|  |  |  |  |
| --- | --- | --- | --- |
| **CHC Document Verification Checklist for NQAS Interim Certification** | | | |
| **Name of the facility as per State’s Record:** (Name of the Facility)  **Image result for NQAS Image result for nhsrc** | | | |
| **List of Documents to be submitted** | | | |
| **S. No.** | **Documents** | **Status of submission (Y/N)** | **Remarks (if any)** |
|  | Filled application form along with the Hospital data sheet |  |  |
|  | State Certification report duly signed by the assessors |  |  |
|  | No. & Name of the Departments to be assessed |  |  |
|  | Minutes of last Quality Team meeting (MOM) |  |  |
|  | Departmental SOPs (of all the applied departments) |  |  |
|  | Quality Improvement Manual |  |  |
|  | **Hospital Wide Policies/ Procedures**  **(Government Order/ Single Pager Policy/ Procedures)**  **(Government Order/ Single Pager Policy/ Procedures)** | | |
| Quality Policy, Vision & Mission Statement |  |  |
| Condemnation Policy |  |  |
| Antibiotic Policy |  |  |
| Social, Culture and Religious Equality Policy |  |  |
| Maintaining Patient’s Privacy, Dignity and Confidentiality Policy |  |  |
| Consent Policy |  |  |
| Referral Policy |  |  |
| Timely reimbursement of entitlements and compensation Policy |  |  |
|  | Scores of last three Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken |  |  |
|  | Last 3 months data of Key Performance Indicators (KPI) |  |  |
|  | **Statutory/ Regulatory Compliance** | | |
| Authorization for handling Bio Medical Waste from Pollution Control Board. |  |  |
| NoC from Fire Safety. |  |  |
| Certificate of inspection of electrical installation. |  |  |
| License for operating lift *(if applicable)* |  |  |
| AERB authorization Certificate |  |  |
| Blood Storage approval from State licensing Authority and Consent from parent Blood Bank |  |
| Copy of registration under PCPNDT Act |  |

**Verified by:**

**Date:**