility	
ME D4.1	maintained appropriately	Building is painted/whitewashed in uniform colour	2	ОВ		
		Interior of patient care areas are plastered & painted	2	ОВ		
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt, grease, littering and cobwebs	
		Surface of furniture and fixtures are clean Toilets are clean with functional flush and	2	OB		
	Hospital infrastructure is adequately	running water Check for there is no seepage , Cracks, chipping	2	OB		
ME D4.3	maintained	of plaster	2	ОВ		
		Window panes , doors and other fixtures are intact	2	ОВ		
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the X-ray and USG	2	ОВ		
ME D4.6	The facility has established procedures	No stray animal/rodent/birds	2	ОВ		
Standard D5	for pest, rodent and animal control				of service delivery, and support services norm	nc .
	The facility has adequate arrangement				o. service delivery, and support services norr	
ME D5.1	storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water	2	OB/SI		
ME D5.2	The facility ensures adequate power backup in all patient care areas as per	Availability of power back up in Radiology and	2	OB/SI		
	load	USG room				
Standard D10	The facility has requisite licences and	Facility is compliant with			nposed by local, state or central government	
ME D10.1	certificates for operation of hospital and different activities	X ray department has registration from AERB.	2	RR		
		X ray department has layout approval	2	RR		
		X ray department has type approval of equipment with QA test report for X ray machine	2	RR		
		USG department has registration under PCPNDT	2	RR		
		Duplicate copy of Certificate of registration				
		under Form B is displayed inside the department	2	OB		
ME D10.3	The facility ensure relevant processes are in compliance with statutory	USG is taken by person Qualified as per PCPNDT	2	RR		
	requirement					
		X ray department has Radiological safety officer (RSO) approved by competent authority	2	RR	X ray department has certification from AERB for any person discharging duties and functions of RSO.	
		Records of submission of Form F to appropriate	2	RR		
Standard D11					er govt. regulations and standards operating	procedures.
ME D11.1	The facility has established job description as per govt guidelines	Job description is defined and communicated to all concerned staff	2	RR	Regular + contractual	
		Staff is aware of their role and responsibilities	2	SI		
ME D11.2	The facility has a established procedure	There is procedure to ensure that staff is	2	RR/SI	Check for system for recording time of reporting and	
WIC 011.2	for duty roster and deputation to different departments	available on duty as per duty roster	4	KK/SI	relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department	2	SI		
	The facility ensures the adherence to	Doctor, technician and support staff adhere to	2	OB		
			1 ²	OR		
ME D11.3	dress code as mandated by its administration / the health department	their respective dress code				
ME D11.3 Standard D12			dure for monitoring the	quality of outsource	ed services and adheres to contractual obligat	tions

Company Comp		There is established system for contract	There is procedure to monitor the quality and			Verification of outsourced services	
Marie Mari	ME D12.1		adequacy of outsourced services on regular	2	SI/RR	(cleaning/Laundry/Security/Maintenance) provided are done by designated in-house staff	
The stand and continue and stand a	Standard F1		The facility has				
Marie	ME E1.1	The facility has established procedure for	Unique identification number is given to each				
Marie Mari		registration or patients	Patient demographic details are recorded in	2	RR	Check for that patient demographics like Name, age,	
Column C	Standard E3	Carilla has established exceeding for	Facility has def	ined and established p	rocedures for contin	nuity of care of patient and referral	
Part	ME E3.1	continuity of care during interdepartmental	over of patients during transfer to X-Ray	2	SI/RR		
March Marc		Facility provides appropriate referral	There is procedure for referral of patient for	_			
Marie Mari	ME E3.2	to other/higher facilities to assure their		2	RR/SI		
March Marc	Standard E5		Radiology/ USG department identify vulnerable				
March Marc	ME ES.1	ensure their safe care	patients as per requirement	2	SI/RR	radiographic procedure	
Company Comp	ME E5.2			2	OB/SI/RR	department asking every female to inform	
March Marc	Standard E8		Facility has defined and esta	blished procedures for	maintaining, updati	pregnant ing of patients' clinical records and their stora	ge
Page	ME E8.5		Standard Formats available	2	RR/OB		
Model Mode	ME E8.6	Register/records are maintained as per	Radiology records are labelled and indexed				
March Marc		The feetile consequence of					
March Marc		storage and retrieval of medical records	records				
March Marc		The facility has disaster management				ency Services and Disaster Management	
Montpose	INIC CIT.5	plan in place					
March Marc	ME F11.5	There is procedure for handling medico				Requisition and reports are marked with MLC and	
Part	Standard E12	legal cases	-			reports are handed over to authorize person tres of diagnostic services	
March Marc						Request form contain information: Name and	
March Marc	ME E12.1	There are established procedures for Pre- testing Activities	Requisition of all X ray examination is done in request form	2	RR/OB	requester, examination requested, type of X ray, date and time of X ray taken and date and time of receipt of X	
March Marc			X ray has system to identify radiographer from			ray from X ray department	
March Marc			who has taken X ray		,,		
The content of the			ray films				
March Marc			recorded X ray film from requisition form	2	RR/SI		
Part			the time of reception	2	RR/SI		
			Requisition of all USG examination is done in request form	2	RR/OB		
The sear and adult of a contact of the contact of t			USGs	2	RR/SI		
According to the large and proposed to the p				2	RR/SI		
March Marc				2	RR/SI		
Monty Activities Monty Activ	ME E12.2	There are established procedures for	X ray taking and processing procedure are readily	2	OB/RR		
Process Proc		testing Activities					
To be compared to the compared to a protect back 2 8,00 1 1 1 1 1 1 1 1 1			processing are displayed at work station in	2	OB/RR		
Active Control of Cont			X ray department has system in place to take X ray of patients in case of Emergency.	2	RR/SI		
Second Content Seco			machine	2	RR/SI		
See an established proclement as the major contracts of the contract of the co			displayed at work station in language	2	OB/RR		
MEASE A Three are established procedure for virus organization of the control or propriety of the control organization organization of the control organization of the control organization organization organization of the control organization organization of the control organization organization organization organization of the control organization organization organization of the control organization organiz			USG of the patient is taken as per consultant	2	OB/RR		
Search of the search decided procedure for a first general patterns recard integrate of the search facilities. In the search fac			USG department has system in place to take	2	PP /S1		
Post series Activities result resul		There are established procedures for					
Part Provided of the State	ME E12.3		results		,,,		
result 1. Section 1.			reports within defined time intervals				
Continued of the Continued of Personal Provision of Personal Pro			results				
Area of Concern. & Firection of Control Facility has established procedure for process and procedures to place for preventions and measurement of hospital associated infection METAL Acting has established procedure for process and procedure for immunisation of the use! Provide model cheeks up of the use! Provide state of the use of the use of the use! Provide state of the use of the use of the use! Provide state of the use of th			USG department has system to provide the				
Facility has infection control program and procedure in place for prevention and measurement of hospital associated infection. Price is Provision of Persons (Medical Checkus) and imministration of staff and the			reports within defined time intervals			n Control	
Cleck-ups and Immenization of staff Provide removal for exposure or for special menization or set sub Provide removal for exposure or for facility has set stablished provided at point of rule or for facility has set femined and submitted for for facility and set femined and submitted for facility and submitted facility of arminants copy with sosp dishold for facility and submitted for facility and submitted facility of arminants copy with sosp dishold for facility and submitted facility and submitted facilities are provided at point of rule Analysishing of arminants copy with sosp dishold facilities are provided at point of rule Analysishing of arminants copy with sosp dishold facilities are provided at point of rule Analysishing of arminants copy with sosp dishold facilities are provided at point of rule Analysishing of arminants copy with sosp dishold facilities are provided at point of rule Analysishing of arminants copy with sosp dishold Analysishing of arminants copy with sosp dishold with a provided at point of rule and sosphing deciding or arminant copy or arminant copy or arminant copy or arminant copy with sosphing or arminant copy or a	Standard F1	There is Provision of Periodic Medical		gram and procedures i	n place for preventio	n and measurement of hospital associated in	fection
Facility has established procedures for require monitoring of infection control practices are monitoring of infection control practices are monitoring of infection control practices are monitoring of infection control practices. Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis. Actualization of the antisepsis of the part of	ME F1.4					Hepatitis B, Tetanus Toxoid etc	
Facility has defined and implemented procedures for ensuring hand hygiene practices and antisegeis Met [2] thank washing facilities are provided at the control of use Availability of numing Water 2 0 0A/51 Ask to Open the tap. Ask Staff water supply is regular. Availability of numing Water 2 0 0A/51 Ask to Open the tap. Ask Staff water supply is regular. Availability of numing Water 2 0 0A/51 Ask to Open the tap. Ask Staff water supply is regular. Availability of numing Water 2 0 0A/51 Ask to Open the tap. Ask Staff water supply is regular. Availability of Avail	ME F1.5			2			
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point of use Lise	ME F2.1		Availability of hand washing Facility at Point of	2	OR		
Availability of interesting consequence of the content of the process of the content of the cont		point of use	Use				
Second processing of the content o			Availability of antiseptic soap with soap dish/				
Staff is trained and adhere to standard Adherence to 6 steps of Nand washing Instruction at Point of 2 OB Prominently displayed above the Nand washing facility, articles and Adherence to 6 steps of Nand washing 2 SVOB As of demonstration Annual Washing practices Staff waver of when to hand wash Facility ensures adequate personal protection Facility ensures adequate personal protection explanents as per regulated at point of use 2 OB/SI ME P3.2 Staff is adhere to standard personal protection explanents as per regulated at point of use 2 OB/SI ME P3.2 Staff is adhere to standard personal protection explanents and procedures areas Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and materials for Personal protection Facility ensures standard practices and practices and materials for Personal protection Facility ensures standard practices and and early ensures standard practices followed for practices and practices followed for practices and practices and practices followed for			liquid antiseptic with dispenser.			and uninterrupted	
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Indicated 15 Set and the Washing particles. Facility ensures adequate personal protection. Facility ensures adequate personal protection equipment's as per resultable at point of use. Facility ensures adequate personal protection equipment's as per resultable at point of use. Facility ensures adequate personal protection preference and protection protection protection preference and protection p	ME F2.2						
Facility ensures adequate personal personal personal protection equipment as a per protection equipment as a per protection equipment as a per protection		hand washing practices	Staff aware of when to hand wash	2	SI		
resultaments . Availability of Marks 2 08/5	Standard F3					s for Personal protection	
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Section practices Not receive disapplating extent and marked	ME F3.2						
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Interest to the decontamentation and learning of partners and processing and partners and partners and partners are processing and partners and partners and partners and partners are processing and partners and partners and partners and partners are processing and partners and par		Facility ensures standard practices and	Decontamination of operating & Procedure			Ask staff about how they decontaminate the procedure	
Standard Fig. Physical I group and environmental control of the patient care areas ensures infection prevention		of instruments and procedures areas			.,.		
Facility framers subability of standard partices from patient care area with detergent and patient care area with detergent solution as per sequirement 2 0,08/51 Chiorine solution, Giutzraldehyde, carbotic acid chiorine solution. Facility mours standard practices followed creaming and distriction of patient care area with detergent solution. Saffi trained for spill management 2 Sy/RR Gening of patient care area with detergent solution as per standard procedure. Samidar practice of mopring and sorubbing are 2 Sy/RR Samidar practice of mopring and sorubbing are 2 OB/SI Unidirectional mopping from inside out tollowed component ii lie broom are not used in 2 OB/SI Patient in the patient care area with defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste. Facility framers segregation of Bio Medical Waste as per guidelines. Facility framers segregation of Bio Medical Waste as per guidelines. Facility framers segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facility frame segregation of Bio Medical Waste as per guidelines. Facilit	Standard F5					re areas ensures infection prevention	
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Scality resurses standard practices followed by the properties of the properties o		patient care areas		2	OB/SI		
Cleaming of patient care area with detergent solution as 2 SVRR solution as 2 SVRR solution as 2 SVRR solution as 2 SVRR solution as 3 SVRR solution as 4 SVRRR solution as 4 SVRRR solution as 5 SVRR solu	MI ES A	Facility ensures standard practices followed				,	
Solution 2 Syles	ME FS.3	for cleaning and disinfection of patient care					
per standard grocedure - """ Cleaming equipment's like broom are not used in Cleaming equipment's like broom are not used in Cleaming equipment's like broom are not used in 2 08/si Any desired equipment stading to logoperion of dust statistics in an incomplete of dust statistics in an			solution				
Indicated Comment Feature Comment Co			per standard procedure				
patient care areas standard \$6 Facility Finures segregation of Bio Medical Operation of Bio Medical Operation of Bio Medical Operation of Bio Medical Waste as per guidelines Medical Waste as per guidelines Availability of colour coded dons at point of value generation Availability of colour coded on or chlorinated Availability of colour coded on o			followed				
Facility Ensures segregation of Bio Medical Waste as per guidelines Availability of colour coded bins at point of Medical Waste as per guidelines Medical Waste as per guidelines Availability of colour coded non chlorinated Availability of colour coded non chlorinated	Standard F6		patient care areas			particles in air should be avoided	ous Waste.
Availability of colour coded non chlorinated	ME F6.1		Availability of colour coded bins at point of				
		and put guidelined	Availability of colour coded non chlorinated	2	ОВ		

		Segregation of different category of waste as per	2	OB/SI		
		guidelines Display of work instructions for segregation and				
		handling of Biomedical waste	2	ОВ	Pictorial and in local language	
	Facility and a second second	There is no mixing of infectious and general waste	2			
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Disposal of Fixer and Developer	2	SI/OB/RR		Facility has digitalised in most of the cases
Standard G1		The faci		ern - G Quality Ma anizational framewo	rk for quality improvement	
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Radiology	2	SI/RR	Check if quality circle formed and functional with a designated nodal officer for quality	
Standard G2	Patient Satisfaction surveys are	Fac There is system to take feed back from clinician			employee satisfaction	
ME G2.1	conducted at periodic intervals	about quality of services Patient satisfaction survey done on monthly	2	RR		
Standard G3		basis	2 ed internal and extern	RR al quality assurance i	programs wherever it is critical to quality.	
ME G3.1	Facility has established internal quality assurance program at relevant	Internal quality Assurance program is	2	SI/RR	,	
	departments	established in Radiology				
		Periodic QA of equipment by AERB authorized agencies	2	SI/RR	QA to be carried out at least once in 2 yrs. and also after any repairs having radiation safety implications	
ME G3.3	Facility has established system for use of check lists in different departments and	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
	services	Departmental checklist are used for	2	SI/RR	Staff is designated for filling and monitoring of	
		monitoring and quality assurance Non-compliances are enumerated and			these checklists	
		recorded	2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance	Check action plans are prepared and implemented as per internal assessment record	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
	process Planned actions are implemented	findings Check PDCA or revalent quality method is used	2		Check actions have been taken to close the gap. It can be	
ME G3.5	through Quality Improvement Cycles (PDCA)	to take corrective and preventive action		SI/RR	in form of action taken report or Quality Improvement (PDCA) project report	
Standard G4	Departmental standard operating	Facility has established, documented im Standard operating procedure for department			ating Procedures for all key processes and su	pport services.
ME G4.1	procedures are available	has been prepared and approved Current version of SOP are available with	2	RR		
		Current version of SOP are available with process owner Work Instructions are displayed for radiation	2	OB/RR	Factor chart, radiation safety, development for x-ray	
	Standard Operating Procedures	safety	2	ОВ	films	
ME G4.2	adequately describes process and procedures	Department has documented procedure for process of taking and handling X ray	2	RR		
		Department has documented procedure for acceptance and rejection of X ray taken	2	RR		
		Department has documented procedure for receipt, labelling , Processing and reporting of X	2	RR		
		ray Department has documented procedure for	2	RR		
		taking X ray in emergency conditions Department has documented procedure for				
		quality control system to verify the quality of results Radiology has documented system for repeat X	2	RR		
		ray. Department has documented procedure for	2	RR		
		storage, retaining and retrieval of department records, and reports of results.	2	RR		
		Department has documented procedure preventive and break down maintenance	2	RR		
		Department has documented procedure for purchase of External services and supplies	2	RR		
		Department has documented procedure for	2	RR		
		inventory management Department has documented procedure for	2	RR		
		Department has documented procedure for	2	RR		
	Staff is trained and aware of the	radiation safety of staff , patients and visitors	-	NA.		
ME G4.3 Standard G 5	standard procedures written in SOPs	Check staff is a aware of relevant part of SOPs	2 and seeks to make the	SI/RR	reducing non value adding activities and was	tages
Standard G 5	standard procedures written in SOPs	Facility maps its key processes	and seeks to make the	em more efficient by	reducing non value adding activities and was	tages
	standard procedures written in SOPs Facility maps its critical processes	· ·			reducing non value adding activities and was	tages
Standard G 5	standard procedures written in SOPs	Facility maps its key processes	and seeks to make the	em more efficient by	reducing non value adding activities and was	tages
Standard G 5 ME G5.1	standard procedures written in SOPs Facility maps its critical processes Facility identifies non value adding	Facility maps its key processes Process mapping of critical processes done Non value adding activities are identified Processes are rearranged as per requirement	and seeks to make the	SI/RR SI/RR SI/RR		tages
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Standard G S ME GS.1 ME GS.2 ME GS.3 Standard GS ME GG.3 ME GG.3 ME GG.4 ME GG.4 ME GG.7 Standard G7 ME G7.1 ME G7.2 Standard G7 ME G9.4 ME G9.7 ME G9.8 Standard H1 ME H1.1	standard grocedures written in SOPs Facility maps its critical processes Facility identifies non value adding activities, waste / redundant activities Facility takes critical processes Facility takes critical processes Facility has defined Quality policy, which is in congruency with the mission of facility Facility has defined quality objectives to achieve mission and quality policy Mission, values, Quality policy and objectives are effectively communicated to staff and user of services Facility properses strategic plan to achieve mission, quality policy and objectives are facility properses strategic plan to achieve mission, quality policy and objectives Facility users nethod for quality improvement in invalves, for a properse Facility uses tools for quality improvement in services Facility uses tools for quality improvement in services Facility uses tools for quality improvement in services Facility uses tools for quality improvement in properse facility uses method for guality improvement facility uses method for g	Facility maps its key processes Process mapping of critical processes done Non value adding activities are identified Processes are rearranged as per requirement The facility has defined and approved Check if Quality Policy has been defined and approved Check if Quality Objectives have framed Check of staff is aware of Mission, Values, Quality Policy has been defined and approved Check of staff is aware of Mission, Values, Quality Policy and objectives Check of staff is aware of Mission, Values, Quality Policy and objectives Check and provided and objectives Check are propared Check if period can be a seen of the control of the control objectives have prepared Check in the bound action plan is being reviewed at regular time interval Facility as established proc Check are provided as a season of the control of the contr	and seeks to make the 2 2 2 nission, values, Quality 2 2 2 2 2 2 2 2 2 2 2 2 2	m more efficient by SVRR SVR	S, prepared a strategic plan to achieve them Check quality policy of the facility has been defined in constitution with broight staff and day agrowed by enablies achievement of mission of the facility and health department. Check short term valid quality objectivities have been ramed addressing by quality issues in each department and cores services. Check if these objectives are Specific interview with staff for their awareness. Check if Mission Statement, Core Valides and Quality Policy is objected prominently in local language at Key Points Verify with rocord has a time bound action plan has been approared to achieve quality policy and objectives in constitution with bounds and quality policy and objectives in constitution with bounds and called the plan has been approved by the hospital management. Review the records that action plan na month by departmental in shapes and during the quality team mention. The progress on quality objectives have been recorded in in charges and during the quality team mention. The progress on quality objectives have been recorded in grafts and the plan has been approved by the objective in the been been progress on quality objectives have been recorded in in charges and during the quality team mention. The progress on quality objectives have been recorded in grafts and the progress of the plan has been approved by the objective have been recorded in grafts and the plan has been approved by the objective have been recorded in progress on quality objectives have been recorded in progress on quality objectives have been recorded in progress on quality objectives have been recorded in the general to the plan has been progressed on a plan to the plan has been progressed to the plan has been approved by the plan has been progressed to the plan has been progressed to all control of the plan has been approved by the plan has been progressed to a plan has been	
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Standard G 5 ME GS.1 ME GS.2 ME GS.3 Standard GG ME GG.3 ME GG.4 ME GG.5 ME GG.5 ME GG.5 ME GG.7 Standard G7 ME GO.1 ME GO.2 Standard G9 ME GO.4 ME GO.6 ME GO.6 ME GO.7 Standard HI ME HI.1 Standard HI	standard procedures written in SOPs Facility maps its critical processes Facility identifies non value adding activities, waste of redundant activities Facility takes critical processes Facility takes critical processes Facility has defined Quality policy, which is in congruency with the mission of facility Facility has defined quality objectives to achieve mission and quality policy at Mission, Values, Quality policy and Mission, Values, Quality policy and Sophysion of the control of the control staff and user of services Facility prapares strategic plan to achieve mission, quality princip and objectives are discharged processes Facility uses method for quality improvement in services Facility uses method for quality improvement in services Facility uses tools for quality improvement in services Facility and provide accessing the protection and Particular seasons for protection risk regarding active and analyce available of refers Sacility and analyce available of refers Sacility and analyce available of refers Sacility measures productivity indicators on monthly basis.	Facility maps its key processes Process mapping of critical processes done Non value adding activities are identified Processes are rearranged as per requirement The facility has defined and approved Check if Quality Policy has been defined and approved Check if Quality Objectives have framed Check of staff is aware of Mission, Values, Quality Policy has been defined and approved Check of staff is aware of Mission, Values, Quality Policy and objectives Check of staff is aware of Mission, Values, Quality Policy and objectives Check and provided and objectives Check are propared Check if period can be a seen of the control of the control objectives have prepared Check in the bound action plan is being reviewed at regular time interval Facility as established proc Check are provided as a season of the control of the contr	and seeks to make the 2 2 2 nission, values, Quality 2 2 2 2 2 2 2 2 2 2 2 2 2	m more efficient by SVRR SVR	S, prepared a strategic plan to achieve them Check quality policy of the facility has been defined in constitution with broight staff and day agrowed by enablies achievement of mission of the facility and health department. Check short term valid quality objectivities have been ramed addressing by quality issues in each department and cores services. Check if these objectives are Specific interview with staff for their awareness. Check if Mission Statement, Core Valides and Quality Policy is objected prominently in local language at Key Points Verify with rocord has a time bound action plan has been approared to achieve quality policy and objectives in constitution with bounds and quality policy and objectives in constitution with bounds and called the plan has been approved by the hospital management. Review the records that action plan na month by departmental in shapes and during the quality team mention. The progress on quality objectives have been recorded in in charges and during the quality team mention. The progress on quality objectives have been recorded in grafts and the plan has been approved by the objective in the been been progress on quality objectives have been recorded in in charges and during the quality team mention. The progress on quality objectives have been recorded in grafts and the progress of the plan has been approved by the objective have been recorded in grafts and the plan has been approved by the objective have been recorded in progress on quality objectives have been recorded in progress on quality objectives have been recorded in progress on quality objectives have been recorded in the general to the plan has been progressed on a plan to the plan has been progressed to the plan has been approved by the plan has been progressed to the plan has been progressed to all control of the plan has been approved by the plan has been progressed to a plan has been	

		X ray done per radiographer	3	RR		
Standard H3			roe Clinical Caro & Safe		es to reach State/National benchmark	
Stallual u no				ety indicators and tri	es to reach state/National Dentimark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Proportion of X rays for which report is signed by radiologist	2	RR		
		Proportion of scans for which F form is filled out of pregnant women scanned	2	RR		
		Examination Demography	2	RR	Proportion of General, Chest examination and specialised examination	
		Report correlation rate	2	RR	Proportion of radiology report co related with clinical examination/laboratory reports out of Total X ray reported	
		No of adverse events per thousand patients	2	RR		
		No of events of over limit of radiation exposure	2	RR		
Standard H4		The facility measur	res Service Quality Indi	cators and endeavo	urs to reach State/National benchmark	
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Average waiting time at radiology	2	RR		
		Average waiting time at USG	2	RR		
		Number of stock out incidences of x ray films	2	RR		

District Hospitals	Version: DH/NQAS-2020/00
ment	17
Date of Assessment	
Names of Assessees	
Action plan Submission Date	
	Date of Assessment Names of Assessees

Type of As	ssessment (Internal/External)		Action plan Submission Date	
			Pharmacy Score Card	<u></u>
	Area of Concern wi	se Score	Pharmacy Score	
A	Service Provision	100%		
В	Patient Rights	100%		
С	Inputs	100%		
D	Support Services	100%	100%	
E	Clinical Services	100%	100%	
F	Infection Control	100%		
G	Quality Management	100%		
н	Outcome	100%		
	Major Gaps Observed			
1				
3				
4				
5				
	Strengths / Good Practices			
1	,			
2				
3				
4				
5				
	Recommendations/ Opportunites	for Improvement		
1				
2				
3				
4				
5	Signature of Assessors			
	Date			
	1			

		1			I	
Reference No	ME Statement	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of Verification	Remarks
			Area of Conce	ern - A Service Pro	ovision	
Standard A1			Facility Pro	vides Curative Servi	ces	
ME A1.14	Services are available for the time period as mandated	Dispensary services are available in OPD hours	2	SI/RR		
		Facility ensure access to medicine store after OPD hours	2	SI/RR		
Standard A4		Facility provides se	rvices as manda	ted in national Heal	th Programs/ state scheme	
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of medicines under NVBDCP	2	SI/OB	Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy)	
ME A4.2	The facility provides services under national tuberculosis elimination programme as per guidelines.	Availability of medicines under NTEP	2	SI/OB		
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of medicines under NLEP	2	SI/OB	Rifampicin, Clofazimine, Dapsone	
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability of ARV medicines under NACP	2	SI/OB	Zidovudine, Stavudine, Lamivudine, Nevirapine in combination as per NACO	
		Availability of medicines for Paediatric HIV management	2		Paediatric Dosages FDC 6, FDC 10, Efavirenz, Cotrimoxazole	
Standard A5			Facility pro	vides support servi	ces	
ME A5.6	The facility provides pharmacy services	Dispensing of Medicines and consumables for OPD Patients	2	SI/OB	Functional dispensary	

					I	
		Storage of medicines Cold chain management services	2	SI/OB SI/OB		
			Area of Con	icern - B Patient F		
Standard B1		acility provides the information to care Availability of departmental & directional	seekers, attend	ants & community a	bout the available services and their moda	lities
ME B1.1	The facility has uniform and user-friendly signage system	signages are displayed for easy access to Pharmacy/Generic medicine store	2	ОВ	Numbering, main department and internal sectional signage are displayed	
ME B1.2	The facility displays the services and	Status of availability of medicines is updated	2	ОВ		
	entitlements available in its departments	daily Timing for dispensing counter of pharmacy are	2	ОВ		
		displayed	2	08		
ME B1.4	Information is available in local language and	Signage's and information are available in local			DELETED	
ME B1.6	easy to understand	language	2	ОВ		
Standard B2	Services are delivered in a Services are provided in manner that are	manner that is sensitive to gender, relip Availability of separate Queue for Male and			are no barrier on account of physical, econo	mic, cultural or social reasons.
ME B2.1	sensitive to gender	female at dispensing counter	2	OB		
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with	Pharmacy has easy access for moment of goods	2	ОВ	Check for availability of ramp and goods trolley/ cart	
Standard B3	disabilities T	 he facility maintains privacy, confident	iality & dignity o	f patient, and has a	system for guarding patient related informa	tion.
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the	Behaviour of staff is empathetic and courteous	2	PI		
	services					
Standard B4	Facility has defined and est	Ablished procedures for informing and Method of Administration /taking of the	involving patier	nt and their families	about treatment and obtaining informed co	nsent wherever it is required.
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	medicines is informed to patient/ their relative by pharmacist as per doctors prescription in	2	OB/SI		
		OPD Pharmacy				
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to	2	ОВ		
Standard B5	grevarice rearessar system in place	contact is displayed Facility ensures that there are no finar	ncial barrier to a	ccess and that there	is financial protection given from cost of ca	re.
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent	Free medicines and consumables for all	2	PI/SI	JSSK, RBSK & PMJAY beneficiaries	
	government schemes	The second secon	_			
ME B5.2	The facility ensures that medicines prescribed are available at Pharmacy and wards	Pharmacy provides generic medicine list to all hospital department	2	SI/OB		
	and words	·				
ME B5.4	The facility ensures timely reimbursement of	Local purchase of stock out medicines/			DELETED	
ME B5.5	financial entitlements and reimbursement to	Reimbursement of expenditure to the beneficiaries	2	PI/SI/RR		
	the patients	beneticiaries	Area of	Concern - C Input	ts	
Standard C1			ivery of assured	services, and availa	ble infrastructure meets the prevalent norm	is .
ME C1.1	Departments have adequate space as per patient or work load	Hospital has allocated space for Pharmacy in OPD	2	ОВ	Minimum space required is 250sq F or 5% of average OPD X 0.8 sq m.	
		Dispensary has adequate waiting space as per load	2	ОВ		
ME C1.2	Patient amenities are provide as per patient	Pharmacy has patients sitting arrangement as per requirement	2	ОВ		
	load	Dispensary counter has provision of shade	2	OB	If it is outside the hospital building	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated area for keeping medical gases	2	ОВ		Manifold area
		Dedicated area for keeping inflammables Demarcated are of keeping near expiry	2	OB	Storage of sprit etc.	
		medicines	2	ОВ		
		Demarcated are of keeping expired medicines	2	OB		
		Demarcated area for keeping instruments and consumables	2	ОВ		
	The facility has adequate circulation area and	Dedicated area for cold chain management	2	OB		
ME C1.4	open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff , medicines and carts	2	ОВ		
ME C1.5	The facility has infrastructure for intramural	Availability of functional telephone and Intercom	2	ОВ		
ME C1.6	and extramural communication Service counters are available as per patient	Services Adeqauate No of medicine dispensing counter	2	ОВ		
INC CLIO	load	as per load	2	00		
ME C1.7	The facility and departments are planned to ensure structure follows the	Unidirectional flow of goods in the Pharmacu	2	ОВ	Receipt and Inspection area at one side and issue area	
WE CI.7	function/processes (Structure commensurate with the function of the hospital)	Unidirectional flow of goods in the Pharmacy .	2	08	on the other side	
Standard C2		The faci	lity ensures the	physical safety of th	e infrastructure.	
ME C2.1	The facility ensures the seismic safety of the	Non structural components are properly secured	2	ОВ	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are	
WE CE.I	infrastructure		2	08	properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	Pharmacy does not have temporary connections and loosely hanging wires	2	ОВ		
A45 C2 4	Physical condition of buildings are safe for	Stabilizer is provided for cold chain room Windows of medicine store have grills and wire	2	OB		
ME C2.4	providing patient care	meshwork Floors of the Pharmacy department are non	2	OB		
		slippery and even	2	OB	fabruard other diseases	
Standard C3		The facility ha Pharmacy has plan for safe storage and handling			fety and other disaster	
ME C3.1	The facility has plan for prevention of fire	of potentially flammable materials.	2	OB/SI		
		Department has sufficient fire exit to permit	2	OB		
		safe escape to its occupant at time of fire Check the fire exits are clearly visible and routes				
		to reach exit are clearly marked.	2	ОВ		
ME C3.2	The facility has adequate fire fighting Equipment	Pharmacy has installed fire Extinguisher that is Class A , Class B C type or ABC type	2	OB/RR		
		Check the expiry date for fire extinguishers are		00/07		
		displayed on each extinguisher as well as due date for next refilling is clearly mentioned	2	OB/RR		
	The facility has a system of periodic training of					
ME C3.3	staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4		The facility has adequate qualified and	trained staff r	equired for providir	g the assured services to the current case lo	ad
	The facility has adequate				o me content date to	
ME C4.4	technicians/paramedics as per requirement	Availability of Pharmacist	2	SI/RR		
ME C4.5	The facility has adequate support / general staff	Availability of security staff	2	SI/RR		
Standard C5		Facility provides m	edicines and co	n <mark>sumables required</mark>	for assured list of services.	
ME C5.1	The departments have availability of adequate medicines at point of use	Non-opioid Analgesic, Anti-Pyretic and Nonsteroidal Anti-Inflammatory Medicines	2	OB/RR	As per DG-ESIC LIST	
		Anti-infective medicines - Antibiotics,	_		A DC FCIC I/F	
		Antifungal, Antiamoebic	2	OB/RR	As per DG-ESIC LIST	
		Antiseptic Liquid/Cream/lotion		OB/RR	As per DG-ESIC LIST	

