



2018

VOLUME - I

Ministry of Health and Family Welfare
Government of India



ASSESSOR'S GUIDEBOOK FOR QUALITY ASSURANCE IN DISTRICT HOSPITALS

2018

VOLUME - I

**Ministry of Health and Family Welfare
Government of India**

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1st Edition: 2013

Reprint: 2014

Reprint: 2015

Revised Edition: 2016

Revised Edition: 2018

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9789382655022

ISBN 978-93-82655-02-2

Ministry of Health & Family Welfare

Government of India

Nirman Bhawan, New Delhi, India

Design & Print: Macro Graphics Pvt. Ltd.

DISCLAIMER

The checklists given in Volume I & II have been developed after review Indian Public Health Standards (IPHS), Guidelines of Ministry of Health & Family Welfare, National Health Programmes, Standard Text Books, Journals & Periodicals, etc. The checklists are to be used as tools for the Quality Improvement. While taking patient and clinical care related decisions these checklists may not be used.

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PREFACE



The National Rural Health Mission (NRHM) Strives to Provide Quality Health Care to all citizens of the country in an equitable manner. The 12th Five Year Plan has re-affirmed Government of India's commitment – *"All government and publicly financed private health care facilities would be expected to achieve and maintain Quality Standards. An in-house quality management system will be built into the design of each facility, which will regularly measure its quality achievements."*

Indian Public Health Standards (IPHS) developed during 11th Five Year Plan describe norms for health facilities at different levels of the Public Health System. However, It has been observed that while implementing these Standards, the focus of the states has been mostly on creating IPHS specified infrastructure and deploying recommended Human Resources. The requirement of national programmes for ensuring quality of the services and more importantly user's perspective are often overlooked.

The need is to create an inbuilt and sustainable quality for Public Health Facilities which not only delivers good quality but is also so perceived by the clients. The guidelines have been prepared with this perspective defining relevant quality standards, a robust system of measuring these standards and institutional framework for its implementation.

These operational guidelines and accompanying compendium of cheklists are intended to support the efforts of states in ensuring a credible quality system at Public Health Facilities. I do hope states would take benefit of this painstaking work.

(Keshav Desiraju)



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FOREWORD



The successful implementation of NRHM since its launch in 2005 is clearly evident by the many fold increase in OPD, IPD and other relevant services being delivered in the Public Health Institutions, however, the quality of services being delivered still remains an issue. The offered services should not only be judged by its technical quality but also from the perspective of service seekers. An ambient and bright environment where the patients are received with dignity and respect along with prompt care are some of the important factors of judging quality from the clients' perspective.

Till now most of the States' approach toward the quality is based on accreditation of Public Health Facilities by external organizations which at times is hard to sustain over a period of time after that support is withdrawn. Quality can only be sustained, if there is an inbuilt system within the institution along with ownership by the providers working in the facility. As Aristotle said "Quality is not an act but a habit".

Quality Assurance (QA) is a cyclical process which needs to be continuously monitored against defined standards and measurable elements. Regular assessment of health facilities by their own staff and state and 'action-planning' for traversing the observed gaps is the only way in having a viable quality assurance programme in Public Health. Therefore, the Ministry of Health and Family Welfare (MoHFW) has prepared a comprehensive system of the quality assurance which can be operationalized through the institutional mechanism and platforms of NRHM.

I deeply appreciate the initiative taken by Maternal Health Division and NHSRC of this Ministry in preparing these guidelines after a wide range of consultations. It is hoped that States' Mission Directors and Programme Officers will take advantage of these guidelines and initiate quick and time bound actions as per the road map placed in the guidelines.

(Anuradha Gupta)



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FOREWORD



The National Rural Health Mission (NRHM) was launched in the year 2005 with aim to provide affordable and equitable access to public health facilities. Since then Mission has led to considerable expansion of the health services through rapid expansion of infrastructure, increased availability of skilled human resources; greater local level flexibility in operations, increased budgetary allocation and improved financial management. However, improvement in Quality of health services at every location is still not perceived, generally.

Perceptions of poor quality of health care, in fact, dissuade patients from using the available services because health issues are among the most salient of human concerns. Ensuring quality of the services will result in improved patient/client level outcomes at the facility level.

Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets the need of Public Health System in the country which is sustainable. The present guidelines on Quality Assurance has been prepared with a focus on both the technical and perception of service delivery by the clients. This would enhance satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.

The Operational guidelines along-with standards and checklist are expected to facilitate the states in improving and sustaining quality services beginning with RMNCH-A services at our Health facilities so as to bring about a visible change in the services rendered by them. The guideline is broad based and has a scope for extending the quality assurance in disease control and other national programme. It is believed that states will adopt it comprehensively and extend in phases for bringing all services under its umbrella. Feedback from the patients about our services is single-most important parameter to assess the success of our endeavour.

I acknowledge and appreciate the contribution given by NRHM division and NHSRC to RCH division of this Ministry in preparing and finalizing the guidelines. I especially acknowledge proactive role and initiative taken by Dr. Himanshu Bhushan, Deputy Commissioner and I/C of Maternal Health Division, Dr. S.K. Sikdar Deputy Commissioner and I/C of Family Planning Division and Dr. J.N. Srivastava of NHSRC in framing these guidelines.

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ACKNOWLEDGEMENT



The Operational Guidelines for Quality Assurance have been developed by the Ministry of Health and Family Welfare GoI, under the guidance and support of Shri Keshav Desiraju, Secretary, Health & Family Welfare, GoI. The contribution and insightful inputs given by Ms. Anuradha Gupta, Additional Secretary & Mission Director NRHM helped in firming up the guidelines within a set time period.

I must appreciate the efforts and initiatives of the entire team of Maternal Health, Family Planning & Child health Divisions, especially Dr. Himanshu Bhushan (DC MH I/C), Dr. S.K. Sikdar (DC FP I/C), and Dr. P.K. Prabhakar DC (CH), who have coordinated the process of developing these Operational Guidelines besides making substantial technical contributions in it.

The technical contribution by Dr. J.N. Srivastava, Head of QI Division and their team members Dr. Nikhil Prakash and Dr. Deepika Sharma of NHSRC need a special mention for their robust and sound contribution and collating all available information.

I would like to express my sincere gratitude to Mr. Vikas Kharge, Mission Director & Dr. Satish Pawar, DG (Health), Govt. of Maharashtra for their inputs and continued support. I would also like to place on record the contribution of development partners like WHO, UNICEF, UNFPA particularly Dr. Arvind Mathur, Dr. Malalay, Dr. Ritu Agarwal and Dr. Dinesh Agarwal.

I would like to convey my special thanks to all the experts, particularly Dr. Poonam Shivkumar from MGIMS, Wardha, Dr. Neerja Bhatla from AIIMS, Dr. R. Rajendran, Institute of OBGYN, Chennai, Dr. R.P. Sridhar from MCH Gujarat Dr. P. Padmanaban and Mr. Prashanth from NHSRC, MH Division Consultants Dr. Pushkar Kumar, Mr. Nikhil Herur, Dr. Rajeev Agarwal and Dr. Anil Kashyap for putting their best efforts in preparing several drafts and final guidelines. Since it is difficult to acknowledge all those who contributed a list of contributors is attached in the guidelines.

I hope these Operational Guidelines and accompanying compendium of checklists facilitate to build a sound and credible quality system at Public Health facilities at-least in provision of RMNCH-A services to start with.

(Dr. Rakesh Kumar)



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Date: 24th October, 2013

Program Officer's Message



'Quality' is the core and most important aspect of services being rendered at any health facility. The Clinicians at the health facility particularly public health facilities mostly deliver their services based on their clinical knowledge. Mostly client's expectations goes beyond only cure & includes courtesy, behavior of the staff, cleanliness of the facility & delivery of prompt & respectful service. Few of these clinician's also take care of clients perspective however in many cases, it is overlooked. Those who can afford, can go to a private facility but the large mass particularly the poor and those living in rural areas do not have such means neither they have the voices which can be heard.

Government System particularly the policymakers, planners and programme officers have this responsibility to act upon the needs of the people, who cannot raise voice but need equal opportunity, at par with those who can afford. Fulfilling the needs of sick and ailing is the responsibility of public health service provider.

We have several stand alone guidelines from IPHS to Technical aspects of service delivery but there is no standard guidelines defining quality assurance and its different parameters. The present set of guidelines have been prepared comprehensively beginning with areas of concerns, defining its standards, measurable elements and checkpoints both from service provider and service seekers aspect. There is a prudent mix of technical, infrastructural and clients perspective while framing these guidelines.

The programme divisions of RCH, NRHM, NHSRC and other experts along with team from Govt. of Maharashtra, representative from Govt. of Karnataka, Gujarat, Tamil Nadu and Bihar along with institutional experts had extensive deliberations before firming up each and every aspects of these guidelines.

It is an earnest request to all the States and District Programme Officers to utilize these guidelines for placing the services as per the expectations of those who do not have means to afford treatment and services from a private health facility. Protecting the dignity and rendering timely services with competency to the clients is our moral duty but we also need to assess the quality of services sitting on the opposite side of the chair. Implementing these guidelines in letter and spirit will help us in achieving our desired outcomes.

Ensuring standard practices and adherence to the technical protocols, changing behavior and attitude of a staff is not an easy task. It needs rigorous monitoring, continuous support and encouragement by the supervisors and most importantly the ownership of the staff working at the facility for implementation and sustainability of quality efforts. The guidelines are only a tool and its success will depend upon actions envisaged under these guidelines.

(Dr. Himanshu Bhushan)



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PART-A

GUIDELINES FOR
ASSESSMENT



INTRODUCTION TO QUALITY MEASUREMENT SYSTEM

Often, measuring the quality in health facilities has never been easy, more so, in Public Health Facilities. We have had quality frame-work and Quality Standards & linked measurement system, globally and as well as in India. The proposed system has incorporated best practices from the contemporary systems, and contextualized them for meeting the needs of Public Health System in the country.

The system draws considerably from the guidelines (more than one hundred fifty in number), Standards and Texts on the Quality in Healthcare and Public health system, which ranges from ISO 9001 based system to healthcare specific standards such as JCI, IPHS, etc. Operational Guidelines for National Health Programmes and schemes have also been consulted.

We do realise that there would always be some kind of 'trade-off', when measuring the quality. One may have short and simple tools, but that may not capture all micro details. Alternatively one may devise all-inclusive detailed tools, encompassing the micro-details, but the system may become highly complex and difficult to apply across Public Health Facilities in the country.

Another issue needed to be addressed is having some kind of universal applicability of the quality measurement tools, which are relevant and practical across the states. Therefore, proposed system has flexibility to cater for differential baselines and priorities of the states.

Following are salient features of the proposed quality system:

1. **Comprehensiveness** – The proposed system is all inclusive and captures all aspects of quality of care within the eight areas of concern. The nineteen departmental check-sheets transposed within seventy four standards, and commensurate measurable elements provide an exhaustive matrix to capture all aspects of quality of care at the Public Health Facilities.
2. **Contextual** – The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities; since Public Hospitals have their own processes, responsibilities and peculiarities, which are very different from 'for-profit' sector. For instance, there are standards for providing free drugs, ensuring availability of clean linen, etc. which may not be relevant for other hospitals.
3. **Contemporary** – Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and their relevant practices have been incorporated.
4. **User Friendly** – The Public Health System requires a credible Quality system. It has been endeavour of the team to avoid complex language and jargon. So that the system remains user-friendly to enable easy understanding and implementation by the service providers. Checklists have been designed to be user-friendly with guidance for each checkpoint. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for the convenience, and also to avoid calculation errors.
5. **Evidence Based** – The Standards have been developed after consulting vast knowledge resource available on the quality. All respective operational and technical guidelines related to RMCH+A and National Health Programmes have been factored in.
6. **Objectivity** – Ensuring objectivity in measurement of the Quality has always been a challenge. Therefore in the proposed quality system, each Standard is accompanied with measurable elements & Checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures inter-departmental variability for the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a snap-shot, which can be used for monitoring, as well as for inter-hospital/inter-state(s) comparison.



- 7. Flexibility** – The proposed system has been designed in such a way that states and Health Facilities can adapt the system according to their priorities and requirements. State or facilities may pick some of the departments or group of services in the initial phase for Quality improvement. As baseline differs from state to state, checkpoints may either be made essential or desirable, as per availability of resources. Desirable checkpoints will be counted in arriving at the score, but this may not withhold its certification, if compliance is still not there. In this way the proposed system provides flexibility, as well as ‘road-map’.
- 8. Balanced** – All three components of Quality – Structure, process & outcome, have been given due weightage.
- 9. Transparency** – All efforts have been made to ensure that the measurement system remains transparent, so that assessee and assessors have similar interpretation of each checkpoint.
- 10. Enabler** – Though standards and checklists are primarily meant for the assessment, it can also be used as a ‘road-map’ for improvement.



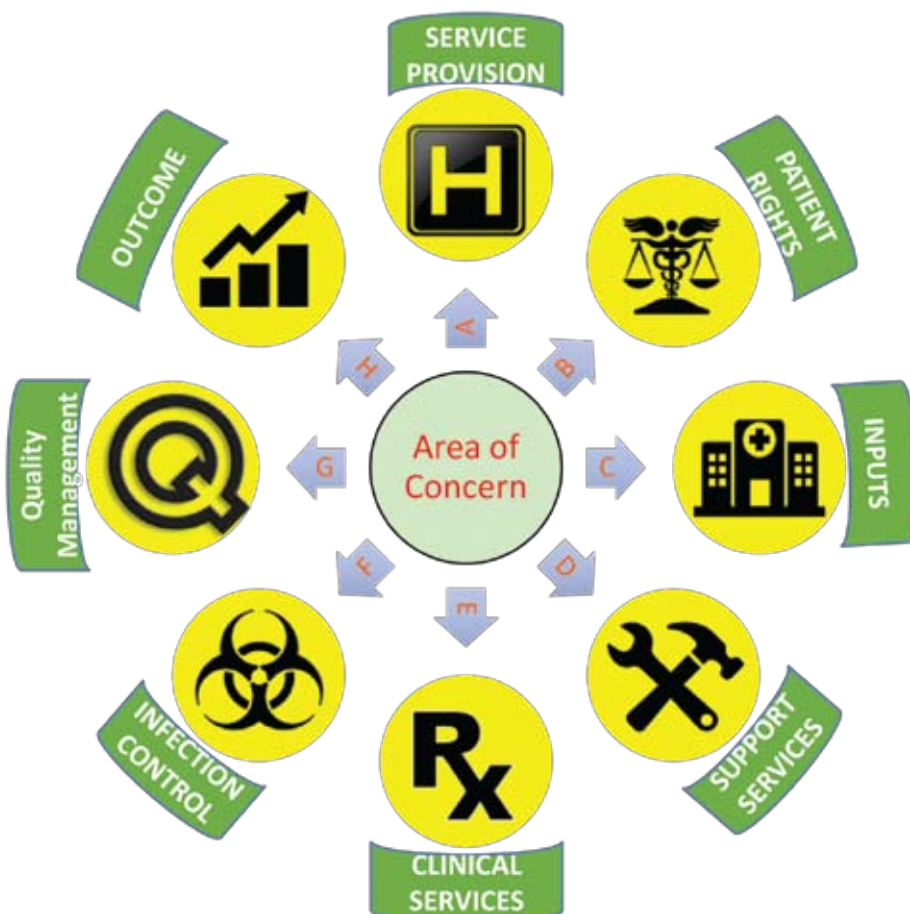


COMPONENTS OF QUALITY MEASUREMENT SYSTEM AND THEIR INTENT

The main pillars of Quality Measurement Systems are Quality Standards. There are **seventy four standards**, defined under the proposed quality measurement system. The standards have been grouped within the eight **areas of concern**. Each Standard further has specific **measurable elements**. These standards and measurable elements are checked in each department of a health facility through department specific **checkpoints**. All Checkpoints for a department are collated, and together they form assessment tool called '**Checklist**'. Scored/ filled-in Checklists would generate scorecards.

Following are the area of concern in a health facility:

- | | | |
|----------------------|----------------------|-----------------------|
| A. Service Provision | D. Support Services | G. Quality Management |
| B. Patient Rights | E. Clinical Services | H. Outcome |
| C. Inputs | F. Infection Control | |



Categorization of standards within the eight areas of concern is in line with the Quality of Care model - Structure, Process and Outcome.



Currently National Quality Assurance Standards for following level of facilities are available:

1. District Hospital
2. Community Health Centre
3. Primary Health Centre (24x7)
4. Urban Primary Health Centre

Following is the summary of Standard, Measurable Element, Check Point & Departmental Checklist for various level of Facilities:

MEASUREMENT SYSTEM FOR VARIOUS LEVELS FOR FACILITIES

Component	DH	CHC	PHC	UPHC
Area of Concern	8	8	8	8
Standards	74	65	50	35
Measurable Elements	362	297	250	200
Checklists	19	12	6	12

Intent of each Area of Concern and Standard is given in respective Assessor Guidebook. Intent of Area of Concerns and Standards for District Hospitals is given under Chapter IV.

Compiled description of Standards and Measurable Elements (facility wise and specific programme wise) is given under National Quality Assurance Standards for Public Health Care Facilities, 2018 (Green Book).





HOW TO USE ASSESSOR'S GUIDEBOOK

Assessor's Guidebook contains tools for Internal and External Assessment of a District Hospital (and equivalent health facility). Volume I contains guidelines for Assessment and nine departmental checklists. Volume II of this guidebook have another ten departmental checklist. Soft copy of the assessment tools that is formula fitted MS Excel sheets are given at NHSRC website. To access the assessment tools, QR code is given at the end of the book. State has customized checklists and updated copy of these customized checklists are available in the Gunak App. The following web links may be used to access the Gunak App for iOS and android devices respectively:

1. <https://apps.apple.com/in/app/gunak/id1354891968>
2. <https://play.google.com/store/apps/details?id=com.facilitiesassessment>

List of checklists given in Assessor's Guidebook is given below:

Volume I		Volume II	
1	Accident & Emergency Department	10	Operation Theatre
2	Outdoor Patient Department (OPD)	11	Intensive Care Unit (ICU)
3	Labour Room (LaQshya)	12	Indoor Patient Department
4	Maternity Ward	13	Blood Bank
5	Paediatrics Ward	14	Laboratory Services
6	Sick Newborn Care Unit (SNCU)	15	Radiology & USG
7	Nutritional Rehabilitation Center (NRC)	16	Pharmacy
8	Maternity Operation Theatre (LaQshya)	17	Auxiliary Services
9	Post Partum Unit	18	Mortuary
		19	General Administration





IV

NATIONAL QUALITY ASSURANCE STANDARDS FOR DISTRICT HOSPITAL

AREA OF CONCERN - A: SERVICE PROVISION	
Standard A1	The facility provides Curative services
Standard A2	The facility provides RMNCHA services
Standard A3	The facility provides Diagnostic services
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme
Standard A5	The facility provides Support services
Standard A6	Health services provided at the facility are appropriate to community needs
AREA OF CONCERN - B: PATIENT RIGHTS	
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical, economic, cultural or social reasons
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making
Standard B5	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities
AREA OF CONCERN - C: INPUTS	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms
Standard C2	The facility ensures the physical safety of the infrastructure
Standard C3	The facility has established Programme for fire safety and other disasters
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
Standard C5	The facility provides drugs and consumables required for assured list of services
Standard C6	The facility has equipment & instruments required for assured list of services
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
AREA OF CONCERN - D: SUPPORT SERVICES	
Standard D1	The facility has established programme for inspection, testing and maintenance and calibration of equipment
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors



Standard D4	The facility has established Programme for maintenance and upkeep of the facility
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients
Standard D7	The facility ensures clean linen to the patients
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability
Standard D9	Hospital has defined and established procedures for Financial Management
Standard D10	The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations
AREA OF CONCERN - E: CLINICAL SERVICES	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral
Standard E4	The facility has defined and established procedures for nursing care
Standard E5	The facility has a procedure to identify high risk and vulnerable patients
Standard E6	The facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use
Standard E7	The facility has defined procedures for safe drug administration
Standard E8	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage
Standard E9	The facility has defined and established procedures for discharge of patient
Standard E10	The facility has defined and established procedures for intensive care
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management
Standard E12	The facility has defined and established procedures of Diagnostic services
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion
Standard E14	The facility has established procedures for Anaesthetic Services
Standard E15	The facility has defined and established procedures of Operation Theatre services
Standard E16	The facility has defined and established procedures for end of life care and death
MATERNAL & CHILD HEALTH SERVICES	
Standard E17	The facility has established procedures for Antenatal care as per guidelines
Standard E18	The facility has established procedures for Intranatal care as per guidelines
Standard E19	The facility has established procedures for Postnatal care, as per guidelines
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines
Standard E21	The facility has established procedures for abortion and family planning, as per government guidelines and law



Standard E22	The facility provides Rashtriya Kishor Swasthya Karyakram services, as per guidelines
NATIONAL HEALTH PROGRAMMES	
Standard E23	The facility provides National health Programme as per Operational/Clinical Guidelines
AREA OF CONCERN - F: INFECTION CONTROL	
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis
Standard F3	The facility ensures standard practices and materials for Personal protection
Standard F4	The facility has standard procedures for processing of equipment and instruments
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste
AREA OF CONCERN - G: QUALITY MANAGEMENT	
Standard G1	The facility has established organizational framework for quality improvement
Standard G2	The facility has established system for patient and employee satisfaction
Standard G3	The facility has established internal and external quality assurance Programmes wherever it is critical to quality
Standard G4	The facility has established, documented, implemented and maintained Standard Operating procedures for all key processes and support services
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them
Standard G8	The facility seeks continually improvement by practicing Quality methods and tools
Standard G9	The facility has defined, approved and communicated Risk Management framework for existing and potential risks
Standard G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan
AREA OF CONCERN - H: OUTCOME	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National Benchmark
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark





AREA OF CONCERN - A : SERVICE PROVISION

Overview

Apart from the curative services that district hospitals provide, public hospitals are also mandated to provide preventive and promotive services. Reproductive and Child Health services are now grouped as RMNCH+A, which are major chunk of the services. These services are also priority for the government, so as to have direct impact on the key indicators such as MMR and IMR.

