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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 | |  | |  | |
| 1. Condemnation Policy | |  | |  | |
| 1. Antibiotic Policy | |  | |  | |
| 1. End of Life care Policy | |  | |  | |
| 1. Social, Culture and Religious Equality Policy | |  | |  | |
| 1. Patients Privacy, Dignity and Confidentiality Policy | |  | |  | |
| 1. Consent Policy | |  | |  | |
| 1. Prescription by Generic Name Policy | |  | |  | |
| 1. Adverse Event Reporting Policy | |  | |  | |
| 1. Referral Policy | |  | |  | |
| 1. Timely reimbursement of entitlements and compensation | |  | |  | |
| 1. Grievance Redressal Policy | |  | |  | |
| 1. Free treatment to BPL patient’s Procedure/Policy | |  | |  | |
|  | 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. | |  | | |  |
| 1. Fire Safety NoC | |  | | |  |
| 1. Certificate of inspection of electrical installation | |  | | |  |
| 1. Licence for operating lift *(if applicable)* | |  | | |  |
| 1. AERB authorization | |  | | |  |
| 1. Licence of Blood Bank | |  | | |  |
| 1. Copy of registration under PCPNDT Act | |  | | |  |