		Solution Correcting Water, Electrolyte Disturbances and Acid-Base Disturbances and	2	OB/RR	As per DG-ESIC LIST	
		plasma expenders	2	OB/RR	As per DG-ESIC LIST	
		Anti-Allergic and Medicines used in	2	OB/RR	As per DG-ESIC LIST	
		Anaphylaxis Medicines acting on Digestive system - Anti				
		Diarrhoeal, Anti-Ulcer, Anti - Emetic, Anti	2	OB/RR	As per DG-ESIC LIST	
		Constipation, Anti-Inflammatory				
		Antidote and other Substances used in	2	OB/RR	As per DG-ESIC LIST	
		Poisoning Immunosuppressive Medicines	2		· ·	
		Pain and Palliative Care Medicines	2	OB/RR OB/RR	As per DG-ESIC LIST As per DG-ESIC LIST	
		Opioid Analgesic Medicines	2	OB/RR	As per DG-ESIC LIST	
		Medicines Affecting Blood Dermatological medicines (Topical)	2	OB/RR OB/RR	As per DG-ESIC LIST As per DG-ESIC LIST	
		Ear, Nose and Throat (ENT) Medicines	2	OB/RR	As per DG-ESIC LIST	
		Dental Restorative Materials and Medicines	2	OB/RR	As per DG-ESIC LIST	
		Ophthalmological Medicines	2	OB/RR	As per DG-ESIC LIST	
		Availability of psychotherapeutic medicines	2	OB/RR	As per DG-ESIC LIST	
			_			
		Medicines acting on Cardiovascular system	2	OB/RR	As per DG-ESIC LIST	
		Medicines acting on Central/Peripheral Nervous system	2	OB/RR	As per DG-ESIC LIST	
		Medicines acting on Respiratory system	2	OB/RR	As per DG-ESIC LIST	
		Medicines acting on Urogenital system	2	OB/RR	As per DG-ESIC LIST	
		Medicines used on Obstetrics and Gynaecology	2	OB/RR	As per DG-ESIC LIST	
		Hormonal preparation and other Endocrine	2	OB/RR	As per DG-ESIC LIST	
		Medicines				
		Immunological/Vaccine medicine and logistics	2	OB/RR	As per DG-ESIC LIST	
		Surgical accessories for Eye	2	OB/RR	As per DG-ESIC LIST	
		Vitamins, Mineral and nutritional supplement	2	OB/RR	As per DG-ESIC LIST	
		Dialysis Solution	2	OB/RR	As per DG-ESIC LIST	
		Prophylactic Iron, folic acid and deworming	2		As per DG-ESIC LIST	
ME C5.2	The departments have adequate consumables	Availability of Consumables	2	OB/RR	As per DG-ESIC LIST	
Standard C6	at point of use		quipment & inst		or assured list of services.	
ME C6.5	Availability of Equipment for Storage	Availability of Equipment for maintenance of	2	ов	ILR, Deep Freezers, Insulated carrier boxes with ice	
	Availability of Equipment for Storage Availability of functional equipment and	Cold chain	-		packs, refrigerator Buckets for mopping, mops, duster, waste trolley, Deck	
ME C6.6	instruments for support services	Availability of equipments for cleaning	2	ОВ	brush	
ME C6.7	Departments have patient furniture and	Storage furniture for medicine store	2	ОВ	Racks ,Cupboards, Sectional Drawer cabinet/ Shelves,	
Standard C7	fixtures as per load and service provision		or effective utili	zation evaluation a	Work table nd augmentation of competence and perfor	mance of staff
Standard Cr	racincy nas	a defined and established procedure i	or effective utili	zation, evaluation a	Check objective checklist has been prepared for	limite of staff
ME C7.1	Criteria for Competence assessment are defined	Check parameters for assessing skills and			assessing competence of doctors, nurses and	
WE C/.1	for clinical and Para clinical staff	proficiency of clinical staff has been defined	2		paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW	
					can be used for this purpose.	
	Competence assessment of Clinical and Para	Check for competence assessment is done at	_		Check for records of competence assessment including	
ME C7.2	clinical staff is done on predefined criteria at least once in a year	least once in a year	2		filled checklist, scoring and grading. Verify with staff for actual competence assessment done	
	The Staff is provided training as per defined core					
ME C7.9	competencies and training plan	Inventory management	2	SI/RR		
		Cold chain management of ILR and deep freezer	2	SI/RR		
		Rational use of medicines	2	SI/RR		
		Prescription Audit	2	SI/RR SI/RR		
		Patient Safety Basic Life Support	2	SI/RR		
		Training on Quality Management System	2	SI/RR	To all category of staff. At the time of induction and	
					once in a year.	
				1		
	There is established procedure for utilization of	Staff is skilled for estimation of the requirement	_	0.499	Check supervisors make periodic rounds of department and monitor that staff is working according to the	
ME C7.10	skills gained thought trainings by on -job	Staff is skilled for estimation of the requirement and proper storage of the medicines	2	SI/RR	and monitor that staff is working according to the training imparted. Also staff is provided on job training	
ME C7.10			2	SI/RR	and monitor that staff is working according to the	
ME C7.10	skills gained thought trainings by on -job	and proper storage of the medicines	2	SI/RR	and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps Check supervisors make periodic rounds of department	
ME C7.10	skills gained thought trainings by on -job		2	SI/RR SI/RR	and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps Check supervisors make periodic rounds of department and monitor that staff is working according to the	
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ME C7.10 Standard D1	skills gained thought trainings by on -job	and proper storage of the medicines Staff is skilled for maintaining pharmacy records and bin cards	2 Area of Conc	si/RR ern - D Support Se	and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps stricters sintenance and calibration of Equipment.	
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There is separate shelf /rack/area for storage near expiry, expired, NSQ, medicines in the drug 2 gtore Pharmacy has system of inventory Management 2 OB/51 DVDMS, E-Aushadhi, etc. Medicines and consumables are stored away from water and sources of heat, direct sunlight, etc. OB/RR Medicines that are considered light-sensitive are in closed drawers.	
store Pharmacy has system of inventory Management 2 OB/SI DVDMS, E-Aushadhi, etc. Medicines and consumables are stored away from water and sources of heat, 2 OB/RR Medicines that are are considered light-sensitive an	
Medicines and consumables are stored away from water and sources of heat, 2 OB/RR Medicines that are considered light-sensitive and sources of heat.	
from water and sources of heat, 2 OB/RR Medicines that are considered light-sensitive and	
in closed drawers	stored
Medicines are not stored at floor and adjacent to wall 2 OB Pallets are provided if required to store at floor	
The facility ensures management of evening and Dispersing counter has perfect the	
near expiry medicines expiry of medicines 2	
Medicine store has system to check the expiry of 2 RR/SI DVDMS, E-Aushadhi, etc.	
Medicine store has system to inform the patient 2 RR/SI	
care areas about near expiry/expired medicines Z KK/Si	
There is a system of periodic random quality 2 RR/SI	
testing of medicines The facility has established procedure for Physical verification of inventory is done 2 RR/SI Stock audit sheet	
inventory management techniques periodically	adatod
Facility uses oin card system 2 kity UB regularly	
First Expiry First Out (FEFO) System is established for medicines 2 OB Storage - Near expiry medicines are stored in fr established for medicines long expiry medicines are kept in back.	nt and
Stores has defined minimum stock for each	of drug
category of medicine as per there consumption 2 RR/OB minimum quantury.suck sever to each category of medicine as per there consumption attern on the control of the contro	
Reorder level is defined for each category of 2 RR	
medicines Medicine stress becausely shale coffuses for	
theorories store inal Solyapu traini Solivanie (u) 2 OB/RR DVDMS, E-Aushadhi, etc. the management of Immentory	
Medicines are stored and categorized in the sto	
Medicines are categorized and stored 2 OB/RR Desirable, Fast Moving, slow moving)/ Desirable, Fast Moving, slow moving)/	land
Alphabetically/Therapeutic category, etc.	
There is a procedure for periodically replenishing medicines from store in case of emergency or if 2 RR/SI	
ME D2.6 the medicines in patient care areas medicines from store in case of emergency or if required urgently required urgently	
There is process for storage of vaccines and	sles,
ME D2.7 other medicines, requiring controlled temperature Check vaccines are kept in sequence 2 OB OPV	
Work instruction for storage of vaccines are 2 OR	
oisplayed at point or use	
temperature monitoring devices 2 US	silure
Inere is system in piace to maintain 2 OB min temp. +10°C . Twice a day temperature log	
temperature crisis of the maintained	
temporature hast of deep frequence 2 OB 15°C to -25°C. Twice a day temporature log are	ween-
maintained	
Check thermometer in ILR is in hanging position 2 OB	
ILR and deep freezer has functional alarm system 2 SI/RR	
Staff is aware of Hold over time of cold storage 2 SI/RR	
equipments As per Narcotic Drugs and Psycotropic Substan	es
ME D2.8 There is a procedure for section studies of a parcetic and psychotropic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules, Narcotic medicines are kept separetry in double 2 OB (NDPS) Act and Rules (NDPS) Act and Ru	
Consumption of Narcotic drugs & psychotropic	
cmpy ampouncyoups at returned aung with 2 OB/RR substances (NDPS) drugs by the wards and return an arcotic administration details after the pharmacy to the pharmacy to the pharmacy.	n back
Hospital has system to discard the expired 2 RR/SI Discarded narcotic medicines are documented	vith
narcotic medicines witness.	
Facility maintains the list of narcotic and 2 RR List of NDPS drugs are maintained posychotropic medicines available at facility 2	
Standard D3 The facility provides safe, secure and comfortable environment to staff, patients and visitors.	
MF D3.1 The facility provides adequate illumination Adequate Illumination at medicine store 2 OR	
ME D3.1 The facility provides adequate illumination level at patient care areas Adequate illumination at medicine store 2 OB	
MF D3.1 The facility provides adequate illumination Adequate Illumination at medicine store 2 OR	
ME 03.1 The facility provides adequate illumination level at patient care areas Adequate illumination at medicine store 2 OB Adequate illumination at dispensing counter 2 OB Adequate illumination at dispensing counter 2 OB The facility ensures safe and comfortable Temperature control and ventilation in 2 CI/RB Fans/Air conditioning/Heating/Exhaust/Ventilation	ors as
ME D3.1 The facility provides adequate illumination Adequate illumination at medicine store 2 08 Adequate illumination at dispensing counter 2 08 ME D3.3 The facility ensures safe and comfortable environment for patients and service providers pharmacy Temperature control and ventilation in pharmacy	ors as
ME D3.1 The facility provides adequate illumination level at patient care areas Adequate illumination at medicine store 2 OB Adequate illumination at dispensing counter 2 OB ME D3.3 The facility ensures safe and comfortable environment for patients and service providers pharmacy The facility has security system in place at Servicity arrangement at pharmacy 2 OB Servicity arrangement at pharmacy 2 OB	ors as
ME 03.4 The facility provides adequate illumination level at patient care areas Adequate illumination at medicine store 2 0B Adequate illumination at dispensing counter 2 0B Adequate illumination at dispensing counter 2 0B The facility ensures safe and comfortable environment for patients and service providers and service providers Temperature control and ventilation in pharmacy 2 SI/RR Fans/Air conditioning/Heating/Exhaust/Ventilation and requirement pharmacy 3 The facility has security system in place at patient care areas 3 Si/RR Fans/Air condition and requirement 3 Security arrangement at pharmacy 2 0B	OTS 35
ME 03.1 The facility provides adequate illumination level at patient care areas Adequate illumination at medicine store 2 0B Adequate illumination at dispensing counter 2 0B Adequate illumination at dispensing counter 2 0B The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas ME 03.4 The facility has security system in place at patient care areas The facility has security system in place at patient care areas The facility has security frems that forms the facility has section from the facility provides adequate illumination at medicine store and dispensing counter 2 0B The facility ensures safe and comfortable environment of patients and service providers and ser	ors as
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ME D3.1 The facility provides adequate illumination level at patient care areas Adequate illumination at dispensing counter 2 0B Adequate illumination at dispensing counter 2 0B The facility ensures safe and comfortable environment for patients and service providers are providers and service providers and service providers and service providers are providers and service providers are providers and service providers are providers and service providers and service providers are providers and service providers are providers and service providers are providers and service providers and service providers are providers an	ors as
ME D3.4 The facility provides adequate illumination level at patient care areas Adequate illumination at dispensing counter 2 0B Adequate illumination at dispensing counter 2 0B Adequate illumination at dispensing counter 2 0B The facility ensures safe and comfortable environment for patients and service provides and s	ors as
The facility provides adequate illumination level at patient care areas Adequate illumination at dispensing counter Description of the facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas. ME 03.4 The facility has setablished measure for safety and security of fremds staff Facility has established measure for safety and security of fremds staff The facility has established measure for safety and security of fremds staff Female staff feel secure at work place Standard D4 NE D4.1 Exterior of the facility building is maintained appropriately Exterior of the facility building is maintained suppropriately Interior of patient care areas are plastered & panted with one of the grass plattered with an order grass plattered & panted with no district grass plattered with an order grass plattered with no district grass plattered with an order grass plattered with no district grass plattered with no d	
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ME D3.3 The facility provides adequate illumination at medicine store level at patient care areas Adequate illumination at dispensing counter 2	
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The facility provides adequate illumination Adequate illumination at medicine store 2	s norms ment ting procedures.
ME D3.1 The facility provides adequate illumination at medicine store level at patient care areas. Adequate illumination at dispensing counter 2 0B ME D3.2 The facility ensures safe and comfortable environment for patients and service provides and patients. The facility has established measure for safety and security system in place at patient care areas. ME D3.5 The facility has established measure for safety and security of female staff. Facility has established measure for safety for the facility has established measure for safety and security of female staff. Facility has established measure for safety for the facility building is maintained appropriately. ME D4.1 Sterior of the facility building is maintained appropriately. ME D4.2 Patient care areas are clean and hygienic clour. ME D4.3 Hospital infrastructure is adequately maintained. ME D4.3 Hospital infrastructure is adequately maintained. ME D4.5 The facility has policy of removal of condemned junk material. ME D4.5 The facility has policy of removal of condemned junk material. ME D4.6 The facility has policy of removal of condemned junk material. ME D4.6 The facility has established procedure for passes and provided provided and deficition in the facility provided passes and passes	s norms ment ting procedures.
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The facility provides adequate illumination Adequate illumination at dispensing counter 2	s norms ment ting procedures.
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ME D12.1	There is established system for contract	There is procedure to monitor the quality and adequacy of outsourced services on regular	2	SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are	
me bien	management for out sourced services	basis		ern - E Clinical Se	done by designated in-house staff	
Standard E6		Facility		le prescribing and u		
ME E6.1	Facility ensured that medicines are prescribed in generic name only	Medicines are purchased in generic name only	2	RR/SI		
		Facility has essential medicine list as per State guideline(To substitute with ESIC guidelines)	2	ОВ		
		Facility provide list of medicines available to different departments as per essential medicine list	2	RR/SI		
		Facility has enabling order from state(MOLE/ESIC) for writing medicines in generic name only	2	RR/SI		
		There is system of conducting periodic prescription audit to ensure that only	2	RR/SI		
ME E6.2	There is procedure of rational use of medicines	generic medicines are prescribed Hospital has its own medicine formulary based on EML(ESIC)	2	RR/SI		
		medicine formulary is available with doctors and nurses/ clinical table Hospital has system to review the medicine	2	RR/SI		
		formulary as per EML(ESIC) at defined intervals Hospital has system to review the prescription as	2	RR/SI		
		per medicine formulary and STG	2	RR/SI		
Standard E7			s defined proced	dures for safe medic	ine administration	
ME E7.1	There is process for identifying and cautious administration of high alert medicines	Pharmacy has list of high risk medicines are available	2	RR/SI		
Standard E8 ME E8.5	Adequate form and formats are available at	Facility has defined and established p Standard Formats available	rocedures for m	aintaining, updating RR/OB	g of patients' clinical records and their storag	ge
	point of use Register/records are maintained as per				Bin Cards, Indent forms etc	
ME E8.6	guidelines	Pharmacy records are labeled and indexed	2	RR RR		
ME E8.7	The facility ensures safe and adequate storage	Records are maintained for Pharmacy Pharmacy has adequate facility for storage of	2	OB		
Standard E11	and retrieval of medical records	records The facility has defined and e		edures for Emergeno	cy Services and Disaster Management	<u> </u>
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR		
		Role and responsibilities of staff in disaster is defined	2	SI/RR		
				ern - F Infection (
Standard F1	There is Provision of Periodic Medical				and measurement of hospital associated inf	ection
ME F1.4	Checkups and immunization of staff	There is procedure for immunization of the staff Periodic medical checkups of the staff	2	SI/RR SI/RR	Hepatitis B, Tetanus Toxid etc	
ME F1.6	Facility has defined and established antibiotic policy	Check for Pharmacist are aware of Hospital Antibiotic Policy	2	SI/RR		
	policy	Pharmacist check the antibiotic consumption periodically	2	SI/RR		
Standard F5			nmental control	of the patient care	areas ensures infection prevention	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of cleaning agent as per requirement	2	OB/SI	Hospital grade phenyl, disinfectant detergent solution	
Standard F6 ME F6.1	Facility Facility Ensures segregation of Bio Medical	Availability of colour coded bins at point of	2 2	OB OB	nent and disposal of Bio Medical and hazardo	bus waste.
WIL PO.1	Waste as per guidelines	waste generation Availability of colour coded non chlorinated			Adequate number. Covered. Pool operated.	
		plastic bags	2	ОВ	Pharmaceutical waste like antibiotics, cytotoxic	
		Segregation of expired or discarded medicines in Yellow Bin	2		medicines including all items contaminated with cytotoxic medicines along with glass or plastic ampoules, vials etc.	
ME F6.3	Facility ensures transportation and disposal of	There is no mixing of infectious and general waste Disposal of expired medicines as per state	2	OB SI/OB	Either sent back to manufacturer or disposed by	
	waste as per guidelines	guidelines A		n - G Quality Man	incineration agement	
Standard G1		The facility has es			for quality improvement	
ME G1.1	The facility has a quality team in place	Quality circle has been formed in the Pharmacy	2	SI/RR	Check if quality circle formed and functional with a designated nodal officer for quality	
Standard G2 ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Facility has e Patient satisfaction survey done on monthly basis	e <mark>stablished syste</mark>	em for patient and e	mployee satisfaction	
Standard G3		Facility have established intern	al and external	quality assurance pr	ograms wherever it is critical to quality.	
ME G3.1	Facility has established internal quality assurance program at relevant departments	Physical verification of the inventory by Pharmacist/hospital manager at periodic intervals	2	SI/RR		
ME G3.2	Facility has established external assurance programs at relevant departments	Periodic and random sampling of the medicines for Quality Assurance	2	SI/RR	By medicine controller/State medicine quality Assurance	
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record	2	RR	during quality team meetings Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through	findings Check PDCA or revalent quality method is used	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality	
Standard G4	Quality Improvement Cycles (PDCA) Facility has	to take corrective and preventive action s established. documented implemente			Improvement (PDCA) project report ing Procedures for all key processes and sup	port services.
ME G4.1	Departmental standard operating procedures	Standard operating procedure for department			land and brocesses and sup	
WE G4.1	are available	has been prepared and approved	2	RR		
		Current version of SOP are available with process owner	2	OB/RR		
		Work instruction/clinical protocols are displayed	2	ОВ	Work instruction for storing medicines, Cold chain management	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for indent the medicines and items from district medicine warehouse	2	RR		
		Department has documented procedure for local purchase of medicines/ generic medicine stores	2	RR		
		Department has documented procedure for reception and storage of medicines and items	2	RR		
		Department has documented procedure for maintaining near expiry medicines at store and pharmacy and disposal of expired medicines	2	RR		
		Department has documented procedure for dispensing of medicines at Pharmacy	2	RR		
		oraperising or medicines at Plidfillacy			l .	

		Department has documented procedure of indenting the medicines to patient care area	2	RR		
		Department has documented procedure for issue of the medicines in emergency condition	2	RR		
		Department has documented procedure for maintenance of temperature of ILR/Deep freezer	2	RR		
		/refrigerators Department has documented procedure for	2	RR		
		storage of narcotic and psychotropic medicines Department has documented system for periodic random check and quality testing of	2	RR		
ME G4.3	Staff is trained and aware of the standard	medicines Check staff is a aware of relevant part of SOPs	2	SI/RR		
Standard G 5	procedures written in SOPs		s to make them	more efficient hy re	l ducing non value adding activities and wasta	ages
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done	2	SI/RR	ducing non-value adding activities and waste	365
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified	2	SI/RR		
ME G5.3	Facility takes corrective action to improve the	Processes are rearranged as per requirement	2	SI/RR		
Standard G6	processes	The facility has defined mission, v	alues, Quality po	olicy & objectives &	prepared a strategic plan to achieve them	
					Check quality policy of the facility has been defined in	
ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility	Check if Quality Policy has been defined and approved	2	SI/RR	consultation with hospital staff and duly approved by the head of the facility . Also check Quality Policy enables achievement of mission of the facility and health department	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2	SI/RR	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	SI/RR	Review the records that action plan on quality objectives being reviewed at least onnce in month by departmental incharges and during the qulaity team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	
Standard G7		Facility seeks con	tinually improve	ment by practicing (Quality method and tools.	
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method	2	SI/OB SI/OB	PDCA & 5S	
	Facility uses tools for quality improvement in	Advance quality improvement method	2		Six sigma, lean. Minimum 2 applicable tools are used in each	
ME G7.2	services	7 basic tools of Quality	2	SI/RR	department	
Standard G9		Facility has established procedures fo	r assessing, repo	rting, evaluating an	d managing risk as per Risk Management Pla	an .
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	2	SI/RR	Verify with the records. A comprehensive risk asesement of all clincial processes should be done using pre define critera at least once in three month.	
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	SaQushal assessment toolkit is used for safety audits.	2	SI/RR	Check that the filled checklist and action taken report are available Staff is aware of key gaps & closure status	
ME G9.8	Risks identified are analyzed evaluated and rated	Identified risks are analysed for severity	2	SI/RR	Action is taken to mitigate the risks	
	for severity		Area of Co	oncern - H Outcor	ne -	
Standard H1		The facility measures Product			nnce with State/National benchmarks	
ME H1.1	Facility measures productivity Indicators on	Percentage of medicines available against	2	RR		
ME HI.I	monthly basis	essential medicine list for OPD Percentage of medicines available against essential medicine list for IPD	2	RR		
		Expenditure on medicines procured throughlocal purchase for BPL patient	2	RR		
Standard H2		Percentage of medicines procured locally	fficionsy Indicat	RR	ach State / National Reachastal	
	Facility measures efficiency Indicators on monthly	Number of stock out situations in Vital category			ach State/National Benchmark	
ME H2.1	basis	medicines	2	RR		
		% of medicines expired during the months	2	RR		
		Number of stock out medicines against EML	2	RR		
Standard H3	6 10 00 6 6 6 6		al Care & Safety	Indicators and tries	to reach State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Proportion of prescription found prescribing non generic medicines No of adverse medicine reaction per thosuand	2	RR RR		
		patients	-		No. of antibiotic prescribed /No. of patient admitted or	
		Antibiotic rate Percentage of irrational use of	2	RR	No. of antibiotic prescribed /No. of patient admitted or consulted	
		medicines/overprescription (Who will decide about rational or irrational)	2	RR		
Standard H4	Facility measures Service Quality Indicators on	about rational or irrational)			to reach State/National benchmark	

	National Q	uality Assurance Standa	rds for District Hospitals	Version: DH/NQAS-2020/00			
		Checklist for Auxillary	y Services	18			
		Assessment Sum					
Name of t	he Hospital		Date of Assessment				
Names of	Assessors		Names of Assessees				
Type of As	ssessment (Internal/External)		Action plan Submission Date				
			illary Services Score Card				
	Area of Conce	rn wise Score	Auxillary Service	s Score			
Α	Service Provision	100%					
			-				
В	Patient Rights	100%					
С	Inputs	100%					
	mputs	10070					
_	Commant Campiana	100%					
D	Support Services	100%	100%				
			1007	6			
E	Clinical Services	100%					
F	Infection Control	100%					
			-				
G	Quality Management	100%					
			-				
н	Outcome	100%					
	Major Gaps Observed						
1	major daps observed						
2							
3							
5							
	Strengths / Good Practices						
1							
2							
3 4							
5							
	Recommendations/ Opportuni	tes for Improvement					
1							
2							
3 4	+						
5	+						
	Signature of Assessors						
	Date						
	•						

Reference no	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks			
			Area of Cor	ncern - A Service	Provision				
Standard A5	Facility provides support services								
ME A5.1	The facility provides dietary services	Availability of operational Kitchen	2	SI/OB	Functional Kitchen within the premise of the hospital				
ME A5.2	The facility provides laundry services	Availability of functional laundry	2	SI/OB	Arrangement of laundry services inhouse or outsourced				
ME A5.3	The facility provides security services	Availability of functional security services 24 X7	2	SI/OB					
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services 24X7	2	SI/OB					
ME A5.5		Availability of waste disposal services	2	SI/OB	Arrangement for disposal of Bio medical and general waste Inhouse or outsouced				
ME A5.6	The facility ensures maintenance services	Availability of maintenance services 24X7	2	SI/OB	Includes Physical infrastructure maintenance and equipment maintenance				
ME A5.8	The facility has services of medical record department	Availability of Medical record department	2	SI/OB					
				oncern - B Patier					
Standard B1	Facilit	y provides the information to care	seekers, atten	dants & commu	nity about the available services and	their modalities			
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental and directional signage for support service department	2	ОВ	Internal sectional signage are displayed				
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language	2	ОВ					
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Medical records are provided to patient/ Next to kin on request	2	RR/OB					
Standard B3	The fa	cility maintains privacy, confidenti	ality & dignity	of patient, and h	as a system for guarding patient rela	ted information.			
ME B3.2	Confidentiality of patients records and clinical information is maintained	MRD has system to maintain Confidentiality of patient records	2	SI/RR	Patient records are not shared except the patient until it is authorized by law				

ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	PI		
Standard B5 ME B5.1		lity ensures that there are no finan	cial barrier to	access and that	there is financial protection given fro	n cost of care.
ME B5.4				<u></u>	DELETED	For all patients
Standard B6 ME B6.5	There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization	illty has defined framework for ethical m Check hospital administration has defined protocols for data sharing	anagement inclu	iding dilemmas con	fronted during delivery of services at public Check list of agencies with which data shared has routinely shred has been prepared . For any other agency a formal permission is sought from competent authorities before sharing the data including international agencies, press and NGOs.	health facilities
ME B6.8	There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research	Check hospital ensures that informed consent is taken from patient participating in any clinical or public Health research	2		Check for policy or practice	Applicable for Medical colleges and hospital running DNB cc
ME B6.9	There is an established procedure to issue of medical certificates and other certificates	Check hospital has documented policy for issuing medical certificates	2		Check for policy defines List of certificates can be issued by hospital Who can issue certificates Formats shall used for different certificates Record keeping of issued certificate procedures for issuing duplicate certificates	
Standard C1	Th	e facility has infrastructure for deli		of Concern - C In	puts vailable infrastructure meets the pre	valent norms
ME C1.1	Departments have adequate space as	Dietary Department has adequate space as	very of assure	OB OB	Tanable initiastructure meets the pre-	TOTALS
	per patient or work load	per requirement Laundry Department has adequate space	2	ОВ	Minimum consequence and the second	
		as per requirement Medical record Department has adequate		-	Minimum space requirement 10sq ft/bed Minimum space requirement is 2.5 to 3,5 sq ft	
		space as per requirement	2	ОВ	per bed	
ME C1.3	Departments have layout and demarcated areas as per functions	Check Dietary department has demarcated and dedicated area for various activities	2	ОВ	Layout as per functional flow that is receipt, storage, daily storage, preparation, Cooking area, Service area, dish washing area, Garbage collection area and administrative area.	
		Check laundry department has demarcated and dedicated area for its various activities	2	ОВ	Layout as per functional flow that is from dirty end (receipt) to clean end (Issue). That is receipt, sorting, sluicing, washing, drying, ironing and issue	
		Availability of complaint box and display of process for grievance redressal and whom to contact is displayed	2	ОВ	Layout as per functional flow that is receipt, checking of completion of records, indexing and filling of records, storage.	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff, goods and food trolley in dietary department Availability of adequate circulation area for	2	ОВ		
		easy moment of staff, equipments and carts in laundry Availability of adequate circulation area in MRD	2	OB OB		
ME C1.5	The facility has infrastructure for intramural and extramural communication	All support services department are connected with intercom	2	OB		
ME C1.6	Service counters are available as per patient load	Unidirectional flow of goods and services in dietary services	2	ОВ		
		Unidirectional flow of goods and services in laundry services	2	ОВ		
Standard C2 ME C2.1		The facil	ity ensures the	e physical safety	of the infrastructure.	
ME C2.3	The facility ensures safety of electrical establishment	Support services departments does not have temporary connections and loosely hanging wires	2	ОВ		
ME C2.4	Physical condition of buildings are safe	Equipments in wet areas like Laundry and Kitchen are equipped with ground fault protection and designed for wet conditions Floors of the Support services are non	2	OB OB		
Standard C3	for providing patient care	slippery and even The facility has			re safety and other disaster	
ME C3.1	The facility has plan for prevention of	Building has sufficient fire exit to permit	2	OB/SI	dietary department laundry and Medical	
WIE CO12	fire	safe escape to its occupant at time of fire		03/31	record department	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked. Dietary Department has plan for safe	2	OB OB	dietary department laundry and Medical record department	
ME C3.2	The facility has adequate fire fighting	storage and handling of potentially flammable materials. Support services has installed fire Extinguisher that is Class A , Class B C type	2	OB/RR	Dietary Department dietary department and Medical record	
	Equipment	or ABC type are installed in adequate number at every strategic points Check the expiry date for fire extinguishers are displayed on each extinguisher as well			department dietary department and Medical record	
	The facility has a system of periodic training of staff and conducts mock drills	as due date for next refilling is clearly mentioned Check for staff competencies for operating	2	OB/RR	department	
ME C3.3	regularly for fire and other disaster	fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4		facility has adequate qualified and	trained staff,	required for pro	viding the assured services to the cur	rent case load
ME C4.4	The facility has adequate technicians/paramedics as per	Availability of Dietician	2	SI/RR		
	requirement					
ME C4.5	The facility has adequate support /	Availability of MRD technician Availability of washer man(Landary	2	SI/RR SI/RR	In-house/Out-sourced	
	general staff	personnel) Availability of Cook	2	SI/RR	In-house/Out-sourced	
Standard C5			drugs and con	sumables requir	ed for assured list of services.	
ME C5.2	The departments have adequate consumables at point of use	Availability of consumables at dietary department	2	OB/RR	Cap, gowns, gloves, Detergent for cleaning of utensil and Soap for hand washing	
		Availability of consumables at laundry department	2	OB/RR	Detergent and disinfectant, Heavy utility gloves, apron.	
		pepol tiliciit	I	1	јъочев, артоп.	