This area of concern measures availability of services. "Availability" of functional services means service is available to end-users because mere availability of infrastructure or human resources does not always ensure into availability of the services. For example, a facility may have functional OT, Blood Bank, and availability of Obstetrician and Anaesthetist, but it may not be providing CEmOC services on 24x7 basis. The facility may have functional Dental Clinic, but if there are hardly any procedures undertaken at the clinic, it may be assumed that the services are either not available or non-accessible to users. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of records and checking utilisation of the service.

Compliance to following standards ensures that the health facility is addressing this area of concern:

STANDARD A1 THE FACILITY PROVIDES CURATIVE SERVICES	This standard would include availability of OPD consultation, Indoor services and Surgical procedures, Intensive care and Emergency Care under different specialities e. g. Medicine, Surgery, Orthopaedics, Paediatrics etc. Each measurable element under this standard measures one speciality across the departments. For example, ME A1.2 measures availability of emergency surgical procedures in Accident & Emergency department, availability of General surgery clinic at OPD, Availability of surgical procedures in Operation theatre and availability of indoors services for surgery patients in wards.
STANDARD A2 THE FACILITY PROVIDES RMNCHA SERVICES	This standard measures availability of Reproductive, Maternal, Newborn, Child and Adolescent services in different departments of the hospital. Each aspect of RMNCH+A services is covered by one measurable element of this standard.
STANDARD A3 THE FACILITY PROVIDES DIAGNOSTIC SERVICES	This standard covers availability of Laboratory, Radiology and other diagnostics services in the respective departments.
STANDARD A4 THE FACILITY PROVIDES SERVICES AS MANDATED IN NATIONAL HEALTH PROGRAMMES/ STATE SCHEME	This standard measures availability of the services at health facility under different National Health Programmes such as NTEP, NVBDCP, etc. One measurable element has been assigned to each National Health Programme.
STANDARD A5 THE FACILITY PROVIDES SUPPORT SERVICES	This standard measures availability of support services like dietary, laundry and housekeeping services at the facility.
STANDARD A6 HEALTH SERVICES PROVIDED AT THE FACILITY ARE APPROPRIATE TO COMMUNITY NEEDS	This standard mandates availability of the services according to specific local health needs. Different geographical area may have certain health problems, which are prevalent locally.



AREA OF CONCERN - B : PATIENT RIGHTS

Overview

Mere availability of services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access includes physical access as well as financial access. The Government has launched many schemes, such as JSSK, RBSK and RBSY, for ensuring that the service packages are available cashless to different targeted groups. There are evidences to suggest that patient's experience and outcome improves, when they are involved in the care. So availability of information is critical for access as well as enhancing patient's satisfaction. Patient's rights also include that health services give due consideration to patient's cultural and religious preferences.

Brief description of the standards under this area of concern are given below:

STANDARD B1 THE FACILITY PROVIDES THE INFORMATION TO CARE SEEKERS, ATTENDANTS & COMMUNITY ABOUT THE AVAILABLE SERVICES AND THEIR MODALITIES	<p>Standard B1 measures availability of the information about services and their modalities to patients and visitors. Measurable elements under this standard check for availability of user-friendly signages, display of services available and user charges, citizen charter, enquiry desk and access to his/her clinical records.</p>
STANDARD B2 SERVICES ARE DELIVERED IN A MANNER THAT IS SENSITIVE TO GENDER, RELIGIOUS AND CULTURAL NEEDS, AND THERE ARE NO BARRIERS ON ACCOUNT OF PHYSICAL, ECONOMIC, CULTURAL OR SOCIAL REASONS	<p>Standard B2 ensures that the services are sensitive to gender, cultural and religious needs. This standard also measures the physical access, and disable-friendliness of the services, such as availability of ramps and disable friendly toilets. Last measurable element of this standard mandates for provision for affirmative action for vulnerable and marginalized patients like orphans, destitute, terminally ill patients, victims of rape and domestic violence so they can avail health care service with dignity and confidence at public hospitals.</p>
STANDARD B3 THE FACILITY MAINTAINS PRIVACY, CONFIDENTIALITY & DIGNITY OF PATIENT, AND HAS A SYSTEM FOR GUARDING PATIENT RELATED INFORMATION	<p>Standard B3 measures the patient friendliness of the services in terms of ensuring privacy, confidentiality and dignity. Measurable elements under this standard check for provisions of screens and curtains, confidentiality of patient's clinical information, behaviour of service providers, and also ensuring specific precautions to be taken, while providing care to patients with HIV infection, abortion, teenage pregnancy, etc.</p>
STANDARD B4 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INFORMING PATIENTS ABOUT THE MEDICAL CONDITION, AND INVOLVING THEM IN TREATMENT PLANNING, AND FACILITATES INFORMED DECISION MAKING	<p>Standard B4 mandates that health facility has procedures of informing patients about their rights, and actively involves them in the decision-making about their treatment. Measurable elements in this standards look for practices such informed consent, dissemination of patient rights and how patients are communicated about their clinical conditions and options available. This standard also measures for procedure of grievance redressal. Compliance to these standards can be checked through review of records for consent, interviewing staff about their awareness of patient's rights, interviewing patients whether they had been informed of the treatment plan and available options.</p>
STANDARD B5 THE FACILITY ENSURES THAT THERE IS NO FINANCIAL BARRIER TO ACCESS, AND THAT THERE IS FINANCIAL PROTECTION GIVEN FROM THE COST OF HOSPITAL SERVICES	<p>Standard B5 majorly checks that there are no financial barriers to the services. Measurable elements under this standard check for availability of drugs, diagnostics and transport free of cost under different schemes, and timely payment of the entitlements under JSY and family planning incentives.</p>



STANDARD B6
THE FACILITY HAS DEFINED
FRAMEWORK FOR ETHICAL
MANAGEMENT INCLUDING DILEMMAS
CONFRONTED DURING DELIVERY OF
SERVICES AT PUBLIC HEALTH FACILITIES

Public Health facilities have been instituted for providing health care services for the larger good and welfare of community. Apart from providing health care services, the public health facilities have a statutory obligation to conduct medico-legal examinations, post-mortems, facilitate dispensation justice as required by the law, issuing medical certificates and implement government health policies. It is of utmost importance that public health facilities portray highest standards for ethical practices in clinical care and governance.

This standard requires the facility to adhere to Ethical norms, and a pre-defined code of conduct is followed by its staff. Preferably code of conducts should be communicated to the staff in form of written instructions. This may include do's and don'ts while performing their duties. These norms should broadly encompass provider's duty to sick, doing 'no-harm', keeping privacy, confidentiality and autonomy of patients, non-discrimination and equity. Ethical norms should be in consonance with Code of Medical Ethics and Code of Nursing Ethics released by the Indian Medical Council and Indian Nursing Council respectively.

While providing the services, the providers may confront ethical dilemmas. These may arise from patient's refusal to receive treatment, withdrawal of life support, prescribing drugs that doctor found more effective but are not part of essential drug list, entertaining representatives of pharmaceuticals companies at workplace, sharing data with research purposes where consent has not been taken from patients, etc. to address these ethical dilemmas effectively and within the legal parameters, the health facility should develop and implement a framework to address ethical dilemmas.

Initially the facility should identify the situations, where ethical dilemma usually arise or have potential to arise. Second facility should appoint a person or group that will address such issues of ethical dilemma, and will endeavour to timely resolve it. The mechanism of referral of such issues to appointed person or group should be defined and effectively communicated to concerned staff. These standards are targeted for secondary and primary care public hospital; those are not usually not involved research activities. However, if any health care facility is involved in clinical or public health research activity, it should take formal approval for research ethics committee.



AREA OF CONCERN - C : INPUT

Overview

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take into cognizance of the IPHS requirement. However, focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like 'adequate' and 'as per load' has been given in the requirements for many standards & measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load. For example, a 100-bedded hospital having 40% bed occupancy may not have same requirements as the similar hospital having 100% occupancy. So structural requirement should be based more on the utilization, than fixing the criteria like beds available. Assessor should use his/her discretion to arrive at a decision, whether available structural component is adequate for committed service delivery or not.

Following are the standards under this area of concern:

STANDARD C1 THE FACILITY HAS INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES, AND AVAILABLE INFRASTRUCTURE MEETS THE PREVALENT NORMS	<p>Standard C1 measures adequacy of infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities, service counters, etc. It also looks into the functional aspect of the structure, whether it commensurates with the process flow of the facility or not.</p> <p>Minimum requirement for space, layout and patient amenities are given in some of departments, but assessors should use his discretion to see whether space available is adequate for the given work load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with staff and hospital administration may be required to know the process flow between the departments, and also within a department.</p>
STANDARD C2 THE FACILITY ENSURES THE PHYSICAL SAFETY OF THE INFRASTRUCTURE	<p>Standard C2 deals with physical safety of the infrastructure. It includes seismic safety, safety of lifts, electrical safety, and general condition of hospital infrastructure.</p>
STANDARD C3 THE FACILITY HAS ESTABLISHED PROGRAMME FOR FIRE SAFETY AND OTHER DISASTERS	<p>Standard C3 is concerned with fire safety of the facility. Measurable elements in this standard look for implementation of fire prevention, availability of adequate number of fire fighting equipment and preparedness of the facility for fire disaster in terms of mock drill and staff training.</p>
STANDARD C4 THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF, REQUIRED FOR PROVIDING THE ASSURED SERVICES TO THE CURRENT CASE LOAD	<p>Standard C4 measures the numerical adequacy and skill sets of the staff. It includes availability of doctors, nurses, paramedics and support staff. It also ensures that the staff have been trained as per their job description and responsibilities. There are two components while assessing the staff adequacy - first is the numeric adequacy, which can be checked by interaction with hospital administration and review of records. Second is to assess human resources in term of their availability within the department. For instance, a hospital may have 20 security guards, but if none of them is posted at the labour room, then the intent of standard is not being complied with.</p> <p>Skill set may be assessed by reviewing training records and staff interview and demonstration to check whether staff have requisite skills to perform the procedures.</p>
STANDARD C5 THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES	<p>Standard C5 measures availability of drugs and consumables in user departments. Assessor may check availability of drugs under the broad group such as antibiotics, IV fluids, dressing material, and make an assessment that majority of normal patients and critically ill patients are getting treated at the health facility.</p>



<p>STANDARD C6 THE FACILITY HAS EQUIPMENT & INSTRUMENTS REQUIRED FOR ASSURED LIST OF SERVICES</p>	<p>Standard C6 is also concerned with availability of instruments in various departments and service delivery points. Equipment and instruments have been categorized into sub groups as per their use, and measurable elements have been assigned to each sub group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non clinical support services. Some representative equipment could be used as tracers and checked in each category.</p>
<p>STANDARD C7 FACILITY HAS A DEFINED AND ESTABLISHED PROCEDURE FOR EFFECTIVE UTILIZATION, EVALUATION AND AUGMENTATION OF COMPETENCE AND PERFORMANCE OF STAFF</p>	<p>Human resources are the most critical asset of a healthcare organization. Public health facilities serve volumes of patients and sometime feel constrained by limited human resources. For being a facility providing quality and safe healthcare services, it is indispensable to ensure that the staff engaged in patient care and auxiliary activities have requisite knowledge and skills to accomplish their task in the expected manner. It is also very important to ensure that workforce is working at optimal level and their performance is evaluated periodically.</p> <p>This standard and related measurable elements require that public health facility should have defined staff's competency and have a system for assessing it periodically at pre-defined interval, and takes actions for maintaining it. These criteria should be based on job description as defined in Standard D-10. These defined criteria can be converted into simple checklist that can work as tools for the competency assessment e.g. Checklist for competency assessment of Labour room nurse, Lab technician, Security guard, Hospital manager, etc. The Ministry of Health & Family Welfare, Government of India also has prepared checklist for competence assessment. In addition there are explicit requirement spelled by the professional bodies such as Medical Council of India, Nursing Council of India, Dental Council of India, etc. These can also be used after local customization. This standard also requires that performance evaluation criteria should also be defined for each cadre of staff. These criteria may have some indicators measuring productivity and efficiency of the staff as well. Based on these defined criteria the competence and performance of staff should be evaluated at least once in a year though it may be more frequent ongoing activity. Competence assessment program and performance evaluation program should include contractual staff, staff working in hospital premises through outsourced agencies, empanelled doctors providing services for specific duration. Based on these assessment and evaluation, the training needs of each staff are identified and training plan is prepared. Staff should be trained according to the training plan. Facility should also ensure that skills gained through training are retained and utilized and feedback is given to individual staff on their competence and performance.</p>



AREA OF CONCERN - D : SUPPORT SERVICES

Overview

Support services are backbone of every health care facility. The expected clinical outcome cannot be envisaged in absence of sturdy support services. This area of concern includes equipment maintenance, calibration, drug storage and inventory management, security, facility management, water supply, power backup, dietary services and laundry. Administrative processes like RKS, financial management, legal compliances, staff deputation and contract management have also been included in this area of concern.

Brief description of the standards under this area of concern are given below:

STANDARD D1 THE FACILITY HAS ESTABLISHED PROGRAMME FOR INSPECTION, TESTING AND MAINTENANCE AND CALIBRATION OF EQUIPMENT	<p>Standard D1 is concerned with equipment maintenance processes, such as AMC, daily and breakdown maintenance processes, calibration and availability of operating instructions. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive/corrective maintenance is done timely. Calibration records and label on the measuring equipment should be reviewed to confirm that the calibration has been done. Operating instructions should be displayed or should be readily available with the user.</p>
STANDARD D2 THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE, INVENTORY MANAGEMENT AND DISPENSING OF DRUGS IN PHARMACY AND PATIENT CARE AREAS	<p>Standard D2 is concerned with safe storage of drugs and scientific management of the inventory, so drugs and consumables are available in adequate quantity in patient care area. Measurable elements of this standard look into processes of indenting, procurement, storage, expired drugs management, inventory management, stock management at patient care areas, including storage at optimum temperature. While assessing drug management system, these practices should be looked into each clinical department, especially at the nursing stations and its complementary process at drug stores/Pharmacy.</p>
STANDARD D3 THE FACILITY PROVIDES SAFE, SECURE AND COMFORTABLE ENVIRONMENT TO STAFF, PATIENTS AND VISITORS	<p>Standard D3 is concerned with providing safe, secure and comfortable environment to patients as well service providers. The measurable elements under this standard have two aspects, - firstly, provision of comfortable work environment in terms of illumination and temperature control in patient care areas and work stations, and secondly, arrangement for security of patients and staff. Availability of environment control arrangements should be looked into. Security arrangements at patient area should be observed for restriction of visitors and crowd management.</p>
STANDARD D4 THE FACILITY HAS ESTABLISHED PROGRAMME FOR MAINTENANCE AND UPKEEP OF THE FACILITY	<p>Standard D4 is concerned with adequacy of facility management processes. This includes appearance of facility, cleaning processes, infrastructure maintenance, removal of junk and condemned items and control of stray animals and pest control at the facility.</p>
STANDARD D5 THE FACILITY ENSURES 24x7 WATER AND POWER BACKUP AS PER REQUIREMENT OF SERVICE DELIVERY, AND SUPPORT SERVICES NORMS	<p>Standard D5 covers processes to ensure water supply (quantity & quality), power back-up and medical gas supply. All departments should be assessed for availability of water and power back-up. Some critical area like OT and ICU may require two-tire power backup in terms of UPS. Availability of central oxygen and vacuum supply should especially be assessed in critical area like OT and ICU.</p>
STANDARD D6 DIETARY SERVICES ARE AVAILABLE AS PER SERVICE PROVISION AND NUTRITIONAL REQUIREMENT OF THE PATIENTS	<p>Standard D6 is concerned with processes ensuring timely and hygienic dietary services. This includes nutritional assessment of patients, availability of different types of diets and standard procedures for preparation and distribution of food, including hygiene & sanitation in the kitchen. Patients / staff may be interacted for knowing their perception about quality and quantity of the food.</p>



STANDARD D7 THE FACILITY ENSURES CLEAN LINEN TO THE PATIENTS	Standard D7 is concerned with the laundry processes. It includes availability of adequate quantity of clean & usable linen, process of providing and changing bed sheets in patient care area and process of collection, washing and distributing the linen. Besides direct observation, staff interaction may help in knowing availability of adequate linen and work practices. An assessment of segregation and disinfection of soiled laundry should be undertaken. Observation should be recorded if laundry is being washed at some public water body like pond or river.
STANDARD D8 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR PROMOTING PUBLIC PARTICIPATION IN MANAGEMENT OF HOSPITAL TRANSPARENCY AND ACCOUNTABILITY	Standard D8 measures processes related to functioning of Rogi Kalyan Samiti (RKS; equivalent to Hospital Management Society) and community participation in Hospital Management. RKS records should be reviewed to assess frequency of the meetings, and issues discussed there. Participation of non-official members like community/NGO representatives in such meetings should be checked.
STANDARD D9 HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURES FOR FINANCIAL MANAGEMENT	Standard D9 is concerned with the financial management of the funds/ grants, received from different sources including NHM. Assessment of financial management processes by no means should be equated with financial or accounts audit. Hospital administration and accounts department can be interacted to know process of utilization of funds, timely payment of salaries, entitlements and incentives to different stakeholders and process of receiving funds and submitting utilization certificates. An assessment of resource utilisation and prioritisation should be undertaken.
STANDARD D10 THE FACILITY IS COMPLIANT WITH ALL STATUTORY AND REGULATORY REQUIREMENT IMPOSED BY LOCAL, STATE OR CENTRAL GOVERNMENT	Standard D10 is concerned with compliances to statutory and regulatory requirements. It includes availability of requisite licenses, updated copies of acts and rules, and adherence to the legal requirements as applicable to Public Health Facilities.
STANDARD D11 ROLES & RESPONSIBILITIES OF ADMINISTRATIVE AND CLINICAL STAFF ARE DETERMINED AS PER GOVT. REGULATIONS AND STANDARD OPERATING PROCEDURES	Standard D11 is concerned with processes regarding staff management and their deployment in the departments of a facility. This includes availability of job descriptions for different cadre, processes regarding preparation of duty rosters and staff discipline. The staff can be interviewed to assess about their awareness of their own job description. It should be assessed by observation and review of the records. Adherence to dress-code should be observed during the assessment.
STANDARD D12 THE FACILITY HAS ESTABLISHED PROCEDURE FOR MONITORING THE QUALITY OF OUTSOURCED SERVICES AND ADHERES TO CONTRACTUAL OBLIGATIONS	Standard D12 measures the processes related to outsourcing and contract management. This includes monitoring of outsourced services, adequacy of contract documents and tendering system, timely payment for the availed services and provision for action in case for inadequate/ poor quality of services. Assessor should review the contract records related to outsourced services, and interview hospital administration about the management of outsource services.



