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| **DH/SDH Document Verification Checklist for NQAS Interim Certification** |
| **Name of the facility as per State’s Record:**   |
| **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 |  | Only Excel sheet submitted. Sheet is not signed by assessor  |
|  | Scores of last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken |  |  |
|  | No. & Name of the Departments to be assessed |  | 7- OPD, LR, Maternity OT, SNCU, Maternity ward ,General Admin & PP unit  |
|  | Minutes of last month Quality Team meeting (MOM). In last quarter |  |  |
|  | Departmental SOPs |  |  |
|  | Quality Improvement Manual |  |  |
|  | **Copy of Hospital Wide Policies/ Procedures. (Government Order/ Single Pager Policy / Procedures):** |
|  | 1. Quality Policy, Vision & Mission Statement
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| 1. Condemnation Policy
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| 1. Antibiotic Policy
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| 1. End of Life care Policy
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| 1. Social, Culture and Religious Equality Policy
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| 1. Patients Privacy, Dignity and Confidentiality Policy
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| 1. Consent Policy
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| 1. Prescription by Generic Name Policy
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| 1. Adverse Event Reporting Policy
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| 1. Referral Policy
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| 1. Timely reimbursement of entitlements and compensation
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| 1. Grievance Redressal Policy
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| 1. Free treatment to BPL patient’s Procedure/Policy
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|  | Prescription/Medical Audit Analysis with Corrective and Preventive Action undertaken (CAPA) |  |  |
|  | Last 3 months data of Key Performance Indicators (KPI) |  |  |
|  | **Statutory/ Regulatory Compliance** |
|  | 1. Authorization for handling Bio Medical Waste from Pollution Control Board.
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| 1. Fire Safety NoC
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| 1. Certificate of inspection of electrical installation
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| 1. Licence for operating lift *(if applicable)*
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| 1. AERB authorization
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| 1. Licence of Blood Bank
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| 1. Copy of registration under PCPNDT Act
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