Standard C6	Availability of functional equipment and	The facility has e Availability of Equipments & utensils for	quipment & in	struments requi	red for assured list of services. Refrigerator, LPG, food trolley and cooking	
ME C6.6	instruments for support services	Dietary department	2	ОВ	utensils	
		Availability of Equipments for Laundry	2	ОВ	Washing machine, drier, Iron, Separate trolley for clean and dirty linen	
		Availability of Equipments for Medical record department	2	ОВ	Computer with scanner	
		Availability of equipments for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste	
ME C6.7	Departments have patient furniture and	Availability of furniture and fixtures for	2	ОВ	trolley, Deck brush Exhaust fan, Storage containers, Work	
IVIE CO.7	fixtures as per load and service provision	Dietary department Availability of furniture and fixtures for			bench/slab, Utensil stand Stand/ Hanger for drying of linen, Iron table,	
		laundry department	2	ОВ	Cupboard	
		Availability of furniture and fixtures for Medical record department	2	ОВ	Racks and cupboard, table, Sectional Drawer cabinet/ Shelves,	
Standard C7	Facili		re for effective u	tilization, evaluatio	n and augmentation of competence and per	formance of staff
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
		Training on Medical record Management	2	SI/RR		
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	MRD Staff is skilled for indexing and storage of Medical records	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Laundry staff is skilled for segregating and processing of soiled and infectious linen	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
				ncern - D Suppor	t Services	
Standard D1		The facility has established Progr	amme for insp	ection, testing a	nd maintenance and calibration of Eq 1. Check with AMC records/	uipment.
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance	2	SI/RR	2. Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the equipments	2	SI/RR	Check for breakdown & Maintenance record in the log book Staff is aware of contact details of the	
	Operating and maintenance instructions	Up to date instructions for operation and			agency/person in case of breakdown.	
ME D1.3 Standard D3	are available with the users of equipment	maintenance of equipments are readily available with staff.	2 secure and co	OB/SI	onment to staff, patients and visitors	
	The facility provides adequate	The facility provides sale			omicate to starry patients and visitors	
ME D3.1	illumination level at patient care areas	Adequate Illumination at Kitchen	2	ОВ		
	·	Adequate Illumination at Laundry	2	OB		
		Adequate Illumination at Medical record	2	ОВ		
		department	_			
ME D3.2	The facility has provision of restriction of visitors in patient areas	Hospital ensures unauthorised entry into dietary department is not permitted	2	OB/SI		
		Hospital ensures unauthorised entry into Laundry department is not permitted	2	OB/SI		
		Hospital ensures unauthorised entry into Medical record department is not permitted	2	OB/SI		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in dietary department	2	SI/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		Temperature control and ventilation in Laundry	2	SI/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
		Temperature control and ventilation in Medical record Department	2	SI/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement	
ME D3.5	The facility has established measure for safety and security of female staff	Female staff feel secure at work place	2	SI		
Standard D4	, ,	The facility has esta	ablished Progra	amme for mainte	enance and upkeep of the facility	
ME D4.1	Exterior of the facility building is	Building is painted/whitewashed in uniform		ОВ	Dietary department, laundry and medical	
MC D4.1	maintained appropriately	colour Interior of patient care areas are plastered	2	ОВ	record department	
ME D4.2	Patient care areas are clean and hygienic	& painted Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean	2	ОВ	and conwens	
		Toilets are clean with functional flush and	2	ОВ		
	Hospital infrastructure is -d	running water Check for there is no seepage , Cracks,			Dietary department, laundry and medical	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster Window panes , doors and other fixtures	2	ОВ	record department, laundry and medical record department Dietary department, laundry and medical	
	The facility has policy of removal of	are intact	2	ОВ	record department	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Diet department	2	ОВ	Dietary department, laundry and medical record department	
		No condemned/Junk material in the Laundry	2	ОВ		
		No condemned/Junk material in the MRD	2	ОВ		
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds/pests	2	ОВ	Dietary department, laundry and medical record department	
Standard D5	· ·	e facility ensures 24X7 water and r	ower backup a	as per requireme	ent of service delivery, and support se	rvices norms
	The facility has adequate arrangement	Availability of 24x7 running and potable				
ME D5.1	storage and supply for portable water in all functional areas	water	2	OB/SI	Dietary and laundry department	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up	2	OB/SI	For Laundry, Diet and MRD department	
StandardD6		Dietary services are availab	le as per servi	ce provision and	nutritional requirement of the patier	nts.
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Hospital has defined diet schedule for the patients.	2	RR/SI		
			1	1	1	<u> </u>

		Hospital has Special diet schedule for	I	I	I	
		the critical ill patients suffering from				
		Heart Disease, Hypertension, Diabetes,	2	RR/SI		
		Pregnant Women, diarrhoea and renal				
	Hospital has standard procedures for	patients				
ME D6.3	preparation, handling, storage and	Dietary department has system to calculate	2	RR/SI		
	distribution of diets, as per requirement of patients	the number of diets to be prepared				
		Dietary department has procedure for	2	00/01/00	Time interval for procurement of Perishable	
		procurement of perishable and non perishable items	2	OB/SI/RR	and non perishable items is fixed	
		Perishable items are stored in the cold	2	ОВ	Like milk, cheese, butter, egg, vegetables, and	
		room or refrigerators. Non perishable items are kept in racks/			fruits	
		storage container, in ventilated and rodent	2	ОВ	All the food items are stored above floor level.	
		proof room Food is prepared by trained staff, ensuring	2	on/s		
		standards practices	2	OB/SI		
		There is a procedure for the distribution of the diet	2	SI/RR	Ensure diet is supplied at defined duration.	
		Distribution of the food is done in covered	2	ОВ		
		food trolleys				
		Dietary department has system to check the quality of food provided to patient	2	RR/SI	There is designated person preferably nurse in Ward to check the Quality of food	
		Dietary department has procedure to			·	
		collect and dispose of kitchen garbage at	2	OB/SI		
		defined interval and place There is practice of calculating and	_			
		maintaining buffer stock in Kitchen	2	SI/RR		
		Department maintained stock and expenditure register in Kitchen	2	RR/SI		
		There is system to replenish raw food	2	RR/SI		
Standard D7		material T	he facility ensi	ures clean linen t	to the patients	
ME D7.1	The facility has adequate sets of linen	Hospital has sufficient set of linen available	2	RR/SI	at least 5 sets for each functional bed	
	acinty nas adequate sets of inten	per bed Hospital/ department has inventory of total		yai	2	
		linen available with category wise	2	RR/SI	Patient, staff and bed linen	
	The facility has standard procedures for	distribution in every area				
ME D7.3	handling , collection, transportation and	Linen department has system for Periodic physical verification of linen inventory	2	RR/SI	To check the theft and pilferage	
	washing of linen					
		Linen department has separate trolley for distribution of clean linen and collection of	2	ОВ		
		dirty linen				
		Linen are transported into closed leak proof containers /bags	2	ОВ		
		Infectious and non infectious linen are	2	on inn		
		transported into separate containers / bags	2	OB/RR		
		Linen department has system of sorting of	_			
		different category of linen before putting in to washing machine	2	OB/RR	Soiled, infected fouled type of linen	
		Linen department has procedure for	,	on (nn		
		sluicing of soiled, infected and fouled linen	2	OB/RR		
		Linen department has procedure to keep	_			
		record of daily load received from each department	2	RR		
		Hospital has system/ designated person to	,	pp/c/		
		check quality of washed linen	2	RR/SI		
		There is a fix time for collection for dirty	2	RR/SI		
		linen and supply of clean linen There is a system for verifying the quantity				
		of linen received	2	RR/SI		
		There is procedure for condemnation of linen	2	RR/SI		
		There is system to check pilferage of linen	2	RR/SI	Security guards keep vigil	
Standard D11	Roles & Res	from ward	clinical staff a	re determined as	per govt. regulations and standards	operating procedures.
ME D11.1	The facility has established job description as	Job description is defined and	2	RR	Regular + contractual	
WIE DII.I	per govt guidelines	communicated to all concerned staff Staff is aware of their role and			Negulai + Contractuai	
		responsibilities	2	SI		
	The facility has a established procedure	There is procedure to ensure that staff is	,	DD /C1	Check for system for recording time of	
ME D11.2	for duty roster and deputation to different departments	available on duty as per duty roster	2	RR/SI	reporting and relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for Laundry	2	RR/SI		
		department There is designated in charge for Dietary				
		department	2	RR/SI		
		There is designated in charge for MRD department	2	RR/SI		
	The facility ensures the adherence to					
ME D11.3	dress code as mandated by its	Staff is adhere to their respective dress code	2	ОВ		
	administration / the health department					
Standard D12	Facil	ity has established procedure for m	onitoring the	quality of outsou	<mark>irced services and adheres to contrac</mark>	tual obligations
	Thore is established a	There is procedure to monitor the quality			Verification of outsourced services (cleaning/	
ME D12.1	There is established system for contract management for out sourced services	and adequacy of outsourced services on	2	SI/RR	Dietary/Laundry/Security/Maintenance) provided are done by designated in-house	
		regular basis			staff	
				ncern - E Clinical		
Standard E8				maintaining, upd	lating of patients' clinical records and	their storage
ME E8.6	Register/records are maintained as per guidelines	All register/records are identified and numbered	2	RR		
		Diet Registers are maintained at Kitchen	2	RR		
		Laundry registers are maintained at laundry	2	RR		
ME E8.7	The facility ensures safe and adequate	Hospital has procedure for collection, Compilation and maintenance of patient's	2	RR	Manual/e-records	
	storage and retrieval of medical records	records after discharge			,	
		Medical record department has system to	2	RR	Checking the records as per checklist for	
		check for completion of records			completion	
		Medical record department has system for	2	RR	As per ICD coding / indexing name, disease, diagnosis, physician and surgical procedure	
		ICD coding /indexing the records		NN.	carried out	
					Submitting the reports to required health	
		Medical record department has system to generate statistics for clinical use	2	RR	authorities (Birth death notification,	
			2	RR	authorities (Birth death notification, notification of communicable diseases etc)	

		Medical record department has system to generate statistics for administrative use	2	RR	Hospital information system	
		Medical record department has system for filling and safe storage of records	2	RR	Give full compliance if system is in place for manual record management OR if the facility has e-records in place, check for 1. Password/finger print protected computer 2. Any restriction/firewall to protect the individual's information from misuse	
		Medical record department has procedure for retention/Preservation of records	2	RR	Retention is as per state guideline	
		Medical record department has procedure for destruction of old records	2	RR		
		Medical records department has system for retrieval of records	2	RR/SI	Give full compliance if system is in place for manual record management OR If the facility has e-records in place, check for 1. System is in place to define who all are authorized to access the patient e-records	
		Medical record department has procedure for production of records in Courts of law when summoned	2	RR/SI	In case of MLC	
		Medical records are issued to authorized personnel only	2	RR/SI	To patient/next kin to patient	
Standard E11			stablished pro	cedures for Eme	rgency Services and Disaster Manage	ment
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan	2	SI/RR		
		Role and responsibilities of staff in disaster is defined	2	SI/RR		
		has infertion and the		ncern - F Infectio		and the distriction
Standard F1	There is Provision of Periodic Medical	has infection control program and There is procedure for immunization of the		i i	tion and measurement of hospital as	sociated infection
ME F1.4	Checkups and immunization of staff	staff Periodic medical checkups of the staff	2	SI/RR SI/RR	Hepatitis B, Tetanus Toxid etc	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
Standard F2	Hand washing facilities are provided at	Facility has defined and Impl Availability of hand washing Facility in	emented proc	edures for ensur	ing hand hygiene practices and antise	epsis
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility in kitchen	2	ОВ	Preferably in preparation and cooking area along with elbow operated tap	
		Availability of Running Water (Hot and cold)	2	OB/SI	Ask to Open the tap. Ask Staff water supply is regular	
		Availability of soap with soap dish/ liquid antiseptic with dispenser	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
ME F2.2	Staff is trained and adhere to standard	Adherence to 6 steps of Hand washing	2	ОВ	Ask of demonstration	
	hand washing practices	Staff aware of when to hand wash	2	SI	POR OF GETTION SECTION	
Standard F3		Facility ensure	s standard pra	ctices and mater	ials for Personal protection	
ME F3.1	Facility ensures adequate personal protection equipments as per	Clean gloves are available for distribution of food	2	OB/SI		
	requirements	Availability of apron	2	OB/SI		
		Availability of caps	2	OB/SI		
		Availability of Heavy duty gloves for laundry	2	OB/SI		
ME CO.O.	Staff is adhere to standard personal	Availability of gum boats for laundry	2	OB/SI		
ME F3.2	Staff is adhere to standard personal protection practices	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons.	2	OB/SI OB/SI	of anuinments and instruments	
ME F3.2 Standard F4 ME F4.1		Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons.	2	OB/SI OB/SI	of equipments and instruments Ask the cleanliness and ask staff how frequent they clean it	
Standard F4	protection practices Facility ensures standard practices and materials for decontamination and clean ing	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has standa Cleaning and decontamination of food	2 2 ard Procedures	OB/SI OB/SI For processing of SI/OB	Ask the cleanliness and ask staff how frequent	
Standard F4	protection practices Facility ensures standard practices and materials for decontamination and clean ing	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen	2 2 ard Procedures 2 2 2	OB/SI OB/SI OB/SI For processing of SI/OB SI/OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they	
Standard F4	protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has standa Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys	2 2 ard Procedures 2	OB/SI OB/SI For processing of SI/OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they	
Standard F4 ME F4.1 ME F4.2	protection practices Facility ensures standard practices and materials for decontamination and clean ing	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has standa Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food	2 2 ard Procedures 2 2 2 2 2 2	OB/SI OB/SI OB/SI for processing of SI/OB SI/OB SI/OB SI/OB SI/OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it	
Standard F4 ME F4.1	protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has standa Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and environ	2 2 ard Procedures 2 2 2 2 2 2	OB/SI OB/SI OB/SI for processing of SI/OB SI/OB SI/OB SI/OB SI/OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they	on
Standard F4 ME F4.1 ME F4.2	protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has standa Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food	2 2 ard Procedures 2 2 2 2 2 2	OB/SI OB/SI OB/SI for processing of SI/OB SI/OB SI/OB SI/OB SI/OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it	on .
Standard F4 ME F4.1 ME F4.2 Standard F5	Protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and envirou Facility layout ensures separation of routes	2 2 ard Procedures 2 2 2 2 2 2 2 mmental control	OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it	on
Standard F4 ME F4.1 ME F4.2 Standard F5	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and envirou Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management	2 2 rd Procedures 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB SI/OB OI of the patient of	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it	on .
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Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1	Protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and enviror Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of moeping and	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB SI/OB OB OB SI/RR	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it	on .
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Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1	Protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and envirou Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are followed Cleaning equipments like broom are not	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB OB OB SI/RR SI/RR SI/RR SI/RR	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it Check the cleanliness and how frequent they clean it care areas ensures infection preventi	on
Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1 ME F5.2	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of utensils and food trolleys Proper cleaning of items used for preparation and cooking of food Physical layout and envirou Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are followed Cleaning equipments like broom are not used in aptient care areas Surface & fixtures are visibly clean with no dust or debris Staff is trained for spill management	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB OB SI/RR OB OB SI/RR SI/RR OB/SI OB/SI OB/SI	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it Check the cleanliness and how frequent they clean it care areas ensures infection preventi	on
Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1 ME F5.2	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and envirou Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per standard procedure Standard practice of mopping and scrubbing are followed Cleaning equipments like broom are not used in a sea fixtures are visibly clean with no dust or debris Staff is trained for spill management Floors are clean No stray animals in the facility/ Patient	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI SI/OB OB O	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it Check the cleanliness and how frequent they clean it care areas ensures infection preventi	on .
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Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1 ME F5.2 ME F5.3	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for distinction and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Availability of gum boats for laundry No reuse of disposable gloves, caps and aprons. Facility has stands Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of utensils and food trolleys Decontamination of heavily soiled linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout and enviror Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management Cleaning of patient care area with detergent solution Staff is trained for preparing cleaning solution as per followed Cleaning equipments like broom are not used in patient care areas Surface & fixtures are visibly clean with no dust or debris Staff is trained for spill management Floors are clean No stray animals in the facility/ Patient Care areas defined and established procedure Availability of colour coded bins at point of waste generation.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB SI/OB OB OB OB SI/RR SI/RR SI/RR OB/SI OB/SI OB	Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it Check the cleanliness and how frequent they clean it are areas ensures infection preventi Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided	

		Display of work instructions for segregation	2	ОВ	Pictorial and in local language	
		and handling of Biomedical waste There is no mixing of infectious and general				
	5	waste	2	OB	Ask if available. Where it is stored and who is	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of post exposure prophylaxis	2	OB/SI	in charge of that.	
		Staff knows what to do in condition of needle stick injury	2	SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been	
	Facility ensures transportation and				done	
ME F6.3	disposal of waste as per guidelines	Disinfection of liquid waste before disposal Daily disposal of food waste with general	2	SI/OB		
		waste	2	SI/OB		
Standard G1		The facility has es		ern - G Quality N	lanagement work for quality improvement	
	W. C. 100. 1	Quality circle has been formed in the	2		Check if quality circle formed and functional	
ME G1.1	The facility has a quality team in place	Auxillary		SI/RR	with a designated nodal officer for quality	
Standard G2	Patient Satisfaction surveys are	Facility has e Hospital has system to take feed back			and employee satisfaction	
ME G2.1	conducted at periodic intervals	regarding quality of diet	2	RR		
		Hospital has system to take feed back regarding cleanliness of linen provided	2	RR		
Standard G3			al and externa	 quality assuran	ce programs wherever it is critical to	quality.
	Facility has established internal quality	There is system daily round by				
ME G3.1	assurance program at relevant departments	matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services	2	SI/RR	Check for entries in Round Register	
ME G3.2	Facility has established external assurance programs at relevant departments	Kitchen is has system of regular external inspection by Municipal/ FDA(To be reworded) authorities	2	SI/RR		
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5					DELETED	
Standard G4		Standard operating procedure for Dietary	ed and maintai	ned Standard Op	perating Procedures for all key proces	ses and support services.
ME G4.1	Departmental standard operating procedures are available	and Laundry department has been prepared and approved	2	RR		
		Current version of SOP are available with process owner	2	OB/RR		
		Standard operating procedure for Medical record Department has been prepared and approved	2	RR		
		Current version of SOP are available with process owner	2	OB/RR		
		Work instruction/clinical protocols are displayed in Dietary and Laundry Department	2	ОВ		
		Work instruction/clinical protocols are displayed in Medical Record Department	2	ОВ		
		Work instructions are displayed for hospital cleaniness	2	ОВ		
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Record Department has documented procedure for indexing, receiving, compiling, maintaining, issuing and retention of the records	2	RR		
		Record department has documented	2	RR		
		procedure for pest and rodent control Diet department has documented				
		procedure for diet schedule, calculation of diet required in wards, procurement of food items	2	RR		
		Diet department has documented procedure for preparation, distribution and disposal of remaining food	2	RR		
		Diet department has documented procedure to check the quality of food provided to the patient	2	RR		
		Diet department has documented procedure for cleaning of kitchen and utensils	2	RR		
		Diet department has documented procedure for checkups of kitchen workers at defined intervals	2	RR		
		Linen department has documented procedure for collection, sorting, cleaning, sluicing of the blood/bidy fluid stained linen and distribution of linen	2	RR		
		Linen department has documented procedure for physical verification of the linen for cleanliness or torn out and condemnation of linen	2	RR		
		Linen department has documented procedure corrective and preventive maintenance of laundry equipments	2	RR		
		Security department has documented procedure for duty hours, control of incoming and outgoing items Security department has documented	2	RR		
		procedure for visiting hours in patient care area Security department has documented	2	RR		
		procedure for fire safety in hospital Security department has documented	2	RR		
		procedure for electrical safety Security department has documented	2	RR RR		
	Staff is trained and aware of the	procedure for training and drills of security staff Check staff is a aware of relevant part of				
ME G4.3	standard procedures written in SOPs	SOPs	2	SI/RR		
Standard G 5	Facili	ty maps its key processes and seek	s to make then	n more efficient l	by reducing non value adding activition	es and wastages

ME G5.1	Facility maps its critical processes	Process mapping of critical processes done	2	SI/RR		
ME G5.2	Facility identifies non value adding	Non value adding activities are identified	2	SI/RR		
IVIE G5.2	activities / waste / redundant activities	_	2	3i/NN		
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement	2	SI/RR		
Standard G6		The facility has defined mission, v	alues, Quality	policy & objectiv	es & prepared a strategic plan to achi	eve them
ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility	Check if Quality Policy has been defined and approved	2	SI/RR	Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department	
ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points	
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2	SI/RR	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management	
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	SI/RR	Review the records that action plan on quality objectives being reviewed at least onnce in month by departmnetal incharges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet	
Standard G7		Facility seeks con	inually improv	ement by praction	cing Quality method and tools.	
ME G7.1					DELETED	
					DELETED	
					DELETED	
ME G7.2 Standard G9		Facility has established procedure	for assessing, re	porting, evaluating	DELETED and managing risk as per Risk Management	Plan
ME G7.2 Standard G9 ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Facility has established procedure Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	s for assessing, re	porting, evaluating SI/RR	DELETED and managing risk as per Risk Management Verify with the records. A comprehensive risk assesment of all clincial processes should be done using pre define critera at least once in three month.	Plan
Standard G9	Patient care safety risks is done as per	Check periodic assessment of medication and patient care safety risk is done using	2	SI/RR SI/RR	Verify with the records. A comprehensive risk assement of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status	Plan
Standard G9 ME G9.6 ME G9.7	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits.	2 2 Area o	SI/RR SI/RR [‡] Concern - H Out	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available to 2. Staff is aware of key gaps & closure status come	
Standard G9 ME G9.6 ME G9.7 Standard H1	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits.	2 2 Area o	SI/RR SI/RR [‡] Concern - H Out	Verify with the records. A comprehensive risk assement of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status	
Standard G9 ME G9.6 ME G9.7	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits.	2 2 Area o	SI/RR SI/RR [‡] Concern - H Out	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available to 2. Staff is aware of key gaps & closure status come	
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Standard G9 ME G9.6 ME G9.7 Standard H1	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility measures productivity Indicators on	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done	2 Area o' ivity Indicator 2	SI/RR SI/RR SI/RR Concern - H Out	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available .2. Staff is aware of key gaps & closure status come mpliance with State/National benchmarks. No. of bed sheet washed in a month/Patient bed days in month	
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ME G9.6 ME G9.7 Standard H1 ME H1.1 Standard H2	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility measures productivity Indicators on monthly basis Facility measures efficiency Indicators on monthly basis	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index The facility measures E Proportion of maternal deaths audited Proportion of methon deaths audited Cycle for laundry services	2 Area of ivity Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR Concern - H Out s and ensures co RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available contained to the contained of the	narks
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ME G9.6 ME G9.7 Standard H1 ME H1.1 Standard H2 ME H2.1	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility measures productivity indicators on monthly basis Facility measures efficiency indicators on monthly basis Facility measures efficiency indicators on monthly basis	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index Diet Index The facility measures E Proportion of maternal deaths audited Proportion of methon deaths audited Cycle for laundry services Proportion of special diets The facility measures Clinic Medical Audit Score Death Audit Score	2 Area of ivity Indicator 2 2 2 2 2 fficiency Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR Concern - H Out s and ensures co RR	Verify with the records. A comprehensive risk assesment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available compared to the compared to	arks
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Standard H3 ME G9.6 ME G9.7 Standard H1 ME H1.1 Standard H2 ME H2.1 Standard H3 ME H3.1 Standard H4	Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility measures productivity indicators on monthly basis Facility measures efficiency indicators on monthly basis Facility measures efficiency indicators on monthly basis	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index The facility measures E Proportion of maternal deaths audited Proportion of newborn deaths audited Cycle for laundry services Proportion of special diets The facility measures Clinic Medical Audit Score The facility measures Clinic Medical Audit Score The facility measures Services	2 Area o' ivity Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR SI/RR SI/RR Concern - H Outs and ensures column and ensures RR RR RR RR RR RR RR RR RR RR	Verify with the records. A comprehensive risk assesment of all clinical processes should be done using pre-define critera at least once in three month. 1. Check that the filled checklist and action taken report are available. 2. Staff is aware of key gaps & closure status come mpliance with State/National benchm No. of bed sheet washed in a month/Patient bed days in month No. of meals provided in the month/no. of times meal served in a day* bed days to reach State/National Benchmark Time elapsed between collection of used linen and receiving clean linen No. of special diest (diabetic, hypertensive, semi solid or other diet) in the month* 100 (httal no. of diets provided	arks

Version: DH/NQAS-2020/00

National Quality Assurance Standards for District Hospitals

		Checklist for Mortuary				19
		Assessm	ent Summai	ν		
Name of the H	lospital				Date of Assessment	
Names of Asse					Names of Assessees	-
	ment (Internal/External)					-
Type of Assess	inent (internal/external)				Action plan Submission Date	
			y Score C	ard		
	Area of Concern wise	Score			Mortuary Score	
А	Service Provision	100%				
В	Patient Rights	100%				
С	Inputs	100%				
D	Support Services	100%			100%	
E	Clinical Services	100%			100%	
F	Infection Control	100%				
G	Quality Management	100%				
н	Outcome	100%				
	Major Gaps Observed					
2						
3						
5						
,	Strengths / Good Practices					
1						
3						
4						
5	Decommon detions / Owner trunites for Improvement					
1	Recommendations/ Opportunites for Improveme	iii.				
2						
4						
5						
	Signature of Assessors Date					
	Date					
Reference No.	ME Statement	Checkpoints	Compliance	Assessment method	Audit Support	Remark
Standard A1		Area of	Concern - A Se cility provides Cu	rvice Provision		
ME A1.14 Standard A5	Services are available for the time period as mandated	Availability of services 24X7	2	SI/RR		
Standard A5 ME A5.8	The facility provides mortuary services	Dead bodies are kept till the relatives take over the bodies	cility provides su	SI/RR		
		Dead bodies are brought to hospital for medico legal post mortem work	2	SI/RR		
		Unclaimed bodies are kept until disposal is arranged Area (of Concern - B F	SI/RR Patient Rights		
Standard B1		The facility provides the information to care seekers				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages	2	ОВ	Numbering, main department and internal sectional signage are displayed	
ME B1.6	Information is available in local language and easy to understand	Restricted area signage are displayed Signage's are available in local language and pictorial	2	OB OB		
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Post mortem records of deceased are issued to police/next kin of deceased as per state guideline	2	ОВ		
Standard B2	Services are delivered Religious and cultural preferences of patients and attendants are	d in a manner that is sensitive to gender, religious and Religious and cultural preferences of deceased and relatives are taken			arrier on account of physical economic, cultural or social	al reasons
ME B2.2	taken into consideration while delivering services	in to consideration while handling over the body	2	OB/SI	DELETED	
ME B2.3 Standard B3		The facility maintains privacy, confidentiality & di	gnity of patient, a	nd has a system		
ME B3.1	Adequate visual privacy is provided at every point of care	There are arrangements that Post mortem room is not in direct line of sight of general public/ visitors	2	ОВ	Provision of curtain, screen or buffer area or any other in post mortem room	
ME B3.2	The facility ensures the behaviours of staff is dignified and	Behaviour of staff is amount	-	m/or	DELETED	
ME B3.3	respectful, while delivering the services The facility ensures privacy and confidentiality to every patient,	Behaviour of staff is empathetic and courteous to deceased relative	2	PI/OB		
ME B3.4	especially of those conditions having social stigma, and also	Privacy and confidentiality of HIV and suicidal cases	2	RR/SI		
	safeguards vulnerable groups		rea of Concern			
Standard C1 ME C1.1	Departments have adequate space as per patient or work load	The facility has infrastructure for delivery of as Adequate space to accommodate dead bodies		nd available infra	structure meets the prevalent norms	
ME C1.2	Patient amenities are provide as per patient load	Availability of adequate seating arrangement in waiting area	2	ОВ		
		Availability of Drinking water Availability of functional toilets	2 2	ОВ		
ME C1.3	Departments have layout and demarcated areas as per functions	Mortuary has morgue freezer for preservation of bodies as per	2	ОВ		
ME C1.4	The facility has adequate circulation area and open spaces	requirement Corridors of Mortuary area are wide enough to allow passage of	2	ОВ	Not less than 8 ft	
	according to need and local law	trolleys	1 -	1	I	ĺ.

ОВ ОВ

ОВ

ОВ

2

The facility ensures safety of electrical establishment

Physical condition of buildings are safe for providing patient care

ME C1.6

ME C2.1

The facility has adequate circulation area and upon spaces according to need and local law trolleys.

The facility has infrastructure for intramural and extramural communication.

Service counters are available as per patient load.

Availability of telephone and intercom Services communication.

Availability of deep freezer for storage as per load.

The facility and departments are planned to ensure structure (ollows the function/processes (Structure commensurate with the nucrison of the hospital Emergency, OT and PO etc.).

Non structural components are properly secured

Window have wire meshwork and intact window panes

Mortuary building does not have temporary connections and loosely harving wire.

Adequate electrical socket provided for safe and smooth operation of morpuse freezer