AREA OF CONCERN - E : CLINICAL CARE

Overview

The ultimate purpose of existence of a hospital is to provide clinical care. Therefore, clinical processes are the most critical and important in the hospitals. These are the processes that define directly the outcome of services and quality of care. The Standards under this area of concern could be grouped into three categories. First, nine standards are concerned with those clinical processes that ensure adequate care to the patients. It includes processes such as registration, admission, consultation, clinical assessment, continuity of care, nursing care, identification of high risk and vulnerable patients, prescription practices, safe drug administration, maintenance of clinical records and discharge from the hospital.

Second set of next seven standards are concerned with specific clinical and therapeutic processes including intensive care, emergency care, diagnostic services, transfusion services, anaesthesia, surgical services and end of life care.

The third set of seven standards are concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent & Family Planning services and National Health Programmes. These standards are based on the technical guidelines published by the Government of India on respective programmes and processes.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon review of the clinical records as well. Interaction with the staff to know their skill level and how they practice clinical care (Competence testing) would also be helpful. Assessment of these standard would require thorough domain knowledge.

Following is the brief description of standards under this area of concern:

STANDARD E1 THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION, CONSULTATION AND ADMISSION OF PATIENTS	Standard E1 is concerned with the registration and admission processes in hospitals. It also covers OPD consultation processes. The Assessor should review the records to verify that details of patients have been recorded, and patients have been given unique identification number. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, etc. have been recorded on the OPD ticket. Staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.
STANDARD E2 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CLINICAL ASSESSMENT AND REASSESSMENT OF THE PATIENTS	Standard E2 pertains to clinical assessment of the patients. It includes initial assessment as well as reassessment of admitted patients.
STANDARD E3 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CONTINUITY OF CARE OF PATIENT AND REFERRAL	Standard E3 is concerned with continuity of care for the patient's ailment. It includes process of inter-departmental transfer, referral to another facility, deputation of staff for the care, and linkages with higher institutions. Staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and arrangement for the vehicles and follow-up car. Records should be reviewed for confirming that referral slips have been provided to the patients.
STANDARD E4 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR NURSING CARE	Standard E4 measures adequacy and quality of nursing care for the patients. It includes processes for identification of patients, timely and accurate implementation of treatment plan, nurses' handover processes, maintenance of nursing records and monitoring of the patients. Staff should be interviewed and patient's records should be reviewed for assessing how drugs distribution/ administration endorsement and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process and should be assessed adequately. Review BHT for patient monitoring & nursing notes should be done.



STANDARD E5 THE FACILITY HAS A PROCEDURE TO IDENTIFY HIGH RISK AND VULNERABLE PATIENTS	Standard E5 is concerned with identification of vulnerable and high-risk patients. Review of records and staff interaction would be helpful in assessing how High-risk patients are given due attention and treatment.
STANDARD E6 THE FACILITY FOLLOWS STANDARD TREATMENT GUIDELINES DEFINED BY STATE/ CENTRAL GOVERNMENT FOR PRESCRIBING THE GENERIC DRUGS & THEIR RATIONAL USE	Standard E6 is concerned with assessing that patients are prescribed drugs according standard treatment guidelines and protocols. Patient records are assessed to ascertain that prescriptions are written in generic name only.
STANDARD E7 THE FACILITY HAS DEFINED PROCEDURES FOR SAFE DRUG ADMINISTRATION	Standard E7 concerns with the safety of drug administration. It includes administration of high alert drugs, legibility of medical orders, process for checking drugs before administration and processes related to self-drug administration. Patient's records should be reviewed for legibility of the writing and recording of date and time of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.
STANDARD E8 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR MAINTAINING, UPDATING OF PATIENT'S CLINICAL RECORDS AND THEIR STORAGE	Standard E8 is concerned with the processes of maintaining clinical records systematically and adequately. Compliance to this standard can be assessed by comprehensive review of the patient's record.
STANDARD E9 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DISCHARGE OF PATIENT	Standard E9 measures adequacy of the discharge process. It includes pre-discharge assessment, adequacy of discharge summary, pre-discharge counselling and adherence to standard procedures, if a patient is leaving against medical advice (LAMA) or is found absconding. Patient's record should also be reviewed for adequacy of the discharge summary.
STANDARD E10 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INTENSIVE CARE	Standard E10 is concerned with processes related to intensive care treatment of patients, availability and adherence to protocols related to pain management, sedation, intubation, etc.
STANDARD E11 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR EMERGENCY SERVICES AND DISASTER MANAGEMENT	Standard E11 is concerned with emergency clinical processes and procedures. It includes triage, adherence to emergency clinical protocols, disaster management, processes related to ambulance services, handling of medico-legal cases, etc. Availability of the buffer stock for medicines and other supplies for disaster and mass casualty needs to be found out. Interaction with staff and hospital administration should be done to assess overall disaster preparedness of the health facility.
STANDARD E12 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF DIAGNOSTIC SERVICES	Standard E12 deals with the procedures related to diagnostic services. The standard is majorly applicable for laboratory and radiology services. It includes pre-testing, testing and post-testing procedures. It needs to be observed that samples in the laboratory are properly labelled, and instructions for handling sample are available. The process for storage and transportation of samples needs to be ensured. Availability of critical values and biological references should also be checked.
STANDARD E13 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR BLOOD BANK/STORAGE MANAGEMENT AND TRANSFUSION	Standard E13 is concerned with functioning of blood bank and transfusion services. The measurable elements under this standard are processes for donor selection, collection of blood, testing procedures, preparation of blood components, labelling and storage of blood bags, compatibility testing, issuing, transfusion and monitoring of transfusion reaction. The assessor should observe the functioning, and interact with the staff to know regarding



	adherence to standard procedures for blood collection and testing, including preparation of blood components, storage practices, as per standard protocols. Record of temperature maintained in different storage units should be checked. The staff should also be interacted to know how they manage if certain blood is not available at the blood bank. Records should be reviewed for assessing processes of monitoring transfusion reactions.
STANDARD E14 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANAESTHETIC SERVICES	Standard E14 is concerned with the processes related with safe anaesthesia practices. It includes pre-anaesthesia, monitoring and post-anaesthesia processes. Records should be reviewed to assess how Pre-anaesthesia check-up is done and records are maintained. Interact with Anaesthetists and OT technician/Nurse for adherence to protocols in respect of anaesthesia safety, monitoring, recording & reporting of adverse events, maintenance of anaesthesia notes, etc.
STANDARD E15 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF OPERATION THEATRE SERVICES	Standard E15 is concerned with processes related with Operation Theatre. It includes processes for OT scheduling, pre-operative, post-operative practices of surgical safety. Interaction with the surgeon(s) and OT staff should be done to assess processes - preoperative medication, part preparation and evaluation of patient before surgery, identification of surgical site, etc. Review of records for usage of surgical safety checklist & protocol for instrument count, suture material, etc may be undertaken.
STANDARD E16 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR END OF LIFE CARE AND DEATH	Standard E16 concerns with end of life care and management of death. Records should be reviewed for knowing adequacy of the notes. Interact with the facility staff to know how news of death is communicated to relatives, and kind of support available to family members.
STANDARD E17 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANTENATAL CARE AS PER GUIDELINES	Standard E17 is concerned with processes ensuring that adequate and quality antenatal care is provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of severe anaemia and counselling services. Staff at ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. Review the line listing of anaemia cases and how they are followed. Client and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.
STANDARD E18 THE FACILITY HAS ESTABLISHED PROCEDURES FOR INTRANATAL CARE AS PER GUIDELINES	Standard E18 measures the quality of intra-natal care. It includes clinical process for normal delivery as well management of complications and C-Section surgeries. Staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Staff may be interacted for demonstration of resuscitation and essential newborn care. Competency of the staff for managing obstetric emergencies, interpretation of partograph, APGAR score should also be assessed.
STANDARD E19 THE FACILITY HAS ESTABLISHED PROCEDURES FOR POSTNATAL CARE, AS PER GUIDELINES	Standard E19 is concerned with adherence to post-natal care of mother and newborn within the hospital. Observe that postnatal protocols of prevention of hypothermia and breastfeeding are adhered to. Mother may be interviewed to know that proper counselling has been provided.
STANDARD E20 THE FACILITY HAS ESTABLISHED PROCEDURES FOR CARE OF NEW BORN, INFANT AND CHILD, AS PER GUIDELINES	Standards E20 is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, emergency triage, management of newborn and childhood illnesses like neonatal asphyxia, low birth weight, neo-natal jaundice, sepsis, malnutrition and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test. Adherence to clinical protocols for management of different illnesses in newborn and child should be done through interaction with the doctors and nursing staff.



STANDARD E21 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ABORTION AND FAMILY PLANNING, AS PER GOVERNMENT GUIDELINES AND LAW	Standard 21 is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for family planning counselling, spacing methods, family planning surgeries and counselling and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. Staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, family planning surgery, etc.
STANDARD E22 THE FACILITY PROVIDES RASHTRIYA KISHOR SWASTHYA KARYAKRAM SERVICES, AS PER GUIDELINES	Standard E22 is concerned with services related to Rashtriya Kishor Swasthya Karyakram (RKSK) guidelines. It includes promotive, preventive, curative and referral services under the RKSK. Staff should be interviewed, and records should be reviewed.
STANDARD E23 THE FACILITY PROVIDES NATIONAL HEALTH PROGRAMME AS PER OPERATIONAL/CLINICAL GUIDELINES	Standard E23 pertains to adherence for clinical guidelines under the National Health Programmes. For each national health programme, availability of clinical services as per respective guidelines should be assessed



AREA OF CONCERN - F : INFECTION CONTROL

Overview

The first principle of health care is “to do no harm”. As Public Hospitals usually have high occupancy, the Infection control practices become more critical to avoid cross-infection and its spread. This area of concern covers Infection control practices, hand-hygiene, antisepsis, personal protection, processing of equipment, environment control, and Biomedical Waste Management.

Following is the brief description of the Standards within this area of concern:

STANDARD F1 THE FACILITY HAS INFECTION CONTROL PROGRAMME AND PROCEDURES IN PLACE FOR PREVENTION AND MEASUREMENT OF HOSPITAL ASSOCIATED INFECTION	Standard F1 is concerned with the implementation of Infection control programme at the facility. It includes existence of functional infection control committee, microbiological surveillance, measurement of hospital acquired infection rates, periodic medical check-up and immunization of staff and monitoring of infection control practices. Hospital administration should be interacted to assess the functioning of infection control committee. Records should be reviewed for confirming the culture surveillance practices, monitoring of hospital acquired infection, status of staff immunization, etc. Implementation of antibiotic policy can be assessed through staff interview, perusal of patient record and usage pattern of antibiotics.
STANDARD F2 THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURES FOR ENSURING HAND HYGIENE PRACTICES AND ANTISEPSIS	Standard F2 is concerned with practices of hand-washing and antisepsis. Availability of hand washing facilities with soap and running water should be observed at the point of use. Technique of hand-washing for assessing the practices, and effectiveness of training may be observed.
STANDARD F3 THE FACILITY ENSURES STANDARD PRACTICES AND MATERIALS FOR PERSONAL PROTECTION	Standard F3 is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal the adequacy of supply of PPE.
STANDARD F4 THE FACILITY HAS STANDARD PROCEDURES FOR PROCESSING OF EQUIPMENT AND INSTRUMENTS	Standard F4 is concerned with standard procedures, related to processing of equipment and instruments. It includes adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed and staff should be interviewed for compliance to certain standard procedures.
STANDARD F5 PHYSICAL LAYOUT AND ENVIRONMENTAL CONTROL OF THE PATIENT CARE AREAS ENSURES INFECTION PREVENTION	Standard F5 pertains to environment cleaning. It assesses whether layout and arrangement of processes are conducive for the infection control or not. Environment cleaning processes like mopping, especially in critical areas like OT and ICU should be observed for the adequacy and technique.
STANDARD F6 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO MEDICAL AND HAZARDOUS WASTE	Standard F6 is concerned with Management of Biomedical waste management including its segregation, transportation, disposal and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed and records are verified.



AREA OF CONCERN - G : QUALITY MANAGEMENT

Overview

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, checking and acting upon the compliances. The standards in this area concern are the opportunities for improvement to enhance quality of services and patient satisfaction. These standards are in synchronization with facility based quality assurance programme given in 'Operational Guidelines'.

Following are the Standards under this area of Concern:

STANDARD G1 THE FACILITY HAS ESTABLISHED ORGANIZATIONAL FRAMEWORK FOR QUALITY IMPROVEMENT	Standard G1 is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality Team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed.
STANDARD G2 THE FACILITY HAS ESTABLISHED SYSTEM FOR PATIENT AND EMPLOYEE SATISFACTION	Standard G2 is concerned with having a system of measurement of patient and employee satisfaction. This includes periodic patient's satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that Patient feedback is taken at prescribed intervals and adequate sample size is adequate.
STANDARD G3 THE FACILITY HAS ESTABLISHED INTERNAL AND EXTERNAL QUALITY ASSURANCE PROGRAMMES WHEREVER IT IS CRITICAL TO QUALITY	Standard G3 is concerned with implementation of internal quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental checklists, EQAS records at laboratory, etc. Interview with Matron, Hospital Managers etc may give information about how they conduct daily round of departments and usage of checklists.
STANDARD G4 THE FACILITY HAS ESTABLISHED, DOCUMENTED IMPLEMENTED AND MAINTAINED STANDARD OPERATING PROCEDURES FOR ALL KEY PROCESSES AND SUPPORT SERVICES	Standard G4 is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.
STANDARD G5 THE FACILITY MAPS ITS KEY PROCESSES AND SEEKS TO MAKE THEM MORE EFFICIENT BY REDUCING NON VALUE ADDING ACTIVITIES AND WASTAGES	Standard G5 is concerned the efforts made for the mapping and improving processes. Records should be checked to ensure that the critical processes have been mapped, wastes have been identified and efforts are made to remove them to make processes more efficient.
STANDARD G6 THE FACILITY HAS ESTABLISHED SYSTEM OF PERIODIC REVIEW AS INTERNAL ASSESSMENT, MEDICAL & DEATH AUDIT AND PRESCRIPTION AUDIT	Standard G6 pertains to the processes of internal assessment, medical and death audit at a defined periodicity. Review of Internal assessment and clinical audit records may reveal their adequacy and periodicity.
STANDARD G7 FACILITY HAS DEFINED MISSION, VALUES, QUALITY POLICY AND OBJECTIVES, AND PREPARES A STRATEGIC PLAN TO ACHIEVE THEM	Every organization has a purpose for its existence and what it wants to be achieve in future. Public health facilities have been created not only to provide curative services, but also support health promotion in their target community and disease prevention. Therefore public hospitals not only cater needs of sick and those in need of medical care, but also provide holistic care, which includes preventive & promotive care.



	<p>With this positioning it is very important that health facilities should clearly articulate their mission statement in consultation with internal and external stakeholders and disseminate it effectively amongst staff, visitors & community. The Mission statement may incorporate 'what is the purpose of existence', 'who are our users' and 'what do we intend to do by operating this facility'. Mission statement should be pragmatic and simple so it can be easily understood by target audiences and they can relate it with their work. As the public health facility is part of larger public health system governed by State Health Department, it is recommended the facility's mission statement should be in congruence with mission of the State's Health department. Mission statement should be approved and endorsed by administration of facility and effectively communicated in local language through display. Caution should also be taken to keep the language simple and easily understandable.</p> <p>This standard also requires health facilities to define core value that should be part of all policies & procedures, and are always considered while realizing the services to the patients and community. Being public hospital, facility should have core values of Honesty, transparency, Non-discrimination, ethical practices, Competence, empathy and goodwill towards community. It is also of utmost importance that how hospital administration plan and promote that these values amongst its staff so it becomes part of their attitude and work culture.</p> <p>Quality policy is overall intension and direction of an organization related to quality as formally expressed by hospital administration. Hospital should define what they intend to achieve in terms of quality, safety and patient satisfaction. Quality Policy is should be aligned with the mission statement to achieve overall aim of the facility. To achieve the mission and quality policy, the facility should define commensurate objectives. Objectives are more tangible and short-term goals, with each objective targeting one specific issue or aspiration of organization. Objectives should be Specific, Measurable, Attainable, Relevant/realistic and Time-bound (SMART). Though Mission and Quality Policy are framed at the organizational level, objectives can be at departmental or activity level. Quality Policy and objectives should also be disseminated effectively to staff and other relevant stakeholders. It is equally important that hospital administration prepares a time bound plan to achieve these objectives and provide adequate resources to achieve them.</p> <p>Assessment of this standard and related measurable elements can be done by reviewing the records pertaining to mission, quality policy and objectives. Assessors may also interview some of the staff about their awareness of Mission, Values, Quality Policy and objectives.</p>
STANDARD G8 THE FACILITY SEEKS CONTINUALLY IMPROVEMENT BY PRACTICING QUALITY METHOD AND TOOLS	<p>Standard G8 is concerned with the practice of using Quality tools and methods like control charts, 5-'S', etc. The Assessor should look for any specific methods and tools practiced for quality improvement.</p>
STANDARD G9 FACILITY HAS DEFINED, APPROVED AND COMMUNICATED RISK MANAGEMENT FRAMEWORK FOR EXISTING AND POTENTIAL RISKS	<p>Healthcare facilities of all level are exposed to risks from Internal and External sources, which may put attainment of Quality objective at a risk. In Public hospitals these risks may be patient's safety issues, shortage of supplies, fall in allocation of resources, man-made or natural disaster, failure to comply with statutory & legal requirements, Violence towards service providers or even risk of getting outdated or becoming obsolete. Hospitals are complex organizations and just reacting on occurred threats may not alone be helpful.</p> <p>This standard requires healthcare facilities to develop, implement and continuously improve a risk management framework considering both internal and external threats. Risk Management framework should not be isolated exercise. It should be integrated with facilities' objectives and intended Quality Management System (QMS).</p>



	<p>In this direction, the initial step is to define scope of risk management and objectives of the framework keeping in mind the context and environment. The hospital administration should prepare a comprehensive list of current and perceived risks. It is also important to define the responsibility and process of reporting and managing risks. Facility should also have provision for training of staff on risk management framework.</p> <p>Assessors may verify documents that defines facilities risk management system. Assessors should verify that potential risks has been identified in framework keeping in accordance to context of. Assessors can also interview hospital administration and staff for their knowledge and practice of risk management framework.</p>
<p>STANDARD G10 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ASSESSING, REPORTING, EVALUATING AND MANAGING RISK AS PER RISK MANAGEMENT PLAN</p>	<p>To implement risk management framework facility should prepare a risk management plan. The plan will delineate responsibilities and timelines for risk management activities such as assessment and risk treatment. All staff and external stakeholders should be made aware of the plan in general and their roles & responsibilities in particular. Facility should define the criteria for identifying the risk and finalize its assessment tools. These tools may be a simple checklist, reporting format or work instruction for identifying risks. It may be checklist for fire safety preparedness, infection control audit, electrical safety audit or even an open ended questionnaire for staff on what potential threats they feel on their security at workplace. Once risks are identified, they should be analyzed and evaluated for their impact. Based on their impact the risk should be graded - severe, moderate and low. Accordingly actions are taken to mitigate prevent or eliminate the risks. Actions may need to be prioritized in term of potential impact a risk may have. Facility should also establish a risk register. This register will record the identified or reported risk, their severity and actions to be taken.</p> <p>Assessors should review relevant records for verify availability of a valid plan for risk management and whether risk management activities have been conducted as per plan. Assessors should also review risk register to see how facility has graded their risks and prioritized them for action.</p> <p>Assessors may verify documents that defines facilities risk management system. Assessors should verify that potential risks has been identified in framework keeping in accordance to context of. Assessors can also interview hospital administration and staff for their knowledge and practice of risk management framework.</p>



AREA OF CONCERN - H : OUTCOME

Overview

Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has four standard measures for quality- Productivity, Efficiency, Clinical Care and Service quality in terms of measurable indicators. Every standard under this area has two aspects – Firstly, there is a system of measurement of indicators at the health facility; and secondly, how the hospital meets the benchmark. It is realized that at the beginning many indicators given in these standards may not be getting measured across all facilities, and therefore it would be difficult to set benchmark beforehand. However, with the passage of time, the state can set their benchmarks, and evaluate performance of health facilities against the set benchmarks.