Floors of the Mortuary are thick, durable and can be easily cleaned

Standard C3		Floors of the Mortuary are non slippery and even The facility has establish	ed Programme f	or fire safety and	other disaster	
ME C3.2	The facility has adequate fire fighting Equipment	Fire Extinguisher that is Class A , Class C type or ABC type are installed in mortuary	2	ОВ		
		Check the expiry date for fire extinguishers are displayed on each	2	OB/RR		
		extinguisher as well as due date for next refilling is clearly mentioned	-	ODJAN		
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire	2	SI/RR		
Standard C4		The facility has adequate qualified and trained s	taff, required fo	r providing the as	sured services to the current case load	
ME C4.1 ME C4.4					DELETED DELETED	
ME C4.5	The facility has adequate support / general staff	Availability of sweeper (substitute with Housekeeping staff)in Mortuary	2	SI/RR		
Standard C5		Availability of security staff in mortuary The facility provides drug	2 s and consumab	SI/RR	seurad consicas	
ME CS.2	The departments have adequate consumables at point of use	Repairing Material	2	OB/RR	Thread, needle, cotton wool, wool waste, clothes, malleable wire,	
		Plastic bins	2	OB/RR	polythene bag, gloves, mask and apron for fixing specimens	
Standard C6	Availability of equipment & instruments for examination &	The facility has equipment Availability of functional Equipment & Instruments for			ed list of services.	
ME C6.1	monitoring of patients Availability of equipment & instruments for treatment procedures,	examination & Monitoring	2	ОВ		
ME C6.2	being undertaken in the facility	Availability of Cutting Instruments trays	2	OB OB	DELETED	
ME C6.5 ME C6.6	Availability of Equipment for Storage	Availability of Cabinets for storage of dead bodies	2	OB	Refrigerated body storage room, Instrument trolley DELETED	
ME C6.7						
Standard C7		Facility has a defined and established procedure for effec	tive utilization, eval	uation and augment	ation of competence and performance of staff	
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Infection control & prevention training	2	SI/RR	Bio medical Waste Management including Hand Hygiene	
	There is established procedure for utilization of skills gained thought		_		Check supervisors make periodic rounds of department and monitor	
ME C7.10	trainings by on -job supportive supervision	Staff is skilled for preservation of dead bodies in the mortuary	2	SI/RR	that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
					Check supervisors make periodic rounds of department and monitor	
		Staff is skilled for maintaining post mortem records	2	SI/RR	that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
		Area of	Concern - D Su	pport Services		
Standard D1		The facility has established Programme for	inspection, testi	ng and maintenai	nce and calibration of Equipment. 1. Check with AMC records/	I
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance	2	SI/RR	Warranty documents 2. Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the	2	SI/RR	1.Check for breakdown & Maintenance record in the log book	
	The facility has establish	equipments		- '	 Staff is aware of contact details of the agency/person in case of breakdown. 	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the monitoring equipments are calibrated	2	OB/ RR		
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Operating instructions for critical equipments are available	2	OB/SI		
Standard D2 ME D2.5		The facility has defined procedures for storage, invent	ory managemen	t and dispensing	of drugs in pharmacy and patient care areas	
ME D2.7					DELETED	
Standard D3		The facility provides safe, secure a	nd comfortable e	environment to st	aff, patients and visitors.	
ME D3.1					DELETED	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Hospital ensures unauthorised entry into mortuary is not permitted	2	OB/SI		
ME D3.3	The facility ensures safe and comfortable environment for patients	Temperature control and ventilation in Mortuary	2	OB/RR	Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment	
ME D3.4	and service providers The facility has security system in place at patient care areas	Hospital has sound security system to manage overcrowding in	2	OB	condition and requirement	
ME D3.5	The facility has established measure for safety and security of female staff	Mortuary Female staff feel secure at work place	2	SI		
Standard D4	The facility has established measure of safety and security of remains stati	The facility has established P			pkeep of the facility	
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour Interior of patient care areas are plastered & painted	2 2	OB OB		
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean	2	ОВ	All area are clean with no dirt,grease,littering and cobwebs	
		Surface of furniture and fixtures are clean	2 2	ОВ		
ME D4.3		Toilets are clean with functional flush and running water				
	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster	2	OB OB		
	Hospital infrastructure is adequately maintained	Window panes , doors and other fixtures are intact Post-mortem table is intact and with out rust	2 2 2	OB OB		
ME D4.5	The facility has policy of removal of condemned junk material	Window panes , doors and other fixtures are intact Post-mortem table is intact and with out rust No condemned/Junk material stored in the mortuary	2 2 2 2	OB OB OB		
ME D4.6		Window panes, doors and other fixtures are intact Post-mortem table is intact and with our rust No condemned/Junk material stored in the mortuary No stray animal/rodent/birds	2 2 2 2 2	OB OB OB OB OB	delivery, and support services norms	
	The facility has policy of removal of condemned junk material. The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for	Window panes , doors and other fixtures are intact Post-mortem table is intact and with out rust No condemned/Junk material stored in the mortuary	2 2 2 2 2	OB OB OB OB OB	Availability of water in sinks, washbasin and post mortem table should	
ME D4.6 Standard D5 ME D5.1	The facility has policy of removal of condemned junk material The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for portable water in all functional areas The facility enters adequate power backup in all patient care areas	Window panes, aloos and other fixtures are intact Post-morten table is intext and with for into! No condemned/junk material stored in the mortuary No stray animal/rodent/birds The facility ensures 24X7 water and power bac Availability of 24X7 running and potable water	2 2 2 2 2 kup as per requir	OB OB OB OB OB OB		
ME D4.6 Standard D5	The facility has policy of removal of condemned junk material. The facility has established procedures for pest, rodent and animal control. The facility has adequate arrangement storage and supply for portable water all functional area. The facility ensures adequate power backup in all patient care areas as per load.	Window panes, doors and other fixtures are intact Poot-mortem table is intact and with out rust No condemned/Junk material stored in the mortuary No stray animal/rodent/Dirds The facility ensures 24X7 water and power bac	2 2 2 2 2 2 kup as per requir 2	OB OB OB OB OB OB OB OB OB/SI	Availability of water in sinks, washbasin and post mortem table should be fitted with water hose	
ME D4.6 Standard D5 ME D5.1 ME D5.2	The facility has policy of removal of condemned junk material. The facility has established procedures for pest, rodent and animal control. The facility has adequate arrangement storage and supply for portable water all functional area. The facility ensures adequate power backup in all patient care areas as per load.	Window panes, doors and other fintures are intact Post-morten table instruct and with our rust No condement/Junk material stored in the mortuary No stray animal/rodent/Jurds The facility ensures 24X7 water and power bac Availability of 24x7 running and potable water Availability of power back in mortuary	2 2 2 2 2 2 kup as per requir 2	OB OB OB OB OB OB OB OB OB/SI	Availability of water in sinks, washbasin and post mortem table should be fitted with water hose	
ME D4.6 Standard D5 ME D5.1 ME D5.2 Standard D11 ME D11.1	The facility has policy of removal of condemned junk material The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for portable water all functional areas The facility ensures adequate power backup in all patient care areas as per load R The facility has established job description as per govt guidelines	Window panes, doors and other fixtures are intact Post-morten table initicat and with our qutst No condemone/Junk material stored in the mortuary No stray animal/roden/fixeds The facility ensures 24X7 water and power bac Availability of 24x7 running and potable water Availability of power back in mortuary oles & Responsibilities of administrative and clinical st bob description is defined and communicated to all concerned staff Staff is aware of their role and responsibilities	2 2 2 2 2 kup as per requir 2 2 aff are determine 2 2	08 08 08 08 08 08 ement of service 08/SI 08/SI ed as per govt. reg	Availability of water in sinks, washbasin and post mortern table should be fitted with water hose guildings and standards operating procedures. Regular + contractual	
ME D4.6 Standard D5 ME D5.1 ME D5.2 Standard D11	The facility has policy of removal of condemned junk material The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for portable water in all functional areas The facility ensures adequate power backup in all patient care areas as per load R	Window panes, doors and other finatures are intact Post-morten table instruct and with or untal No condemone/Junk material stored in the mortuary No stray animal/rodent/birds The facility ensures 24X7 water and power bac Availability of 24x7 running and potable water Availability of power back in mortuary oles & Responsibilities of administrative and clinical st obd description is defined and communicated to all concerned staff Staff is aware of their role and responsibilities There is procedure to ensure that staff is available on duty as per duty roter.	2 2 2 2 2 kup as per requir 2 2 aff are determine 2 2 2	08 08 08 08 08 08 ement of service 08/SI 08/SI 2d as per govt. rej RR SI RR/SI	Availability of water in sinks, washbasin and post mortem table should be fitted with water hose ulations and standards operating procedures.	
ME D4.6 Standard D5 ME D5.1 ME D5.2 Standard D11 ME D11.1	The facility has policy of removal of condemned junk material The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for portable water all functional areas The facility ensures adequate power backup in all patient care areas as per load R The facility has established job description as per govt guidelines The facility has a established procedure for duty roster and deputation to different departments The facility ensures the adherence to dress code as mandated by its	Window panes, aboos and other finatures are intact Post-morten table instituted and wind or nat No condemoed/Junk material stored in the mortuary No stray animal/rodent/pirds The facility ensures 24X7 water and power bac Availability of 24x7 running and potable water Availability of power back in mortuary oles & Responsibilities of administrative and clinical st job description is defined and communicated to all concerned staff Staff is aware of their role and responsibilities There is procedure to ensure that staff is available on duty as per duly coler. There is designated in change for department	2 2 2 2 2 kup as per requir 2 2 aff are determine 2 2	08 08 08 08 08 08 ement of service 08/SI 08/SI ed as per govt. reg	Availability of water in sink, washbasin and post morten table should be fitted with water hose gulations and standards operating procedures. Regular + contractual Check for system for recording time of reporting and relieving	
ME D4.6 Standard D5 ME D5.1 ME D5.2 Standard D11 ME D11.1 ME D11.2	The facility has policy of removal of condemned junk material. The facility has established procedures for pest, rodent and animal control. The facility has adequate arrangement storage and supply for portable water in all functional areas. The facility ensures adequate power backup in all patient care areas as per load. R The facility has established job description as per govt guidelines. The facility has a established procedure for duty roster and deputation to different departments.	Window panes, doors and other finatures are intact Post-morten table instruct and with or untal No condemone/Junk material stored in the mortuary No stray animal/rodent/birds The facility ensures 24X7 water and power bac Availability of 24x7 running and potable water Availability of power back in mortuary oles & Responsibilities of administrative and clinical st obd description is defined and communicated to all concerned staff Staff is aware of their role and responsibilities There is procedure to ensure that staff is available on duty as per duty roter.	2 2 2 2 2 kup as per requir 2 2 aff are determine 2 2 2 2 2 2 2 2 2	OB O	Availability of water in sinks, washbasin and post morten table should be fitted with water hose ulations and standards operating procedures. Regular + contractual Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
ME D4.6 Standard D5 ME D5.1 ME D5.2 Standard D11 ME D11.1 ME D11.2 ME D11.3	The facility has policy of removal of condemned junk material The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for portable water in all functional areas. The facility ensures adequate power backup in all patient care areas as per load R The facility has established job description as per govt guidelines. The facility has a established procedure for duty roster and depotation to different departments. The facility ensures the adherence to dress code as mandated by its administration. I the health department.	Window panes, aboos and other finatures are intact Post-mortem table intext and with our drast No condemosed/unik material stored in the mortuary No stray animal/rodent/birds The facility ensures 24X7 water and power bac Availability of power back in mortuary oles & Responsibilities of administrative and clinical st job description is defined and communicated to all oncemed staff Staff is aware of their role and responsibilities There is procedure to ensure that staff is available on duty as per duty outer Doctor and support staff adhere to their respective dress code The facility has established procedure for monitorit There is procedure to monitor the quality and adequacy of	2 2 2 2 2 kup as per requir 2 2 aff are determine 2 2 2 2 2 2 2 2 2	OB O	Availability of water in sinks, washbasin and post morten table should be fitted with water hose ulations and standards operating procedures. Regular + contractual Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
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ME D4.6 Standard D5 ME D5.1 ME D5.1 ME D5.2 Standard D11 ME D11.1 ME D11.2 ME D11.2 ME D11.3 Standard D12 ME D12.1 Standard E8 ME E8.7 Standard E8 ME E8.7 Standard E8 ME E8.6 Standard E1 ME E16.1 ME E16.2 ME E16.2 ME E16.3 Standard F1 ME F1.4 ME F1.5 Standard F2 ME F2.1	The facility has policy of removal of condemned junk material The facility has established procedures for pest, rodent and animal control The facility has adequate arrangement storage and supply for portable water all functional area. The facility has adequate arrangement storage and supply for portable water all functional area. The facility ensures adequate power backup in all patient care areas as per load R The facility has established job description as per govt guidelines. The facility has a established procedure for duty roster and deputation to different departments. The facility ensures the adherence to dress code as mandated by its administration. I the health department There is established system for contract management for out sourced services. The facility ensures stafe and adequate storage and retrieval of medical records. The facility has disaster management plan in place Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling the death in the hospital There is Provision of Periodic Medical Check-up and immunization of staff The facility has standard procedures for regular monitoring of infection control practices Hand washing facilities are provided at point of use	Window panes, aboos and other finatures are intact Post-mortem table initized and with out ratt No condemone/Junk material stored in the mortuary No stray animal/rodent/birds The facility ensures 24X7 water and power back Availability of 24x7 running and potable water Availability of power back in mortuary oles & Responsibilities of administrative and clinical st lob description is defined and communicated to all concerned staff Staff is aware of their role and responsibilities There is procedure to ensure that staff is available on duty as per duty rotter There is designated in charge for department There is designated in charge for department There is designated in charge for department There is procedure to monitor the quality and adequacy of outsourced services on regular basis Area 0 The facility has defined and established procedur Department has process for storage and retrieval of Medico-legal record The facility has defined and established procedur The facility has infection to decent communicate death to relatives The body of deceased is handled with respect and dignity Socio-cultural beliefs of patient 's family are identified and respected Unclaimed bodies are handled/ handed over, buried or cemated as per applicable laws and regulation Area of for the facility has infection control Programme and proce There is procedure for immunication of the staff Regular mortified and respect to the staff Availability of running Water Availability of running Water Availability of Hachold based Hand rub Display of Hand washing Instruction at Point of Use	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OB O	Availability of water in sinks, washbasin and post mortern table should be fitted with water hose guitations and standards operating procedures. Regular contractual Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) East and adheres to contractual obligations Verification of outsources services (dearing/ Distance) and the standard of outsources services (dearing/ Distance) and the standard of outsources services (dearing/ Distance) and the standard of	

	The facility ensures adequate personal protection Equipment as per					
ME F3.1	requirements	Clean gloves are available at point of use Availability of Masks	2	OB/SI OB/SI		
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI		
		Compliance to correct method of wearing and removing the	2	SI	Gloves, Masks, Caps and Aprons	
Standard F4		The facility has standard proc		essing of equipme		
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures	Decontamination of mortuary table	2	SI/OB	Ask stff about how they decontaminate the mortuary table	
	areas				(Wiping with 0.5% Chlorine solution)	
		Decontamination of instrument after use	2	SI/OB	Ask staff how they decontaminate the instruments	
			2	su(on	(Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable	
		Contact time for decontamination is adequate Cleaning of instruments after decontamination	2	SI/OB SI/OB	10 minutes Cleaning is done with detergent and running water after	
		Staff know how to make chlorine solution	2	SI/OB	decontamination	
ME F4.2	The facility ensures standard practices and materials for disinfection and	Sterilization of mortuary equipment High level disinfection by boiling or chemical done as per protocol at	2	SI/OB SI/OB		
Standard F5	sterilization of instruments and equipment	Physical layout and environmental co	ontrol of the pat	ient care areas en	sures infection prevention	
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic	2	ОВ		
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement	2	OB/SI	Chlorine solution, Gluteraldehye, carbolic acid	
	The facility ensures standard practices are followed for the cleaning and	Availability of cleaning agent as per requirement	2	OB/SI SI/RR	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	disinfection of patient care areas	Staff is trained for spill management Cleaning of patient care area with detergent solution	2	SI/RR SI/RR		
		Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air	
Standard F6	The	Cleaning equipments like broom are not used in patient care areas facility has defined and established procedures for seg	regation, collect	OB/SI	should be avoided	
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per		2	ОВ		
ME PO.1	guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation			Adequate number. Covered. Foot operated.	
		Availability of colour coded non chlorinated plastic bags	2	ОВ	Human Anatomical waste, Items contaminated with blood, body	
		Segregation of Anatomical and solied waste in Yellow Bin	2	OB/SI	fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
					Items such as tubing, bottles, intravenous tubes and sets, catheters,	
		Segregation of infected plastic waste in red bin	2	ОВ	urine bags, syringes (without needles and fixed needle syringes) and	
		Display of work instructions for segregation and handling of	2	ОВ	vaccutainers with their needles cut) and gloves	
		Biomedical waste There is no mixing of infectious and general waste	2	UB	Pictorial and in local language	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters	2	ОВ	See if it has been used or just lying idle.	
		Seggregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers	2	ОВ	Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades,	
					or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	
		Availability of post exposure prophylaxis	2		Ask if available. Where it is stored and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if	
		Staff knows what to do in condition of needle stick injury	2	SI	any reporting has been done	
		Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Vials, slides and other broken infected glass	
ME F6.3	The facility ensures transportation and disposal of waste as per	Check bins are not overfilled	2	SI/OB		
	guidelines	Disinfection of liquid waste before disposal	2	SI/OB		
		Transportation of bio medical waste is done in close container/trolley	2			
		Staff is aware of mercury spill management	2	SJ/RR	2. Removal of Jewellery 3. Wear PFE 4. Use of Talkallight to Loade mercury beads 5. Use syrings without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprintis suphur or aine powder to remove any remaining mercury 8. All the mercury paid surfaces boud be decontaminated with 10% sodium thousafter solution sodium thousafter solution which was not been supported by the solution of t	
				lity Managemer		
Standard G1		The facility has established	organizational fo	ramework for qua	lity improvement Check if quality circle formed and functional with a designated	
ME G1.1 Standard G3	The facility has a quality team in place	Quality circle has been formed in the Mortuary The facility have established internal and ext			nodal officer for quality	
ME G3.1	The facility has established internal quality assurance programme in		2	SI/RR	Check for entries in Round Register	
ME G3.1		Hospital Manager/ Matron in charge for monitoring of services		SI/RR		
ME G3.3	Facility has established system for use of check lists in different departments and services	Internal assessment is done at periodic interval	2	RR/SI	NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment	
		Departmental checklist are used for monitoring and quality assurance	2	SI/RR	Staff is designated for filling and monitoring of these checklists	
		Non-compliances are enumerated and recorded	2	RR	Check the non compliances are presented & discussed during quality	
ME G3.4		Check action plans are prepared and implemented as per internal assessment record findings	2	RR	team meetings Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	assurance process Planned actions are implemented through Quality Improvement	assessment record findings Check PDCA or revalent quality method is used to take corrective and	2	SI/RR	feedback mechanism Check actions have been taken to close the gap. It can be in form of	
	Cycles (PDCA)	preventive action	_		action taken report or Quality Improvement (PDCA) project report	
Standard G4 ME G4.1	The factories are available	cility has established, documented implemented and m Standard operating procedure for department has been prepared and	aintained Stand	RR RR	recurres for all key processes and support services.	
		approved Current version of SOP are available with process owner	2	OB/RR		
		Work instructions are displayed	2	ОВ	Work Instruction for Dead body storage, receiving and issue of dead body	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for death in ward and emergency	2	RR		
		Department has documented procedure for receiving, storage and tagging of the body in mortuary	2	RR		
		Department has documented procedure for temperature maintenance and its corrective & preventive maintenance in cold store	2	RR		
		Department has documented procedure for maintenance of records	2	RR		
		Department has documented procedure sending the bodies for	2	RR		
		autopsy Department has documented procedure for hand over the body to	2	RR		
		deceased relatives Department has documented procedure for issuing the records to police and patient relatives	2	RR		
		police and patient relatives Department has documented procedure for storage and send the viscera/tissue for further investigation	2	RR		
		Department has documented procedure for cleaning and upkeep of	2	RR		
ME G4.3 Standard G 5	Staff is trained and aware of the procedures written in SOPs	mortuary and post mortem room(Can be deleted) Check staff is a aware of relevant part of SOPs The facility mans its key processes and seeks to make	2 re them more of	SI/RR	non value adding activities and westeres	
Standard G 5 ME G5.1	The facility maps its critical processes	The facility maps its key processes and seeks to mak Process mapping of critical processes done	e tnem more en	SI/RR	Silver Faince adming activities and wastages	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified	2	SI/RR		
ME G5.3 Standard G6	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement The facility has defined mission, values, Qua	lity policy & obj	SI/RR ectives & prepare	d a strategic plan to achieve them	<u> </u>
	Facility has defined Quality policy, which is in congruency with the mission		2	SI/RR	Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check	
ME G6.3	of facility	Check if Quality Policy has been defined and approved	2	3y KK	Quality Policy enables achievement of mission of the facility and health department	

ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.		
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check of staff is aware of Mission , Values, Quality Policy and objectives	2	SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points		
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2		Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management		
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	51/00	Review the records that action plan on quality objectives being reviewed at least onnce in month by departmental incharges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet		
Standard G7		The facility seeks continually	improvement by	practicing Quality	y method and tools.		
ME G7.1	The facility uses method for quality improvement in services	Basic quality improvement method	2	SI/OB	PDCA & 5S		
Standard G9		Facility has established procedures for assessing	, reporting, evalu	uating and manag	ring risk as per Risk Management Plan		
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of safety risk is done using defined checklist periodically	2		Verify with the records. A comprehensive risk assessment of all processes should be done using pre define critera at least once in three month.		
	Area of Concern - H Outcomes						
Standard H1		The facility measures Productivity Indic	ators and ensure	s compliance with	h State/National benchmarks		
ME H1.1	Facility measures productivity Indicators on monthly basis	Proportion of non MLC cases	2	RR			
		Occupancy rate of cold storage for dead bodies	2	RR			
Standard H2		The facility measures Efficiency I	ndicators and en	sure to reach Stat	e/National Benchmark		
ME H2.1	Facility measures efficiency Indicators on monthly basis	Mean storage time for dead body in cold storage	2	RR			
		Down time Cold storage equipments	2	RR		`	
Standard H4		The facility measures Service Quality I	ndicators and en	deavours to reach	h State/National benchmark		
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Waiting time for carrying out post mortem	2	RR			
		Waiting time for getting post mortem report in MLC cases	2	RR			

	Niational	Ovelika Assumense Chemelende for District	Usanitala	V		
	National	Quality Assurance Standards for District	Hospitals	Version: DH/NQAS-2020/00		
		Checklist for Haemodialysis Centre		20		
Name of the	Hamital	Assessment Summary	D			
Name of the			Date of Assessment			
Names of As			Names of Assessees			
Type of Asse	ssment (Internal/External)		Action plan Submission Date			
		Hemodialys Cen		Lata Caraca		
	Area of C	Concern Wise Score	Haomodia	alysis Score		
А	SERVICE PROVISION	100%	100%			
В	PATIENT RIGHTS	100%				
С	INPUTS	100%				
D	SUPPORT SERVICES	100%				
E	CLINICAL SERVICES	100%				
F	INFECTION CONTROL	100%				
G	QUALITY MANAGEMENT	100%				
н	оитсоме	100%				
	Major Gaps Observed					
2						
3						
4						
5	Chronotha / Cond Breations					
1	Strengths / Good Practices					
2						
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5	December deticated 2					
1	Recommendations/ Opportunites for Impl	rovement				
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	Signature of Assessors	
	Date	

Standard	Measurable elements	Checkpoints	Compliances	Assessment	Mean of verification	Remarks
Standard	ivieasurable elements	Спескроіптѕ				Remarks
Standard A1				ern - A Service <mark>rovides Curati</mark>		
Standard A1				TOTACS CUITAL	Check for timing of Dialysis centre as per	
MEA1.14	Services are available for the time period as	Dialysis services are available as per	2	RR/OB/SI	MOU/As per State mandate(to be	
WEAT.14	mandated	time mandate	2	KK/OB/SI	Reworded to "as per individual hospital	
				/ /	protocol)	
ME A1.19	The facility provides Dialysis services	Availability of haemodialysis services	2	RR/OB/SI	1. Hypotension	
		Availability of services to manage complications during dialysis process	2	RR/OB/SI	2. Dialyzer reactions (both anaphylactic reaction and non-specific reaction) 3. Haemolysis 4. Air embolism 5. Seizures 6. Chest pain, MI 7. Arrhythmias 8. Sudden cardiac arrest 9. Nausea, Vomiting 10. Chills, Rigors, Fevers	
		Availability of Nutritional Counselling Services	2	RR/OB/SI	Counselling may be provided by dietician/nephrologist/MO	
Standard A3			The facility Pr	ovides diagnos		
ME A3.1	The facility provides Radiology Services	Availability of Portable X ray Services	2	OB/SI	Within centre or linkage with the main hospital	
		Availability of USG services	2	OB/SI	Within centre or linkage with the main hospital	
ME A3.2	The facility Provides Laboratory Services	Availability of lab services	2		Within centre or linkage with the main	
			2	OB/SI	hospital for: Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D	
		Availability of Point of care diagnostic devices	2	OB/SI	Heamogram, Iron study, LFT, KFT, Hb1Ac,	
ME A3.3	The facility provides other diagnostic services, as mandated	_		OB/SI	Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D Hb, Blood Sugar, Blood Group, HIV,	
ME A3.3 Standard A4	, ,	devices	2	,	Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D Hb, Blood Sugar, Blood Group, HIV, HbsAg(HBV) Within centre and staff should be trained to	
	, ,	devices	2 2	OB/SI 2 RR/PI/SI	Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D Hb, Blood Sugar, Blood Group, HIV, HbsAg(HBV) Within centre and staff should be trained to operate ECG machine Economically weaker Section(EWS) certifcate issued by appropriate authority(District Magistrate/Revenue Officer not below the rank of Tahsildar/Sub Divisional Officer)	
Standard A4 ME A4.13	The facility provide services as per Pradhan Mantri National Dialysis Programme	devices Functional ECG Services are available Availability of Haemodialysis services free of cost for BPL & Economically Weaker Section(EWS) patients	2 2 2 Area of Coo	OB/SI 2 RR/PI/SI ncern - B Patie	Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D Hb, Blood Sugar, Blood Group, HIV, HbsAg(HBV) Within centre and staff should be trained to operate ECG machine Economically weaker Section(EWS) certifcate issued by appropriate authority(District Magistrate/Revenue Officer not below the rank of Tahsildar/Sub Divisional Officer) nt Rights	
Standard A4	The facility provide services as per Pradhan Mantri National Dialysis Programme	devices Functional ECG Services are available Availability of Haemodialysis services free of cost for BPL & Economically Weaker Section(EWS) patients	2 2 2 Area of Coo	OB/SI 2 RR/PI/SI ncern - B Patie	Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D Hb, Blood Sugar, Blood Group, HIV, HbsAg(HBV) Within centre and staff should be trained to operate ECG machine Economically weaker Section(EWS) certifcate issued by appropriate authority(District Magistrate/Revenue Officer not below the rank of Tahsildar/Sub Divisional Officer)	r modalities

					1	
		Signage for restricted area and safety hazard are displayed	2		1.Restricted signages at the entry & restricted area within the dialysis centre 2. Safety Hazard and Caution signs, for e.g. hazards from electrical shock, inflammables etc. shall be displayed at appropriate places	
ME B1.2	The facility displays the services and entitlements available in its departments	Services available and not available in the dialysis centre are displayed	2	ОВ	e.g Display of Haemodialysis for HIV or Hepatitis B/C patients	
		Name of the Nephrologist/in charge with registration number are displayed	2	ОВ	Contact details & days of visits of Nephrologist/in charge, Quality Managers are displayed	
		Important numbers are displayed	2	ОВ	Blood Banks, Fire Department, Police, Ambulance Services, ICU and OT	
ME B1.4	User charges are displayed and communicated to patients effectively	User Charges for dialysis services are displayed	2	ОВ	User charges(if any) are displayed at prominent places including display of free dialysis services for BPL/EWS patients	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC materials are displayed in waiting area	2	ОВ	IEC to prevent infection for patient with catheters & patient with fistulas or grafts, dietary advice are displayed IEC for care givers to manage day to day management	
		Relevant IEC are displayed inside dialysis unit(can be combined witrh above row in same column)	2	ОВ	Check for IEC related to fluid intake, Know about dry weight, Patient guide for access care are displayed inside the unit	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language	2	ОВ	At least in two languages with one being local	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Dialysis card/Logbook is provided to all patient	2	RR/SI/OB	Check dialysis card/Logbook is provided to the patient and records are updated after each session	
Standard B2	Services are delivered in a	manner that is sensitive to gender, religion	us and cultur	al needs, and t	there are no barrier on account of physical, o	economic, cultural or social reasons.
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female attendant/female staff, if a male staff examine, treat or manage a female patient	2	OB/SI	Ask the staff about the adopted procedure	
ME B2.3	Access to facility is provided without any physical barrier & friendly to specially able people	Availability of Wheel chair and stretcher for easy Access to the Dialysis unit	2	ОВ	Check availability of both wheel chair and stretcher for the dialysis patients	
		Availability of ramp with appropriate gradient	2		A gradient of 1:8	
		Availability of disabled friendly toilets	2	OB/SI	At least one disabled-friendly toilet readily accessible to the Dialysis unit	
ME B2.4	There is no discrimination on basis of social & economic status of patients.	There is no discrimination on the basis of social and economic status of the patients	2	OB/PI	Look for any discrepancies from the previous patient records receiving the services	
Standard B3	T	he facility maintains privacy, confidential	ity & dignity o	f patient, and	has a system for guarding patient related in	formation.
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/curtains	2	ОВ	Check for screen/curtains between the beds	

ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors	2	OB/SI	Confidentiality, security and integrity of records shall be ensured at all times	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous	2	PI/OB		
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of HIV cases	2	OB/SI	HIV status of the patient is coded and not displayed publicly Internal policy to be checked(for maintenance of record)	
Standard B4	The facility has defined and e	established procedures for informing and	involving pat	ient and their	families about treatment and obtaining info	rmed consent wherever it is required.
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent are obtained from the patient/ next of kin/ legal guardian as and when required	2	RR/SI	The consent includes general condition of the patient, treatment options, adverse reactions, consequence of missing dialysis, risk and complications Frequency of consent: before every session /every procedure	
ME B4.2	Patient is informed about his/her rights and responsibilities.	Patients' rights and responsibilities are displayed	2	PI/OB	Patients are aware of their rights and responsibilities	
ME B4.3	Staff are aware of Patients' rights and responsibilities	Staff is aware of patients' rights and responsibilities	2	SI	Randomly choose any staff	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Dialysis Unit has a system in place to communicate with patient/ their family member regarding the nature and seriousness of the illness	2	PI/SI	Ask the family members whether they have been communicated and involved in the treatment plan and progress	
ME B4.4	The facility has defined and established grievance redressal system in place	Check availability of complaint box	2	OB/RR/SI	Check when it was last open, check for complaint received and action taken	
		Availability of display of process for grievance re addressal and whom to contact is displayed	2	OB/SI	Check for display regarding mechanism of grievance redressal	
Standard B5	Т		ncial barrier to	access and th	at there is financial protection given from co	ost of care.
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	All Drugs and consumables as per MoU with the private partner/hospital EML are free for BPL/EWS and other notified patients	2	PI/RR	Notified patients are the other poor patients validated by the facility in charge of the hospital	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that BPL/EWS and other notified patient has not incurred expenditure on diagnostics from outside	2	PI/RR	For APL Patients cost of diagnostics is included in the package rate	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Dialysis services are free for BPL and other notified patients	2	PI/RR/SI		
		APL Patients are charged as per the MoU rates	2	PI/RR/SI	The rates are inclusive of drugs, consumables and diagnostics (Give full compliance if it is free for all, or not applicable for the centre)	
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme.	Dialysis sessions of BPL families registered under PMJAY/Equivalent schemes are funded by respective scheme up to its maximum coverage	2	RR/SI	Check for any duplication of payments received under Pradhan Mantri National Dialysis programme and PMJAY/equivalent schemes	
Standard B6	The facility	has defined framework for ethical mana	gement inclu	ding dilemmas	confronted during delivery of services at pu	ublic health facilities

ME B6.1	Ethical norms and code of conduct for medical and paramedical staff have been established.	Ethical norms for Medical officers, Staff nurses and technician are defined and staff are aware about it	2	SI/RR	Ask staff about the ethical norms	
ME B6.3	The facility has an established procedure for entertaining representatives of drug companies and suppliers	No medical representatives are allowed in the dialysis unit	2	OB/RR/SI	Check that no promotional posters/activities are encouraged for drugs and diagnostics. Ask staff about the current practice	
ME B6.5	There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization.	Check dialysis unit has defined protocols for data sharing	2	RR/SI	Check list of agencies with whom the data is to be routinely shared. For any other agency a formal permission is sought from competent authority before sharing the data including press	
ME B6.6	There is an established procedure for 'end- of-life' care	Patients relatives are informed clearly about the deterioration in health condition of Patients	2	SI/RR/PI		
		There is established procedure for transfer of patients to other facilities in end stage of life	2	SI/RR/PI	Check the records for transfer of the patients to Specialist Hospital/Tertiary Hospital /Palliative Care Centres	
ME B 6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment	Declaration is taken from the patient seeking early termination of dialysis and the consequences are explained	2	RR/SI	Check for filled declaration form	
ME B 6.9	There is an established procedure to issue of medical certificates and other certificates.	Check hospital has documented policy for issuing medical certificates	2	RR/SI	Check for policy defines List of certificates can be issued by the dialysis centre, Who can issue certificates, Formats shall used for different certificates, Record keeping of issued certificate, Procedures for issuing duplicate certificates	
ME B6.12	Facility has established a framework for identifying, receiving, and resolving ethical dillemas' in a time-bound manner through ethical committee	Check facility has defined its ethical issues management framework	2	SI/RR	(a) Check the adequacy of the framework. It address the ethical issues and decision making in clinical care (b) Check facility's ethical management framework address issues like admission, discharge, transfer, disclosure of information or any professional conflict which may not be in patient's best interest	

		Check facility has ethical committee or person designated to address the ethical issues confronted by medical professionals while delivering the services	2	SI/RR	research activities/ publishing the scientific papers/ supporting medical students in thesis writing/ running any course where patient data is collected and used for above mentioned activities - an ethical committee is constititued and approval are taken before publication. or facility may collaborate with the institutions where there are ethical committee is present and appropriate approvals, guided by applicable laws and regulations is taken. or the facilities where they are not involved in research activities, to address the ethical dielamma's a person or group is appointed to address the dilemmas effectively within	
		Check the list of ethical issues is available and regularly updated	2	RR/SI	Check when the list was last updated. Engage with the available medical professionals to check what type of ethical dilemmas they are facing while performing their job & how they are dealing with dielmma's.	
		Check the facility has defined mechanism identification and reporting of the ethical issues/ dilemmas confronted during services delivery	2	SI/RR	Check staff is aware of reporting mechanism	
		Check regular review of identified and reported ethical issue is done by appointed personnel /group/ committee	2	RR/SI	Check the timely resolution of the identified and reported ethical issues is done	
		Check all the decisions related to ethical dilemma's are communicated to all concerned	2 Area o	SI f Concern C: Ir	Check information regarding ethical dilemma's & its handling is also given to new joinee's	
Standard C1		The facility has infrastructure for delive			available infrastructure meets the prevalent	norms
ME C1.1	Departments have adequate space as per patient or work load.	Availability of adequate space for Dialysis room/area/Machine area	2	OB	At least 120 square feet per machine	
		Availability of dedicated Consultation room	2	ОВ		
		Availability of dedicated Water treatment area	2	OB/RR	The area have booster pumps, particle filters, water softener, carbon filter and RO system	
		Water treatment area have sufficient space for soft curving of tubings to prevent right angle bends	2	ОВ		
		Availability of Dual water treatment system	2	ОВ	Each water treatment system includes reverse osmosis membrane	

		I				
		Availability of administrative area	2	ОВ	This area includes registration, medical	
		,	_		records and billing / insurance	
					Check the followings:	
					1. A work bench with sink having side	
					board & drainage.	
		Availability of dedicated Dialyzer			2.The work bench is supplied with treated	
		1 '	2	ОВ	as well as untreated water which are	
		Reprocessing room/area			separately marked.	
					3.Two sinks for the work bench	
					4.Sufficient space for at least two persons	
					working simultaneously.	
					1.Check the dry storage area is capable of	
					storing 3months supply of dialyzers,	
					tubings, hemodialysis concentrate	
		Availability of dedicated Storage area	2	ОВ	solutions, IV fluids. It should also have	
		(both dry & wet)			space for stationery, linen etc.	
					2.Reprocessed dialyzers & tubings are	
					being stored in the wet storage	
					The centre shall have waiting area with	
ME C1.2	Patient amenities are provided as per	Availability of seating arrangement in	2	ОВ	· ·	
IVIE C1.2	patient load.	Waiting area and Drinking water	2	ОВ	sufficient seating arrangement for patients	
					and visitors	
		Availability of functional Toilets separate	2	ОВ		
		for male & female				
ME C1.3	Departments have layout and demarcated	Demarcated stretcher & trolley bay	2	ОВ	Check the corridor is wide enough for easy	
	areas as per functions.	, ,			movement of stretcher/trolley	
			_		Location of nursing station should be such	
		Dedicated nursing station	2	OB	that the patients are under direct and easy	
					observation	
		Demarcated changing area for staffs	2	ОВ	Separate male & female changing room	
		with adequate privacy	_		separate male a remaie enanging room	
		Demarcated area for Infectious patients	2	ОВ		
		(HBV,HCV,HIV etc)	_			
		Demarcated dirty utility room/area	2	ОВ	For cleaning and storage of housekeeping	
		' ' '	_		consumables	
	The facility has adequate circulation area	Corridors at Dialysis unit are broad				
ME C1.4	and open spaces according to need and	enough for easy moment of stretcher	2	ОВ	Corridors are around 3 meter wide	
	local law.	and trolley				
	The facility has infrastructure for	Availability of functional telephone/			Please ask the staff about the availability of	
ME C1.5	intramural and extramural communication.	Intercom Services /CUG	2	OB/RR	intra/extramural communication	
	mu amurar anu extramurar communication.	interconi services / COG			mica, extramitian communication	
					Waiting time for scheduling session is not	
ME C1 6	Service counters are available as per	Availability of adequate no. of	,	OR /RE	more than 24hrs.	
ME C1.6	patient load.	Availability of adequate no. of machines	2	OB/RR	At least one machine is dedicated for	
					infectious patients	
					Check the directional flow as follows:	
	The facility and departments are planned				1. entry	
	to ensure structure follows the				2. reception & registration	
ME C1.7	function/processes (Structure	Unidirectional flow of services.	2	ОВ	3. Admission, and Discharge	
	commensurate with the function of the		_	55	4. Procedure	
	hospital).				5. Ancillary area (water treatment, dialyzer	
	πουριταή.					
					reprocessing, toilets and stores)	

		Functional linkage and access to critical		0.0	Dialysis has functional linkage with ICU,	
		departments	2	ОВ	laboratories, Blood Bank, Emergency dept, OT	
Standard C2		The facilit	v ensures the	nhysical safety	y of the infrastructure.	
Staridar d C2	The facility ensures safety of lifts and lifts		l chistines the	priysical salety	If the dialysis centre is at ground floor or	
ME C2.2	have required certificate from the	Measures are being taken for safety of	2	OB/RR	accessible through ramp, give full	
	designated bodies/board	lifts	_	05,	compliance	
	and great and a control of the contr				Check there is no multi plug system	
N45 62 2	The facility ensures safety of electrical	Dialysis room does not have temporary		0.0	mechanism for periodical check/test of all	
ME C2.3	establishment.	connections and loosely hanging wires	2	ОВ	electrical installation by competent	
					electrical Engineer	
		Each dialysis machine has in-built UPS or	2	OB/RR		
		supplied with a UPS	-	05/111		
ME C2.4	Physical condition of buildings are safe for	Floors of the Dialysis room are non	2	ОВ	Easily cleanable and acid, alkaline proof	
	providing patient care.	slippery and even				
		Windows have grills and wire meshwork	2	ОВ		
Standard C3			established Pro	ogramme for f	ire safety and other disaster.	
		Dialysis Centre has sufficient fire exit to			Check the fire exits are clearly visible and	
ME C3.1	The facility has plan for prevention of fire.	permit safe escape to its occupant at	2	ОВ	routes to reach exit are clearly marked	
	T C 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	time of fire			·	
ME C3.2	The facility has adequate fire fighting	Fire Extinguisher ABC type are installed	2	ОВ	Expiry date and due date for next refilling is	
	equipment The facility has a system of periodic				clearly mentioned	
	training of staff and conducts mock drills	Check for staff competencies for			Randomly ask one of the staff to operate	
ME C3.3	regularly for fire and other disaster	operating fire extinguisher and what to	2	OB/SI	fire extinguisher	
	regularly for fire and other disaster	d = :				
	situation.	do in case of fire				
Standard C4	situation.		rained staff, re	equired for pro	oviding the assured services to the current ca	ase load.
Standard C4	situation.		rained staff, re	equired for pro	1	ase load.
		The facility has adequate qualified and t			Qualified Nephrologist / MD Medicine with	ase load.
Standard C4 ME C4.1	The facility has adequate specialist doctors	The facility has adequate qualified and t	rained staff, re	equired for pro	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized	ase load.
		The facility has adequate qualified and t			Qualified Nephrologist / MD Medicine with	ase load.
	The facility has adequate specialist doctors as per service provision.	The facility has adequate qualified and t			Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight	ase load.
ME C4.1	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty	The facility has adequate qualified and t Availability of Nephrologist or equivalent	2	OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight	ase load.
	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work	The facility has adequate qualified and t			Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients	ase load.
ME C4.1	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty	The facility has adequate qualified and t Availability of Nephrologist or equivalent	2	OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor	ase load.
ME C4.1	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work	The facility has adequate qualified and t Availability of Nephrologist or equivalent	2	OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift	ase load.
ME C4.1 ME C4.2	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work	The facility has adequate qualified and t Availability of Nephrologist or equivalent	2	OB/RR OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for	ase load.
ME C4.1	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load.	The facility has adequate qualified and to the facility of Nephrologist or equivalent Availability of duty medical officer	2	OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients	ase load.
ME C4.1 ME C4.2	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as	The facility has adequate qualified and to the facility of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis	2	OB/RR OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for	ase load.
ME C4.1 ME C4.2	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as	The facility has adequate qualified and to the facility of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis	2	OB/RR OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient	ase load.
ME C4.2 ME C4.3	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as	The facility has adequate qualified and to the facility of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis	2 2	OB/RR OB/RR OB/RR/SI	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained	ase load.
ME C4.1 ME C4.2	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load.	Availability of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/in-	2	OB/RR OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift	ase load.
ME C4.2 ME C4.3 ME C4.4	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load. The facility has adequate nursing staff as per service provision and work load.	Availability of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/incharge for day to day management	2 2	OB/RR OB/RR/SI OB/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift With management/medicine/quality background	ase load.
ME C4.2 ME C4.3	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load. The facility has adequate nursing staff as per service provision and work load.	Availability of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/incharge for day to day management Availability of housekeeping staff and	2 2	OB/RR OB/RR OB/RR/SI	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift With management/medicine/quality background At least one housekeeping staff and one	ase load.
ME C4.1 ME C4.2 ME C4.3	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load. The facility has adequate nursing staff as per service provision and work load.	The facility has adequate qualified and to the facility has adequate qualified and to the facility of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/incharge for day to day management Availability of housekeeping staff and other support staff	2 2 2 2	OB/RR OB/RR/SI OB/RR OB/SI/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift With management/medicine/quality background At least one housekeeping staff and one hospital attendant per shift	ase load.
ME C4.1 ME C4.2 ME C4.3	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load. The facility has adequate nursing staff as per service provision and work load.	Availability of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/incharge for day to day management Availability of housekeeping staff and other support staff Availability of dedicated security guard	2 2 2 2 2	OB/RR OB/RR/SI OB/RR OB/SI/RR OB/SI/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift With management/medicine/quality background At least one housekeeping staff and one hospital attendant per shift At least one security guard per shift	ase load.
ME C4.1 ME C4.2 ME C4.3	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load. The facility has adequate technicians/paramedics as per requirement the facility has adequate support/general staff.	Availability of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/incharge for day to day management Availability of housekeeping staff and other support staff Availability of dedicated security guard The facility provi	2 2 2 2 2	OB/RR OB/RR/SI OB/RR OB/SI/RR OB/SI/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift With management/medicine/quality background At least one housekeeping staff and one hospital attendant per shift At least one security guard per shift	ase load.
ME C4.1 ME C4.2 ME C4.3 ME C4.4 ME C4.5	The facility has adequate specialist doctors as per service provision. The facility has adequate general duty doctors as per service provision and work load. The facility has adequate nursing staff as per service provision and work load. The facility has adequate nursing staff as per service provision and work load.	Availability of Nephrologist or equivalent Availability of duty medical officer Availability of Nursing staff / dialysis technician Availability of Dialysis Unit Manager/incharge for day to day management Availability of housekeeping staff and other support staff Availability of dedicated security guard	2 2 2 2 2	OB/RR OB/RR/SI OB/RR OB/SI/RR OB/SI/RR	Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients Medical Officers (on duty) – One doctor (MBBS) per shift 1. One dedicated staff nurse/technician for 3 patients 2. One dedicated staff nurse/technician for each infectious patient 3. One of the staff nurse/technician trained in CPR is available in each shift With management/medicine/quality background At least one housekeeping staff and one hospital attendant per shift At least one security guard per shift	ase load.

		Availability of adequate quantity of dialysate as per requirement Availability of medical gases	2	OB/RR/SI OB/RR	Dialysate prepared either commercially or on-site on daily basis meeting standards or regulatory requirements (ISO 23500:2014, ISO 13958:2014, ISO 11663:2014) Oxygen cylinders and suction machine or through piped supply	
ME C5.2	The departments have adequate consumables at point of use.	Availability of consumables, connectors, Tubing	2	OB/RR	Adequate quantity of disposable consumables like Blood tubing set, Fistula needle(16 G), Sodium Bicarbonate powder, IV sets, Dialyser starting kit, , Double lumen catheter set 12F(curved), etc. are available	
		Availability of adequate quantity of functional dialyser as per requirement	2	OB/RR/SI	Every patient is provided with either a new dialyser or a reprocessed dialyser of the same patient. All reprocessed dialysers must meet the standard norms for test of performance	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed.	Emergency Drug Tray/Crash Cart is maintained at dialysis unit	2	OB/RR	Inj. Adrenaline, Atropine, Hydrocortisone, Dexamethasone, Warfarin, Erythropoietin, ET Tube, Ambu Bag with Mask, Laryngoscope, etc.	
Standard C6		The facility has equ	<mark>iipment & inst</mark>	ruments requ	ired for assured list of services.	
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients.	Availability of functional Equipment & Instruments for examination & Monitoring	2	ОВ	BP Apparatus, Stethoscope, Weighing Scale, Thermometer, Torch, X-ray view box, Multipara monitor	
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility.	Availability of instruments for dialysis procedure	2	ОВ	Dialysis starting kit, Equipment for dressing/bandaging/suturing, Stand-by heamodialysis machine, Equipment for water treatment and dialyser reprocessing, etc.	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility.	Availability of Point of care diagnostic devices	2	ОВ	Glucometer, ECG and HIV rapid diagnostic kit, Blood group testing, HbsAg(HBV)	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients.	Availability of functional Instruments for Resuscitation.	2	ОВ	1.Laryngoscope 2.Endotracheal tubes 3.Suction equipment 4.Xylocaine spray 5.Oropharyngeal and Nasopharyngeal airways 6.Ambu Bag- Adult & Paediatric	
ME C6.5	Availability of Equipment for Storage.	Availability of equipment for storage for drugs	2	ОВ	Refrigerator, Crash cart/Emergency Drug tray, instrument trolley/tray, dressing trolley/tray	
ME C6.6	Availability of functional equipment and instruments for support services.	Availability of equipments for cleaning	2	ОВ	Buckets for mopping, mops, duster, waste bins, cleaning brushes	
		Availability of equipment for sterilization and disinfection	2	ОВ	Autoclave	

ME C6.7	Departments have patient furniture and fixtures as per load and service provision.	Availability of patient bed with accessories	2	ОВ	Hospital graded Mattress IV stand Bed rails Stool Footstep, Bedside locker	
Standard C7	The facility h	as a defined and established procedure f	or effective ut	tilization, evalu	uation and augmentation of competence and	performance of staff
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Criteria for Competence assessment are defined for doctor, nurse, technician.	2	SI/RR	Criteria may include skill, proficiency, knowledge and competencies required to carry out day to day procedures and manage complications. Competence assessment is done at least once in a year.	
ME C7.4	Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year	Performance based appraisal is done once in a year for all staff	2	SI/RR	Appraisal is done on the basis of objective assessments and linked with renumeration	
ME C7.9	The Staff is provided training as per defined core competencies and training plan.	All staff are trained in skills required for general management of the dialysis unit	2	SI/RR	Risk Management, Infection Control Practices, Bio-medical Waste Management, Patient and Fire Safety, Quality Management Comprehensive training programme for all staffs including PPP service providers	
		Doctors are trained in skills required for clinical management of dialysis unit	2	SI/RR	Evaluation, Initiation, Monitoring and Termination of Dialysis session including prevention and management of complication	
		Doctors, Nurses/Technicians are trained in general counselling of patients	2	SI/RR	Self-care, do's and don'ts, diet and psychological counselling	
		All staff are trained for life-saving skills	2	SI/RR	Basic life support (BLS)/ Advance life support (ALS) Doctors, nurses/technicians are trained for life saving skills	
		Periodic refresher training are provided for all staff	2	SI/RR	As mentioned in above checkpoints for different categories of staff	
Charles I Da		The facility has a stabilished 5		cern D: Suppo		
Standard D1		ine facility has established Program	nme for inspe	ction, testing a	and maintenance and calibration of Equipme	ent.
ME D1.1	The facility has established system for maintenance of critical Equipment.	All equipment are covered under AMC including preventive maintenance.	2	SI/RR	Haemodialysis (HD) machine & all the assessories including alarms	
		AMC/CMC of Water treatment system with reverse osmosis	2	SI/RR		
		There is system of timely corrective break down maintenance of the equipment	2	SI/RR	Maintenance for all the major equipmemts including process of periodic inspection Cleaning and maintenance The unit may have AMC/CMC for individuals machines or collectively enrolled under BMEMP	
		Staff of dialysis unit is skilled for routine trouble shooting of minor equipment failure	2	SI/RR		

					1	
		Maintenance of different components of water treatment system are recorded	2	OB/SI	The log book is adequately maintained	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment.	All the measuring equipment/ instruments are calibrated	2	OB/RR	Dialysis machine (Blood pump, Heparin pump, Pressure monitor, Conductivity meter), Weighing scale, Thermometer, BP Apparatus	
ME D1.3	Operating and maintenance instructions are available with the users of equipment.	Operating instructions for critical equipment are available	2	OB/SI	Operating Dialysis Machine, Water Treatment System, Dialyzer Reprocessing, Preparation of Dialysate	
		Lay-out and flow diagram of the water treatment system is displayed in the water treatment room	2	ОВ	The flow-diagram is self-explanatory and easy to comprehend	
Standard D2	The f	facility has defined procedures for storage	, inventory m	anagement an	nd dispensing of drugs in pharmacy and pation	ent care areas.
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables.	There is established system of timely indenting of consumables and drugs	2	SI/RR	Forecasting or demand generation manually/IT	
ME D2.2	The facility has established procedure for procurement of drugs.	There is an established procedure for placing requisition	2	SI/RR	Requisition are timely placed	
ME D2.4	The facility ensures management of expiry and near expiry drugs.	Expiry and near expiry dates are maintained at emergency drug tray	2	OB/SI	Please check for records for expiry and near expiry drugs are maintained for drug stored in the department	
		No expired drugs or consumables found	2	OB/SI	Check expiry date of dialysate packaging	
ME D2.5	The facility has established procedure for inventory management techniques.	Department maintained stock and expenditure register of drugs and consumables including buffer stock	2	SI/RR	There is practice of calculating and maintaining buffer stock	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas.	There is no stock out of drugs & consumables	2	SI/RR		
ME D2.7	There is a process for storage of vaccines and other drugs, requiring controlled temperature.	Temperature of refrigerators are kept as per storage requirement and records are maintained	2	OB/SI/RR	Check for temperature charts are maintained and updated periodically (Erythropoietin)	
Standard D3		The facility provides safe,	secure and co	mfortable env	ironment to staff, patients and visitors	
ME D3.1	The facility provides adequate illumination at patient care areas.	There is adequate illumination at the procedure area	2	ОВ	Provision of at least 300 lux.	
		There is adequate illumination at the water treatment area	2	ОВ	Provision of at least 300 lux.	
ME D3.2	The facility has provision of restriction of visitors in patient areas.	Entry of visitors into the dialysis unit are restricted	2	OB/SI	Visiting hours are defined, displayed & adhered with	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers.	The Dialysis unit shall be provided with effective and suitable ventilation to maintain comfortable room temperature.	2	OB/SI	Fans/ Air conditionings are available as per environment condition and requirement	
		Water treatment area should have measures for noise attenuation	2	ОВ		
		There is adequate ventilation to prevent over-heating	2	ОВ	In dialysis unit and water treatment area	
Standard D4		The facility has estable	isned Progran	nme for maint	enance and upkeep of the facility.	

ME D4.1	Exterior and interior of the facility building is maintained properly	Hospital infrastructure is adequately maintained along with interior of patient care areas are plastered & painted	2	OB/RR		
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, sinks patient care and circulation areas are clean	2	ОВ		
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the dialysis centre	2	OB/SI/RR		
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds	2	OB/SI/RR		
Standard D5		The facility ensures 24 × 7 water and po	wer backup a	s per requirem	ent of service delivery, and support services	norms.
ME D5.1	The facility has adequate arrangement for storage and supply of potable water in all functional areas.	The unit shall have 24 hour provision of potable water for RO system	2	ОВ	Check the availability of functional water points for RO system	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load.	Availability of genset	2	ОВ	To meet the requirements of all machine	
		Availability of UPS	2	ОВ	Check the backup of UPS is at least up to 15 minutes in case of power failure/all dialysis machines are connected to a central servo controlled stabiliser of adequate capacity	
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply.	Availability of Centralized /local piped oxygen and vacuum supply	2	OB/RR	if oxygen cylinder/oxygen concentrator is available, then full compliance will be given	
ME D5.4	The facility has adequate arrangement for uninterrupted supply of RO water for dialysis unit	The dialysis unit have sufficient supply of RO water	2	ОВ	480 Litres of water needed per machine (Note: This does not include the water requirement of other activities of the unit such as hand washing)/ Water is available on 24*7 basis at all points of usages	
		The dialysis unit has adequate arrangements for preventing back flow of water	2	ОВ	Back-flow preventer Temperature blending valve Booster pump and raw water tank ±acid feed pump etc.	
		The RO plant has adequate arrangements for pre-treatment of water	2	OB/RR	Pre-treatment should consist of: 1. Filtration for suspended particles. 2.Activated carbon filtration 3.Softener or deionizers	
		The RO plant has standardized pipes and valves for water distribution	2	OB/RR	Check for: 1.All pipelines after reverse osmosis system are of stainless steel (grade 316) or medical grade PVC. 2.All valves joints & connectors are of the same material. 3. Bends & blind loops must be avoided	
		The RO plant has adequate arrangements for post-treatment of water	2	OB/RR	Microbial and UV filters or/and deionization	

					Please check for:			
		There is adequate arrangements for safe storage of water	2	OB/RR	Storage tank is made up of stainless steel or medical grade PVC with an air tight lid The tank has de-aeration valve & drain			
		The facility has adequate arrangements for management of drainage System	2	SI/RR	facility at the bottom The drains are provided with adequate gradients and adequate no. of floor traps are available to drain excess water			
Standard D6		Dietary services are available	as per servic	e provision and	d nutritional requirement of the patients			
ME D6.1	The facility has provision of nutritional assessment of the patients.	Availability of nutritional assessment and counselling facility	2	OB/PI	Ideally by a dietician else by the doctor(Arrangements could be made for videography lecture)			
Standard D7		The	facility ensur	es clean linen	to the patients.			
ME D7.2	The facility has established procedures for changing of linen in patient care areas	A fresh set of linen is provided to each patient and is changed in case of any major spill	2	OB/SI/RR/PI	On a daily basis			
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen.	There is an established procedures for handling dirty, soiled and clean linens	2	OB/SI/RR	Dirty, soiled and clean linens are collected, transported and stored separately			
Standard D9		Hospital has defin	ed and establi	ished procedui	res for Financial Management.			
ME D9.1	The facility ensures proper utilization of the fund provided to it.	There is no delay in payments to the service provider	2	SI/RR	Payments to the providers are made as per the MoU. If not applicable, give full compliance			
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.							
ME D11.1	The facility has established job description as per govt guidelines.	Staff is aware of their role and responsibilities	2	OB/SI/RR	Job descriptions/TOR are available with the facility			
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments.	There is procedure to ensure that staff is available on duty as per duty roster and there is designated in charge for the department	2	OB/SI/RR				
ME D11.3	The facility ensures adherence to dress code as mandated by the administration.	Doctor, nursing staff and support staff adhere to their respective dress code	2	ОВ	All the categories of staffs are in proper dress code as assigned by the hospital management/administration			
Standard D12	Th	e facility has established procedure for n	nonitoring the	quality of out	sourced services and adheres to contractual	obligations		
ME D12.1	There is established system of contract management for the out sourced services.	There is procedure to monitor the quality and adequacy of outsourced services on regular basis	2	RR/SI	There is a valid MoU with outsourcing agencies (If not applicable, give full compliance)			
ME D12.2	There is a system of periodic review of quality of out-sourced services.	Regular monitoring of quality of services	2	SI/RR	The quality of services are monitored periodically using objective criteria, process of black listing and provision of penalties for non-conformance(check MoU)			
				cern - E Clinica				
Standard E1			ocedures for I	registration, co	onsultation and admission of patients.			
ME E1.1	The facility has established procedure for registration of patients	Every patient is provided with individual dialysis card/booklet with Unique identification number during registration	2	RR	The same card/booklet may be used for multiple sessions			
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ME E1.3	There is established procedure for admission of patients	There is provision of prior appointment for new & old patients Patient details are recorded in Dialysis Card/Booklet There is an established criteria for initiation of dialysis session	2 2	RR/PI RR SI/RR	Check the process for appointment & also advanced communication is given to the patient in case of any cancellation/ delay Check for that patient details like Name, age, Gender, Blood group, Nephrologist details, Dialysis start date, HBV/HCV status, etc. Criteria based on Nephrologist's recommendations, Dry weight/weight gain, Vital sign, KFT results and Physical finding	
Standard E2		The facility has defined and established n	rocedures for	clinical accord	ment, reassessment and treatment plan prep	aration
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all patients on dialysis is done as per standard protocols	2	RR/SI	Initial Assessment will include weight, seated blood pressure, pulse rate, temperature, respiratory rate	aratton.
		Dialysis history is taken and recorded	2	RR	Check whether the patient has come for first session or a follow-up session	
		Physical Examination is done and recorded	2	RR	Look for signs of Mobility, Pain, Skin changes, Oedema, Signs of bruising & bleeding, Signs & symptoms of infection	
ME E2.2	There is established procedure for follow- up/ reassessment of Patients	There is fixed schedule for reassessment of stable and non-infective patients	2	RR/OB	Every hour and look for safety checks as Air detector/Line clamp, Dialysate Flow Rate, Dialysate temp, Conductivity, Status of heparin pump, "A" and "B" concentrate, Concentrate Na+, Alarm limit is set, if any	
		There is fixed schedule for reassessment of unstable and infective patients	2	RR/OB	Every half hour and look for safety checks as Air detector/Line clamp, Dialysate Flow Rate, Dialysate temp, Conductivity, Status of heparin pump, "A" and "B" concentrate, Concentrate Na+, Alarm limit is set, if any	
		There is system in place to identify and manage the changes in Patient's health status	2	RR/SI	Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating	
		Check the treatment or care plan is modified as per re assessment results	2	RR/SI	Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented	
ME E2.3	There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results	Check healthcare needs of all hospitalised patients are identified through assessment process	2	RR/SI	Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors	

		Check treatment/care plan is prepared as per patient's need Check treatment / care plan is documented Check care is delivered by competent	2 2	RR/SI RR/SI RR/SI	(a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc Check care plan is prepared and delivered	
		multidisciplinary team		·	as per direction of qualified physician	
Standard E3		Facility has defined and es	stablished pro	cedures for co	ntinuity of care of patient and referral	
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer and referrals	There is an established procedure for patient transferred from dialysis unit to ICU /OT/ Emergency and vice versa	2	SI/RR	Check how hand over is given when patient is transferred from dialysis unit to ICU /OT/ Emergency and vice versa	
		There is an established procedure for referral of patients to higher facility	2	RR/SI	All patients are provided with referral card with details of patient, details of the facility where referred, treatment given, reasons for referral, etc.	
		Necessary support is provided for referral	2	RR/SI	Advance communication is done with higher centre, Referral vehicle is arranged	
ME E3.3	A person is identified for care during all steps of care	Doctor and nurse/technician is designated for each patient	2	RR/SI	At least one doctor is available for each shift and one nurse/technician for each patient	
		Detailed hand over is given between change of the shifts	2	RR/SI	Patient condition is reviewed during hand over between resident doctors as well as nurses/technicians	
Standard E4			s defined and	established pr	ocedures for nursing care	
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification of the patient before each dialysis session	2	OB/SI	Patient id band/ verbal confirmation/Bed no. etc. Any two identifiers may be used	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Dialysis chart is maintained	2	RR	Check for Patient name, Age, Sex, Id no, Date, Dialysis no, Weight (Pre/Post), BP (Pre/Post), Starting and closing time of dialysis session, Any symptoms or medication given, etc.	
ME E4.4	Nursing records are maintained	General records of haemodialysis are adequately maintained	2	RR/SI	Look for Id on dialyzer, Dialyzer type, Dialyzer reuse no, Machine no, Bed no, Dialysis duration, start and termination time, Dialysis no	

		Pre-dialysis records are adequately maintained	2	RR/SI	Look for Machine rinse with RO water, Dialyzer sterilant active, pre dialysis weight, dry weight of the patient, interdialytic wt. gain, UF target, pulse, BP, Temp, Anticoagulation bolus and maintenance dose with signature	
		Post-dialysis records are adequately maintained	2	RR/SI	of nurse/technician commencing Haemodialysis session Look for UF reading, post dialysis weight, weight loss/gain, achieved Kt/V, BP, Temp, Pulse, Inj. EPO/Iron/Carnitine, if any	
		Records of the safety checks are adequately maintained	2	RR/SI	All general, pre-dialysis and post-dialysis records are duly signed by nurse/technician	
Standard E5		Facility has a p	roceaure to ic	ientity high ris	sk and vulnerable patients.	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority	2	OB/SI	Hepatitis B/C, HIV positive patients, Grossly dearranged KFT, Immuno-compromised patients and patients with pre-existing illnesses e.g. Heart Failure, IHD, LVF, HTM, COPD, etc.	
Standard E7		Facility ha	s defined pro	cedures for saf	fe drug administration	
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs and chemicals available in department are identified	2	SI/OB	Dialysate A & B, Electrolytes like Potassium chloride, Anti thrombolytic agent, insulin, warfarin, Heparin, etc.	
		Maximum dose of high alert drugs are defined and communicated	2	SI/RR	Value for maximum doses are available with the technician and doctor in the dialysis unit	
		There is process to ensure that right doses of high alert drugs are only given	2	SI/RR	A system of independent double check before administration, Error prone medical abbreviations are not used	
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature in comprehendible handwriting	2	RR	Check for Date, Time, name of the doctor, reg no, no of medicines, dosage form, strength, time-duration, dosage route, signature of doctor, instructions for patient, etc.	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs and chemicals are checked for expiry and other inconsistency before administration	2	OB/SI		
		Check single dose vial are not used for more than one dose	2	ОВ	Check for any open single dose vial with left over content indented to be used later on	
		Any adverse drug reaction is recorded and reported	2	RR/SI		
ME E7.4	There is a system to ensure right medicine is given to right patient	Administration of medicines done after ensuring right patient, right drug, right dose, right time, right route, right reason and right documentation	2	SI/OB		
Standard E8		Facility has defined and established pro	cedures for m	aintaining, up	dating of patients' clinical records and their	storage
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Dialysis process is recorded as per defined assessment schedule	2	RR	Pre, Post and Intra Dialysis processes and investigations are recorded	

ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Each Dialysis session is planned and documented on dialysis card	2	RR	Before initiation of dialysis session	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available	2	RR/OB	Check for the availability of Dialysis card, Dialysis chart, Dialysis record, Referral slip, Consent form, Lab requisition form, etc.	
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines	2	RR		
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records	2	ОВ		
Standard E9		The facility has de	fined and esta	ablished proce	dures for discharge of patient.	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Dialysis card is updated at the end of each dialysis session	2	RR/PI	Look for date of next session	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge	2	PI/SI	Patient is counselled for do's and don'ts, care of access site, diet, water intake, dry weight, etc.	
Standard E11			ablished proc	edures for Em	ergency Services and Disaster Management	
ME E11.2	Emergency protocols are defined and	Protocols of dialysis for emergency	2	SI/RR	Acute renal failure/septicaemia in IPD/ICU	
	implemented	cases are defined and implemented		'	patients	
Standard E12	There are established procedures for Pre-	Container is labelled properly after the			edures of diagnostic services	
ME E12.1	testing Activities	sample collection	2	ОВ		
ME E12.2	There are established procedures for testing Activities	Facility for point of care diagnostic tests are available	2	OB/SI	Blood Sugar, Blood group, HbsAg(HBV) etc.	
Standard E13		The facility has defined and estab	lished proced	ures for Blood	Bank/Storage Management and Transfusion	1.
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion	2	RR		
		Patient's identification is verified before transfusion	2	SI/OB		
		Blood is kept on optimum temperature before transfusion	2	RR		
		Blood transfusion is monitored and regulated by qualified person	2	SI/RR		
		Blood transfusion note is written in patient records	2	RR		
ME E13.10	There is an established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person	2	RR		
Standard E24	Complication		ined and esta	blished proced	lure for Haemodialysis Services	
	The facility has defined and established	Patient washes hand and relevant limb		, , , , , , , , , , , , , , , , , , ,		
ME 24.1	procedure for Pre Haemodialysis assessment	(with AVF/GF) with soap and water before entering the dialysis unit	2	OB/RR/SI	Encourage the patients to wash their hands themselves	
		All the patients are weighed before entering the dialysis unit	2	OB/RR/SI	Encourage the patients to weigh themselves	
		Pre-dialysis observations are performed and pre-recorded	2	OB/RR/SI	Seated blood pressure, pulse, temp, respiratory rate are recorded	_
		Complete assessment of the patient is done before commencement of the dialysis	2	OB/RR/SI	Look for any changes since last session in mobility, pain, skin state, oedema, bruising/bleeding or any sign or symptom of infection	

		Information of the previous dialysis session is reviewed	2	OB/RR/SI	Note pre and post dialysis observation of the previous dialysis session and any dialysis variances	
		Baseline information is reviewed	2	OB/RR/SI	Weight gain (ideally less than 5%), urine output, blood glucose level	
		Dialysis plan is documented based on observation and patient assessments	2	OB/RR/SI	Plan should have details of Ultra filtration goal (amount of fluid to be removed), Ultra-filtration rate, dialysis duration, any expected complications	
		Review and prepare for pre-dialysis testing	2	OB/RR/SI	HbSAg, HCV, HBV, HIV, MRSA	
		Blood sample is taken for pre-dialysis testing	2	OB/RR/SI	Hb, KFT, LFT	
ME 24.2	The facility has defined and established procedure for care during Haemodialysis	Prepare the access sites	2	OB/RR/SI	Cleaning and disinfection with antiseptic solution	
		Safety checks for Blood tubing are ensured	2	OB/RR/SI	Check that Inserted canula is secured, check for air bubble via Air detector/Line clamps, and patency of the circuit	
		Safety checks for Dialysis machine are ensured	2	OB/RR/SI	Check that Dialysis machine is disinfected and rinsed with RO water. Conductivity is maintained. Alarm limit and dialysate flow rate is set	
		Safety checks for dialyzer and dialysate are ensured	2	OB/RR/SI	Check that Dialyzer reuse no is written, Check for Dialysate temp and A and B concentrate	
		Periodic and regular monitoring of the patient is done	2	OB/RR/SI	All the observations are recorded including BP, Pulse, Respiratory Rate, Machine parameters	
		Patient with any comorbidity are monitored and parameters are recorded periodically	2	OB/RR/SI	Blood sugar monitoring of diabetic patient and INR of patients on Warfarin	
		Routine medications are administered to patients as scheduled	2	SI/RR		
		Intervention/Medication during the session are monitored and recorded	2	OB/RR/SI	Change in machine settings Iron/Erythropoietin	
		Strict monitoring of the dialysis related errors is done	2	OB/RR/SI	Needle dislodgement and clotted circuit	
ME 24.3	The facility has defined and established procedure for care after completion of Haemodialysis	Keep equipment ready to terminate the session and disconnect the patient from the machine	2	OB/SI	Swab, Tape, Bandage	
		Take post-dialysis sample	2	OB/RR/SI	For KFT or any other investigations	
		Disconnect the access as per the protocols	2	OB/RR/SI	Sequence and timing of removing the cannulas and tubing's	