Following is the brief description of the Standards in this area of concern:

STANDARD H1 THE FACILITY MEASURES PRODUCTIVITY INDICATORS AND ENSURES COMPLIANCE WITH STATE/NATIONAL BENCHMARKS	Standard H1 is concerned with the measurement of productivity indicators and meeting the benchmarks. This includes utilization indicators like bed occupancy rate and C-Section rate. Assessor should review these records to ensure that these indicators are getting measured at the health facility.
STANDARD H2 THE FACILITY MEASURES EFFICIENCY INDICATORS AND ENSURE TO REACH STATE/ NATIONAL BENCHMARK	Standard H2 pertains to measurement of efficiency indicators and meeting the benchmarks. This standard contains indicators that measure efficiency of processes, such as turnaround time, and efficiency of human resource like number of surgeries per surgeon. Review of records should be done to assess that these indicators have been measured correctly.
STANDARD H3 THE FACILITY MEASURES CLINICAL CARE & SAFETY INDICATORS AND TRIES TO REACH STATE/NATIONAL BENCHMARK	Standard H3 is concerned with the indicators of clinical quality, such as average length of stay and death rates. Record review should be done to see the measurement of these indicators.
STANDARD H4 THE FACILITY MEASURES SERVICE QUALITY INDICATORS AND ENDEAVOURS TO REACH STATE/ NATIONAL BENCHMARK	Standard H4 is concerned with indicators measuring service quality and patient satisfaction like patient satisfaction score, waiting time and LAMA rate.

Complete list of standard wise measurable elements are given in Annexure 'A'.





VI

INTRODUCTION TO DEPARTMENTAL CHECKLIST – TOOL FOR ASSESSMENT

As we discussed earlier, Checklist are the tools for measuring compliance to the Standards. We may also recall that “*standards are statement of requirements for that are critical for delivery of quality services*”.

These are cross sectional themes that may apply to all or some of the departments. Assessing every standard independently in each department may take lot of time and hence not practicable. Therefore for the convenience sake, all the applicable standards and measurable elements for one department have been collated in the checklists. It enables measurement of all aspect of quality of care in a department in one go. After assessing the departments on the checklist, their scores can be calculated to see compliance to different standards in the department.

There are nineteen checklists given in these Assessors Guidebooks (Volume I & II). Following is a brief description of checklists:

- 1. Accident & Emergency** – This checklist is applicable to Accident& Emergency department of a Hospital. The checklist has been designed to assess all aspects of dedicated emergency department. If emergency department is shared with OPD infrastructure then two checklists should be used independently.
- 2. Outdoor Department** – This checklist is applicable to outdoor department of a hospital. It includes all clinics and support areas like immunization room, dressing room, waiting area and laboratory's sample collection centre, located there, except for Family planning Clinic (if co-located in OPD), which has been included in the post partum unit. Similarly dispensary has been included in the Pharmacy check list. This checklist also includes ICTC and ANC clinics. It may be possible that OPD services are dispersed geographically, for example ANC Clinic may not be located in the main OPD complex. Therefore, all such facilities should be visited.
- 3. Labour Room (LaQshya)** – This checklist is applicable to the labour room(s) and its auxiliary area like nursing station, waiting area and recovery area. The checklist is focussed on improvement of care during delivery and immediate post-partum.
- 4. Maternity Ward** – This checklist is meant for assessment of indoor obstetric department including wards for Antenatal care, and Post-partum wards (including C-Section). The auxiliary area for these wards like nursing station, toilets and department sub stores are also included in this check-list. However, general female wards or family planning ward are not covered within the purview of maternity ward.
- 5. Paediatric Ward** – This checklist meant for a dedicated paediatric ward. If, there is no such ward in the hospital and paediatric patients are treated in other wards, then this checklist is not applicable at such health facilities.
- 6. Sick Newborn Care Unit** – This checklist is applicable to a functional Level II SNCU, located in the Hospital. It includes auxiliary area like waiting area for relatives, side laboratory and duty rooms for the staff. This checklist is not meant for lower level of facilities like Newborn Stabilization units and Newborn corner.
- 7. Nutritional Rehabilitation Centre** – This checklist is applicable to NRC functioning within the health facility. However, it may not be relevant, if management of malnourished patients is done in the paediatric wards.
- 8. Maternity Operation Theatre (LaQshya)** – This checklist is applicable to the Maternity Operation Theatre of the hospital. It focuses on the management of obstetric emergency services, improvement in Quality of Care during elective C-section. It also gives emphasis on safe anaesthetic and surgical procedures. If the hospital is providing services of general and obstetric cases in same OT, the Maternity Operation Theatre checklist will be applicable separately. It includes management of complications viz APH, PPH, pre-term, pre-eclampsia, eclampsia, obstructed labour etc. The checklist promotes use of safe birth checklist and also respectful maternal care to all pregnant women visiting the health care facilities.



- 9. Postpartum Unit** – This checklist is applicable to Family Planning clinic, separate OT used for Family planning surgeries & abortion cases and separate indoor ward available to admit any such cases. Assessment of Post partum unit would be undertaken through this checklist.
- 10. Operation Theatre** – This checklist is applicable for OT complex including General OT, Obstetrics & Gynaecology OT, Orthopaedics OT, Ophthalmic OT and any other facility for undertaking the surgeries (if available). Family planning/Postpartum OT is excluded from this checklist, which will be assessed through postpartum checklist. This checklist also includes CSSD /TSSU, either co-located within the OT complex or located separately.
- 11. Intensive Care Unit** – This checklist is meant for assessing level II ICUs, which are recommended for District Hospitals. The ICU should have ventilators.
- 12. Indoor Department** – This is a common checklist for other indoors wards including Medical, Surgical, Orthopaedics, etc. In subsequent years, separate checklist for each ward may be included. However, as of now, this checklist should be used for all such departments.
- 13. Blood Bank** – This checklist is applicable to Blood bank available within the premises of the hospital. This checklist also use covers the blood component services. This checklist is not meant for blood storage unit.
- 14. Laboratory** – This checklist is meant for main clinical laboratory of the hospital and also includes the laboratory for testing TB and malaria cases under respective National Health programme. This does not include ICTC lab for HIV testing which is part of OPD checklist.
- 15. Radiology** – This checklist is applicable on X-ray and Ultrasound departments. This checklist does not cover technical checkpoints for CT Scan and MRI.
- 16. Pharmacy** – This checklist is applicable on Drug store, Cold Chain storage and Drug dispensing counter. General store and Drug warehouse are not covered within ambit of this checklist.
- 17. Auxiliary Services** – This checklist covers Laundry ,Dietary and medical record department. If these departments are outsourced and even located outside the premises, then also this checklist can be used. Washing hospital linen in public water body like river or pond or food supplied by charitable/religious institutions does not constitute having Hospital laundry / kitchen *per se*.
- 18. Mortuary** – This checklist is applicable to Mortuary and post-mortem room located at the hospital
- 19. General Hospital Administration** – This checklist covers medical superintendent (equivalent) and hospital manager offices and processes related to their functioning. This also covers hospital policy level issues and hospital wide cross cutting processes. This checklist is complimentary to all other checklist. So if a hospital wants to choose only of some of the department for quality assurance initially, then this check list should always be included in the assessment programme.





A. General Principles

Assessment of the Quality at Public Health Facilities is based on general principles of integrity, confidentiality, objectivity and replicability:

- 1. Integrity** - Assessors and persons managing assessment programmes should::
 - Perform their work with honesty, diligence and responsibility
 - Demonstrate their competence while performing assessment
 - Performance assessment in an impartial manner
 - Remain fair and unbiased in their findings
- 2. Fair Presentation** - Assessment findings should represent the assessment activities truthfully and accurately. Any unresolved diverging opinion should between assessors and assesses should be reported.
- 3. Confidentiality** - Assessors should ensure that information acquired by them during the course of assessment is not shared with any authorised person including media. The information should not be used for personal gain.
- 4. Independence** - Assessors should be independent to the activity that they are assessing and should act in a manner that is free from bias and conflict of interest. For internal assessment, the assessor should not assess his or her own department and process. After the assessment, assessor should handhold to guide the service providers for closing the gap and improving the services.
- 5. Evidence based approach** - Conclusions should be arrived based on evidences, which are objective, verifiable and reproducible.

B. Planning Assessment Activities

Following assessment activities are undertaken at different level:

1. Internal Assessment at the facility level – A continuous process of assessment within the facility by internal assessors.
2. Assessment by District and State Quality Assurance Units
3. External assessment – Assessment by national assessors for the purpose for certification/ accreditation.

1. Internal Assessment - Internal assessment is a continuous process and integral part of facility based Quality assurance program. Assessing all departments in a health facility every month may not be possible. The hospital should prepare a quarterly assessment schedule. It needs to be ensured that every department would be assessed and scored at least once in a quarter. This plan should be prepared in consultation with respective departments. Quality team at the facility can also prioritize certain departments, where quality of services has been a cause of concern.

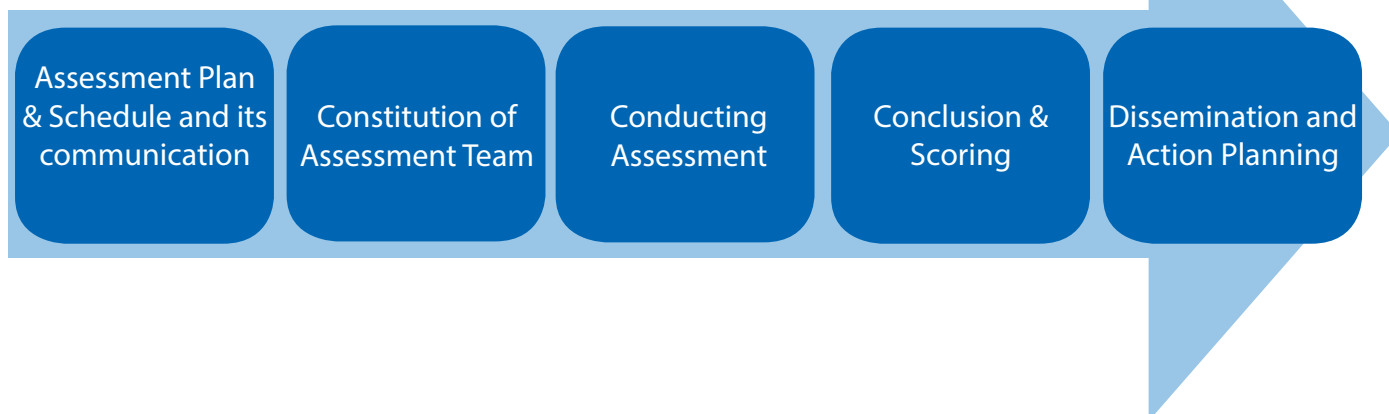
For internal assessment, the Hospital Quality Team should appoint a coordinator, preferably the hospital manager or quality manger, whose main responsibilities are given below:

1. Preparing assessment plan and schedule
2. Constitute an assessment team for internal assessment
3. Arrange stationary (forms & formats) for internal assessment
4. Maintenance of assessment records
5. Communicating and coordinating with departments
6. Monitor & review the internal assessment programme
7. Disseminate the findings of internal assessment
8. Preparation of action plan in coordination with quality team and respective departments.



2. Assessment by DQAU/SQAU - DQAU and SQAU are also responsible for undertaking an independent quality assessment of a health facility. Facilities having poor quality indicators would have priority in the assessment programme. Visit for the assessment should also be utilized for building facility level capacity of quality assurance and hand holding. Efforts should be made to ensure that all departments of the hospital have been assessed during one visit. Assessment process is shown in Figure 2.

Figure 2: Assessment Process



3. External Assessment - When the health facility attains an overall score of 70 percent and above in the State Assessment, it is eligible to apply for the National Quality Assessment by duly filling the application performa (copy of the application format may be referred from the Operational Guidelines for Quality Assurance in Public Health Facilities, 2013 : Annexure 'I', Page 86). The External Assessment is conducted by NHSRC through certified External Assessors empanelled with the Ministry of Health and Family Welfare.

C. Constituting Assessment Team

Assessment team should be constituted according to the scope of assessment i.e. departments to be assessed. Team assessing clinical department should have at least one person from clinical domain preferably a doctor, assessing patient care departments. Indoor departments should also have one nursing staff in the team. It would be preferable to have a multidisciplinary team having at least one doctor and one nurse during the external assessment. As DQAU/SQAU may not have their own capacity for arranging all team members internally, a person from another hospital may be nominated to be part of the assessment team. However, it needs to be ensured that person should not assess his/her own department and there is no conflict of interest. For external assessment, the team members should have undergone the assessors' training.

D. Preparing Assessment Schedule

Assessment schedule is micro-plan for conducting assessment. It constitutes of details regarding departments, date, timing, etc. Assessment schedule should be prepared beforehand and shared with respective departments.

E. Performing Assessment

- i. Pre-assessment preparation – Team leader of the assessment team should ensure that assessment schedule has been communicated to respective departments. Team leader should assign the area of responsibility to each team member, according to the schedule and competency of the members.
- ii. Opening meeting – A short opening meeting with the assessee's department or hospital should be conducted for introduction, aims & objective of the assessment and role clarity.
- iii. Reviewing documents – The available records and documents such as SOPs, BHT, Registers, etc should be reviewed.

F. Communication During Assessment

Behaviours and communication of the assessors should be polite and empathetic. Assessment should be fact finding exercise and not a fault finding exercise. Conflicts should be avoided.

G. Using Checklists

Checklists are the main tools for the assessment. Hence, familiarity with the tools would be important.



Figure 3: Sample checklist*

Checklist for Accident & Emergency					
Reference No.	Measurement Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN: A SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolumic Shock, Dysnea, Unconscious Patients
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3.	The facility provides Obstetrics & Gynaecology services	Availability of Emergency Obstetrics & Gynaecology procedures		SI/OB	APH, PPH, Eclampsia, Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4.		Availability of emergency Pediatric procedures		SI/OB	ARI, Diarrheal diseases, Hypothermia, PEM, reucitation

* ME denotes measurable elements of a standard, for which details have been provided in the Annexure 'A'.

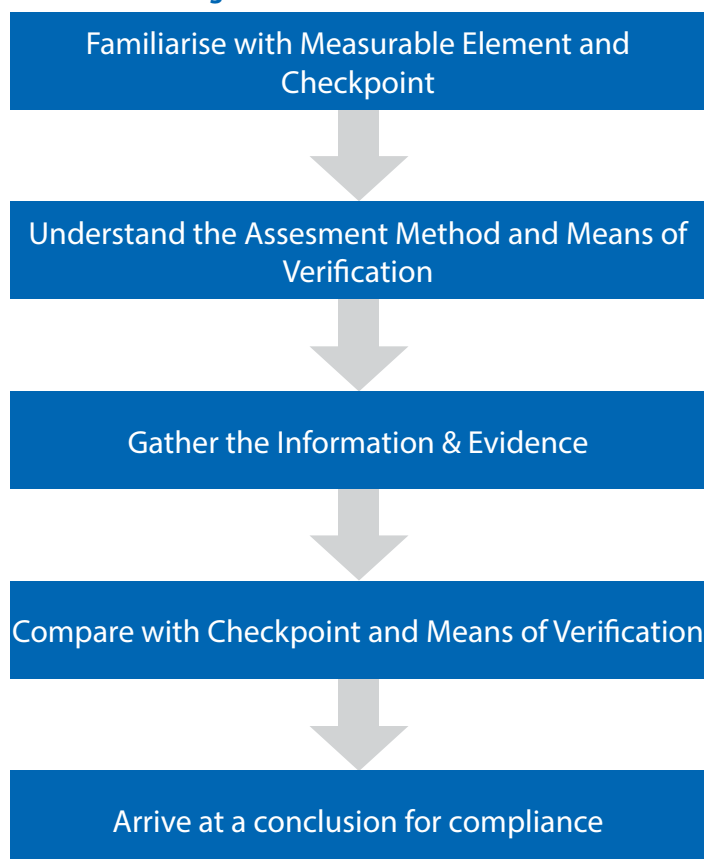
- Header of the checklist denotes the name of department for which checklist is intended.
- The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.
- Extreme left column of checklist in blue colour contain the reference no. of Standard and Measurable Elements, which can used for the identification and traceability of the standard. When reporting or quoting, reference no of the standard and measurable element should also be mentioned.
- Yellow horizontal bar contains the statement of standard which is being measured. There are a total of seventy standards, but all standards may not be applicable to every department, so only relevant standards are given in yellow bars in the checklists.
- Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in the checklists. Therefore, all measurable elements under a standard are not there in the departmental checklists. They have been excluded because they are not relevant to that department.
- Next right to measurable elements are given the check points to measure the compliance to respective measurable element and the standard. It is the basic unit of measurement, against which compliance is checked and the score is awarded.
- Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance:
 - Full Compliance
 - Partial Compliance
 - Non Compliance
- Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment:
 - SI: means Staff Interview
 - OB: means Observation
 - RR: means Record Review
 - PI: means Patient Interview



- i) Column next to assessment method contains means of verification. It denotes what to see at a Checkpoint. It may be list of equipment or procedures to be observed, or question you have to ask or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It has been left blank, as the check point is self-explanatory.

Assessor may use one these method to asses certain measurable element. Suggestive methods have been given in the Assessment method column against each checkpoint Means of verification has been given against each checkpoint. Normal flow of gathering information assessment would be as given in Figure 4:

Figure 4: Flow of Information



H. Assessment Methods

1. **Observation (OB):** Compliance against many of the measurable elements can be assessed by directly observing the articles, processes and surrounding environment. Few examples are given below:
 - a) Enumeration of articles like equipment, drugs, etc.
 - b) Displays of signages, work instructions, important information
 - c) Facilities - patient amenities, ramps, complaint-box, etc.
 - d) Environment – cleanliness, loose-wires, seepage, overcrowding, temperature control, drains, etc.
 - e) procedures like measuring BP, counseling, segregation of biomedical waste
2. **Record Review (RR):** It may not be possible to observe all clinical procedures. Records also generate objective evidences, which need to be triangulated with finding of the observation. For example on the day of assessment, drug tray in the labour room may have adequate quantity of Oxytocin, but if review of the drug expenditure register reveals poor consumption pattern of Oxytocin, then more enquiries would be required to ascertain on the adherence to protocols in the labour room. Examples of the record review are:
 - a) Review of clinical records - delivery note, anaesthesia note, maintenance of treatment chart, operation notes, etc.



- b) Review of department registers like admission registers, handover registers, expenditure registers, etc.
 - c) Review of licenses, formats for legal compliances like Blood bank license and Form 'F' for PNMT
 - d) Review of SOPs for adequacy and process
 - e) Review of monitoring records – TPR chart, Input/output chart, culture surveillance report, calibration records, etc.
 - f) Review of department data and indicators
3. **Staff Interview (SI):** Interaction with the staff helps in assessing the knowledge and skill level, required for performing job functions

Examples include:

- a) Competency testing – Quizzing the staff on knowledge related to their job
 - b) Demonstration – Asking staff to demonstrate certain activities like hand-washing technique, new born resuscitation, etc.
 - c) Awareness - Asking staff about awareness off patient's right, quality policy, handling of high alerts drugs, etc.
 - d) Attitude about patient's dignity and gender issues.
 - e) Feedback about adequacy of supplies, problems in performing work, safety issues, etc.
4. **Patient Interview (PI):** Interaction with patients/clients may be useful in getting information about quality of services and their experience in the hospital. It gives us users' perspective. It should include:
- a) Feedback on quality of services staff behavior, food quality, waiting times, etc.
 - b) Out of pocket expenditure incurred during the hospitalization
 - c) Effective of communication like counseling services and self-drug administration

I. Assessment conclusion

After gathering information and evidence for measurable elements, assessors should arrive at a conclusion for extent of compliance - full, partial or non-compliance for each of the checkpoints. If the information and evidence collected gives an impression of not fully meeting the requirements, it could be given 'Partial compliance', provided there some evidences pointing towards the compliance. Non-compliance should be given if none or very few of the requirements are being met.

After arriving on conclusion, assessor should mark 'C' for compliance, 'P' for partial compliance and 'N' for non-compliance in Compliance column.