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		Post-dialysis observations are recorded	2	OB/RR/SI	BP, Pulse, Temp, Respiratory Rate, Blood Sugar, UF reading, weight, Inj. Iron/Erythropoietin	
		Patient is counselled for self-care	2	OB/RR/SI	Water intake, Protein intake, Care of the access site, do's and don't, alarming signs and when & whom to contact in case of emergencies	
			Area of Cond	cern - F: Infect	ion Control	
Standard F1	The fac	cility has infection control Programme an			evention and measurement of hospital associated	ciated infection.
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas.	Dedicated person is in-charge for infection control in the dialysis unit	2	SI/RR	Doctor/Nurse/Technician may be designated Person responsible for quality can also handle	
		Surface and environment samples are taken for microbiological surveillance	2	SI/RR	Swab are taken from infection prone surfaces at least once in month like machine, machine control panel, dialyzer(in case of reuse), bed railing, working bench,machine,dialysate, RO,connectors used /supply to machine etc.	
		Water samples are taken for microbial culture and microelements in RO water	2	SI/RR	Analysis of water used for haemodialysis for bacteria required to be done at least monthly and analysis for chemicals required to be done at least every six months	
ME F1.3	The facility measures hospital associated infection rates.	There is procedure to report cases of infection with blood borne infections	2	SI/RR	The facility should develop methods to monitor, review and evaluate all blood borne infections	
ME F1.4	There is provision of Periodic Medical Check-up and immunization of staff.	There is procedure for immunization of the staff	2	SI/RR	Hepatitis B and Tetanus Toxoid etc.	
		Periodic medical check-ups of the staff	2	SI/RR	At least once in a year including housekeeping and support staff	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices.	Regular monitoring of infection control practices	2	SI/RR	Hand washing and infection control audits done at periodic intervals	
Standard F2		The facility has defined and imp	lemented pro	cedures for en	suring hand hygiene practices and antisepsis	
ME F2.1	Hand washing facilities are provided at point of use.	Availability of hand washing facility as per norms	2	ОВ	One hand wash basin to be provided for every 2-3 dialysis stations in the main dialysis area	
		Availability of running water	2	OB/SI	Ask Staff if water supply is regular	
		Availability of antiseptic liquid soap with dispenser.	2	OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted	
		Availability of Alcohol based Hand rub	2	OB/SI	One alcohol hand rub for every dialysis machine. Ask staff for regular supply.	
		Display of Hand washing Instruction at Point of Use	2	ОВ	Prominently displayed above the hand washing facility , preferably in Local language	
		Availability of elbow operated taps	2	OB		
		Hand washing sink is wide and deep enough to prevent splashing and retention of water	2	ОВ		
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ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices The facility ensures standard practices and	Staff aware of when to wash hand	2	SI/OB	Ask for demonstration Ask 5 moments for hand washing	
ME F2.3	materials for antisepsis.	Availability of Antiseptic Solutions Proper cleaning of vascular access site with antiseptics	2	OB OB/SI	Providine iodine, Isopropyl alcohol, etc. Before preparing the access for cannulation/blood tubing, before giving IM/IV injection and drawing blood (If not applicable, give full compliance)	
Standard F3		The facility ensure	s standard pra	ctices and ma	terials for Personal protection.	
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements.	Clean gloves are available at point of use	2	OB/SI		
		Availability of Mask	2	OB/SI		
		Availability of gown/ Apron	2	OB/SI	Staff and visitors	
		Availability of shoe cover	2	OB/SI	Staff and visitors	
		Availability of Caps	2	OB/SI	Staff and visitors	
		Personal protective kit for infectious patients	2	OB/SI		
ME F3.2	The facility staff adheres to standard personal protection practices.	No reuse of disposable gloves, Masks, caps and aprons.	2	OB/SI		
		Compliance to correct method of wearing and removing the gloves	2	SI		
Standard F4		The facility has standa	ard procedure	s for processir	ng of equipment and instruments.	
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and equipments	Cleaning & Decontamination of dialysis machine and patient care area	2	SI/OB	Surfaces like dialysis bed or chair, countertops, external surfaces of dialysis machine & control panel etc. by wiping with .5% hypochlorite solution followed by removing chlorine residues from metallic surfaces with water	
		Proper Decontamination of instruments after use	2	SI/OB	Ask staff how they decontaminate the instruments like scissors, haemostats, clamps (Soaking in 0.5% Chlorine Solution), blood pressure cuffs, stethoscopes, etc. (Wiping with 0.5% Chlorine Solution or 70% Alcohol)	
		Contact time for decontamination is adequate	2	SI/OB	10 minutes	
		Cleaning of instruments after decontamination	2	SI/OB	Cleaning is done with detergent and running water after decontamination	
		Proper handling of Soiled and infected linen	2	SI/OB	Sorting, Rinsing or sluicing of soiled/infected linen is done outside the dialysis unit/ Patient care area	
		Staff know how to make chlorine solution	2	SI/OB	Prepared chlorine solution has 500-600ppm free chlorine (e.g., 1:100 dilution of a 5.25-6.15% sodium hypochlorite provides 525-615 ppm available chlorine)	

ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Dialysis machines are disinfected after each session taking in to account level of biofilm and endotoxin removal Bottles containing unused dialysate are	2	OB/SI OB/SI	Using Citric acid in the hydraulic circuit of haemodialysis machines	
		disinfected after session Opened bottles containing unused fluid should be discarded after 24 hours	2	OB/SI		
		Unfinished bottles used for infected patients must be discarded immediately	2	OB/SI		
		Cleaning and disinfection of Hemodialysers is done as per protocols	2	OB/SI/RR	Blood compartment is rinsed with water till the effluent is clear while hydrogen peroxide should be instilled in dialysate compartment followed by rinsed out of cleaning agents from dialysate compartment with water	
		Backwashing or Reverse Ultrafiltration is done as per protocols	2	OB/SI/RR	Backwashing is carried out for at least 15 minutes with periodic 1-2 minute rinsing of the blood compartment. The direction of flow should be reversed at 5 minute intervals.	
		Only dialysers clearing the 'Test of performance' are reused	2	OB/SI/RR	The 'Test of Performance' includes testing for total cell volume (TCV should be more than <80%), membrane integrity (should pass leak test) and perform residual disinfection (shall be checked using 'Potency Test Strip'). Dialyser failing 'Test of Performance' are discarded	
		Labelling and storage of Dialyzer is done appropriately	2	OB/SI/RR	Dialyzer should be kept in a sealed polythene bag/leakproof box with the patients name, TCV, reuse number and date marked with indelible ink over it. If stored for more than 7 days prior to the subsequent use, it should be refilled with disinfectant before use	
		Cleaning/Disinfection of the pipes of water management system	2	OB/SI/RR	Distribution loop of water treatment system should be cleaned preferably, once in 6 months	
		Autoclaved dressing material is used	2	OB/SI	Ensure the traceability of sterilized packs is maintained during storage	
Standard F5		Physical layout and environr	mental contro	of the patien	t care areas ensures infection prevention	
ME F5.1	Functional area of the department are arranged to ensure infection control practices	Facility layout ensures separation of general patient from infectious patients	2	ОВ	Separate bed/area for HBV, HCV and HIV cases	
		Facility layout ensures separation of routes for clean and dirty items	2	ОВ		
		Floors and wall surfaces are easily cleanable	2	ОВ	Look for non-slippery floor (or epoxy grout in tiles), surfaces should be smooth & washable, seamless and impervious with sealed or welded joints	

ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of	Availability of disinfectant as per requirement	2	OB/SI	Sodium Hypochlorite solution, Citric acid, Glutaraldehyde	
	patient care areas	Availability of cleaning agent as per	2	OB/SI	Hospital grade phenyl, disinfectant	
		requirement	2	06/31	detergent solution	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management	2	SI/RR	Blood spill management	
		Cleaning of patient care area with detergent solution	2	SI/RR	chair, armrests, bedside table top/counter, and drawer/ cupboard handles) and high touch surfaces (the exterior surfaces of the HD machine, computer screens, and keyboards	
		Staff is trained for preparing cleaning solution as per standard procedure	2	SI/RR		
		Standard practice of mopping and scrubbing are followed	2	OB/SI	Unidirectional mopping from inside out	
		Cleaning equipment like broom are not used in patient care areas	2	OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided	
		Use of three bucket system for mopping	2	OB/SI		
		External foot wares are restricted	2	OB		
ME F5.4	The facility ensures segregation infectious patients.	Isolation and barrier nursing procedure are followed for septic cases	2	OB/SI		
		Separate staff for infected patients	2	OB/PI	Staff caring for HBV, HCV, HIV patients	
ME F5.5	The facility ensures air quality of high risk area.	Negative pressure is maintained in Isolation	2	OB/SI		
Standard F6		ty has defined and established procedure	es for segregat	ion, collection	, treatment and disposal of Bio Medical and	hazardous Waste.
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste carried out as per guidelines	Availability of colour coded bins at point of waste generation	2	ОВ	Adequate number. Covered. Foot operated.	
		Availability of colour coded non chlorinated plastic bags	2	ОВ		
		Segregation of Anatomical and soiled waste in Yellow Bin	2	OB/SI	Human Anatomical waste, Dialysers after treatment, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.	
		Segregation of infected plastic waste in red bin	2	ОВ	Items such as tubing, bottles, dialysers filters, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves	
		Display of work instructions for segregation and handling of Biomedical waste	2	ОВ	Pictorial and in local language	

		There is no mixing of infectious and general waste	2	ОВ		
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional hub cutters	2	ОВ	See if it has been used or just lying idle.	
		Segregation of sharps waste including Metals in white (translucent) puncture proof, leak proof, tamper proof containers	2	ОВ	See availability near the point of generation. Needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	
		Availability of post exposure prophylaxis	2	SI/OB	Ask if available. Where it is stored and who is in charge of that.	
		Staff knows what to do in condition of needle stick injury	2	SI	Look for facilities for post-exposure prophylaxis	
		Contaminated and broken glass are disposed in puncture proof and leak proof box/ container with Blue colour marking	2	ОВ	Vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled	2	SI/OB		
		Disinfection of liquid waste before disposal	2	SI/OB	Dialysate A and B, Discarded disinfectant	
		Transportation of bio medical waste is done in close container/trolley	2	SI/OB		
		A.	rea of Concer	n - G : Quality	Management	
Standard G1			blished organ	izational fram	ework for quality improvement.	
ME G1.1	The facility has a quality team in place.	A Quality Circle is formed and functional with a designated nodal officer for quality.	2	RR/SI	Quality circle may have nephrologist/equivalent, Technician, nurses and housekeeping staff.	
ME G1.2	The facility reviews quality of its services at periodic intervals.		2	RR/SI	Quality circle meets at least once in a	
Standard G2		and review quality of services.			month and minutes are recorded.	
			stablished sys	tem for patier	month and minutes are recorded. nt and employee satisfaction.	
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals.		e <mark>stablished sys</mark>	stem for patier RR/SI		
ME G2.1 ME G2.2	Patient satisfaction surveys are conducted	The facility has e				
	Patient satisfaction surveys are conducted at periodic intervals. The facility analyses the patient feedback,	The facility has e Patient satisfaction survey done on monthly basis Analysis of low performing attributes of	2	RR/SI		
ME G2.2	Patient satisfaction surveys are conducted at periodic intervals. The facility analyses the patient feedback, and root-cause analysis. The facility prepares the action plans for the areas, contributing to low satisfaction	Patient satisfaction survey done on monthly basis Analysis of low performing attributes of patient feedback is done Action plan is prepared to address the	2	RR/SI RR/SI		
ME G2.2	Patient satisfaction surveys are conducted at periodic intervals. The facility analyses the patient feedback, and root-cause analysis. The facility prepares the action plans for the areas, contributing to low satisfaction	The facility has e Patient satisfaction survey done on monthly basis Analysis of low performing attributes of patient feedback is done Action plan is prepared to address the areas of low satisfaction Action plan is implemented to improve the patient satisfaction	2 2 2	RR/SI RR/SI RR/SI		lity.
ME G2.2 ME G2.3	Patient satisfaction surveys are conducted at periodic intervals. The facility analyses the patient feedback, and root-cause analysis. The facility prepares the action plans for the areas, contributing to low satisfaction of patients. The facility has established internal quality assurance programme in key departments.	The facility has e Patient satisfaction survey done on monthly basis Analysis of low performing attributes of patient feedback is done Action plan is prepared to address the areas of low satisfaction Action plan is implemented to improve the patient satisfaction	2 2 2	RR/SI RR/SI RR/SI	t and employee satisfaction.	lity.
ME G2.2 ME G2.3 Standard G3	Patient satisfaction surveys are conducted at periodic intervals. The facility analyses the patient feedback, and root-cause analysis. The facility prepares the action plans for the areas, contributing to low satisfaction of patients. The facility has established internal quality	Patient satisfaction survey done on monthly basis Analysis of low performing attributes of patient feedback is done Action plan is prepared to address the areas of low satisfaction Action plan is implemented to improve the patient satisfaction The facility has established internal There is system of daily round by Dialysis Unit in charge for monitoring of	2 2 2 and external of	RR/SI RR/SI RR/SI RR/SI quality assurar	nce Programmes wherever it is critical to quad Unit In charge should visit on daily basis and the findings/instructions during the visits are	lity.

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		Non-compliances are enumerated and recorded	2		Check the non compliances are presented & discussed during quality team meetings	
ME G3.4	Actions are planned to address gaps observed during quality assurance process	Check action plans are prepared and implemented as per internal assessment record findings	2	SI/RR	Randomly check the details of action, responsibility, time line and feedback mechanism	
ME G3.5	Planned actions are implemented through Quality Improvemnet Cycles (PDCA)	Check PDCA or revalent quality method is used to take corrective and preventive action	2	SI/RR	Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report	
Standard G4	The facility	has established, documented implemente	ed and mainta	ined Standard	Operating Procedures for all key processes	and support services.
ME G4.1	Departmental standard operating procedures are available.	Standard operating procedure for department has been prepared and available	2	RR		
		Current version of SOP are available with process owner	2	RR	Check current version of SOP is available with the staff of Dialysis Unit.	
ME G4.2	Standard Operating Procedures adequately describes process and procedures.	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement	2	RR	Processes pertaining to ensuring privacy, confidentiality, respectful maternity care and consent	
		Department has documented procedure for safety & risk management	2	RR	Processes related to physical safety, patient safety and risk assessment	
		Department has documented procedure for support services & facility management.	2	RR	Process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management	
		Department has documented procedure for general patient care processes	2	RR	Processes of triage, assessment, admission, identification of high risk patients, Referral , Medication management and maintenance of clinical records	
		Department has documented procedure of pre-dialysis care.	2	RR	Processes of physical assessment, information related to previous dialysis session and dialysis plan	
		Department has documented procedure of care during dialysis session.	2	RR	Monitoring of the patient, frequency of observation as per their clinical status, safety measures e.g. needle dislodgement, clotted circuit, adverse drug reaction, etc.	
		Department has documented procedure of post-dialysis care.	2	RR	Protocols for post-dialysis investigations, disconnecting access, dressing, post-dialysis advice and counselling	
		Department has documented procedure for infection control & bio medical waste management	2	RR	Process of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices.	

					Process of internal quality assessment &	
		Department has documented procedure for quality management & improvement	2	RR	gap analysis, Root cause analysis, Change ideas to address the gap, implementing & monitoring the change ideas (PDCA)	
		Department has documented procedure for data collection, analysis & using the information for improvement	2	RR	Process related to collection of data & quality indicators , their analysis and use for quality improvement	
ME G4.3	Staff is trained and aware of the procedures written in SOPs.	Check Staff is aware of relevant part of SOPs	2	SI/RR	Interview dialysis Unit staff for their awareness about content of SOPs	
ME G4.4	The facility ensures the documented policies and procedures are appropriately approved and controlled	Standard operating procedure for department is duly approved by the competent authority	2	RR		
		Work instructions are duly approved	2	ОВ		
		Work instructions are displayed	2	ОВ	How to calculate dry weight, information on maintaining fluid balance before, during and after dialysis session, bio-medical waste management, hand wash instructions (when and how), diet counselling, etc.	
		SOP is controlled by providing unique identification number	2	RR		
		Standard operating procedure for department is reviewed periodically by quality circle	2	RR	At least once in a year	
		Revision history of the SOP is documented	2	RR	Date of revision, revision no, changes suggested by, changes made, reason of change, etc.	
Standard G 5	Th	e facility maps its key processes and seek	s to make the	m more efficie	ent by reducing non value adding activities and	wastages
ME G5.1	The facility maps its critical processes.	Process mapping of critical processes done	2	SI/RR	Critical processes are the ones where there are some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient.	
ME G5.2	The facility identifies non value adding activities/waste/redundant activities.	Non value adding activities are identified	2	SI/RR	Non value adding activities are wastes. In these steps resources are expanded, delays occur, and no value is added to the service.	
ME G5.3	The facility takes corrective action to improve the processes.	Processes are improved & implemented	2	SI/RR	Look for the improvements made in the critical process in measurable terms.	
Standard G6		The facility has defined Mission, Value	s, Quality poli	cy and Objecti	ves, and prepares a strategic plan to achieve th	nem.
ME G6.1	Facility has defined mission statement	Check if mission statement has been defined adequately	2	RR/SI	Mission statement should be defined by the implementing agency (In-house/PPP) with purpose, target users and long term goal of dialysis unit. Mission should be aligned with the stated mission of Pradhan Mantri National Dialysis Program	
ME G6.3	Facility has defined Quality policy, which is in congruency with the mission of facility	Check if Quality Policy has been defined and approved	2	RR/SI	Check quality policy has been defined in consultation with dialysis unit staff and duly approved by appropriate authority.	

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ME G6.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed	2	RR/SI	Check if the Quality objectives are Specific, Measurable, Attainable, Relevant and Time Bound.		
ME G6.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check if staff is aware of Mission , Values, Quality Policy and objectives	2	RR/SI	Interview with staff for their awareness. Check if Mission Statement and Quality Policy is displayed prominently in local language at Key Points		
ME G6.6	Facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have prepared	2	RR/SI	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with staff.		
ME G6.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval	2	RR/SI	Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet		
Standard G7		The facility seeks con	tinually impro	vement by pra	acticing Quality method and tools.		
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method	2	SI/OB	PDCA & 5S		
		Advance quality improvement method	2	SI/OB	Six sigma, lean.		
ME G7.2	Facility uses tools for quality improvement in services	7 basic tools of Quality	2	SI/RR	Minimum 2 applicable tools are used		
Standard G8	Facility has defined, approved and communicated Risk Management framework for existing and potential risks.						
ME G8.1	Risk Management framework has been defined including context, scope, objectives and criteria	There is a well defined and documented Risk Management Framework	2	SI/RR	The risk management framework should include incident reporting related to 1. Patient: Identification, Assessment, Diagnosis, Patient fall 2. Device related: Dialyzer identification, Efficacy of dialyzer, Alarm failure, Clotted circuit, Short-circuit 3. Process related: Haematoma, Air, Embolism, Fluid Imbalance, Dialysis plan, Monitoring errors, Infection control and prevention, Needle dislodgement and Safety checks and mitigation measures		
ME G8.3	Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders	Check if process of reporting risks and hazards have been defined and implemented	2	SI/RR	Responsibility of identifying the existing and potential risks is defined amongst staff and all the staff are aware of how to identify the risks, how to report them and mitigate them		
ME G8.5	Modality for staff training on risk management is defined	Check training on risk management has been provided to all staff members	2	SI/RR	Verify with the training records . Training on risk management at least should be provided to person/staff responsible in haemodialysis unit for indemnifying and managing risks		

ME G8.6	Risk Management Framework is reviewed periodically	Check risk management framework is reviewed at least once in a year	2	SI/RR	Check with the records that quality circle reviews the framework at least once in a year	
Standards G9		Facility has established procedures for a	assessing, repo	orting, evaluat	ing and managing risk as per Risk Managemen	t Plan
G9.3	Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders	Check if risk assessment checklist is available with stakeholders	2	SI/RR	Check if facility has prepared assessment checklist for identifying risk on routine basis. This checklist has been disseminate to the staff members responsible for identifying and reporting risks	
G9.4	Periodic assessment for Physical and Electrical risks is done as per defined criteria	Check if periodic assessment of Physical, Fire and electrical safety risk is done using the risk assessment checklist	2	SI/RR	Verify with the assessment records. Comprehensive of physical, Fire and electrical safety should be done at least once in three month	
G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	Check if Periodic assessment of violence risks is done	2	SI/RR	Verify with records. At least once in year and whenever a major incident has occurred.	
G9.8	Risks identified are analysed, evaluated and rated for severity	Check if various risks identified during the risk assessment proceeds are evaluated	2	SI/RR	Risk identified should be listed and evaluated for their severity, frequency for occurrence and consequences.	
G9.9	Identified risks are treated based on severity and resources available	Risks are prioritized and action plan is made to eliminate/mitigate the risks	2	SI/RR	Verify with the records that a risk priority number (RPN) is given to each identified risk. Risks are prioritized based on their RPN and action plan is prepared and implemented to eliminate/mitigate the occurrence of risks	
Standard G10		The facility has established clinical gov	ernance frame	ework to impr	ove the quality and safety of clinical care proce	esses
ME G10.3	Clinical care effectiveness criteria has been defined and communicated	Criteria for effectiveness of dialysis sessions are defined and communicated	2	SI/RR	For e.g. URR (Urea Reduction Ratio), and Kt/V (amount of fluid that is cleared of urea during each dialysis session/volume of water a person's body contains), Symptomatic improvement	
		The facility has established process to review the clinical care	2	RR/SI	Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes.	
		Check regular ward rounds are taken to review case progress	2	RR/SI	(1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes-	
		Check the patient /family participate in the care evaluation	2	RR/SI	Feedback is taken from patient/family on health status of individual under treatment	
		Check the care planning and co- ordination is reviewed	2	RR/SI	System in place to review internal referral process, review clinical handover information, review patient understanding about their progress	

ME G10.4	Facility conducts the periodic clinical audits	Periodic dialysis unit audits are	2	SI/RR	Look for records. Should be conducted at	
IME G10.4	including prescription, medical	conducted.	2	SI/KK	least quarterly.	
		There is procedure to conduct medical audits	2	RR/SI	Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission	
		There is procedure to conduct death audits	2	RR/SI	(1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required)	
		There is procedure to conduct prescription audits	2	RR/SI	(1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings	
		All non compliance are enumerated recorded for medical audits	2	RR/SI	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for death audits	2	RR/SI	Check the non compliances are presented & discussed during clinical Governance meetings	
		All non compliance are enumerated recorded for prescription audits	2	RR/SI	Check the non compliances are presented & discussed during clinical Governance meetings	

ME G10.5	Clinical care audit data is analysed, and actions are taken to close the gaps identified during the audit process	Non Compliance are enumerated and recorded, Action plan prepared, Corrective and preventive action taken	2	SI/RR	Look for completeness of audit report with non-compliances identified, action plan with designated responsibilities, corrective and preventive plan is implemented with measurable improvements	
		Check action plans are prepared and implemented as per medical audit record findings	2	RR/OB	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per death audit record's findings	2	RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check action plans are prepared and implemented as per prescription audit record findings	2	RR	Randomly check the actual compliance with the actions taken reports of last 3 months	
		Check the data of audit findings are collated	2	RR	Check collected data is analysed & areas for improvement is identified & prioritised	
		Check PDCA or revalent quality method is used to address critical problems	2	RR	Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement	
ME G10.6	Governing body/top management of healthcare facilities ensures accountability for clinical care provided	Top management review the audit reports and PSS periodically	2	SI/RR	Members of the top management meet at least quarterly, audits and PSS analysis reports are reviewed, minutes of the meeting are recorded, the minutes show that data relating to audit reports and grievances are discussed, decisions to improve quality are made and progress is followed.	
ME G10.7	Facility ensures easy access and use of standard treatment guidelines and implementation tools at point of care	Standard norms, guidelines and other implementation tools are accessible to Dialysis unit's staff	2	SI/RR	Ask staff how they adhere with norms, guidelines and implementation tools during the provision of care at Haemodialysis Unit	
		Check standard treatment guidelines / protocols are available at point of use	2	SI/RR	Staff is aware of Standard treatment protocols/ guidelines	
		Check treatment plan is prepared as per Standard treatment guidelines Check the drugs are prescribed as per	2	SI/RR	Check staff adhere to clinical protocols while preparing the treatment plan Check the drugs are as per EML or	
		Standards treatment guidelines	2	RR	formulary	
				Concern - H: Oເ		
Standard H1	71 6 100		ity Indicators	and ensures co	ompliance with State/National Benchmarks.	
ME H1.1	The facility measures productivity Indicators on monthly basis	Average dialysis session conducted per day	2	RR	Total no of dialysis sessions done in a month/ total no of days in a month	
		Percentage of dialysis session conducted free of cost for entitled patients	2	RR	No of dialysis session done free*100/ total no of dialysis sessions conducted	
Standard H2		The facility measures Effi	ciency Indicat	ors and ensure	e to reach State/National Benchmark.	
ME H2.1	The facility measures efficiency Indicators on monthly basis	Average dialysis sessions performed per machine	2	RR	Total no of dialysis sessions performed/ total no of functioning dialysis machine	
		Downtime critical equipments/unit	2	RR		

		Percentage of patients shortening their dialysis sessions	2	RR	No of patients leaving dialysis session before completion of dialysis session*100/ total no of dialysis sessions conducted	
Standard H3		The facility measures Clinical	Care & Safety	Indicators and	tries to reach State/National benchmark	
ME H3.1	The facility measures Clinical Care & Safety Indicators on monthly basis	Dialysis complication rate (Percentage of incidence of complication occurring while dialysis session)	2	RR	Total no of complications occurring during dialysis session e.g. Haematoma, Needle dislodgement, Dialyzer mismatch, Air embolism, Clotted circuit/ Total no of dialysis sessions	
		No of adverse events per thousand patients	2	RR		
		Average Urea Reduction Ratio	2	RR	Average of (pre dialysis urea-post dialysis urea) of all the patients underwent dialysis session	
		Average Kt/V	2	RR	Average of Kt/V (1.2)(amount of fluid that is cleared of urea during each dialysis session/volume of water a person's body contains) of all the patients underwent dialysis session	
		Dialyser reuse rate	2	RR	Total no of dialysis sessions performed/ Total no of dialyzer used	Single Dialyzer not to be used for more than 8 times (in reprocessing machine) or bundle volume is >70% which is earlier.
		Culture Surveillance sterility rate	2	RR	% of environmental swab culture reported positive	
Standard H4		The facility measures Service	Quality Indica	tors and endea	wours to reach State/National benchmark	
ME H4.1	The facility measures Service Quality Indicators on monthly basis	Average days in availing follow up sessions	2	RR		Avg.Waiting time for follow up session
		Patient Satisfaction Score	2	RR		

	Na	tional Quality Assurance Stand		Version: DH/NQAS-2020/00
		Checklist for Admi	inistration	21
		Assessment Su	mmary	
Name of t	he Hospital		Date of Assessment	
Names of	Assessors		Names of Assessees	
Type of As	sessment (Internal/External)		Action plan Submission Date	
		Adı	ministration Score Card	
	Area of Conce	ern wise Score	Administration Score	
	Area or cone	Wise score	7.4	
Α	Service Provision	97%		
В	Patient Rights	100%		
С	Inputs	100%		
D	Support Services	100%	100%	
E	Clinical Services	100%	100%	
F	Infection Control	100%		
G	Quality Management	100%		
н	Outcome	100%		
	Major Gaps Observed			
2				
3				
4				
5				
	Strengths / Good Practices			
1				
2				
3				
4				
5	Recommendations/ Opportunities for	or Improvement		
1	necommendations/ opportunities it	p. o-cincin		
2				
3				
4				
5				
	Signature of Assessors			
	Date			

		т			1	
Reference No.	ME Statement	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
			Area of Concern	- A Service Provision	1	
Standard A1			Facility Provide	es Curative Services		
ME A1.16.	The facility provides Accident & Emergency Services	Availability of functional A& E department	0	SI/OB		
		Availability of functional disaster management unit	2	SI/OB		
ME A1.17.	The facility provides Intensive care Services	Availability of functional Intensive care unit	2	SI/OB		
ME A1.18.	The facility provides Blood bank & transfusion services	Availability of functional Blood Bank	2	SI/OB		
Standard A2			Facility provide	s RMNCHA Services		
ME A 2.1.	The facility provides Reproductive health Services	Availability of Post Partum unit at the facility	2	SI/OB		
ME A2.3.	The facility provides Newborn health Services	Availability of functional SNCU	2	SI/OB		
ME A2.4.	The facility provides Child health Services	Availability of dedicated paediatric ward	2	SI/OB		
Standard A3			Eacility Provider	diagnostic Services		
				1	Availability of in-house services. Partial Compliance if it is	
ME A3.1.	The facility provides Radiology Services	Availability of X-Ray Unit	2	SI/OB	outsourced	
		Availability of Ultrasound services	2	SI/OB	Availability of in-house services. Partial Compliance if it is outsourced	
		Availability of CT scan	2	SI/OB		
ME A3.2	The facility Provides Laboratory Services	Availability of In-house/ outsourced lab	2	SI/OB		
ME A 3.3	The facility provides other diagnostic services, as mandated	Availability of ECG Services	2	SI/OB		
Standard A4		Facility provides se	rvices as mandated	in national Health P	rograms/ state scheme	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Formation of District Apex Group	2	SI/RR	Headed by Dermatologist/ Physician along with specialists of Orthopaedics/ General Surgery, Ophthalmology, assisted by Physiotherapist and laboratory Technician	
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability Functional ICTC is available	2	SI/OB		
ME A4.7.	The facility provides services under National Programme for the health care of the elderly as per guidelines	Availability of Geriatric ward/Clinic	2	SI/OB		

March Marc			-				
March Marc				_			
March Control Contro	ME A4.8.	Diabetes, Cardiovascular diseases & Stroke	Availability of CCU	2	SI/OB		
Company Comp							
March Marc	ME A4.9			2	SI/RR		
March Marc		Guidelines					
Part				2	SI/RR		
Section Sect				2	SI/RR		
March Marc	Standard A5		reported to all clinical department	Facility provide	es support services		
March Marc	ME A5.1.			2	SI/OB		
March Marc							
March Marc							
March Marc				2	SI/OB		
	ME A5.6.	The facility provides pharmacy services	Availability of drug storage and dispensing services	2	SI/OB		
March Marc	MF A5 7		Availability of Medical record services	2	SI/OB		
March					-		
Part		The facility provides mortuary services				o community needs.	
Part			Availability of 300 indoor functional beds per ten lakh	_			
Brown process to continue processor to proceed processor to processor to proceed processor to processor to proceed processor to processor	ME A 6.1.			2	SI/RR		
Part			Community representative are consulted while				
Note	ME A 6.2.			2	SI/RR		
Marie 100 Facility State uniform and care Principles (a) Facility State (a) Facilit		scope of services of the facility	User charges if any are decided in consultation with	,	ci/pp		
March Marc			user groups /RKS				
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		There are arrangements for adoption and not			I	
		There are arrangements for adequate care and post discharge support of Orphan patients including homeless children	2	RR/SI	Linkages with NGOS , Orphan , old age home, Children home	
Standard B3		The facility maintains privacy, confidentia	ality & dignity of pa	tient, and has a syst	lem for guarding patient related information.	
ME B3.1	Adequate visual privacy is provided at every point of care	Hospital has defined policy for maintenance of privacy of patients	2	RR/SI		
ME B3.2	Confidentiality of patients records and clinical information is maintained	Hospital has defined policy for maintenance of patient records and clinical information	2	RR/SI		
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Hospital defines and communicate policy regarding decent communication and courteous behaviour towards the patient and visitors	2	RR/SI		
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards	Hospital defines the policy for privacy and confidentiality of the patient and condition related with social stigma and vulnerable groups	2	RR/SI		
Standard B4	vulnerable groups Facility has defined and		involving patient ar	nd their families abo	but treatment and obtaining informed consent wh	erever it is required.
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Hospital define policy for taking consent.	2	RR/SI	,	·
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.	2	ОВ		
ME B4.3	Staff are aware of Patients rights responsibilities	Staff is aware of patients rights responsibilities	2	SI		
		Staff is regularly sensitize about rights and responsibilities of the patient	2	SI/RR		
ME B4.5.	The facility has defined and established grievance redressal system in place	Availability of complaint box at administrative office and display of process for grievance re Redressal and whom to contact is displayed	2	ОВ		
		Hospital defines policy for grievance redressal mechanism	2	RR/SI		
		There is defined frequency of collecting complaints from complaint box	2	RR/SI		
		Records of patient complaints suggestion are maintained	2	RR		
		There is system of periodic review of patient complaints	2	RR/SI	Check for: 1. There is evidence of action taken on complaints 2. Action taken are informed to the complainant	
Standard B5	The facility provides cashless services to pregnant		cial barrier to acces	s and that there is f	inancial protection given from cost of care.	
ME B5.1	women, mothers and neonates as per prevalent government schemes	Hospital establish policy for providing free services for GoI and state scheme	2	RR/SI		
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Hospital has established policy for providing all drugs in the EDL free of cost	2	RR/SI		
ME B5.3	It is ensured that facilities for the prescribed	Hospital has established policy for providing all	2	RR/SI		
ME B5.4	investigations are available at the facility The facility provide free of cost treatment to	diagnostics free of cost Methods for verification of documents of patient is	2	pu les		
ME 85.4	Below poverty line patients without administrative hassles	user friendly Hospital has established policy to provide free of cost	2	PI/SI RR/SI		
	The facility ensures timely reimbursement of	treatment to BPL patients Hospital has establish policy for timely				
ME B5.5	financial entitlements and reimbursement to the patients	Reimbursement and payment to beneficiaries	2	RR/SI		
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme	Availability of dedicated PMJAY help desk	2	ОВ	Availability of a help desk/ kiosk/Arogya Mitra Sahayta Kendra near the reception area run by Pradhan Mantri Aarogya Mitra (PMAM)	IF APPLIACABLE
Standard B6	Facili	ty has defined framework for ethical mana	gement including di	lemmas confronted	during delivery of services at public health faciliti	os.
	Ethical norms and code of conduct for medical and	Check that hospital administration has defined code			Check for any circular, policy, notice, government order issued	
ME B6.1	paramedical staff have been established.	of conduct for various cadre of staff	2	RR/SI	that explains the code of conduct for staff such as doctor and nurses.	
ME B6.2	The Facility staff is aware of code of conduct established	Check if staff is aware of code of conduct	2	RR/SI	Interview doctors and nursing / paramedical staff on sample basis.	
ME B6.3	The Facility has an established procedure for entertaining representatives of drug companies and suppliers	Check hospital has implemented a policy of not entertaining representative of pharma companies within hospital premises	2	RR/SI	Ask medical superintendent / manager regarding any such circular / instructions issued to the doctors. Check on sample basis if doctors are aware of this policy and do not entertain medical representatives in hospital premises	
ME B6.4	The Facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions	Check hospital administration has aware of protocols for examination and treatment t of individuals brought police	2	RR/SI	As per state law and supreme court direction	
ME B6.5	There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization	Check hospital administration has defined protocols for data sharing	2	RR/SI	Check list of agencies with which data shared has routinely shred has been prepared. For any other agency a formal permission is sought from competent authorities before sharing the data including international agencies, press and NGOs.	
ME B6.6	There is an established procedure for 'end-of-life' care	Facility has established has established policy of end of life care	2	SI/RR	1000	
	There is an established procedure for obtaining	Check hospital ensures that informed consent is taken				
ME B6.8	informed consent from the patients in case facility is participating in any clinical or public health research	from patient participating in any clinical or public Health research	2	SI/RR	Check for policy or practice Check for policy defines	
ME B6.9	There is an established procedure to issue of medical certificates and other certificates	Check hospital has documented policy for issuing medical certificates	2	SI/RR	Check for policy defines List of certificates can be issued by hospital Who can issue certificates Formats shall used for different certificates Record keeping of issued certificate procedures for issuing duplicate certificates	
ME B6.10	There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services	Hospital has laid strategy to resume the basic emergency and patient care services during strikes	2	SI/RR	Check hospital administration has made Buffer stock and alternate source pf supplies for consumables Strategy and coordination with local disruption to maintain hospital functions	
ME B6.11	An updated copy of code of ethics under Indian Medical council act is available with the facility	Check code of conduct copies are available at the	2	SI/RR	Check for availability of printed copies of code of conduct distributed to staff	
ME B6.12	Medical council act is available with the facility Facility has established a framework for identifying, receiving, and resolving ethical dilemmas' in a time-bound manner through ethical committee	hospital Check facility has defined its ethical issues management framework	2	RR/SI	(a) Check the adequacy of the framework. It address the ethical issues and decision making in clinical care (b) Check facility's ethical management framework address issues like admission, discharge, transfer, disclosure of information or any professional conflict which may not be in	
		İ.	1	1	patient's best interest	i .