VIII SCORING SYSTEM

If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it. Therefore, measuring quality of care forms the path for its improvement. Following the same approach, National Quality Assurance Standards are constituted of the following four parameters:

1. **Area of Concern:** They are broad area/ themes for assessing different aspects for quality like Service provision, Patient Rights, Infection Control etc.
2. **Standards:** They are statements of requirement for particular aspects of quality.
3. **Measurable Element:** These are specific attributes of a standard which should be looked into for assessing the degree of compliance to a particular standard.
4. **Checkpoint:** Tangible measurable checkpoints are those, which can be objectively observed and scored.

Ammalgamation of all these four parameters in a systemic manner constitute a checklist, which may be departmental or thematic.

For Example:

S. No.	Parameter	Example
1.	Area of Concern	Area of Concern F: Infection Control
2.	Standard	Standard F2: Facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis
3.	Measurable Element	ME F2.1: Hand washing facilities are provided at point of use
4.	Checkpoint	Facility ensures uninterrupted and adequate supply of antiseptic soap and alcohol hand rub in all departments

After assessing all the measurable elements and checkpoints and marking compliance, scores of the department/facility can be calculated

Rules of Scoring

Measure of Compliance	Marks to be given	Attributes
Full compliance	2	<ul style="list-style-type: none">• All Requirements in Checkpoint are Meeting• All Tracers given in Means of verification are available• Intent of Measurable Element is meeting
Partial compliance	1	<ul style="list-style-type: none">• Some of the requirements in checkpoints are meeting• At Least 50-99% of tracers in Means of verification are available• Intent of Measurable Element is partially meeting
Non-compliance	0	<ul style="list-style-type: none">• Most of the requirements are not meeting• Less than 50% of tracers in Means of verification are available• Intent of Measurable Element is not meeting



All checkpoints have equal weightage to keep scoring simple

Once scores have been assigned to each checkpoint, department wise scores can be calculated for the departments, and also for standards by adding the individual scores for the checkpoints

The final score should be given in percentage, so it can be compared with other groups and department

Calculation of percentage is as follows:

$$\frac{\text{Score obtained} \times 100}{\text{No. of checkpoint in checklist} \times 2}$$

Scores can be calculated manually or scores can be entered into excel sheet given in the accompanying soft copy to get score card. All scores should be in percentages to have uniform unit for inter-departmental and inter-hospital comparison.

The assessment scores can be presented in three ways:

1. **Departmental Scorecard:** This score-card presents the Quality scores of a department. It shows the overall quality score of the department as well as the area of concern wise score in term of percentages. This score card can be generated by two way:
 - a. If calculations are done manually departmental score can be calculated by simple formula given above, and filled-in score card format given at the end of checklist
 - b. If using excel tool given with this guide book, the scorecard will be generated automatically after filling a score for all checkpoints

Figure 5 is an example of a filled in score-card after assigning and calculating scores. Score given in the yellow box denotes the overall quality score of the department in percentage.

Scores given in blue label are area of concern wise scores of the department in percentage.

Figure 5: Sample of filled-in Score card for Labour Room

LABOUR ROOM SCORE CARD	
Labour Room Score	70%
Area of Concern wise score	
A. Service Provision	78%
B. Patient Rights	52%
C. Inputs	55%
D. Support Services	50%
E. Clinical Services	77%
F. Infection Control	85%
G. Quality Management	90%
H. Outcome	73%

2. Hospital Quality Scorecard

This scorecard depicts departmental and overall quality score of hospital in a snapshot. Another variant depicts area of Concern wise scores of the Hospital.

Figure 6 is an example of hospital score card generated after calculation of scores for all departments in the hospital. Yellow label depicts the overall score of the hospital in percentage by taking average of departmental scores. Rest of the boxes in blue label shows individual scores of the departments.



Figure 6: Sample Score card of a Hospital with Departmental Score

NQAS SCORE CARD-DISTRICT HOSPITAL					
HOSPITAL CARD-DISTRICT HOSPITAL					
Accident & Emergency 64%	Labour Room (LaQshya) 88%	ICU 67%	OT 79%	Pharmacy 71%	Hospital Score
OPD 72%	Maternity OT (LaQshya) 85%	Maternity Ward 82%	NRC 57%	Auxiliary Services 58%	
Laboratory 65%	SNCU 73%	Paediatrics Ward 86%	Blood Bank 74%	General Admin 66%	LaQshya Score
Radiology 71%	PP Unit 77%	IPD 73%	Mortuary 51%		

3. **Area of concern wise Scorecard:** Figure 7 gives a sample score card for each of eight areas of concern. These have been calculated by taking average of area of concern score of all departments. Yellow label shows the overall score of Hospital.

Figure 7: Sample Scorecard of a Hospital with Area of Concern Score

HOSPITAL SCORE CARD (AREA OF CONCERN WISE)			
Service Provision 72%	Patient Rights 66%	Inputs 78%	Support Services 59%
HOSPITAL SCORE 70%			
Clinical Services 85%	Infection Control 75%	Quality Management 70%	Outcome 55%

4. **Standard-wise Scorecard:** Apart from these scorecards, the tool provided in the accompanying QR code for DH Checklist (given at the end of the book) provides flexibility to present scores according to your choice. You can choose some of the area and themes like RMNCHA, Patient Safety, etc, as per requirement.

There are endless possibilities the way you can represent your quality scores.



Figure 8 depicts a sample scorecard with the Standards under various Area of Concern. Yellow label shows the standards. The calculated score of each standard against NQAS is visible in grey label, while the score against LaQshya is visible in green label.

Critical to Quality of Care Standards under NQAS are Standards A2, B5 and D8, while those under LaQshya are Standards B3, E18 and E19.

Figure 8: Sample Scorecard of a Hospital with Standard-wise Score

Reference No.	Area of Concern & Standards	NQAS Score	LaQshya Score
AREA OF CONCERN-A: SERVICE PROVISIONS			
Standard A1	The facility provides Curative services	100%	100%
Standard A2	The facility provides RMNCHA services	100%	100%
Standard A3	The facility provides Diagnostic services	100%	100%
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme	100%	NA
Standard A5	The facility provides Support services	100%	NA
Standard A6	Health services provided at the facility are appropriate to community needs	100%	NA
AREA OF CONCERN-B: PATIENT RIGHTS			
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities	100%	100%
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	100%	100%
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information	100%	100%
Standard B4	Facility has defined and established procedures for information and involving patient and their families about treatment and obtaining informed consent wherever it is required	100%	100%
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services	100%	100%
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities	100%	NA



PART - B
DEPARTMENTAL
CHECKLISTS

CHECKLIST-1

ACCIDENT & EMERGENCY DEPARTMENT



Checklist for ACCIDENT & EMERGENCY DEPARTMENT

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN-A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.1	The facility provides General Medicine services	Availability of Emergency Medical procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolemic Shock, Dyspnoea, Unconscious Patients
ME A1.2	The facility provides General Surgery services	Availability of Emergency Surgical procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3	The facility provides Obstetrics & Gynaecology services	Availability of Emergency Obstetrics & Gynaecology procedures		SI/OB	APH, PPH, Eclampsia, Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4	The facility provides Paediatric services	Availability of emergency Paediatric procedures		SI/OB	ARI, Diarrhoeal diseases, Hypothermia, PEM, resuscitation
ME A1.5	The facility provides Ophthalmology services	Availability of Emergency Ophthalmology procedures		SI/OB	Foreign body and injuries
ME A1.6	The facility provides ENT services	Availability of Emergency ENT procedures		SI/OB	Epitasis, foreign body
ME A1.7	The facility provides Orthopaedics services	Availability of Emergency Orthopaedic procedures		SI/OB	Fracture, RTA, Poly trauma
ME A1.9	The facility provides Psychiatry services	Availability of Emergency Psychiatric procedures		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		SI/OB	Drainage, dressing, suturing
		Availability of injection room facilities		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		SI/RR	
ME A1.16	The facility provides Accident & Emergency services	Availability of Emergency procedures		SI/OB	Defibrillation, CPR, Mobilization, Chest Tube, Intubations, Tracheostomy, Mechanical Ventilation



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A2	The facility provides RMNCHA services				
ME A2.2	The facility provides Maternal health services	Availability of Emergency Obstetrics & Gynaecology procedure		SI/OB	
ME A2.4	The facility provides Child health services	Triage and emergency management of paediatric cases		SI/OB	
Standard A3	The facility provides Diagnostic services				
ME A3.1	The facility provides Radiology services	Availability/Linkage to X-ray & USG services		SI/OB	
		Radiology Services are functional 24x7		SI/OB	Check services are functional at night
ME A3.2	The facility provides Laboratory services	Availability of Emergency diagnostic tests 24x7		SI/OB	HB%, CPC, Blood Sugar, RDK, Urine Protein, Electrolyte (Na+K)
ME A3.3	The facility provides other Diagnostic services, as mandated	Availability of Functional ECG Services		SI/OB	
Standard A5	The facility provides Support services				
ME A5.3	The facility provides Security services	Availability of Police post		SI/OB	
ME A5.7.	The facility has services of Medical Record Department	Availability of Medico-legal record services		SI/OB	
Standard A6	Health services provided at the facility are appropriate to community needs				
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally	Availability of specific procedures for local prevalent emergencies		SI/OB	Ask for the specific local health frequent emergencies. See if emergency is ready for it or not
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Emergency department board is prominently displayed with facility of illumination in night
		Availability departmental signages		OB	Direction is displayed from main gate to direct
ME B1.2	The facility displays the services and entitlements available in its departments	List of services including emergencies that are managed at the facility		OB	
		Names of doctor and nursing staff on duty are displayed and updated		OB	
		List of drugs available are displayed		OB	
		Important numbers including ambulance, blood bank, police and referral centres displayed		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material is displayed			
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up	Enquiry services are available 24x7		OB	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 B1.8	The facility ensures access to clinical records of patients to entitled personnel	Treatment note/ discharge note is given to patient		RR/OB	
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical, economic, cultural or social reasons				
ME B2.1	Services are provided in a manner that issensitive to gender	Separate room for examination of rape victims		OB	
		Availability of sexual assault forensic evidence kit		OB	
		Availability of protocols/ guidelines for collection of forensic evidence in case of rape victim		OB/RR	
		Counselling services are available for rape victim and domestic violence		OB/RR	
		Availability of female staff if a male doctor examines a female patient		OB/SI	
		Separate toilets for male and females		SI/OB	
		Demarcated male and female observation areas		OB	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of wheel chair/ stretcher for emergency		OB	
		Availability of ramps with railing		OB	
		Emergency is located at ground floor		OB	
		Ambulance has direct access to the receiving/ triage area of the emergency		OB	No vehicle parked on the way/in front of emergency entrance. Access road to emergency is wide enough for streamline moment of emergency



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of disable friendly toilet		OB	
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Screens provided at emergency		OB	At the examination and procedure area
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of patient record maintained		SI/OB	
		MLC cases are kept in secure place beyond access of general public		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		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		SI/OB	
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	Consent is taken for invasive emergency procedures		SI/RR	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities		OB	
ME B4.3	Staff are aware of patient's rights & responsibilities	Staff is aware about patient rights and responsibilities		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment being provided		PI	Ask patients about what they have been communicated about the treatment plan
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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Emergency services are free for all including pregnant woman, neonate and children		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		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		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Free Emergency Consultation for BPL patients		PI/SI/RR	
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities				
ME B6.6	There is an established procedure for 'end-of-life' care	Patient's relatives are informed clearly about the deterioration in health condition of the patients		PI/SI	
		There is a standard procedure of removal of life sustaining treatment as per law		SI/RR	Check about the policy and practice for removing life support
		There is a procedure to allow patient relative/ Next of Kin to observe patient in last hours		SI/OB	
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		RR/SI	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured 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 emergency load		OB	1000 square meters per 100 patient daily loads
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provided as per patient load	Availability of seating arrangement in the waiting area		OB	
		Availability of cold drinking water		OB	
		Availability of functional toilets		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated trolley bay		OB	
		Demarcated receiving/ triage areas		OB	
		Demarcated Nursing station		OB	
		Demarcated duty room for doctor/nurse		OB	
		Demarcated resuscitation area		OB	
		Demarcated observation area/beds		OB	
		Demarcated dressing area/room		OB	
		Demarcated injection room		OB	
		Demarcated area for keeping serious patient for intensive monitoring		OB	
		Demarcated areas for keeping dead bodies		OB	Separate room or linkage with mortuary/Post mortem room
		Lay out is flexible		OB	All the fixture and furniture are movable to rearrange the different areas in case of mass casualty
		Dedicated Minor OT		OB	
		Shaded porch for ambulance		OB	
		Availability of clean and dirty utility room			
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 movement of stretcher and trolley		OB	2-3 meter
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	
		The ambulance(s) has a proper communication system(at least cell phone)		OB	
ME C1.6	Service counters are available as per patient load	Availability of emergency beds as per load		OB	5% of the total beds
		Availability of buffer beds for handling mass causality and disaster			
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		OB	Receiving/Triage- Resuscitation-observation beds- procedures area. There is no crises cross



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Separate entrance for emergency department		OB	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		OB/SI	
		Emergency is located near to the entry of the hospital		OB	
Standard C2	The facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	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	Emergency department does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floor of the Emergency are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	The facility has established programme for fire safety and other disasters				
ME C3.1	The facility has plan for prevention of fire	Emergency has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	
ME C3.2	The facility has adequate fire fighting equipment	Emergency has installed fire extinguisher that is Class A, Class B, Class C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of specialist Doctor		OB/RR	Check for specialist on call/full time
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of emergency medical officer		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	At least 2 in day and 1 in night
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of dresser/ paramedic		OB/SI	
ME C4.5	The facility has adequate support/ general staff	Dedicated 24x7 house keeping staff		SI/RR	
		Availability of dedicated security guards 24x7		SI/RR	
		Availability of registration clerk		SI/RR	
		Availability of Drivers for Ambulance 24x7		SI/RR	
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	Tracers as per State EDL
		Availability of antibiotics		OB/RR	Tracers as per State EDL
		Availability of Infusion Fluids		OB/RR	Tracers as per State EDL
		Availability of Drugs acting on CVS		OB/RR	Tracers as per State EDL
		Availability of drugs action on CNS/PNS		OB/RR	Tracers as per State EDL
		Availability of dressing material and antiseptic lotion		OB/RR	Tracers as per State EDL
		Drugs for Respiratory system		OB/RR	Tracers as per State EDL
		Hormonal preparation		OB/RR	Tracers as per State EDL
		Availability of emergency drugs in ambulance		OB/RR	Tracers as per State EDL
		Availability of drugs for obstetric emergencies		OB/RR	Megsulf, Oxytocin, Plasma Expanders
		Availability of medical gases		OB/RR	Availability of Oxygen Cylinders



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Immunological		OB/RR	Polyvalent Anti snake Venom, Anti tetanus Human Immunoglobulin
		Antidotes and Other Substances used in Poisonings		OB/RR	Inj. Atropine Sulphate
ME C5.2	The departments have adequate consumables at point of use	Resuscitation Consumables/Tubes		OB/RR	Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc
		Availability of disposables at dressing room		OB/RR	
		Availability of consumables in ambulance		OB/RR	Dressing material/Suture material
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray/ Crash Cart is maintained at emergency		OB/RR	
Standard C6	The facility has equipment & instruments required 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		OB	BP apparatus, Multiparameter Torch, hammer, Spot Light
		Availability of monitoring equipments in ambulance		OB	
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Emergency procedures		OB	
		Dressing tray are in adequate numbers as per load		OB	
		Availability of instruments for emergency obstetrics procedure		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic devices		OB	Glucometer, ECG 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 functional Instruments for Resuscitation.		OB	Ambu bag, defibrillator, layrngo scope, nebulizer, suction apparatus, LMA
		Availability of resuscitation equipments in ambulance		OB	
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility and wheels		OB	
		Availability of attachment/accessories with patient bed		OB	Hospital graded Mattress, IV stand, bed rails, Bed pan
		Availability of fixtures		OB	Spot light, electrical fixture for equipments like suction, monitor and defibrillator, X-ray view box
		Availability of furniture at emergency		OB	Doctors Chair, Patient Stool, Examination Table, Chair, Table, Footstep, cupboard
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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. 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		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		SI/RR	
		Basic life Support (BLS)/Advance life Support (ALS)		SI/RR	
		Bio Medical Waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Staff is skilled for emergency procedures		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 are gaps
		Staff is skilled for resuscitation and use defibrillator		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 are gaps
		Staff is skilled for maintaining clinical records		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 are gaps
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established programme for inspection, testing and maintenance 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		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		Staff is skilled for trouble shooting in case equipment malfunction		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Operating instructions for critical equipments are available		OB/SI	
Standard D2	The facility has defined procedures for storage, inventory 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		SI/RR	Stock level are daily updated Requisition are timely placed



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in Emergency		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables in Emergency		RR/SI	
		There is practice of calculating and maintaining buffer stock in ambulance		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables in ambulance		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray emergency crash cart		SI/RR	
		There is procedure for replenishing drug tray emergency crash cart in ambulance		OB/SI	
		There is no stock out of drugs		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		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	Narcotics and psychotropic drugs are kept in lock and key		OB/SI	
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at procedure area		OB	Resuscitation area, dressing room and examination area



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Adequate illumination at receiving and triage area		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Visitors are restricted at resuscitation and procedure area		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		PI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place in patient care areas	There are set procedures for handling mass situation and violence in emergency		SI/OB	See for linkage to police, self protection form staff
		Hospital has sound security system to manage overcrowding in emergency		OB/SI	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/ Junk material in the Emergency		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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		OB/SI	
		Availability of UPS		OB/SI	
		Availability of emergency light		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		OB	
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	Clean Linens are provided at observation beds		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen are changed after change shift of each patient or whenever it get soiled		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		SI/RR	
Standard D10	The facility is compliant with all statutory and regulatory requirement imposed by local, State or Central government				
ME D10.1	The facility has requisite licences and certificates for operation of hospital and its different activities	Valid licences for ambulances are available		RR/SI	
ME D10.3	The facility ensures relevant processes are in compliance with the statutory requirements	Staff is aware of requirements of medico legal cases		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		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		SI/RR	
		There is an established procedure for admission of MLC cases as per prevalent laws		SI/RR	
		There is establish procedure for prisoners as per prevalent local laws		SI/RR	
		Admission is done by written order of a qualified doctor		SI/RR	
		There is no delay in treatment because of admission process		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Time of admission is recorded in patient record		RR	
		There is no delay in transfer of patient to respective department once admission is confirmed		SI/RR	
		Emergency department is aware of admission criteria to critical care units		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		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		OB/SI	
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	Assessment criteria of different kind of medical emergencies is defined and practiced		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		OB/RR	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for reassessment of patient under observation		RR/SI	
Standard E3	The facility has defined and established procedures 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 for hand over for patient transfer from emergency to IPD/OT		SI/RR	Check for how hand over is given from emergency to ward, ICU, SNCU etc.
		There is a procedure for consultation of the patient to other specialist within the hospital		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	Patient referred with referral slip		SI/RR	
		Availability of referral linkages to higher centres		SI/RR	Check how patient are referred if services are not available
		Advance communication is done with higher centre		SI/RR	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	
		Check for if there is any system of follow up		RR	Check for referral cards filled from lower facilities
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		SI/RR	
Standard E4	The facility has defined and established procedures for nursing 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		OB/SI	Patient ID band/verbal confirmation/Bed 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		RR	Check for treatment chart are updated and drugs given are marked. correlate it with drugs and doses prescribed
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
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		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		OB/SI	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		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		RR/SI	Check for TPR chart, IO chart, any other vital required is monitored
		Critical patients are monitored continually		RR/OB	Check for use of cardiac monitor/multi parameter



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Unstable, irritable, unconscious. Psychotic and serious patients are identified
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High risk medical emergencies are identified and treatment given on priority		OB/SI	
Standard E6	Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary at emergency		SI/OB	
Standard E7	The facility has defined procedures for safe drug administration				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc.
		Maximum dose of high alert drugs are defined and communicated		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		SI/RR	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		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E7.3	There is a procedure to check drug before administration/dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content indented to be used later on
		Check for separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs, right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advised by doctor/pharmacist/nurse about the dosages and timings		SI/PI	
Standard E8	Facility has defined and established procedures for maintaining, updating of patient's 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		RR	Day to day progress of patient is recorded in BHT
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patient's records	Any procedure performed written on BHT		RR	CPR, Dressing, mobilization etc.
ME E8.5	Adequate form and formats are available at point of use	Availability of form formats for emergency		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		OB/RR	Emergency register, death register, MLC register, are maintained
		All register/records are identified and numbered		OB/RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of MLC records		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E9	The facility has defined and established procedures for discharge of patient				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient from emergency		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		SI/RR	
		Patient/attendants are consulted before discharge		PI	
		Treating doctor is consulted/informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling services are provided wherever it is required		SI/PI	
Standard E11	The facility has defined and established procedures for Emergency 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		SI/OB	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead
		Triage area is marked		OB/SI	
		Triage protocols are displayed		OB	
		Responsibility of receiving and shifting the patient from vehicle is defined		SI	
ME E11.2	Emergency protocols are defined and implemented	Emergency protocols are available at point of use		OB	See for protocols of head injury, snake bite, poisoning, drawing etc.
		Staff is aware of Clinical protocols		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is procedure for CPR		SI/RR	
ME E11.3	The facility has disaster management plan in place	Lines of authority is defined		SI/RR	
		Procedure for internal communication defined		SI/RR	
		There is procedure for setting up control room		SI/RR	
		Disaster buffer stock of medicines and other supplies maintained		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
		Staff is aware of disaster plan		SI/RR	
ME E11.4	The facility ensures adequate and timely availability of ambulance services and mobilisation of resources, as per requirement	Check for how ambulances are called and patient is shifted		SI/RR	
		Ambulances are equipped		OB	
		If the patient is stable then he is transferred in ambulance with the trained driver and one staff from hospital		SI/RR	
		If the patient is serious (as decided by the Doctor), then trained driver and one paramedical staff is mandatory to accompany him		SI/RR	
		The Patient's rights are respected during transport		SI/RR	
		Ambulance appropriately equipped for BLS with trained personnel		OB/RR	
		There is a daily checklist of all equipment and emergency medications		RR	
		Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist		RR	
		Transfer register is maintained to record the detail of the referred patient		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E11.5	There is procedure for handling medico legal cases	Medico legal cases are identified by on patient records		RR/SI	
		MLC cases are not delayed because of police proceedings		SI/OB/RR	
		There is procedure for informing police		SI/RR	Discharge is not done before police consent
		Emergency has criteria for defining medico legal cases		SI/RR	Criteria is defined based on cases and when to do MLC
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E13	The facility has defined and established procedures for Blood Bank/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		RR/SI	
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient record		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		RR	
Standard E15	The facility has defined and established procedures of Operation Theatre services				
ME E15.1	The facility has established procedures for OT scheduling	There is procedure for emergency surgeries		SI/RR	See surgeon is available on call/on duty
		Procedure for arranging logistics		SI	Responsibilities are defined and patient is shifted promptly



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E16	The facility has defined and established procedures for end of life care and death				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decently communicate death to relatives		SI	
		Death note is written on patient record		RR	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Past history and sign of any medico legal cause is looked for		RR	Check what is policy for registering brought in dead, death cases as MLC
		There is criteria for declaring death		SI/RR	Ask form how death is declared - Physical examination or ECG is done
		Procedure for handing over the dead body		SI	
		Death certificate is issued		SI/RR	
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection				
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		SI/RR	Swabs 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		SI/RR	Hepatitis B, Tetanus Toxic etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	Check for availability of wash basin near the point of use
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Staff is aware of when to hand wash		SI	
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Interavenous and urinary catheter
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipment, as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of masks		OB/SI	
		Personal protective kit for infectious patients		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for processing of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure areas	Decontamination of operating & procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table, dressing table, Stretcher/ Trolleys etc. Wiping with .5% Chlorine solution
		Decontamination of instruments after use		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
		Contact time for decontamination is adequate		SI/OB	10 minutes



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/ patient care area
		Staff knows how to make chlorine solution		SI/OB	
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		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level disinfection of instruments/ equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Autoclaved dressing material is used		OB/SI	
Standard F5	Physical layout and environmental control of the patient 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 traffic from patient traffic		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyle, 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		SI/RR	
		Cleaning of patient care area with disinfectant detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F5.4	The facility ensures segregation of infectious patients	Emergency department define list of infectious diseases require special precaution and barrier nursing		OB/SI	
		Staff is trained for barrier nursing			
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	Adequate number Covered Foot operated
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of anatomical and solid waste in yellow Bin		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		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		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps, as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of post exposure prophylaxis		SI/OB	Ask if available. Where it is stored and who is incharge of that
		Staff knows what to do in condition of needle stick injury		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		OB	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		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff is aware of mercury spill management		SI/RR	
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G3	The facility has 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 matron/hospital manager/hospital superintendent/Hospital Manager/Matron in charge for monitoring of services		SI/RR	
		There is system for periodic check up of Ambulances by designated hospital staff		SI/RR	
ME G3.2	The facility has established external assurance programmes at relevant departments	There is periodic assessment of preparedness for disaster by competent authority		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Emergency has documented procedure for receiving the patient in emergency		RR	
		Department has documented procedure for triaging		RR	
		Department has documented procedure for taking consent		RR	
		Department has documented procedure for initial screening of patient		RR	
		Department has documented procedure for nursing care		RR	
		Department has documented procedure for admission and transfer of the patient to ward		RR	
		Emergency has documented procedure for handling medical records		RR	
		Department has documented procedure for maintaining records in Emergency		RR	
		Department has documented procedure to handle brought in dead patient		RR	
		Department has documented procedure for storage, handling and release of dead body		RR	
		Department has documented procedure for storage and replenishing the medicine in emergency		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for equipment preventive and break down maintenance		RR	
		Department has documented procedure for Disaster management		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Triage, CPR, Medical clinical protocols like Snake bite and poisoning
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities/waste/redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Corrective and preventive action taken		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality Objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	Facility measures productivity Indicators on monthly basis	No of Emergency cases per thousand population		RR	
		No of trips per ambulance		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		No. of trauma cases treated per 1000 emergency cases		RR	
		No. of poisoning cases treated per 1000 emergency cases		RR	
		No. of cardiac cases treated per 1000 emergency cases		RR	
		No. of obstetric cases treated per 1000 emergency cases		RR	
		No of resuscitation done per thousand population		RR	Resuscitation should include: Chest Compression, Airway and Breathing
		Proportion of Patients attended in Night		RR	
		Proportion of BPL Patients		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Response time for ambulance		RR	
		Proportion of cases referred		RR	
		Response time at emergency for initial assessment		RR	
		Average Turn Around Time		RR	Average time a patient stays at emergency observation bed
ME H2.2		Proportion of patient referred by state owned/108 ambulance per 1000 referral cases		RR	
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	No of adverse events per thousand patients		RR	
		Death Rate		RR	No. of Deaths in Emergency/Total no of emergency attended
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	No. of LAMA X 100/ No. of Patients seen at emergency
		Absconding rate		RR	No. of Absconding X 100/No. of Patients seen at emergency





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

ACCIDENT & EMERGENCY DEPARTMENT SCORE CARD	
Area of Concern wise score	Accident & Emergency Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



CHECKLIST-2

OUTDOOR PATIENT DEPARTMENT



Checklist for OUTDOOR PATIENT DEPARTMENT

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.1	The facility provides General Medicine services	Availability of functional General Medicine Clinic		SI/OB	Dedicated General speciality Medicine Clinic
ME A1.2	The facility provides General Surgery services	Availability of functional General Surgery Clinic		SI/OB	Dedicated General speciality Surgical Clinic
ME A1.3	The facility provides Obstetrics & Gynaecology services	Availability of functional Obstetrics & Gynaecology Clinic		SI/OB	Dedicated speciality Obstetrics & Gynaecology Clinic. High risk pregnancy cases are referred from ANC clinic and consulted
ME A1.4	The facility provides Paediatric services	Availability of Paediatric Clinic		SI/OB	Dedicated Paediatric speciality Clinic
ME A1.5	The facility provides Ophthalmology services	Availability of functional Ophthalmology Clinic		SI/OB	Dedicated ophthalmology clinic providing consultation services
ME A1.6	The facility provides ENT services	Availability of functional ENT Clinic		SI/OB	Dedicated ENT providing consultation services
		Availability of OPD ENT procedures		SI/OB	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/ Caloric Test
ME A1.7	The facility provides Orthopaedics services	Availability of functional Orthopaedic Clinic		SI/OB	Dedicated clinical for Orthopaedic consultation
		Availability of OPD Orthopaedic procedure		SI/OB	Plaster room procedure
ME A1.8	The facility provides Skin & VD services	Availability of functional Skin & VD Clinic		SI/OB	Dedicated Clinic providing consultation services
ME A1.9	The facility provides Psychiatry services	Availability of functional Psychiatry Clinic		SI/OB	Dedicated Clinic providing consultation services
ME A1.10	The facility provides Dental Treatment services	Availability of functional Dental Clinic		SI/OB	Dedicated Clinic providing consultation services



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of OPD Dental procedure		SI/OB	Accompanied by dental lab. Extraction, scaling, tooth extraction, denture and Restoration
ME A1.11	The facility provides AYUSH services	Availability of functional Ayush clinic		SI/OB	AYUSH clinic accompanied by dispensary
ME A1.12	The facility provides Physiotherapy services	Availability of Functional Physiotherapy Unit		SI/OB	Pain Management with cryotherapy, Pain Management with deep heat therapy (SWD), Increase range of motion with mobilization
ME A1.13	The facility provides services for OPD procedures	Availability of Dressing facilities at OPD		SI/OB	Dressing, Suturing and drainage
		Availability of Injection room facilities at OPD		SI/OB	
ME A1.14	Services are available for the time period as mandated	At least 6 Hours of OPD Services are available		SI/RR	
ME A1.15	The facility provides services for Super specialties, as mandated	Availability of functional Cardiology clinic		SI/OB	
		Availability of functional gastro entomology clinic		SI/OB	
		Availability of functional nephrology clinic		SI/OB	
		Availability of functional Neurology clinic		SI/OB	
		Availability of functional endocrinology Clinic is available		SI/OB	
		Availability of functional Oncology Clinic		SI/OB	
		Availability of functional nuclear medicine clinic is available		SI/OB	
Standard A2	The facility provides RMNCHA services				
ME A2.2	The facility provides Maternal health services	Availability of functional ANC clinic		SI/OB	
ME A2.3	The facility provides Newborn health services	Availability of functional immunization clinic		SI/OB	
ME A2.4	The facility provides Child health services	Availability functional IYCF clinic		SI/OB	
		Services under RBSY		SI/OB	
ME A2.5	The facility provides Adolescent health services	Availability of functional RKSK clinic		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A3	The facility provides Diagnostic services				
ME A3.2	The facility provides Laboratory services	Availability of Sample collection Centre		SI/OB	
ME A3.3	The facility provides other Diagnostic services, as mandated	Functional ECG Services are available		SI/OB	
		Availability of TMT services		SI/OB	
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of OPD Services Under NVBDCP		SI/RR	OPD Management of Malaria, Kala Azar, Dengue
ME A4.2	The facility provides services under National TB Elimination Programme, as per guidelines	Availability of functional DOTS clinic		SI/OB	
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Availability of OPD services under NLEP		SI/RR	
		Assessment of Disability Status		SI/RR	
		Supply of Customized Foot wear		SI/RR	
ME A4.4	The facility provides services under National AIDS Control Programme, as per guidelines	Availability of functional ICTC		SI/OB	
		Availability of HIV Testing and Counselling		SI/RR	
		PPTCT Services for HIV positive Pregnant Women		SI/OB	
		Availability of functional ART Centre		SI/OB	
		Availability of CD4 testing facility		SI/OB	
ME A4.5	The facility provides services under National Programme for control of Blindness, as per guidelines	Screening and early detection of visual impairment and refraction		SI/RR	Refraction, syringing and probing, foreign body removal, Tonometry and retinoscopy
		Availability of OPD procedures		SI/OB	Syringing and probing, foreign body removal, Tonometry, Perimetry, Retinoscopy, Retrobulbar Injection
ME A4.6	The facility provides services under Mental Health Programme, as per guidelines	Availability of counselling centre for Suicide prevention		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A4.7	The facility provides services under National Programme for the Health Care of the Elderly, as per guidelines	Dedicated Geriatric Clinic		SI/OB	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS), as per guidelines	Functional NCD clinic is available		SI/OB	
ME A4.10	The facility provides services under National Health Programme for Deafness	Management of case referred from PHC/CHC directly reported to Hospital		SI/RR	
ME A4.11	The facility provides services as per State specific health programmes	Availability of OPD services as per State Health Programs		SI/RR	
Standard A6	Health services provided at the facility are appropriate to community needs				
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally	Special Clinics are available for local prevalent endemics		SI/OB	Ask for the specific local health problems/diseases .i.e. Kala azar, Swine Flue, arsenic poisoning etc.
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Numbering, main department and internal sectional signage
		Display of layout/floor directory		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of OPD Clinics are available		OB	
		Names of doctor on duty is displayed and updated		OB	
		Timing for OPD are displayed		OB	
		Entitlement under JSY, JSSK and other schemes		OB	
		Important numbers like ambulance are displayed		OB	
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material is displayed		OB	
		Education material for counselling are available in Counselling room		OB	
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up	Availability of Enquiry Desk with dedicated staff		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	OPD slip is given to the patient		RR/OB	
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				
ME B2.1	Services are provided in a manner that insensitive to gender	Separate queue for female at registration		OB	
		Separate female general OPD		OB	
		Separate toilets for male and female		OB	
		Availability of female staff if a male doctor examines a female patient		OB	
		Availability of Breast feeding corner		OB	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of wheel chair or stretcher for easy Access to the OPD		OB	
		Availability of ramps with railing		OB	
		There is no chaos and over crowding in the OPD		OB	
		Availability of disable friendly toilet		OB	
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at Examination Area		OB	
		One patient is seen at a time in clinics		OB	
		Privacy at the counselling room is maintained		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of HIV reports at ICTC		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		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, Leprosy Patients		SI/OB	Check in RTI/STI clinic
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	Informed consent for before HIV testing at ICTC		SI/RR	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities		OB	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment being provided		PI	Ask patients about what they have been communicated about the treatment plan
		Pre and Post test counselling is given at ICTC		SI/PI/RR	
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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free OPD Consultation/ ANC Checkups		PI/SI	For JSSK entitlement
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		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Free OPD Consultation for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurs, it is reimbursed from hospital		PI/SI/RR	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Clinics has adequate space for consultation and examination		OB	Adequate Space in Clinics (12 sq ft)
		Availability of adequate waiting area		OB	Waiting area at the scale of 1 sq ft per average daily patient with minimum 400 sq ft of area
ME C1.2	Patient amenities are provided as per patient load	Availability of seating arrangement in waiting area		OB	As per average OPD at peak time
		Availability of sub waiting at for separate clinics		OB	For clinics has high patient load
		Availability of cold drinking water		OB	See if its is easily accessible to the visitors
		Availability of functional toilets		OB	Urinals 1 per 50 person water closet and wash basins 1 per 100 person
		Availability of patient calling system		OB	
		Availability of public telephone booth		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	There is designated area for registration		OB	
		Dedicated clinic for each speciality		OB	
		One clinic is not shared by 2 doctors at one time		OB	
		Dedicated examination area is provided with each clinic		OB	
		Demarcated dressing area/room		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Demarcated injection room		OB	
		Demarcated immunization room for pregnant women and children		OB	
		OPD has separate entry and exit from IPD and Emergency		OB	
		Availability of clean and dirty utility room		OB	
		Demarcated trolley/ wheelchair bay		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors at OPD are broad enough to manage stretcher and trolleys		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	
ME C1.6	Service counters are available as per patient load	Availability of registration counters as per patient load		OB	Average Time taken for registration would be 3-5 min so number of counter required would be worked on scale of 12-20 patient/hour per counter
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		OB	Layout of OPD shall follow functional flow of the patients, e.g.: Enquiry → Registration Waiting → Sub-waiting → Clinic → Dressing room/ Injection Room → Diagnostics (lab/X-ray) → Pharmacy → Exit
		All OPD clinics and related auxiliary services are co located in one functional area		OB	
		OPD is located near to the entry of the hospital		OB	
Standard C2	The facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are properly fastened and secured



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C2.3	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floor of the OPD are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	The facility has established programme for fire safety and other disasters				
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		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	
ME C3.2	The facility has adequate fire fighting equipment	OPD has installed fire Extinguisher that is Class A, Class B, Class C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire			
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of specialist Doctor at OPD time		OB/RR	Check for specialist are available at scheduled time
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor at Screening Clinic		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	At Injection room/OPD Clinic as Per Requirement
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of dresser/ paramedic at dressing room		OB/SI	
		Counsellor for ICTC		SI/RR	Full Time



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Lab technician for ICTC		SI/RR	Full time
		Counsellor for RKSK clinic		SI/RR	
		Availability of ECG technician		SI/RR	
		Availability of Audiometrician		SI/RR	
		Availability of Ophthalmic assistant		SI/RR	
		Availability of Physiotherapist		SI/RR	
		Availability of Dental technician		SI/RR	
		Availability of rehabilitation therapist		SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of dedicated security guard for OPD		SI/RR	
		Availability of registration clerks as per load		SI/RR	
		Availability of housekeeping staff		SI/RR	
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of injectables at injection room		OB/RR	ARV, TT
		Availability of vaccine as per National Immunization Program		OB/RR	
ME C5.2	The departments have adequate consumables at point of use	Availability of disposables at dressing room and clinics		OB/RR	Examination gloves, Syringes, Dressing material, suturing material
		HIV testing Kits I, II and III at ICTC		OB/RR	
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained at injection room & immunization room		OB/RR	
Standard C6	The facility has equipment & instruments required 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		OB	BP apparatus, thermometer, weighting machine, torch, stethoscope, Examination table
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional Instruments/Equipments for Gynae and obstetric		OB	PV examination kit, Inch tape, fetoscope, Weighting machine, BP apparatus etc.
		Availability of functional Equipment/Instruments for Orthopaedic procedures		OB	X-ray view box, Equipment for plaster room



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of functional Instruments/Equipments for Ophthalmic procedures		OB	Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart
		Availability of Instruments/Equipments procedures for ENT procedures		OB	Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument Set
		Availability of functional Instruments/Equipments for Dental procedures		OB	Dental chair, Air rotor, Endodontic set, Extraction forceps
		Availability of functional Equipment/Instruments of Physiotherapy procedures		OB	Traction, Wax bath, Short Wave Diathermy, Exercise table etc.
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Equipments for ICTC lab		OB	Micropipettes, Centrifuge, Needle destroyer, Refrigerators
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrumental trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of fixtures		OB	Spot light, electrical fixture for equipments, X-ray view box
		Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		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 competencies and training plan	Bio Medical Waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
		ICTC Team Training		SI/RR	
		Induction and refresher training for ICTC counsellor		SI/RR	
		Induction and refresher training for ICTC lab technician		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Check the competency of staff to use OPD equipment like BP apparatus etc		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 are gaps
		At ANC clinic staff is skilled to identify high risk pregnancies		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 are gaps
		Counsellor is skilled for counselling		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 are gaps
		Staff is skilled for maintaining clinical records		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 are gaps