		Check facility has ethical committee or person designated to address the ethical issues confronted by medical professionals while delivering the services	2	RR/SI	Facility's supporting human subject research activities/ publishing the scientific papers/ supporting medical students in thesis writing/ running any course where patient data is collected and used for above mentioned activities - an ethical committee is constituted and approval are taken before publication. or Facility may collaborate with the institutions where there are ethical committee is present and appropriate approvals, guided by applicable laws and regulations is taken. or the facilities where they are not involved in research activities, to address the ethical dilemma's a person or group is appointed to address the dilemmas effectively within legal parameter	
Standard C1		The facility has infrastructure for deli-		ncern - C Inputs	nfrastructure meets the prevalent norms	
ME C1.1.	Departments have adequate space as per patient	Residential quarters for clinical and support staff	2	OB/RR	prevalent norms	
	or work load	Hospital has adequate space as per bed strength	2	OB/RR	80 to 85 sqm per bed .	
					ov to 65 sqiii per bed .	
ME C1.2.	Patient amenities are provide as per patient load	Availability of public toilet for visitors	2	ОВ		
		Availability of dharmshala/stay facility for attendants	2	ОВ		
		Adequate number of Staff toilets available in proximity to duty area	2	OB/SI		
		Adequate number of Staff change room available in proximity to duty area	2	OB/SI		
		Separate cafeteria for patient and their relatives	2	ОВ		
		Cafeteria/ Recreation room for staff Availability of Staff amenities at nursing station and	2	OB/SI		
		duty room	2	OB/SI		
ME C1.3.	Departments have layout and demarcated areas as per functions	Hospital has independent entry for emergency, OPD and support services/staff	2	ОВ		
		Corridors shall be at Wide to accommodate the daily traffic.	2	ОВ		
		The general traffic should not pass through the				
		indoor/ critical patient care area	2	ОВ	OPD, Emergency and Administrative offices are situated in	
		Ambulatory services are located in outermost zone	2	ОВ	near the entry/ exit of the hospital with direct access from	
		Clinical support Services are located in proximity to	2	OB	approach road Lab , Radiology and Pharmacy	
·		outer zone Procedure and Intensive Care areas are located in	2	OB		
		Middle zone of the Hospital			Operation Theatre, ICU, SNCU, Labour Room	
		Indoor area are located in Inner zone of the Hospital Corridors shall be at Wide to	2	OB	Wards and Nursing Units are located in inner most area	
ME C1.4.	The facility has adequate circulation area and open spaces according to need and local law	accommodate the daily traffic. Facility maintains open area as per floor area ratio	2	ОВ		
		mandated by authorities	2	ОВ		
ME C1.5.	The facility has infrastructure for intramural and extramural communication	Hospital has 24X7 functional telephone connection	2	ОВ		
		There is designated person to answer the telephone enquiries	2	OB/SI/RR		
		Hospital has broadband internet connectivity There is establish system for managing postal	2	OB	Records are maintained for received and dispatched	
		communication There is established system for internal movement of	2	OB/RR	communication	
		documents and communication	2	OB/RR	System for communicating circulars, notices and orders etc.	
		There is assigned person for managing internal and external movement of documents and communications General notices and information are displayed at	2	OB/RR		
		notice boards at relevant points There is system of removal of old notices and	2	OB/RR		
		updating the notice board	2	OB/RR		
ME C1.6		Availability of admission counter as per load	2	OB/RR		
ME C1.7.	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	There is no crises cross between General and Patient Traffic	2	ОВ		
Standard C2 ME C2.1.	The facility ensures the safety of the building	Facility has been surveyed by Structural engineer	2 2	oical safety of the inf	Ask for records of survey	
	infrastructure	for vulnerability	-	ODJAN	ran for records or survey	
ME C2.2.	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/board	Lifts are installed with Automatic Rescue device.	2	OB/RR		
:		Every lift has Emergency Alarm System Periodic Maintenance of lift	2 2	OB/RR OB/RR		
		Licence for lift operation	2	OB/RR		
ME C2.3.	The facility ensures safety of electrical establishment	Facility has mechanism for periodical check / test of all electrical installation by competent electrical Engineer	2	OB/RR		
		Facility has system for power audit of unit at defined intervals	2	OB/RR		
		Danger sign is displayed at High voltage electrical installation	2	ОВ		
		All electrical panels are covered and has restricted access	2	ОВ		
		Personal protective equipment are available with electrician	2	OB/SI		
ME C2.4.	Physical condition of buildings are safe for providing patient care	Windows have grills and wire meshwork	2	ОВ		
	provious patient care	Terrace, roof, balconies and stair case have protective	2	OB		
		railing Hospital premises has intact boundary wall	2	OB		
		Hospital has functional gate with provision of cattle trap	2	OB		
		There is system of periodic inspection of patient care areas of safety related issues	2	ОВ		
		Hospital building including walls, roofs, floor, windows , balconies and terraces are maintained	2	ОВ		
Standard C3		Access to roof and terraces are restricted The facility has	established Progra	OB mme for fire safety	and other disaster	

ME C3.1.	The facility has plan for prevention of fire	Check the fire exits provide egress to exterior of the	2	ОВ		
		building or to exterior open space Check the fire exits are free from obstruction	2	OB		
		Facility has conducted fire safety audit by competent	2	OB/RR		
		authority	2	ОВ		
		Evacuation plan is displayed at critical areas Facility has defined and implemented evacuation plan				
		in case of fire	2	OB/RR		
		No smoking sign displayed inside and outside the working area	2	OB/RR		
			_			
ME C3.2.	The facility has adequate fire fighting Equipment	Facility has fire safety alarm	2	OB		
		There is system to track the expiry dates and periodic refilling of the extinguishers	2	OB/RR		
	The facility has a system of periodic training of					
ME C3.3.	staff and conducts mock drills regularly for fire	Periodic Training is provided for using fire extinguishers	2	OB/RR		
	and other disaster situation					
Standard C4		Periodic mock drills are conducted	2	OB/RR	ne assured services to the current case load	
	The facility has adequate specialist doctors as per					
ME C4.1.	service provision	Availability of General Surgeon	2	OB/RR/SI	As per patient load	
		Availability of Obstetric & Gynae Specialist	2	OB/RR/SI	As per patient load	
		Availability of General Medicine specialist	2	OB/RR/SI	As a second section of	
		Availability of Paediatrician Availability of Anaesthetics	2	OB/RR/SI OB/RR/SI	As per patient load As per patient load	
		Availability of Ophthalmologist	2	OB/RR/SI	As per patient load	
		Availability of Orthopaedic Surgeon	2	OB/RR/SI	As per patient load	
		Availability of Radiologist	2	OB/RR/SI OB/RR/SI	As per patient load	
		Availability of Pathologist Availability of ENT specialist	2	OB/RR/SI	As per patient load As per patient load	
		Availability of Dentist	2	OB/RR/SI	As per patient load	
		Availability of Dermatologist	2	OB/RR/SI	As per patient load	
		Availability of Psychiatrist Availability of Microbiologist	2 2	OB/RR/SI OB/RR/SI	As per patient load As per patient load	
		Availability of Microbiologist Availability of AYUSH Doctors	2	OB/RR/SI OB/RR/SI	As per patient load As per patient load	
	The facility has adequate general duty doctors as					
ME C4.2.	per service provision and work load	Availability of general duty doctors	2	OB/RR/SI	As per patient load	
ME C4.3.	The facility has adequate nursing staff as per service provision and work load	Availability of nursing staff	2	OB/RR/SI	As per patient load	
ME C4.4.	The facility has adequate technicians/paramedics	Availability Lab Tech	2	OB/RR/SI	As per patient load	
ML CIM.	as per requirement					
		Availability Pharmacist Availability Radiographer	2 2	SI/RR SI/RR	As per patient load As per patient load	
		Availability ECG Tech/Eco	2	SI/RR	As per patient load	
		Availability Audiometrician	2	SI/RR	As per patient load	
		Availability Optha. Technician/Referactionist	2	SI/RR	As per patient load	
•		Availability Dietician Availability Physiotherapist	2	SI/RR SI/RR	As per patient load As per patient load	
		Availability O.T. technician	2	SI/RR	As per patient load	
		Counsellor	2	SI/RR	As per patient load	
		Dental Technician	2	SI/RR	As per patient load	
		Rehabilitation Therapist Biomedical Engineer	2 2	SI/RR SI/RR	As per patient load As per patient load	
ME C4.5.					As per patient load	
IME C4.5.	The facility has adequate support / general staff	Availability of storekeeper	2	SI/RR		
		Availability of Housekeeping supervisor/In charge	2	SI/RR		
		Availability of security In charge	2	SI/RR		
Standard C5					sured list of services.	
Standard C5 ME C5.1	The departments have availability of adequate	Facility provides Hospital has policy to ensure drugs at all point of use		bles required for as	sured list of services.	
ME C5.1	The departments have availability of adequate drugs at point of use	Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List	drugs and consuma	bles required for as		
ME C5.1 Standard C6	drugs at point of use	Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List The facility has ed	drugs and consuma 2 quipment & instrum	bles required for as SI/RR ents required for as	ssured list of services.	
ME C5.1		Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List The facility has et Availability of equipment for Facility management	drugs and consuma	bles required for as		
ME C5.1 Standard C6	drugs at point of use Availability of functional equipment and	Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List The facility has et Availability of equipment for Facility management Availability of equipment for processing of 8io medical	drugs and consuma 2 quipment & instrum	bles required for as SI/RR ents required for as	ssured list of services. Equipment's for horticulture, electrical repair, plumbing	
ME C5.1 Standard C6 ME C6.6	drugs at point of use Availability of functional equipment and instruments for support services	Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List The facility has et Availability of equipment for Facility management Availability of equipment for processing of Bio medical waste	drugs and consuma 2 quipment & instrum 2	bles required for as SI/RR ents required for as OB	ssured list of services. Equipment's for horticulture, electrical repair, plumbing material etc	
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ME C5.1 Standard C6 ME C6.6 ME C6.7	drugs at point of use Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per load and service provision	Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List The facility has et Availability of equipment for Facility management Availability of equipment for processing of Bio medical waste Availability of fixture for administrative office Availability of furniture for administrative office	drugs and consuma 2 quipment & instrum 2 2 2	bles required for as SI/RR ents required for as OB OB OB OB	ssured list of services. Equipment's for horticulture, electrical repair, plumbing material etc Autoclave and mutilator	-1-sff
ME C5.1 Standard C6 ME C6.6	drugs at point of use Availability of functional equipment and instruments for support services Departments have patient furniture and fixtures as per load and service provision	Facility provides Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List The facility has et Availability of equipment for Facility management Availability of equipment for processing of Bio medical waste Availability of fixture for administrative office Availability of furniture for administrative office	drugs and consuma 2 quipment & instrum 2 2 2	bles required for as SI/RR ents required for as OB OB OB OB	ssured list of services. Equipment's for horticulture, electrical repair, plumbing material etc Autoclave and mutilator ugmentation of competence and performance of services.	staff
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		Training on staff Safety	2	SI/RR		
		Training on Measuring Hospital Performance	2	SI/RR		
		Indicators Training on facility level Quality Assurance	2	SI/RR		
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Hospital has policy for regular competence testing as per job description.	2	SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps	
ME C7.11	Feedback is provided to the staff on their competence assessment and performance evaluation	Check if feedback is given after each round of competence assessment and performance appraisal	2	RR	Verify with records of performance appraisal for feedback has been written on appraisal form and shared with staff. Interview staff for verification for feedback has been shared	
				- D Support Service		
Standard D1	The facility has established system for	Facility has contract agency for maintenance for			enance and calibration of Equipment.	
ME D1.1.	maintenance of critical Equipment	equipment	2	SI/RR		
		Contact details of the agencies responsible for maintenance are communicated to the staff	2	SI/RR		
		Asset list of all equipment are maintained There is system to maintain records of down time of	2	SI/RR		
		equipment	2	SI/RR SI/RR		
		Indexing of all equipment is done All equipment are covered under AMC including preventive maintenance for computers and other IT equipment	2	SI/RR		
		There has system to label Defective/Out of order equipment and stored appropriately until it has been repaired	2	OB/RR		
		Staff is skilled for trouble shooting in case equipment malfunction	2	SI/RR		
		There is system of timely corrective break down maintenance of the for computers and other IT equipment	2	SI/RR		
ME D1.2.	The facility has established procedure for internal and external calibration of measuring Equipment	Facility has contracted agency for calibration of equipment.	2	SI/RR		
		Records of the calibrated equipment are maintained	2	RR		
Standard D2	The facility ensures management of expiry and	he facility has defined procedures for stora Hospital has system to ensure that short expiry drugs			sing of drugs in pharmacy and patient care areas Check record of stock receipt from warehouse and Local	
ME D2.4	near expiry drugs	are not procured	2	SI/RR	purchase purchase receipt purchase purchase receipt	
		Hospital has process for proper disposal and prevention of unintended use of expired drugs	2	SI/RR	Check policy for disposal of expired drugs and consumables	
ME D2.5	The facility has established procedure for inventory management techniques	Hospital implements scientific inventory management system according to their needs	2	OB/RR/SI	Previous consumption pattern, disease burden, local disease prevalence, seasonality, ABC, VED, FSN	
ME D2.6	There is a procedure for periodically replenishing the	Hospital has policy that there is no stock out of the	2	RR/SI	Check policy for no stock out situation, stock replenishment	
ME D2.8	drugs in patient care areas There is a procedure for secure storage of	drugs and consumables at patient care area Hospital has a policy for ensuring proper management and restriction of unintended use of narcotic	2	RR/SI		
	narcotic and psychotropic drugs	substance and psychotropic drugs as per prevalent law		, ,		
Standard D3	The facility provides adequate illumination level	The facility provides safe	, secure and comfor	<mark>table environment t</mark>	to staff, patients and visitors.	
ME D3.1.	at patient care areas	Adequate illumination in open area at night	2	ОВ		
		Adequate illumination in circulation area Adequate illumination in toilets	2	OB OB	Stairs, corridor and waiting area	
		Hospital periodically measure illumination at different area of the hospitals	2	OB		
	The facility has provision of restriction of visitors	Adequate illumination at approach roads to hospital There is restriction on entry of vendors and hawkers		OB		
ME D3.2.	in patient areas	inside the premise of the hospital	2	ОВ		
		Hospital has visitor policy in place Hospital has policy for restriction of media person in	2	OB/RR OB/RR		
•		side the hospital				
	The facility has security system in place at patient	Hospital implement visitor pass area for indoor areas Hospital has in-house/outsourced security system in	2	OB/RR		
ME D3.4.	The facility has security system in place at patient care areas	Hospital has in-house/outsourced security system in place	2	RR/SI		
ME D3.4.		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done				
ME D3.4.		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is aware of patient right, visitor policy	2	RR/SI RR/SI		
ME D3.4.		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is aware of patient right, visitor policy and disaster Management There is system for supervision of security staff	2 2 2 2 2	RR/SI RR/SI RR/SI		
ME D3.4.		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is aware of patient right, visitor policy and disaster Management	2 2 2 2	RR/SI RR/SI RR/SI RR/SI		
ME D3.4.		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is ware of patient right, visitor policy and disaster Management There is system for supervision of security staff Facility has a security plan for deputation of guard at different location Responsibility and timing of opening and closing different department is fixed and documented	2 2 2 2 2 2 2	RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI		
ME D3.4.		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is waver of patient right, visitor policy and disaster Management There is system for supervision of security staff facility has a security plan for deputation of guard at different location Responsibility and timing of opening and closing different department is fixed and documented There is established procedure for safe custody of keys	2 2 2 2 2 2 2	RR/SI RR/SI RR/SI RR/SI RR/SI		
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		Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is aware of patient right, visitor policy and disaster Management There is system for supervision of security staff Facility has a security plan for deputation of guard at different location Responsibility and timing of opening and closing different department is fixed and documented There is established procedure for safe custody of keys There is procedure for handing over the keys at the time of shift change Hospital has system to manage violence /mass situation	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI		
ME D3.4	care areas	Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is ware of patient right, visitor policy and disaster Management There is system for supervision of security staff facility has a security plan for deputation of guard at different location Responsibility and timing of opening and closing different department is fixed and documented There is established procedure for safe custody of keys There is procedure for handing over the keys at the time of shift change Hospital has system to manage violence/mass situation No female staff is posted alone at night Where ever there are male employees/patients	2 2 2 2 2 2 2 2 2	RR/SI		
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	The facility has established measure for safety and security of female staff Exterior of the facility building is maintained	Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is waver of patient right, visitor policy and disaster Management There is system for supervision of security staff Facility has a security plan for deputation of guard at different location Responsibility and timing of opening and closing different department is fixed and documented There is established procedure for safe custody of keys There is procedure for handing over the keys at the time of shift change Hospital has system to manage violence/mass situation No female staff is posted alone at night Where ever there are male employees/patients female staff are posted in pairs Timing of the shift is arranged keeping in mind the safety of female staff Committee against sexual harassment is constituted at the facility Staff has been provided awareness training on Gender Issues The facility has esta Boundary Walls of building is plastered and whitewashed. No unwanted/outdated posters on hospital boundary and building walls Hospital Baildings are in uniform colour scheme Hospital has system to whitewash the building periodically. General waste from hospital is removed daily by municipal/outsourced agency	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI SI/RR SI/RR SI/RR RR/SI SI/RR OB OB OB OB/RR		
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	The facility has established measure for safety and security of female staff Exterior of the facility building is maintained appropriately Patient care areas are clean and hygienic	Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff stone Security staff is waver of patient right, visitor policy and disaster Management There is system for supervision of security staff Facility has a security plan for deputation of guard at different location Responsibility and timing of opening and closing different department is fixed and documented There is established procedure for safe custody of keys There is procedure for handing over the keys at the time of shift change Hospital has system to manage violence/mass situation No female staff is posted alone at night Where ever there are male employees/patients female staff are posted in pairs Timing of the shift is arranged keeping in mind the safety of female staff Committee against sexual harassment is constituted at the facility Staff has been provided awareness training on Gender issues The facility has esta Boundary Walls of building is plastered and whitewashed. No unwanted/outdated posters on hospital boundary and building walls Hospital Baildings are in uniform colour scheme Hospital has system to whitewash the building periodically. Ceneral waste from hospital is removed daily by municipal/outsourced agency There is no clogged/over flowing drain in facility Hospital sewage is linked with municipal drainage system.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI SI/RR SI/RR SI/RR RR/SI OB OB OB/RR OB/RR SI/RR		
	The facility has established measure for safety and security of female staff Exterior of the facility building is maintained appropriately Patient care areas are clean and hygienic	Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is ware of patient right, visitor policy and disaster Management There is system for supervision of security staff is facility has a security plan for deputation of guard at different location There is system for supervision of security staff Facility has a security plan for deputation of guard at different location There is established procedure for safe custody of keys There is percedure for handing over the keys at the time of shift change Hospital has system to manage violence/mass situation No female staff is posted alone at night Where ever there are male employees/patients female staff are posted in pairs Timing of the shift is arranged keeping in mind the safety of female staff Committee against sexual harassment is constituted at the facility Staff has been provided awareness training on Gender issues The facility has esta Boundary Walls of building is plastered and whitewashed. No unwanted/outdated posters on hospital boundary and building walls Hospital Buildings are in uniform colour scheme Hospital has system to whitewash the building periodically General waste from hospital is removed daily by municipal/outsourced agency Every department has Schedule of cleaning Hospital has system for periodic maintenance of infrastructure at defined interval There is no clogged/over flowing drain in facility Hospital savege is linked with municipal drainage	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI SI/RR SI/RR SI/RR RR/SI OB OB OB OB OB/RR		
	The facility has established measure for safety and security of female staff Exterior of the facility building is maintained appropriately Patient care areas are clean and hygienic	Hospital has in-house/outsourced security system in place Duty roaster is available for security staff Training and Drills of security staff is done Security staff is ware of patient right, visitor policy and disaster Management There is system for supervision of security staff facility has a security plan for deputation of guard at different location There is system for supervision of security staff facility has a security plan for deputation of guard at different location There is established procedure for safe custody of keys There is procedure for handing over the keys at the time of shift change Hospital has system to manage violence/mass situation No female staff is posted alone at night Where ever there are male employees/patients female staff are posted in pairs Timing of the shift is arranged keeping in mind the safety of female staff Committee against sexual harassment is constituted at the facility Staff has been provided awareness training on Gender issues The facility has esta Boundary Walls of building is plastered and whitewashed. No unwantee/outdated posters on hospital boundary and building walls Hospital Buildings are in uniform colour scheme Hospital has system to whitewash the building periodically General waste from hospital is removed daily by municipal/Outsourced agency Every department has Schedule of cleaning There is no clogged/over flowing drain in facility Hospital sewage is linked with municipal drainage system	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR/SI SI/RR SI/RR SI/RR RR/SI OB OB OB/RR OB/RR SI/RR		

ME D4.4.	Hospital maintains the open area and landscaping of them	Availability of parking space as per requirement	2	ОВ		
	or vicin	Dedicated parking space for ambulances	2	OB		
		No water logging in side the premises of the hospital	2	ОВ		
		There is no abandoned /dilapidated building in the	2	ОВ		
		premises Proper landscaping and maintenance of trees, garden	2	ОВ		
		There shall be no encroachment in and around				
•		the hospital	2	OB OB		
		Hospital has rain water harvesting facility Hospital has Herbal garden	2	OB		
ME D4.5.	The facility has policy of removal of condemned junk material	Hospital has condemnation policy in place	2	RR/SI		
	Junk material	Periodic removal of junk material done	2	OB/RR		
		Hospital has designated covered place to keep junk/condemned material	2	ОВ		
	71 6 101 1 1 1 1 1 1 1 1	No junk/condemned articles in open spaces	2	OB		
ME D4.6.	The facility has established procedures for pest, rodent and animal control	Pest control measures are evident at facility	2	RR/SI		
		Anti Termite treatment of the wooden furniture	2	RR/SI		
Standard D5		The facility ensures 24X7 water and p	ower backup as per	requirement of ser	vice delivery, and support services norms	
ME D5.1.	The facility has adequate arrangement storage and supply for portable water in all functional	Hospital has adequate water storage facility as per	2	OB/RR/SI	450-500 Litres per bed per day	
	areas	requirements				
		Hospital has adequate water supply from municipal /under ground source	2	OB/SI		
		All water tanks are kept tightly closed Periodic cleaning of water tanks carried out	2	OB OB/RR	Records of cleaning is maintained	
		Hospitals periodically tests the quality of water from			necords of eleaning is maintained	
		the source (municipal supply, bore well etc) for bacterial and chemical content	2	RR		
		Chlorination of water is done as per requirement	2	RR		
		RO/ Filters are available for potable drinking water	2	OB		
			-	35		
		Hospital ensures that the distribution pipelines are not running in close vicinity of the sewage system.	2	RR/SI		
ME D5.2.	The facility ensures adequate power backup in all		2	OB/SI		
WIE 03.2.	patient care areas as per load	Availability of noiseless generators for power back up Estimation of power consumption of different				
		department of hospitals is done	2	RR/SI		
		Generator has adequate capacity to provide 24x7 power back at least critical areas	2	RR/SI		
		Hospital has dedicated sub station for electrical supply	2	OB/RR/SI		
		Hospital has adequate power supply connection	2	RR/SI	3Kw to 5Kw per bed	
			2	SI		
	Critical areas of the facility ensures availability of	Use of energy efficient bulbs/solar panel for light	2	21		
ME D5.3.	oxygen, medical gases and vacuum supply	Manifold room is located on ground floor	2	ОВ		
		Manifold room has adequate stock of Oxygen and Nitrogen Cylinders	2	OB/SI	At least for three days	
		Cylinders banks are in duplicate	2	OB/RR/SI	Check for there two dedicated banks - Running and reserve	
		Colour of gas pipeline and Gas Cylinder are as per	2	OB/RR	fitted with automatic changeover device	
		standards Alarm system has been provided to indicate any				
		abnormal pressure change	2	RR/SI		
		LMO storage tank has a Petroleum and Explosive Safety Organisation (PESO) license	2	RR/SI	Also check for availability of Medical Gas Pipeline System (MGPS) network in the hospital	
		LMO tank is located away from the indoor	2	ОВ		
		environment or not located near drain or pits		OB		
		environment or not located near drain or pits	-	ОВ	Sharilahar	
		Availability of vacant space within a radius of 5 meters	2	OB	Check that 1. flammables and combustibles are not stored in near vicinity	
				UB .		
		Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty		SI/RR/OB	1. flammables and combustibles are not stored in near vicinity	
		Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all	2	SI/RR/OB	1. flammables and combustibles are not stored in near vicinity	
		Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning	2	SI/RR/OB SI/RR	1. flammables and combustibles are not stored in near vicinity	
		Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning. Entry to Manifold room/LMO plant is prohibited instruction for operating different equipment clearly	2 2 2	SI/RR/OB	1. flammables and combustibles are not stored in near vicinity	
Standard D7		Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/IMO plant is prohibited Instruction for operating different equipment clearly displayed	2 2 2 2 2	SI/RR/OB SI/RR OB/SI	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking" and 'No Open Flames' signages	
Standard D7 ME D7.2	The facility has established procedures for	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/IMO plant is prohibited Instruction for operating different equipment clearly displayed	2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking" and 'No Open Flames' signages	
	changing of linen in patient care areas	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manfold room/JMO plant is prohibited Instruction for operating different equipment clearly displayed TI Hospital has policy to change linen	2 2 2 2 2 2 ne facility ensures c	SI/RR/OB SI/RR OB/SI OB lean linen to the pal	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking" and 'No Open Flames' signages	bility.
ME D7.2 Standard D8	changing of linen in patient care areas The facili The facility has established procedures for	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/IAMO plant is prohibited instruction for operating different equipment clearly displayed TI Hospital has policy to change linen ty has defined and established procedures: Hospital Management Society/RKS is registered under	2 2 2 2 ne facility ensures c 2 for promoting publi	SI/RR/OB SI/RR OB/SI OB ean linen to the pat RR/SI c participation in m	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking' and 'No Open Flames' signages	bility.
ME D7.2	changing of linen in patient care areas The facili	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/LMO plant is prohibited Instruction for operating different equipment clearly displayed TI Hospital has policy to change linen ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act	2 2 2 2 2 2 ne facility ensures c	SI/RR/OB SI/RR OB/SI OB lean linen to the pal	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking' and 'No Open Flames' signages	bility.
ME D7.2 Standard D8	changing of linen in patient care areas The facili The facility has established procedures for	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/IAMO plant is prohibited instruction for operating different equipment clearly displayed TI Hospital has policy to change linen ty has defined and established procedures: Hospital Management Society/RKS is registered under	2 2 2 2 ne facility ensures c 2 for promoting publi	SI/RR/OB SI/RR OB/SI OB ean linen to the pat RR/SI c participation in m RR	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking' and 'No Open Flames' signages	bility.
ME D7.2 Standard D8	changing of linen in patient care areas The facili The facility has established procedures for	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/LMO plant is prohibited instruction for operating different equipment clearly displayed TI Hospital has policy to change linen ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of income tax exemption certificate for donations RKS meeting are held at prescribed interval	2 2 2 2 2 ne facility ensures c 2 for promoting publi 2	SI/RR/OB SI/RR OB/SI OB ean linen to the pat RR/SI c participation in m RR RR	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking' and 'No Open Flames' signages	bility.
ME D7.2 Standard D8	changing of linen in patient care areas The facili The facility has established procedures for	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/LMO plant is prohibited instruction for operating different equipment clearly displayed TI Hospital has policy to change linen ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is	2 2 2 2 ne facility ensures c 2 for promoting publi 2 2 2 2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB lean linen to the pal RR/SI c participation in m RR RR RR	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking' and 'No Open Flames' signages	bility.
ME D7.2 Standard D8	changing of linen in patient care areas The facili The facility has established procedures for	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders. There is a procedure for periodic checking of all terminal units for malfunctioning. Entry to Manifold room/LMO plant is prohibited instruction for operating different equipment clearly displayed Till Hospital has policy to change linen ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations. RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured.	2 2 2 2 2 ne facility ensures c 2 for promoting public 2 2 2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB lean linen to the pal RR/SI c participation in m RR RR RR RR	flammables and combustibles are not stored in near vicinity Postage of 'No Smoking' and 'No Open Flames' signages	bility.
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ME D7.2 Standard D8 ME D8.1	changing of linen in patient care areas The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis The facility has established procedures for community based monitoring of its services The facility ensures the proper utilization of fund	Availability of vacant space within a radius of 5 meters around the tark. There is procedure for prompt replacement of empty cylinders with filled cylinders. There is a procedure for periodic checking of all terminal units for malfunctioning. Entry to Manifold room/LMO plant is prohibited instruction for operating different equipment clearly displayed. Till Hospital has policy to change linen. ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act. Availability of Income tax exemption certificate for donations. RKS meeting are held at prescribed interval Minutes of meeting are recorded. Participation of community representatives/NGO is emsured. RKS reviews the patient complaint/ feedback and action taken. RKS generates its own resources from donation/leasing of space. Community based monitoring/social audits are done at periodic intervals. Hospital has def There is no backlog in payment to beneficiaries as per their entitlement under different schemes. Salaries and compensation are provided to contractual staff on time.	2 2 2 2 2 2 for promoting publi 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB ean linen to the par RR/SI RR	1. flammables and combustibles are not stored in near vicinity 2. Postage of 'No Smoking" and 'No Open Flames' signages idents anagement of hospital transparency and accounta	bility.
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ME D7.2 Standard D8 ME D8.1	changing of linen in patient care areas The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis The facility has established procedures for community has established procedures for community based monitoring of its services The facility ensures the proper utilization of fund provided to it The facility ensures the proper planning and	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold room/JMO plant is prohibited instruction for operating different equipment clearly displayed Till Hospital has policy to change linen ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from donation/leasing of space Community based monitoring/social audits are done at periodic intervals Facility communicate updated information on Quality of services Facility provided are utilized in specific time limit There is no backlog in payment to beneficiaries as per their entitlement under different schemes Salaries and compensation are provided to contractual staff on time Facility provides utilization certificate for funds on	2 2 2 2 2 for promoting publi 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB Bean linen to the pal RR/SI C participation in m RR RR RR RR RR RR RR RR/SI	1. flammables and combustibles are not stored in near vicinity 2. Postage of 'No Smoking" and 'No Open Flames' signages idents anagement of hospital transparency and accounta	bility.
ME D7.2 Standard D8 ME D8.1	changing of linen in patient care areas The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis The facility has established procedures for community based monitoring of its services The facility ensures the proper utilization of fund provided to it	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning Entry to Manifold from/JIMO plant is prohibited instruction for operating different equipment clearly displayed THOUSE TO THE CONTROLL OF	2 2 2 2 ne facility ensures c 2 for promoting public 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB/SI OB ean linen to the pat RR/SI C participation in m RR RR RR RR RR RR RR RR/SI RR/SI RR/SI RR/SI RR/SI RR/PI RR/SI	1. flammables and combustibles are not stored in near vicinity 2. Postage of 'No Smoking" and 'No Open Flames' signages idents anagement of hospital transparency and accounta	bility.
ME D7.2 Standard D8 ME D8.1	changing of linen in patient care areas The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis The facility has established procedures for community has established procedures for community based monitoring of its services The facility ensures the proper utilization of fund provided to it The facility ensures the proper planning and	Availability of vacant space within a radius of 5 meters around the tank There is procedure for prompt replacement of empty cylinders with filled cylinders There is a procedure for periodic checking of all terminal units for malfunctioning. Entry to Manifold room/LMO plant is prohibited instruction for operating different equipment clearly displayed TI Hospital has policy to change linen ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured. Minutes of meeting are recorded RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from donation/leasing of space Community based monitoring/social audits are done at periodic intervals Facility communicate updated information on Quality of services Facility participates in Jan Sunawais and Jan Samvads at regular intervals Hospital has def There is system to track and ensure that funds are received on time Funds/Grants provided are utilized in specific time limit There is no backlog in payment to beneficiaries as per their entitlement under different schemes Sality provides utilization certificate for funds on time Facility provides utilization certificate for funds on time Facility provides utilization certificate for funds on time Facility provides utilization certificate for funds on time	2 2 2 2 2 for promoting publi 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SI/RR/OB SI/RR OB/SI OB Bean linen to the pal RR/SI C participation in m RR RR RR RR RR RR RR RR/SI RR/SI RR/SI RR/SI RR/SI RR/FI RR/SI	1. flammables and combustibles are not stored in near vicinity 2. Postage of 'No Smoking" and 'No Open Flames' signages idents anagement of hospital transparency and accounta	bility.