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established programme for inspection, testing and maintenance 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		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	BP apparatus, thermometer are calibrated
Standard D2	The facility has defined procedures for storage, inventory 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 process indenting consumables and drugs in injection/ dressing room		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 and are labelled		OB	
		Vaccine are kept at recommended temperature at immunization room		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates for injectables are maintained at injection and immunization room		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables		SI/RR	
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		SI/RR	
		There is no stock out of drugs		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		OB/RR	Check for temperature charts are maintained and updated periodically
		Cold chain is maintained at immunization room		OB/RR	Check for four conditioned Ice packs are placed in Carrier Box, DPT, DT, TT and Hep B Vaccines are not kept in direct contact of Frozen Ice pack
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination in clinics		OB	Examination table
		Adequate illumination in procedure area		OB	Dressing room, injection room and immunization room
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Only one patient is allowed at a time in the clinic		OB/SI	
		Limited number of attendant/relatives are allowed with patient		OB/SI	
		Medical representative are restricted in OPD timings		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in waiting areas		PI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in clinics		SI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place in patient care areas	Hospital has sound security system to manage overcrowding in OPD		OB/SI	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material lying in the OPD		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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		OB/SI	
Standard D6	Dietary services are available as per service provision and nutritional 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		RR/SI	
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	Availability of linen in examination area		OB	
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in OPD registration records		RR	Check for that patient demographics like Name, age, Sex, Address etc.
		Patients are directed to relevant clinic by registration clerk based on complaint		PI/SI	
		Registration clerk is aware of categories of the patient exempted from user charges		SI/RR	
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis
		Patient History is taken and recorded		RR	
		Physical examination is done and recorded wherever required		OB/RR	
		Provisional Diagnosis is recorded		OB/RR	
		No Patient is Consulted in Standing Position		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Clinical staff is not engaged in administrative work		OB/SI	
ME E1.3	There is established procedure for admission of patients	There is an established procedure for admission through OPD		SI/RR	
		There is an established procedure for day care admission		SI/RR	
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	There is screening clinic for initial assessment of the patients		OB	
ME E2.2	There is established procedure for follow-up/reassessment of patients	Procedure for follow up of old patients		OB/RR	
Standard E3	The facility has defined and established procedures for 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 during departmental transfer		SI/RR	
		There is a procedure for consultation of the patient to other specialist within the hospital		SI/RR	
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	Availability of referral linkages for OPD consultation		RR/OB	Check how patient are referred if services are not available
		Facility has functional referral linkages to higher facilities		SI/RR	
		Facility has functional referral linkages to lower facilities		SI/RR	
		There is a system of follow up of referred patients		RR	
		ICTC has functional Linkages with ART and state reference Labs		RR/SI	
ME E3.4	The facility is connected to medical colleges through telemedicine services	Telemedicine service are used for consultation		RR/SI	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E6	Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	
		A copy of Prescription is kept with the facility		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check OPD ticket that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	The facility has defined procedures for safe drug administration				
ME E7.2	Medication orders are written legibly and adequately	Every medical advice and procedure is accompanied with date, time and signature		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check in Injection room
		Check single dose vial are not used for more than one dose		OB	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 time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.5	Patient is counselled for self drug administration	Patient is advised by doctor/pharmacist/nurse about the dosages and timings		SI/PI	
Standard E8	Facility has defined and established procedures for maintaining, updating of patient's 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		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan is written on the prescription		RR	
ME E8.4	Procedures performed are written on patient's records	Any dressing/injection, other procedure recorded in the OPD slip		RR	
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/SI	
ME E8.6	Register/records are maintained as per guidelines	OPD records are maintained		OB/RR	OPD register, ANC register, Injection room register etc.
		All register/records are identified and numbered		OB/RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records		OB/SI	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Clinics is provided with the critical value of different tests		SI/RR	
MATERNAL & CHILD HEALTH SERVICES					
Standard E17	The facility has established procedures for Antenatal care, as per guidelines				
ME E17.1	There is an established procedure for registration and follow up of pregnant women	Facility provides and updates "Mother and Child Protection Card"		RR/SI	Line listing
		Records are maintained for ANC registered pregnant women		RR	Records of each ANC checkups is maintained in Mother and child protection card
ME E17.2	There is an established procedure for history taking, physical examination, and counselling of each antenatal woman, visiting the facility	ANC checkups is done by Qualified personnel		RR/SI	
		At ANC clinic, Pregnancy is confirmed by performing urine test		RR/SI	
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated		RR/SI	
		Weight measurement		RR/SI	
		Blood pressure		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Respiratory rate		RR/SI	
		Pallor, Oedema and Icterus		RR/SI	
		Abdominal palpation for foetal growth, foetal lie		RR/SI	
		Auscultation for foetal heart sound		RR/SI	
		Breast examination		RR/SI	
		History of past illness/ pregnancy complication is taken and recorded		RR/SI	
		4 ANC checkups of women is confirmed		RR/SI	
ME E17.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women	Diagnostic test under ANC check up are prescribed by ANC clinic		RR/SI	Check for Haemoglobin, urine albumin urine sugar blood group and Rh factor Syphilis (VDRL/RPR) HIV blood sugar malaria Hepatitis B
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		RR/SI	
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia	Line listing of pregnant women with moderate and severe anaemia		RR/SI	
		Provision for Injectable Iron Treatment for moderate anaemia		RR/SI	
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age	Nutritional counselling		RR/PI	
		Recognizing danger sign of labour		RR/PI	
		Breast feeding		RR/PI	
		Institutional delivery		RR/PI	
		Arrangement of referral transport		RR/PI	
		Birth preparedness		RR/PI	
		Family planning		RR/PI	
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines				
ME E20.1	The facility provides immunization services, as per guidelines	Availability of diluents for reconstitution of measles vaccine		RR/SI	
		Recommended temperature of diluents is insured before reconstitution		RR/SI	Check diluents are kept under cold chain at least before 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Reconstituted vaccines are not used after recommended time		RR/SI	Ask staff about when BCG, measles and JE vaccines are constituted and till when these are valid for use. Should not be used beyond 4 hours after reconstitution
		Time of opening/ reconstitution of vial is recorded		RR	Check for records
		Staff checks VVM level before using vaccines		SI	Ask staff how to check VVM level and how to identify discard point
		Staff is aware of how check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, DT and TT
		Discarded vaccines are kept separately		SI/OB	Check for no expired, frozen or with VVM beyond the discard point vaccine stored in cold chain
		Check for DPT, DT, Hep Band TT vials are not kept in direct contact of ice pack		SI/OB	
		AD syringes are available as per requirement		SI/OB	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available
		Staff knows correct use AD syringe		SI	Ask for demonstration, How to peel, how to remove air bubble and injection site
		Check for AD syringes are not reused		OB	
		Vaccine recipient is asked to stay for half an hour after vaccination to observe any Adverse effect following immunization		SI/RR	
		Antipyretic medicines available		SI/RR	
		Availability of Immunization card		SI/RR	
		Counselling on side effects and follow up visits done(CEI)		SI/RR	
		Staff is aware of how to minor and serious adverse events (AEFI)		SI	
		Staff knows what to do in case of anaphylaxis		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E20.2	Triage, Assessment & Management of newborns, infant & children having emergency signs are done, as per guidelines	Check for adherence to clinical protocols		SI/RR	
ME E20.7	Management of children presenting with fever, cough/ breathlessness is done, as per guidelines	Check for adherence to clinical protocols		SI/RR	
ME E20.8	Management of children with Severe Acute Malnutrition is done, as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		SI/RR	
ME E20.9	Management of children presenting diarrhoea is done, as per guidelines	Check for adherence to clinical protocols		SI/RR	
		Availability of ORT corner		SI/RR	
Standard E22	The facility provides Rashtriya Kishor Swasthya Karyakram services, as per guidelines				
ME E22.1	The facility provides Promotive RKSK services	Provision of Antenatal natal check up for pregnant adolescent		SI/RR	Nutritional Counselling, contraceptive counselling, Couple counselling ANC checkups, ensuring institutional delivery
		Counselling and provision of emergency contraceptive pills		SI/RR	Check for the availability of Emergency Contraceptive pills (Levonorgesterol)
		Counselling and provision of reversible Contraceptives		RR/SI	Check for the availability of Oral Contraceptive Pills, Condoms and IUD
		Availability and Display of IEC material		OB	Poster Displayed, Reading Material handouts etc.
		Information and advice on sexual and reproductive health related issues		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 abuse, RTI/STI's etc.
ME E22.2	The facility provides Preventive RKSK services	Services for Tetanus immunization		SI/RR	TT at 10 and 16 year
		Services for Prophylaxis against Nutritional Anaemia		SI/RR	Haemoglobin estimation, weekly IFA tablet, and treatment for worm infestation
		Nutrition Counselling		SI/RR	
		Services for early and safe termination of pregnancy and management of post abortion complication		SI/RR	MVA procedure for pregnancy up to 8 week Post abortion counselling



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E22.3	The facility provides Curative RKSK services	Treatment of common RTI/STI's		SI/RR	Privacy and Confidentiality, treatment Compliance, Partner Management, Follow up visit and referral
		Treatment and counselling for Menstrual disorders		SI/RR	Symptomatic treatment, counselling
		Treatment and counselling for sexual concern for male and female adolescents		SI/RR	
		Management of sexual abuse amongst girls		SI/RR	ECP, Prophylaxis against STI, PEP for HIV and Counselling
ME E22.4	The facility provides Referral services for RKSK	Referral Linkages to ICTC and PPTCT		SI/RR	
		Privacy and confidentiality maintained at RKSK clinic		SI/RR	Screens and curtains for visual privacy, confidentiality policy displayed, one client at a time
NATIONAL HEALTH PROGRAMS					
Standard E23	The facility provides National health Programme as per Operational/Clinical Guidelines				
ME E23.1	The facility provides services under National Vector Borne Disease Control Programme, as per guidelines	Ambulatory care of uncomplicated P. Vivax malaria		SI/RR	As per Clinical Guidelines for Treatment of Malaria
		Ambulatory care of uncomplicated P. Falciparum Malaria		SI/RR	As per Clinical Guidelines for Treatment of Malaria
		Ambulatory care of drug resistant malaria		SI/RR	As per Clinical Guidelines for Treatment of Malaria
ME E23.2	The facility provides services under National TB Elimination Programme, as per guidelines	Staff is aware of symptoms or signs Presumptive pulmonary TB as per revised guidelines		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		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is aware of signs and symptoms of presumptive paediatric TB cases as per revised guidelines		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		SI/RR	<ol style="list-style-type: none"> 1. TB patients who have failed treatment with first-line Anti-Tubercular Drugs (ATD) 2. Paediatric TB non-responders 3. TB patients who are contacts of DRTB 4. TB patients who are found positive on any follow-up sputum smear examination during treatment with first-line ATD 5. Previously treated TB cases 6. TB patients with HIV co-infection
		Staff is aware of classification done on the basis of drug resistance as per revised guidelines		SI/RR	<ol style="list-style-type: none"> 1. Mono Resistance (MR)- Biological specimen of TB Patient resistant to one first line anti TB drug only 2. Poly resistance (PDR)- Biological specimen resistant to more than one anti TB drug, other than INH & Rifampicin 3. Multi-Drug 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 managed as if MDR-TB case



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
					5. Extensive drug resistance-MDR TB case whose biological speicement resistnat to Fluroquinolone (FQ) and a second-line injectable ATD
		Diagnosis and treatment of Presumptive pulmonary TB as per revised guidelines		RR/SI	<p>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</p> <p>Treatment of New Cases:</p> <p>Treatment in IP will consist of 8weeks of INH, Rifampicin, Pyrazinamide and Ethambutol in daily dose as per weight band categories</p> <p>Only Pyrazinamide will be stopped in CP rest 3 drugs will be continue for 16 weeks</p> <p>(Daily regimen with adminstration of daily fixed dose combination of first line ATD as per weight band)</p>
		Diagnosis and treatment of smear positive and presumptive multi drug resistance TB (MDR-TB) as per revised guidelines		RR/SI	<p>Catridge based Nucleic Acid Amplification test (CBNAAT) performed to rule out Rifampicin resistance and categorized as microbiologically confirmed drug sensitive TB or RIF resistant</p> <p>Treatment: IP will be of 12 weeks, where injection Streptomycin will be stopped after 8 weeks and remaining four drugs in daily dose for another 4 weeks as per weight band</p> <p>At CP, Pyrazinamide will be stopped while rest of drugs will be continue for another 20 weeks as daily dosage</p>



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Diagnostic algorithm for pulmonary, extra pulmonary and paediatric TB as per revised guidelines are readily available		RR/SI	Check algorithm for all the three cases are available
		Management of extra pulmonary TB cases as per revised guidelines		RR/SI	The CP in both new and previously treated cases may be extended 3-6 months in cases such as CNS, skeletal etc. ATD given in fixed dose on daily basis as per weight band
		Management of MDR/ RRTB (without additional resistance) as per revised guidelines		RR/SI	6-9 months of IP with Kanamycin, Levofloxacin, Ethambutol, Pyrazinamide, Ethionamide, And Cycloserine. 8 month of CP with Levofloxacin, Ethambutol, Ethionamide, And Cycloserine
		Management of Paediatric Tuberculosis		SI/RR	As per revised NTEP Technical Guidelines
		Management of Patients with HIV infection and Tuberculosis		SI/RR	As per revised NTEP Technical Guidelines
		Patient and family is counselled before initiating TB treatment		SI/PI/RR	Educate patient and family about disease, dose schedule, duration, common side effects, methods of prevention, consequence of irregular treatment or premature cessation of treatment
		Treatment card and TB identity card is given		PI/RR	Treatment card will be issued in duplication if required
		Monitoring and follow up of patient done as per protocols		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)



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
					Long term follow up: After completion of treatment, 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
		There is functional Linkage between DMC and ICTC		SI/RR	
ME E23.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Validation and Diagnosis of Referred and Directly Reported Cases		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Treatment of all diagnosed cases including Reaction and Neuritis		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Assessment of Disability Status		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Management of Lepa Reactions		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Management of Complicated Ulcers		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Management of Eye Complications		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Physiotherapy including Pre and Post Operative Care		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Follow-up of cases treated at tertiary level		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Supply of Customized Foot wear		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Self care Counselling		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Outreach Services to Leprosy Clinics		SI/RR	As per Operation/Clinical Guidelines of NLEP
		Screening of Cases of RCS		SI/RR	As per Operation/Clinical Guidelines of NLEP
ME E23.4	The facility provides services under National AIDS Control Programme, as per guidelines	Pre Test Counselling is done as per protocols		SI/RR	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 Women are given additional information on nutrition, hygiene, the importance of an



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
					Institutional delivery and HIV testing so as to avoid HIV transmission from mother to child
		Post test counselling given as per protocol		SI/RR	Window period, a repeat test is recommended, clients 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 Counsellor also ensures access to treatment and care, and supports disclosure of the HIV status to the spouse
		Diagnosis and treatment of opportunistic Infections		SI/RR	As per NACO guidelines
		Screening of PLHA for initiating ART		SI/RR	As per NACO guidelines
		Monitoring of patients on ART and management of side effects		SI/RR	As per NACO guidelines
		Counselling and Psychological support for PLHA		SI/RR	As per NACO guidelines
ME E23.6	The facility provides services under Mental Health Programme, as per guidelines	Treatment of Mental illnesses as per clinical guidelines		SI/RR	
ME E23.7	The facility provides services under National Programme for the Health Care of the Elderly, as per guidelines	Geriatric Care is provided as per Clinical Guidelines		SI/RR	
ME E23.8	The facility provides service under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), as per guidelines	Opportunistic screening for diabetes, hypertension, cardiovascular diseases		SI/RR	Screening of persons above age of 30 - History of tobacco examination, BP Measurement and Blood sugar estimation Look for records at NCD clinic
		Screen women of the age group 30-69 years approaching to the hospital for early detection of cervix cancer and breast cancer		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Health Promotion through IEC and counselling		OB	Increased intake of healthy foods increased physical activity through sports, exercise, etc.; Avoidance of tobacco and alcohol; 24 stress management warning signs of cancer etc.
ME E23.9	The facility provides services for Integrated Disease Surveillance Programme	Weekly reporting of Presumptive cases on form "P" from OPD clinic		SI/RR	
ME E23.10	The facility provides services under National Programme for Prevention and Control of Deafness	Early detection and screening for detection of deafness		SI/RR	As per Clinical guidelines
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and 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		SI/RR	Hepatitis B, Tetanus Toxic etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	Check for availability of wash basin near the point of use
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Staff is aware of when to hand wash		SI	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipment, as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for processing of 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		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table, dressing table, Stretcher/ Trolleys etc. Wiping with .5% Chlorine solution
		Proper decontamination of instruments after use		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
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/ patient care area
		Staff knows how to make chlorine solution		SI/OB	
		Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	Physical layout and environmental control of the patient 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 traffic from patient traffic		OB	
		Clinics for infectious diseases are located away from main traffic		OB	Preferably in remote corner with independent access
		Sitting arrangement in TB clinic is as per guideline		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	
		Availability of colour coded non chlorinated plastic bags		OB	Adequate number Covered Foot operated



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Segregation of anatomical and solid waste in yellow Bin		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		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		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps, as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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		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		SI	Staff knows what to do in case of sharp 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		OB	Vials, slides and other broken infected glass



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F6.3	The facility ensures transportation and disposal of waste, as per guidelines	Check bins are not overfilled		SI/OB	
		Transportation of bio medical waste is done in close container/trolley			
		Staff is aware of mercury spill management		SI/RR	
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	OPD Patient satisfaction survey done on monthly basis		RR	
Standard G3	Facility have established internal and external quality assurance programs 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		SI/RR	
		Internal Quality Assurance is established at ICTC lab		SI/RR	
ME G3.2	The facility has established external assurance programmes at relevant departments	External Quality assurance program is established at ICTC lab		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G4.2	Standard Operating procedures adequately describe process and procedures	OPD has documented procedure for Registration		RR	
		OPD has documented procedure for patient calling system in OPD clinics		RR	
		OPD has documented procedure for receiving of patient in clinic		RR	
		OPD has documented process for OPD consultation		RR	
		OPD has documented procedure for investigation		RR	
		OPD has documented procedure for prescription and drug dispensing		RR	
		OPD has documented procedure for nursing process in OPD		RR	
		OPD has documented procedure for patient privacy and confidentiality		RR	
		OPD has documented procedure for conducting, analysing patient satisfaction survey		RR	
		OPD has documented procedure for equipment management and maintenance in OPD		RR	
		Department has documented procedure for Administrative and non clinical work at OPD		RR	
		Department has documented procedure for No Smoking Policy in OPD		RR	
		OPD has documented procedure for duty roaster, punctuality, dress code and identity for OPD staff		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Relevant protocols are displayed like Clinical Protocols for ANC checkups
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities/waste/redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/RR	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	Proportion of follow-up patients		RR	
		No of ANC done per thousand		RR	
		ICTC OPD per thousand		RR	
		ART patient load per thousand		RR	
		RKSK OPD per thousand		RR	
		Immunization OPD per thousand		RR	
		Proportion of BPL patients			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Medicine OPD per Doctor		RR	
		Surgery OPD per Doctor		RR	
		Paediatric OPD per Doctor		RR	
		OBG OPD per Doctor		RR	
		Dental OPD per Doctor		RR	
		Ophthalmology OPD per doctor		RR	
		Skin & OPD per doctor		RR	
		TB/DOT pod per doctor		RR	
		ENT OPD per doctor		RR	
		Psychiatry OPD per doctor		RR	
		AYUSH OPD per doctor		RR	
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	Consultation time at ANC Clinic		RR	Time motion study
		Consultation time at General Medicine Clinic		RR	
		Consultation time for General Surgery Clinic		RR	
		Consultation time for paediatric clinic		RR	
		Proportion of High risk pregnancy detected during ANC		RR	No of High Risk Pregnancies X100/Total no PW used ANC services in the month
		Proportion of severe anaemia cases		RR	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score		RR	
		Waiting time at registration counter		RR	
		Waiting time at ANC Clinic		RR	
		Waiting time at general OPD		RR	
		Waiting time at paediatric Clinic		RR	
		Waiting time at surgical clinic		RR	
		Average door to drug time		RR	





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

OUTDOOR PATIENTS DEPARTMENT (OPD) SCORE CARD	
Area of Concern wise score	OPD Score Card
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____





LAQSHYA
लक्ष्म्य

CHECKLIST-3
LABOUR ROOM
(LAQSHYA)



Checklist for LABOUR ROOM (LAQSHYA)

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.14	Services are available for the time period as mandated	Labour room service is functional 24x7		SI/RR	Verify with records that deliveries have been conducted in night on regular basis
Standard A2	The facility provides RMNCHA Services				
ME A2.1	The facility provides Reproductive health services	Availability of Post Partum IUD insertion services		SI/RR	Verify with records that PPIUD services have been offered in labour room
ME A2.2	The facility provides Maternal health services	Availability of Vaginal Delivery services		SI/RR	Normal vaginal & assisted (Vacuum/Forcep) delivery
		Availability of Pre term delivery services		SI/RR	Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily
		Management of Postpartum Haemorrhage		SI/RR	Check if Medical/Surgical management of PPH is being done at labour room
		Management of Retained Placenta		SI/RR	Check staff manages retained placenta cases in labour room. Verify with records
		Septic Delivery & Delivery of HIV positive Pregnant Women		SI/RR	Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily
		Management of PIH/ Eclampsia/Pre eclampsia		SI/RR	Check services for management of PIH/ Eclampsia are being provided at labour room
ME A2.3	The facility provides Newborn health services	Availability of New born resuscitation		SI/OB	Check if labour room has a functional New born resuscitation services available in labour room
		Availability of Essential new born care		SI/OB	Check essential newborn care provisions such as keeping baby on mother's abdomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of breast feeding, recording of vitals and Vit. K are provided