ME D10.1.	The facility has requisite licences and certificates for operation of hospital and different activities	Availability of valid No objection Certificate from fire safety authority	2	RR		
	To operation of nospital and americal activities	Availability of Biomedical Waste Management				
		Authorisation for generating BMW as per prevalent norms/regulations	2	RR		
		Availability of certificate of inspection of electrical installation	2	RR		
	Updated copies of relevant laws, regulations and	Availability of licence for operating lift Availability of copy of Bio medical waste management	2	RR		
ME D10.2.	government orders are available at the facility	rules 2016 and it's subsequent amendments Drug and cosmetic Act 2005	2	RR RR		
		Safety code for Medical diagnostic X ray equipment	2	RR	AERB safety code no. AERB/SC/MED-2(Rev 1)	
		and installation Narcotics and Psychotropic substances act 1985	2	RR		
		Code of Medical ethics 2002 Nursing Council Act	2	RR RR		
		Medical Termination of Pregnancy 1971 & amendments	2	RR		
		Person with disability Act 1995 Pre conception pre natal diagnostic test 1996	2 2	RR RR		
		Right to information act 2005	2	RR		
Standard D11	Rol	Indian Tobacco control Act 2003 es & Responsibilities of administrative and	2 <mark>clinical staff are det</mark>	RR ermined as per gov	L. regulations and standards operating procedures	i.
ME D11.1.	The facility has established job description as per	Job description of Specialist Doctor is defined and communicated	2	RR	Regular + contractual	
	govt guidelines	Job description of General duty Doctor is defined and	2	RR	Regular + contractual	
		Job description of nursing staff is defined and	2	RR	Regular + contractual	
		communicated Job description of paramedic staff is defined and	2	RR	Regular + contractual. Lab technician, X ray technician, OT	
•		communicated Job description of counsellor is defined and			technician, MRD technician etc.	
		communicated Job description of ward boy is defined and	2	RR	Regular + contractual	
		communicated	2	RR	Regular + contractual	
		Job description of security staff is defined and communicated	2	RR	Regular + contractual	
		Job description of cleaning staff is defined and communicated	2	RR	Regular + contractual	
		Job description of Administrative staff is defined and communicated	2	RR	Regular + Contractual MS, Hospital Manager, supervisor, Matron, Ward Master. Pharmacist etc.	
	The facility has a established procedure for duty	Duty roster of doctors is prepared, updated and	2	20/61	iviation, ward waster. Friannacist etc.	
ME D11.2.	roster and deputation to different departments	communicated	2	RR/SI		
		Duty roster of Nurses is prepared, updated and communicated	2	RR/SI		
		Duty roster of Paramedics is prepared, updated and communicated	2	RR/SI		
		Duty roster of Cleaning staff is prepared, updated and communicated	2	RR/SI		
		Duty roster of security staff is prepared, updated and	2	RR/SI		
		communicated There is provision of Rotatory posting of staff	2	RR/SI		
		Facility has established line of reporting for clinical and administrative staff	2	RR/SI		
ME D11.3.	The facility ensures the adherence to dress code as mandated by its administration / the health	Facility has policy for dress code for different cadre of	2	RR/SI		
	department	hospital.				
		I Cards have been provided to staff Name plate have been provided to staff	2	OB OB		
Standard D12						
		Facility has established procedure for m	onitoring the qualit	y of outsourced ser	vices and adheres to contractual obligations	
	There is established system for contract management	Facility has established procedure for m Valid contract for disposal for Bio Medical waste with			vices and adheres to contractual obligations	
ME D12.1.	There is established system for contract management for out sourced services	Valid contract for disposal for Bio Medical waste with common treatment facility	2	RR	vices and adheres to contractual obligations	
		Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system	2	RR RR	vices and adheres to contractual obligations	
		Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference	2	RR		
		Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of	2	RR RR	check for that Contract document has provision for dedication of payment if quality of services is not good	
		Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy	2 2 2	RR RR RR	Check for that Contract document has provision for	
	for out sourced services There is a system of periodic review of quality of out	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced apencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of	2 2 2 2	RR RR RR	Check for that Contract document has provision for	
ME D12.1.	for out sourced services	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done	2 2 2 2 2 2	RR RR RR RR	Check for that Contract document has provision for	
ME D12.1.	for out sourced services There is a system of periodic review of quality of out	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against ton compliance / deviation	2 2 2 2 2 2 2	RR RR RR RR RR RR	Check for that Contract document has provision for	
ME D12.1.	for out sourced services There is a system of periodic review of quality of out	Valid contract for disposal for Bio Medical waste with common treatment facility. Selection of outsourced agencies done through competitive tendering system. Eligibility criteria is explicitly defined as per term of reference. There is system to make payment as per adequacy and quality of services provided by the vendor. Payment to the outsourced services are made on time. Facility as defined criteria for assessment of quality of outsourced services. Regular monitoring and evaluation of staff is done according against defined criteria.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR RR RR RR RR RR RR RR	Check for that Contract document has provision for	
ME D12.1.	for out sourced services There is a system of periodic review of quality of out	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services. Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual colligations.	2 2 2 2 2 2 2 2 2 2	RR RR RR RR RR RR	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1.	for out sourced services There is a system of periodic review of quality of out	Valid contract for disposal for Bio Medical waste with common treatment facility. Selection of outsourced agencies done through competitive tendering system. Eligibility criteria is explicitly defined as per term of reference. There is system to make payment as per adequacy and quality of services provided by the vendor. Payment to the outsourced services are made on time. Facility as defined criteria for assessment of quality of outsourced services. Regular monitoring and evaluation of staff is done according against defined criteria. Actions are taken against non compliance / deviation from contractual obligations. Records of blacklisted vendors are available with facility.	2 2 2 2 2 2 2 2 Area of Concern	RR SI RR - E Clinical Services	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1.	for out sourced services There is a system of periodic review of quality of out	Valid contract for disposal for Bio Medical waste with common treatment facility. Selection of outsourced agencies done through competitive tendering system. Eligibility criteria is explicitly defined as per term of reference. There is system to make payment as per adequacy and quality of services provided by the vendor. Payment to the outsourced services are made on time. Facility as defined criteria for assessment of quality of outsourced services. Regular monitoring and evaluation of staff is done according against defined criteria. Actions are taken against non compliance / deviation from contractual obligations. Records of blacklisted vendors are available with facility.	2 2 2 2 2 2 2 2 Area of Concern	RR SI RR - E Clinical Services	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is established procedure for admission of patients There is established procedure for managing	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of biacklisted vendors are available with facility The facility has defined present there is process for admission of	2 2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2	RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services tration, consultation	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is established procedure for admission of patients	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined pages for a deviation of patients after routine working hours	2 2 2 2 2 2 2 2 2 2 Area of Concern	RR RR RR RR RR RR RR RR	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined patients after routine working hours Facility updates daily availability of vacant patient beds in different in door units Facility has established plan for accommodating high	2 2 2 2 2 2 2 2 2 2 Area of Concerr	RR RR RR RR RR RR RR/SI RR - E Clinical Services tration, consultatio	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference. There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services are made on time Regular monitoring and evaluation of staff is done according against defined criteria for outsourced services. Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations. Records of blacklisted vendors are available with facility The facility has defined payment of the facility has defined patients after routine working hours. Facility updates daily availability of vacant patient beds in different in door units	2 2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2	RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services tration, consultation	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the	Valid contract for disposal for Bio Medical waste with common treatment facility. Selection of outsourced agencies done through competitive tendering system. Eligibility criteria is explicitly defined as per term of reference. There is system to make payment as per adequacy and quality of services provided by the vendor. Payment to the outsourced services are made on time. Facility as defined criteria for assessment of quality of outsourced services. Regular monitoring and evaluation of staff is done according against defined criteria. Actions are taken against non compliance / deviation from contractual obligations. The facility has defined promoter of the facility has defined practices for admission of patients after routine working hours. Facility updates daily availability of vacant patient beds in different in door units. Facility has established plan for accommodating high patient load due to situation like disaster/ mass causalty or disease outbreak. Facility has policy for internal adjustment of the	2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2 2	RR RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services tration, consultation RR/SI RR/SI/PI RR/SI/PI	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services are made on time Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined process for admission of patients after routine working hours Facility updates daily availability of vacant patient beds in different in door units Facility has established plan for accommodating high patient load due to situation like disaster/mass casualty or disease outbreak	2 2 2 2 2 2 2 2 2 2 Area of Concerr	RR RR RR RR RR RR RR/SI RR - E Clinical Services tration, consultatio	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services are made on time Regular monitoring and evaluation of staff is done according against defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined price in the facility has setablished plan for accommodating high patient load due to situation like disaster/mass casualty or disease outbreak Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure	2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2 2 2	RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services Erration, consultation RR/SI RR/SI RR/SI RR/SI RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good n and admission of patients.	
ME D12.1	There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced apencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined price facility has defined patients after routine working hours Facility updates daily availability of vacant patient beds in different in door units Facility has established plan for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure Facility has defined and I Facility has defined patient	2 2 2 2 2 2 2 2 2 2 Area of Concerr rocedures for regis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good	
ME D12.1	There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services are made on time Regular monitoring and evaluation of staff is done according against defined criteria for assessment of quality of outsourced services Regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined provided by the services of patients after routine working hours Facility updates daily availability of vacant patient bads in different in door units Facility has established plan for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure Facility has defined and	2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2 2 2	RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services Erration, consultation RR/SI RR/SI RR/SI RR/SI RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good n and admission of patients.	
ME D12.1	There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services remains and adequality of services provided by the vendor outsourced services regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of biacklisted vendors are available with facility The facility has defined price for the facility has defined price for the provided by the services of patients after routine wavailability of vacant patient beds in different in door units Facility has established plan for accommodating high patient load due to situation like disaster/mass casualty or disease outbreak Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure Facility has setablished policy for coordination and handover during interdepartmental transfer There is a policy for consultation of the patient.	2 2 2 2 2 2 2 2 2 2 Area of Concerr rocedures for regis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good n and admission of patients.	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the facility Facility has established procedure for continuity of care during interdepartmental transfer	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eighbility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of blacklisted vendors are available with facility The facility has defined price for a service is a service in a service is a service in a service in the facility has defined price in the facility has established plan for accommodating high patient load due to situation like disaster/ mass causalty or disease outbreak Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure Facility has defined and facility has defined and facility has established policy for co ordination and handover during interdepartmental transfer	2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR SI RR - E Clinical Services tration, consultation RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good n and admission of patients.	
ME D12.1	There is a system of periodic review of quality of out sourced services There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients. There is established procedure for managing patients, in case beds are not available at the facility Facility has established procedure for continuity of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services required services regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of biacklisted vendors are available with facility The facility has defined price in the facility has defined price in the facility of the facility of the facility has defined price in the facility of the facility has defined price in the facility of	2 2 2 2 2 2 2 2 Area of Concern rocedures for regis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR SI RR - E Clinical Services tration, consultation RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good n and admission of patients.	
ME D12.1	There is a system of periodic review of quality of out sourced services There is established procedure for admission of patients There is established procedure for managing patients, in case beds are not available at the facility Facility has established procedure for continuity of care during interdepartmental transfer	Valid contract for disposal for Bio Medical waste with common treatment facility Selection of outsourced agencies done through competitive tendering system Eligibility criteria is explicitly defined as per term of reference There is system to make payment as per adequacy and quality of services provided by the vendor Payment to the outsourced services are made on time Facility as defined criteria for assessment of quality of outsourced services regular monitoring and evaluation of staff is done according against defined criteria Actions are taken against non compliance / deviation from contractual obligations Records of biacklisted vendors are available with facility The facility has defined priceria Records of biacklisted vendors are available with facility The facility has defined priceria Facility has defined priceria Facility has defined priceria Facility has established plan for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure Facility has setablished policy for co ordination and handover during interdepartmental transfer There is a policy for consultation of the patient to other specialist with in the hospital There is policy for referral of patient for which services can not be provided at the facility	2 2 2 2 2 2 2 Area of Concern rocedures for regis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RR RR RR RR RR RR RR RR RR RR/SI RR - E Clinical Services tration, consultation RR/SI	Check for that Contract document has provision for dedication of payment if quality of services is not good n and admission of patients.	
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ME E3.4	Facility is connected to medical colleges through telemedicine services	There is functional telemedicine centre	2	ОВ		
	telemedicine services	Telemedicine services are utilized for continual	2	RR/SI		
Standard E4		medical education		ablished procedures	for pursing care	
	Procedure for identification of patients is	There is policy for identification of patient before any			Tor nursing care	
ME E4.1	established at the facility	clinical procedure	2	RR/SI		
ME E4.2.	Procedure for ensuring timely and accurate nursing	There is a policy for ensuring accuracy of	2	RR/SI		
	care as per treatment plan is established at the facility	verbal/telephonic orders	-	, -		
ME E4.3	There is established procedure of patient hand	Hospital has policy for patient hand over during shift	2	RR/SI		
WIE E4.3	over, whenever staff duty change happens	change	-	Niy Si		
ME E4.4	Nursing records are maintained	Hospital has policy for maintaining nursing records	2	RR/SI		
ME E4.5	There is procedure for periodic monitoring of		2	RR/SI		
	patients	There is policy for periodic monitoring of patient				
Standard E5	The facility identifies vulnerable patients and ensure	Hospital identify and communicate the category of		ify high risk and vul	nerable patients.	
ME E5.1	their safe care	patient considered as vulnerable	2	OB/SI		
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	Hospital identify and communicate the category of patient considered as high risk	2	OB/SI		
Standard E6			defined by state/Ce	ntral government fo	r prescribing the generic drugs & their rational us	e
ME E6.1.	Facility ensured that drugs are prescribed in generic	Facility has policy and enabling order for prescribing	2	RR		
ME E6.2	name only	drugs in generic drug only Facility provides adequate copies of STG to respective	2	SI/RR		
IVIE E0.2	There is procedure of rational use of drugs	department	2	SI/NN		
		Facility maintains a list of updated version of STG	2	RR		
		Facility provides training on use of STG	2	SI/RR		
Standard E7	There is a procedure to check drug before	Facility Pacility Pacility has policy for reporting of adverse drug		<mark>ires for safe drug ad</mark> 		
ME E7.3	administration/ dispensing	reaction	2	RR/SI	Adverse drug event trigger tool is used to report the events	
Standard E8	The facility encures cafe and advantage			taining, updating of	patients' clinical records and their storage	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Hospital has policy for retention period for different kinds of records	2	RR		
		Hospital has policy for safe disposal of records	2	RR	wiss and Disease 11	
Standard E11	The facility has disaster management along	<u> </u>			ervices and Disaster Management	
ME E11.3.	The facility has disaster management plan in place	Hospital has prepared disaster plan	2	RR		
		Disaster management committee has been	2	RR		
Standard E16		The facility has defined and establi			of death & bodies of deceased patients	
ME E16.1.	Death of admitted patient is adequately recorded	Facility has a standard procedure to decent	2	SI/RR		
	and communicated	communicate death to relatives	-	-	nt and shild as you quidalines	
Standard E20	The facility provides immunization services as per				nt and child as per guidelines	
ME E20.1	guidelines	follow up of AEFI	2	SI/RR		
		Staff is trained for detecting , managing and reporting of AEFIs	2	SI/RR		
		I ALTIS	Area of Concerr	- F Infection Contro		
Standard F1		Facility has infection control program and	procedures in place	for prevention and	measurement of hospital associated infection	
ME F1.1.	Facility has functional infection control committee	Infection control committee constitute at the facility	2	SI/RR		
	Committee	ICC is approved by appropriate authority	2	SI/RR		
		Roles and responsibilities are defined and	2	SI/RR		
		communicated to its members ICC meet at periodic time interval	2	SI/RR		
		Records of Infection control activities are maintained	2	SI/RR		
ME F1.2.	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Facility has in-house/ linkage with microbiology lab for culture surveillance	2	SI/RR		
		There is defined format for requisition and reporting				
		of culture surveillance	2	SI/RR		
		Reports of culture surveillance are collated and analysed	2	SI/RR		
		Feedback is given to the respective departments	2	SI/RR		
	Facility measures hospital associated infection	Sample are taken for culture to detect HAI in				
ME F1.3	rates	suspected cases.	2	SI/RR		
		There is defined criteria and format for reporting HAI based on clinical observation	2	SI/RR		
		Reports from different department are collated and	2	SI/RR		
		analysed				
		Feedback is given to the respective departments	2	SI/RR		
ME F1.4.	There is Provision of Periodic Medical Check-ups and immunization of staff	Records of immunization available	2	SI/RR		
	and milliumzation of Staff	Records of Medical Check-ups are available	2	SI/RR		
ME ELE	Facility has established procedures for regular	There is designated person for Co coordinating				
ME F1.5.	monitoring of infection control practices	infection control activities	2	SI/RR	Infection control nurse	
		There is defined format/checklist for monitoring of	_			
		hand washing and infection control practices	2	SI/RR		
ME F1.6.	Facility has defined and established antibiotic	Facility has antibiotic policy in place	2	SI/RR		
	policy	There is system for reporting Anti Microbial				
		Resistance with in the facility	2	SI/RR		
		Antibiotic policy includes plan for identifying,				
		transferring , discharging and readmitting patients with specific antimicrobial resistant pathogen	2	SI/RR		
		Policy Includes Rational Use of Antibiotics	2	SI/RR		
		Standard treatment guidelines are followed while	2	SI/RR		
		developing Antibiotic Policy There is procedure for periodic Laboratory				
		There is procedure for periodic Laboratory Surveillance for Antibiotic Resistance	2	SI/RR		
		Facility Measures the Antibiotic Consumption Rates	2	SI/RR		
Standard F2			emented procedure	es for ensuring hand	hygiene practices and antisepsis	
	Hand washing facilities are provided at point of	Facility ensures uninterrupted and adequate supply of				
ME F2.1	use	antiseptic soap and alcohol hand rub in all departments	2	SI/RR		
ME F2.2	Staff is trained and adhere to standard hand	Check for the records that training have been	2	SI/RR		
	washing practices Facility ensures standard practices and materials	provided Facility ensures uninterrupted and adequate supply of				
ME F2.3	for antisepsis	antiseptics	2	SI/RR		
Standard F3			standard practices	and materials for P	ersonal protection	
ME F3.1	Facility ensures adequate personal protection equipment as per requirements	Availability of Heavy duty gloves for cleaning staff	2	OB/SI		
	equipment as per requirements	Availability of gum boats for cleaning staff	2	OB/SI		
		Availability of mask for cleaning staff Availability of apron for cleaning staff	2	OB/SI OB/SI		
		Facility ensure adequate and regular supply of	2			
		personal protective equipment		SI/RR		

ME F3.2	Staff is adhere to standard personal protection	There is policy for judicious use of personal protective	2	SI/RR		
Standard F4	practices	equipment specially sterile gloves			nent and instruments	
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and	Facility ensure adequate supply of disinfectant at the point of use	2	SI/RR	Disinfectant like hypochlorite, bleaching powder etc.	
	procedures areas	Staff is trained for preparation of disinfectant solution	2	SI/RR		
Standard F5		Physical layout and enviror	mental control of t	he patient care area	s ensures infection prevention	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Facility ensure the availability of good quality disinfectant and cleaning material	2	SI/RR		
ME F5.4	Facility ensures segregation infectious patients	Hospital has policy for identification and segregation of infectious patient	2	SI/RR	and disposal of Dia Madical and haravdays Waste	
Standard F6 ME F6.1	Facility Ensures segregation of Bio Medical Waste		2	SI/RR	and disposal of Bio Medical and hazardous Waste	•
	as per guidelines	chlorinated colour coded liners Separate bins for Recyclable and biodegradable waste	2	39111	Check adequacy in patient care and administrative areas. Also	
		is available There is established procedure for daily monitoring of proper segregation of Bio medical waste by a designated person	2	SI/RR	check there is no mixing of waste	
		Bar code system for the bags or containers containing BMW	2			
ME F6.2	Facility ensures management of sharps as per guidelines	Facility ensures supply of puncture proof containers and needle cutters	2	SI/RR	Containers are puncture proof, leak proof and temper proof	
		Facility ensures availability of post exposure prophylaxis drugs	2	SI/RR		
		There is system for reporting of needle stick injuries	2	SI/RR		
ME F6.3.	Facility ensures transportation and disposal of waste as per guidelines	Facility has secured designated place for storage of Bio Medical waste before disposal	2	SI/OB		
		BMW is stored in lock and key Log book /Record of waste generated is maintained on	2	SI/OB	Check there is no scope for unauthorized entry	
		day to day basis	2	RR	Check records are being displayed monthly on its web site	
		No signs of burning within the premises. Check infectious liquid waste is not directly drained in	2	OB OB		
		to municipal sewerage system Display of Bio Hazard sign at the point of use	2	ОВ		
		Infectious Waste is not stored for more than 48 hours	2	RR		
		Disposal of anatomical waste as per BMW rule	2	OB/SI/RR	Preferably by CTWF/in-house deep burial pits/ In house incinerator with prior approval	
		Disposal of solid waste as per BMW rule	2	OB/SI/RR	Preferably by CTWF/ Deep burial/ in absence of above autoclaving or micro waving/ hydroclaving followed by shredding or mutilation or combination of sterlization and	
		Disposal of sharp waste as per BMW rule	2	OB/SI/RR	shredding. Preferably by CTWF/autoclaving or dry heat sterlization followed by shredding or mutilation or encapsulation in metal	
		Disposal of contaminated waste (recyclable) as per BMW rule	2	OB/SI/RR	contained or cement concrete Preferably by CTWF/Autoclaving or microwaving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding	
		Disposal of Glass ware and metallic body implants (Blue)	2		Preferably By CTWF/ disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or	
		Annual report to the pollution control board is submitted	2	RR	microwaving or hydroclaving	
		Biomedical waste transported in authorized vehicle	2	OB/SI/RR		
Charles Co.			Area of Concern - 0	G Quality Managem		
Standard G1 ME G1.1	The facility has a quality team in place	The facility has est District Quality Team for district hospitals are	Area of Concern - (ablished organizati	l G Quality Managem <mark>ional framework for</mark> I	quality improvement	
Standard G1 ME G1.1	The facility has a quality team in place	The facility has es District Quality Team for district hospitals are Constituted There is designated person for coordinating with the quality circles and overall quality assurance program at the	Area of Concern - 0	G Quality Managem		
	The facility has a quality team in place	The facility has es' District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overall quality assurance program at the facility There is designated head of the quality team Team members are aware for of there respective	Area of Concern - Cablished organizati 2 2	G Quality Managem ional framework for SI/RR SI/RR SI/RR	quality improvement Check for Office order by designated authority	
ME G1.1	The facility has a quality team in place The facility reviews quality of its services at periodic	The facility has es' District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overall quality assurance program at the facility There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality	Area of Concern - (ablished organizati 2 2 2 2 2	G Quality Managem onal framework for SI/RR SI/RR SI/RR SI/RR SI/RR	quality improvement Check for Office order by designated authority Hospital Manager	
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Facility has de defined, approved and communicated Risk Management framework for existing and potential risks.			Gantt Chart/Project Management	2	SI/RR		
	Standard G8		Facility has de defined, approved an	d communicated Ri	sk Management fra	mework for existing and potential risks.	

ME G8.1	Risk Management framework has been defined including context, scope, objectives and criteria	Check for adequacy of Risk Management Framework	2	SI/RR	Review the risk management framework document. Check scope and objectives of the framework is contextual to the facility and criterion for identifying risk has been explicitly laid out.	
ME G8.2	Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions	Check if responsibilities for identifying and managing risk has been defined and communicated	2	SI/RR	Review risk management framework delineation of responsibilities amongst staff for identifying the risk in their work area and their management. Verify with the staff members if they are aware of their responsibilities	
ME G8.3	Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders	Check if process of reporting risks and hazards have been defined	2	SI/RR	Review risk management framework for process of reporting incidents including near miss and potential risks	
ME G8.4	A compressive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared	Check if list of existing and potential risk have been prepared	2	SI/RR	Review risk management framework includes list of identified current and potential risks. These may included safety, strategic, financial, statutory, operational and environmental risks.	
ME G8.5	Modality for staff training on risk management is defined	Check training on risk management has been provided to key staff members	2	SI/RR	Verify with the training records . Training on risk management at least should be provided to person responsible for indemnifying and managing risks	
ME G8.6	Risk Management Framework is reviewed periodically	Check risk management framework is reviewed at least once in a year	2	SI/RR	Check with the records that quality team/ risk management committee reviews the framework at least once in a year	
Standard G9		Facility has established procedures for	assessing, reportin	g, evaluating and m	anaging risk as per Risk Management Plan Review the risk management plan document. Check it has been	
ME G9.1	Risk management plan has been prepared and approved by the designated authority and there is a system of its updating at least once in a year	Check if a valid risk management plan is available at the facility	2	SI/RR	updated at lest once in a month and duly approved by the head of facility.	
ME G9.2	Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders	Check if risk management plan has been communicated to all stake holders	2	SI/RR	ask staff if they are aware of key actionable points of risk management plan of their concerned areas. Check what measures hospital administration has taken for effective dissemination of risk management plan amongst staff members, outsource agencies and as well as concerned officials in district and state health administration	
ME G9.3	Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders	Check if risk assessment checklist is available with stakeholders	2	SI/RR	Check if facility has prepared assessment checklist for identifying risk on routine basis. This checklist has been disseminate to the staff members responsible for identifying and reporting risks	
ME G9.4	Periodic assessment for Physical and Electrical risks is done as per defined criteria	Check if periodic assessment of Physical and electrical safety risk is done using the risk assessment checklist	2	SI/RR	Verify with the assessment records. Comprehensive of physical and electrical safety should be done at least once in three month	
ME G9.5	Periodic assessment for potential disasters including re is done as per de defined criteria	Check periodic assessment pf potential disaster is done periodically	2	SI/RR	Check comprehensive assessment of both manmade and natural potential disaster is done at least once in year	
ME G9.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically	2	SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define d criteria at least once in three month.	
ME G9.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria	Check if Periodic assessment of violence risks is done	2	SI/RR	Verify with records. At least once in year and whenever a major incident has occurred.	
ME G9.8	Risks identified are analysed evaluated and rated for severity	Check if various risks identified during the risk assessment proceeds are formally evaluated	2	SI/RR	Risk identified should be listed and evaluated for their security and frequency for occurrence. A risk severity score / grade should be give to each risk identified and according gaps should be rated. Verify with the records	
ME G9.9	Identified risks are treated based on severity and resources available	Check if risk have high severe are prioritised.	2	SI/RR	Check risks are prioritized base on their severity rating. Verify with the records	
ME G9.10	A risk register is maintained and updated regularly to risk records identify ed risks, there severity and action to be taken	Check if a risk register is maintained	2	SI/RR	Check hospital administration/ responsible committee maintains a risk register which risk identified, their severity, action to be taken to mitigate risk and follow up action. Check if risk register share been updated timely.	
Standard G10		The facility has established clinical (Governance framew	ork to improve qua	lity and safety of clinical care processes	
Standard G10 ME G10.1	The facility has defined clinical governance framework	The facility has established clinical of the facility has defined framework for clinical Governance	Governance framew	ork to improve qua	ity and safety of clinical care processes (a) Framework reflects facility's commitment & accountability for Continuous quality improvement in their Clinical services. (b) Framework define the responsibilities of clinical Governance board (c) Framework define the approaches used to implement clinical Governance in healthcare facility i.e. audits, risk management, clinical effectiveness, patient & public involvement, education and training, information management etc	
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		Facility has defined framework for clinical Governance	2	RR/SI	(a) Framework reflects facility's commitment & accountability for Continuous quality improvement in their Clinical services. (b) Framework define the responsibilities of clinical Governance board (c) Framework defines the approaches used to implement clinical Governance in healthcare facility i.e. audits, risk management, clinical effectiveness, patient & public involvement, education and training, information management etc (a) Check Clinical Governance Board/Apex Committee has representation from all the clinical departments. (b) Department Heads/ Inchages/Representatives are identified or appointed (c) Members of Apex Committee is aware about their roles & committee is aware about their roles &	
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ME H2.1	Facility measures efficiency Indicators on monthly basis	Overall Referral Rate	2	RR		
		Overall discharge rate	2	RR		
		Proportion of obstetric cases out of total IPD	2	RR		
		Proportion of fund/ grant utilized	2	RR		
Standard H3		The facility measures Clinica	l Care & Safety Indi	cators and tries to r	each State/National benchmark	
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average Length of Stay	2	RR		
		Crude mortality rate	2	RR		
		Maternal mortality per 1000 deliveries	2	RR		
		Neonatal mortality per 1000 live births	2	RR		
		Hospital acquired infection rate	2	RR	Surgical Site, Device related hospital acquired infection rate	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Overall LAMA Rate	2	RR		
		Patient satisfaction Score IPD	2	RR		
		Staff Satisfaction Score	2	RR		
		Turn over rate of contractual staff	2	RR		