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A3	The facility provides Diagnostic services				
ME A3.2	The facility provides Laboratory services	24x7 Availability of point of care diagnostic tests		SI/OB	HIV, Hb%, Random blood sugar, Protein Urea Test
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signages		OB	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		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport/ ambulance displayed
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material is displayed		OB	Breast feeding, kangaroo care, family planning etc. (Pictorial and chart) in circulation & waiting area
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	Check all information for patients/visitors 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 barrier on account of physical economic, cultural or social reasons				
ME B2.1	Services are provided in a manner that issensitive to gender	Only on duty staff is allowed in the labour room when it is occupied		OB	Pregnant woman, her birth companion, doctor, nurse/ANM on duty, and other support staff only, is allowed in the labour room
ME B2.3	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		OB	
		Availability of ramps and railing & Labour room is located at ground floor		OB	If not located on the ground floor availability of the ramp/lift with person for shifting
ME B2.4	There is no discrimination on basis of social & economic status of patients	Check care to pregnant women is not denied or differed due to discrimination		OB/PI	Discrimination may happen because of religion, caste, ethnicity, cast, language, paying capacity and educational level
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ partition at delivery tables		OB	Screens/Partition has been provided from three side of the delivery table or cubicle for ensuring visual privacy



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Curtains/frosted glass have been provided at windows		OB	Check all the windows are fitted with frosted glass or curtains have been provided
		No two women are treated on common bed/ Delivery Table		OB/PI	Check that observation beds and delivery tables are not shared by multiple women at the same time because of any reason
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		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	The facility ensures the behavior of staff is dignified and respectful, while delivering the services	Behavior of labour room staff is dignified and respectful		OB/PI	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		OB/PI	Check that care providers are attentive and empathetic to the pregnant women and at no point of care they are left alone
		Care provided at labour room is free from physical abuse or harm		OB/PI	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		OB/PI	Check if care providers verbally inform the pregnant women before touching, examination or starting procedure
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		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 established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is established procedure for taking informed consent before treatment and procedures	Consent is taken before delivery and or shifting		SI/RR	Check the labour room case sheet for consent has been taken



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Labour room has system in place to involve patient's relative in decision making about pregnant women treatment		PI	Check if pregnant women and her family members have been informed and consulted before shifting the patient for C-Section or referral to higher center
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Check all services including drugs, consumables, diagnostics and blood are free of cost in labour room		PI/SI	Check if there are no user charges of any services in labour room Ask Pregnant women and their attendants if they have not paid for any services or any informal fees to service providers
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per delivery load		OB	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 6' from the second table
ME C1.2	Patient amenities are provided as per patient load	Availability of patients amenities such as Drinking water, Toilet & Changing area		OB	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
ME C1.3	Departments have layout and demarcated areas as per functions	Labour Room layout is arranged in LDR concept		OB	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
		Availability of Registration Area & Waiting area		OB	Dedicated reception and registration area the entry of Labour Room Complex with registration desk and seating arrangement for 30 people in waiting area



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Triage and Examination Area		OB	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
		Dedicated nursing station and Duty Rooms		OB	One common Nursing station for Conventional Labour Room Dedicated Nursing station for Each unit if LDR concept is followed
		Availability of Storage Area		OB	A dedicated sub store with cabinets and storage racks for storing supplies Separate Clean room & Dirty Utility room for Storing Sterile and Used goods respectively
		Availability of Newborn Care area		OB	One Dedicated Newborn care area for each four tables. Incase of LDR dedicated NBCA for each unit. There should be no obstruction between labour table and Newborn corner for swift shifting of newborn requiring resuscitation Radiant Warmer Should have free space from three sides
		Availability of Staff Room & Doctor's Duty Room		OB	Dedicated rooms for Nursing staff and Doctors provided with beds, storage furniture and attached toilets
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors connecting labour room are broad enough to manage stretcher and trolleys		OB	Corridor should be wide enough that 2 stretcher can pass simultaneously without any hassle
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	Check availability of functional telephone and intercom connections



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C1.6	Service counters are available as per patient load	Availability of labour tables as per delivery load		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 Delivery Cases X. 028
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		OB	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		OB	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 ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	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		OB	Switch boards and 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		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C3	The facility has established programme for fire safety and other disasters				
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		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		OB	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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		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	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist		OB/RR	100-200 Deliveries -1 (OBG/EMOC) 200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC) >500 3 OBG + 4 EMOC
		Availability of Pediatrician		OB/RR	At least 1 pediatrician
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor		OB/RR	At least 4 Medical Officers
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff/ANM		OB/RR/SI	Deliveries Per month- 100-200- 8 200-500 -12 > 500 - 16
ME C4.5	The facility has adequate support/ general staff	Availability of house keeping staff & Security Guards		SI/RR	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 - 8
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of uterotonic Drugs		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge) Tab Misoprostol 200mg
		Availability of Anti-infective Drugs		OB/RR	Cap Ampicillin 500mg, Tab Metronidazole 400mg, Inj Gentamicin



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Antihypertensive, analgesic and antipyretic and Anesthetic drugs		OB/RR	Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xylocaine 2%
		Availability of IV fluids		OB/RR	IV fluids, Normal saline, Ringer lactate,
		Availability of Vitamins		OB/RR	Vit K
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material and Sanitary pads		OB/RR	Gauze piece and cotton swabs, sanitary Napkins (2 for Each Delivery), Sanitary Pads (4 for each delivery, needle (round body and cutting), chromic catgut no. 0, antiseptic solution
		Availability of syringes and IV sets/tubes and consumables for newborn		OB/RR	Paediatric IV sets, urinary catheter, Gastric tube and cord clamp, Baby ID tag
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentamicin, inj metronidazole, Inj diazepam, inj Pheniramine maleate, inj Corboprost, Inj Pentazocine, Inj Promethazine, Betamethasone, Inj Hydralazine, Nifedipine, Methyldopa, ceftriaxone
Standard C6	The facility has equipment & instruments required 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		OB	One set of Digital BP apparatus, Stethoscope, Adult Thermometer, Baby Thermometer, baby forehead thermometer, Handheld Fetal Doppler, Fetoscope, baby weighting scale, Measuring Tape for four labour tables or at least two sets, Wall clock
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument arranged in delivery trays		OB	Cord Cutting Scissor, Artery forceps, Cord clamp, Sponge holder, speculum, kidney tray, bowl for antiseptic lotion are present in tray
		Delivery kits are in adequate numbers as per load		OB	One autoclaved delivery tray for each table plus 4 extra trays



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Instruments arranged for Episiotomy trays		OB	Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder, thumb forceps, are present in tray
		Availability of Baby tray		OB	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		OB	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		OB	PPIUCD insertion forceps, CuI UCD 380A/ Cu IUCD375 in sterile package are present in tray
		Availability of Radiant Warmers		OB	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		OB	Atleast 2 Glucometers, Protien 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		OB	Availability of Neonatal Resuscitation Kit Pediatric 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		OB	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		OB	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush, Autoclave



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Labour Beds with attachment/ accessories		OB	Each labor bed should be have following facilities Adjustable side rails, Facilities for Trendelenburg/ reverse positions, Facilities for height adjustment, Stainless steel IV rod, wheels & brakes, Steel basins attachment, Calf support, handgrip, legs support
		Availability of Mattress for each Labour Beds		OB	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	Facility has a defined and established procedure for effective utilization, evaluation 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 have been defined		SI/RR	Check objective checklist such OSCE (Onsite Clinical Examination) defined Dakshta program are available at the labor room
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		SI/RR	Check for records of competence assessment using OSCE 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	Navjat Shishu Surkasha Karyakarm (NSSK) training & Skilled birth Attendant (SBA)		SI/RR	Check training records
		Biomedical Waste Management & Infection control and hand hygiene, Patient safety		SI/RR	Check training records
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
		Training on Respectful Maternal Care		SI/RR	Check training records
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Labour room staff is provided refresher training		SI/RR	Check with training records the labour room staff have been provided refresher training at least once in every 12 month on Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established Programme for inspection, testing and maintenance 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		SI/RR	Check with AMC records/ Warranty documents
		There is system of timely corrective break down maintenance of the equipments		SI/RR	Check for breakdown & Maintenance record in the log book
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	BP apparatus, thermometers, weighing scale, radiant warmer etc are calibrated. Check for records/calibration stickers
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with labour room staff		OB/SI	Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room
Standard D2	The facility has defined procedures for storage, inventory 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		SI/RR	Stock level are daily updated 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 consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	Check drugs and consumables are kept at allocated space in Crash cart/Drug trolleys and are labelled. Look alike and sound alike drugs are kept separately
		Empty and filled cylinders are labelled and updated		OB	Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray/Crash cart		OB/RR	Expiry dates against drugs are mentioned crash cart/ emergency drug tray No expiry drug found



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		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 maintains stock and expenditure register of drugs and consumables		RR/SI	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		SI/RR/OB	There is no stock out of drugs
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		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	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at delivery table & observation area		OB	Labour Area - 500 Lux Support Area - 150 Lux
ME D3.2	The facility has provision of restriction of visitors in patient care areas	There is no overcrowding in labour room		OB	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		PI/OB	Temperature of the labour room should be kept around 26-28°C, labour complex should have split ACs with tonnage = (square root of area)/10 and one ceiling mounted fan for every labour table. Area should be drought free
ME D3.4	The facility has security system in place in patient care areas	Security arrangement in labour room		OB	Dedicated security guards preferably female security staff. CCTV Camera at entrance/ circulation areas
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	Check adequate security measures have been taken for safety and security of staff working in labour room



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME 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		OB	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		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 water		OB	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		OB	Check for delivery as well as auxiliary areas
		Delivery table are intact and without rust & Mattresses are intact and clean		OB	Observe for any signs for rusting or accumulation of dirt/grease/encrusted body fluid
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Labour room		OB	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		OB	Check for no stray animal in and around labour room
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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		OB/SI	Check for 24x7 availability of power backup including dedicated UPS and emergency light
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	Availability & use of clean linen		OB/RR	Clean delivery gown is provided to pregnant women & sterile drape for baby



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		SI/RR	Quantity of linen is checked before sending it to laundry Cleanliness & quantity of the linen is checked received from laundry Records are maintained
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.2	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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/Biometrics etc.)
		Staff posted in the labor room should not be rotated outside the labor room		RR/SI	Check with the duty roster
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		OB	As per hospital administration or state policy
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation 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		RR	Check for demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is procedure for admitting Pregnant women directly coming to Labour room		SI/RR/OB	Admission is done by written order of a qualified doctor
		There is no delay in admission of pregnant women in labour pain		OB/SI/RR	Co relate the time admission with & clinical intervention (vital chart, partograph, medication given etc.)
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Check how service provider cope with shortage of delivery tables due to high patient load		OB/SI	Provision of extra tables
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care		RR/SI/OB	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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Recording and reporting of Clinical History		RR/SI	Recording of women obstetric History including LMP and EDD Parity, Gravid status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart diseases, STD etc.) HIV status and Surgical History
		Recording of current labour details		RR	Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement
		Physical Examination		RR/SI	Recording of Vitals, shape & Size of abdomen, presence of scars, foetal lie and presentation & vaginal examination
ME E2.2	There is established procedure for follow-up/ reassessment of patients	There is fixed schedule for reassessment of Pregnant women as per standard protocol		RR/OB	There is fix schedule of reassessment as per protocols. Assessment finding should be recorded in partograph
Standard E3	The facility has defined and established procedures 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		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 within the hospital		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)		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 Labor room staff confirms the suitability of referral with higher centers to ascertain that case can be managed at higher center and will not require further referrals



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Essential information regarding referral facilities are available at labour room		RR/OB	Check for availability of following: Referral Pathway Names, Contact details and duty schedules for responsible persons higher referral centers Name, Contact details, duty schedule of Ambulance services
		Advance communication regarding the patient's condition is shared with the higher center		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 center
		Patient referred with referral slip		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 center including whom to contact and signature of approving medical officer
		Referral vehicle is being arranged		SI/RR	Check labour room staff facilitates arrangement of ambulance for transferring the patient to higher center. Patient attendant are not asked to arrange vehicle by their own Check if labour room staff checks ambulance preparedness in terms of necessary equipments, drugs, accompanying staff in terms of care that may be required in transit
		Referral checklist & Referral in/Out register is maintained all referred cases		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
					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		SI/RR	Check that labour room staff follow up of referred cases for timely arrival and appropriate care provided at higher center. 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	Nurse is assigned for each pregnant women		RR/SI	Check for nursing hand over
Standard E4	The facility has defined and established procedures for nursing 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		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		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		RR/SI	Nursing Handover register is maintained
		Hand over is given bed side		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		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	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	List of cases identified as High Risk is available with labour room staff Check for the frequency of observation: 1st stage : half an hour and 2nd stage: every 5 min
Standard E6	The Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for case sheet if drugs are prescribed under generic name only		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		RR	Intrapartum care, Essential newborn care, Newborn Resuscitation, Pre- Eclampsia, Eclampsia, Postpartum hemorrhage, Obstructed Labour, Management of preterm labour
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols & Check for rational use of uterotonic drugs
Standard E7	The facility has defined procedures for safe drug administration				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Check high alert drugs such as Magsulf, Oxytocin, Carbopost, Adrenaline are identified in the labour room
		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		SI/RR	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
ME E7.2	Medication orders are written legibly and adequately	Every medical advice and procedure is accompanied with date, time and signature		RR	Verify case sheets of sample basis
		Check whether the writing is comprehensible by the clinical staff		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		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Any adverse drug reaction is recorded and reported		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		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	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Progress of labour is recorded		RR	Partograph
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment prescribed in nursing records		RR	Medication order, treatment plan, lab investigation are recorded adequately
ME E8.4	procedures performed are written on patients records	Delivery note is adequate		RR	Outcome of delivery, date and time, gestation age, delivery conducted by, type of delivery, complication if any, indication of intervention, date and time of transfer, cause of death etc.
		Baby note is adequate		RR	Did baby cry, Essential new born care, 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		RR/OB	Availability of standardized labour room case sheets including partograph and safe Birthing checklist
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	Labour room register, OT register, MTP 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		RR	Check records are numbered and labelled legibly
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	Check for list of critical values is available at nursing station



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion				
ME E13.9	There is established procedure for transfusion of blood	Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on room temperature (28°C) before transfusion. Blood transfusion is monitored and regulated by qualified person
Standard E16	The facility has defined and established procedures for end of life care and death				
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per mother & neonatal death review guidelines		RR	Maternal and neonatal death are recorded as per MDR guideline. Death note including efforts done for resuscitation is noted in patient record. Death summary is given to patient's attendant quoting the immediate cause and underlying cause if possible
		There is established criteria for distinguishing between new-born death and still birth		SI/RR	Every still birth is examined, classified by paediatrician before declaration & record is maintained
MATERNAL & CHILD HEALTH SERVICES					
Standard E18	The facility has established procedures for Intranatal care, as per guidelines				
ME E18.1	The facility staff adheres to standard procedures for management of second stage of labor	Ensures 'six cleans' are followed during delivery		SI/OB	Ensures 'six cleans' are followed during delivery Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to wrap mother
		Allows spontaneous delivery of head		SI/OB	By flexing the head and giving perineal support
		Delivery of shoulders and Neck		SI/OB	Manages cord round the neck; assists delivery of shoulders and body; delivers baby on mother's abdomen
		Check no unnecessary episiotomy performed		SI/RR	Check with records and interview with staff if they are still practicing routine episiotomy
		Unnecessary augmentation and induction of labour is not done using uterotonics		SI/RR	Check uterotonics such as oxytocin and mesoprostol 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E18.2	The facility staff adheres to standard procedure for active management of third stage of labor	Rules out presence of second baby by palpating abdomen		SI	Check staff competence
		Use of Uterotonic Drugs		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		SI/RR	Only during Contraction
		Uterine tone assessment		SI/RR	Check staff competence
		Checks for completeness of placenta before discarding		SI/RR	After placenta expulsion, Checks Placenta & Membranes for Completeness
ME E18.3	The facility staff adheres to standard procedures for routine care of newborn immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel		SI/OB	Check staff competence through demonstration or case observation
		Performs delayed cord clamping and cutting (1-3 min)		SI/OB	Check staff competence through demonstration or case observation
		Initiates breast-feeding soon after birth		SI/OB	Check staff competence through demonstration or case observation
		Records birth weight and gives injection vitamin K		SI/OB	Check staff competence through demonstration or case observation
ME E18.4	There is an established procedure for assisted and C-section deliveries, as per scope of services	Staff is aware of Indications for referring patient for to Surgical Intervention		SI	Ask staff how they identify slow progress of labour, How they interpret Partogram
		Management of Obstructed Labour		SI/RR	Diagnosis obstructed labour based on data registered from the partograph, Re-hydrates the patient to maintain normal plasma volume, check vitals, gives broad spectrum antibiotics, perform bladder catheterization and takes blood for Hb & grouping, Decides on the mode of delivery as per the condition of mother and the baby
ME E18.5	The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Eclampsia	Records BP in every case checks for proteinuria		SI/RR	Check staff competence through demonstration or case observation
		Identifies danger signs of severe PE and convulsions		SI/RR	Check staff competence through demonstration or case observation



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Administers injection magnesium sulphate appropriately		SI/RR	Check staff competence through demonstration or case observation
		Provides nursing care & ensures specialist attention		SI/RR	Check staff competence through demonstration or case observation
ME E18.6	The facility staff adheres to standard protocols for identification and management of PPH	Checks uterine tone and bleeding PV regularly		SI/OB	Check staff competence through demonstration or case observation
		Identifies PPH		SI?OB/RR	Assessment of bleeding (PPH if >500 ml or > 1 pad soaked in 5 Minutes or any bleeding sufficient to cause signs of hypovolemia in patient)
		Manages PPH as per protocol		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		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		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	The facility staff adheres to standard protocols for management of HIV in pregnant woman & newborn	Provides ART for seropositive mothers/ links with ART center		SI/RR	Check case records and Interview of staff
		Provides syrup Nevirapine to newborns of HIV seropositive mothers		SI/RR	Check case records and Interview of staff
ME E18.8	The facility staff adheres to standard protocol for identification and management of preterm delivery	Correctly estimates gestational age to confirm that labour is preterm		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Identifies conditions that may lead to preterm birth		SI/RR	(severe PE/E, APH, PPRM)
		Administers antenatal corticosteroids in pre term labour and conditions leading to pre term delivery (24-34 weeks)		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		SI/RR	Review case records
		Administers appropriate antibiotics to mother		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		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 performing bag and mask ventilation for 30 seconds if baby is still not breathing		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		SI/OB	If baby still not breathing/ breathing well, continues ventilation with oxygen, calls or arranges for advanced help or referral
ME E18.11	The facility ensures physical and emotional support to the pregnant women by means of birth companion of her choice	Women are encouraged and counselled for allowing birth companion of their choice		PI/SI	
		Orientation session and information is available for birth companion		PI/SI	
Standard E19	The facility has established procedures for Postnatal care, as per guidelines				
ME E19.1	The facility staff adheres to protocol for assessments of condition of mother and baby and providing adequate postpartum care	Performs detailed examination of mother		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		OB/SI	Staff Interview
		Looks for signs of hypothermia in baby and provides appropriate care		RR/SI/PI	Skin to skin contact with mother, regular monitoring and specialist attention as required



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E19.2	The facility staff adheres to protocol for counseling on danger signs, post-partum family planning and exclusive breast feeding	Staff counsels mother on vital issues		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	The facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm		SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)
		Facilitates assisted feeding whenever required		SI/RR/PI	
		Facilitates thermal management including kangaroo mother care		SI/RR/PI	Facilitates thermal management including kangaroo mother care
ME E9.4	The facility has established procedures for stabilization/treatment/referral of post natal complications	There is established criteria for shifting newborn to SNCU		SI/RR	Check if criteria has been defined and in practice by labour room staff
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection				
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		SI/RR	Swabs are taken from infection prone surfaces such as delivery tables, door, handles, procedure lights etc.
ME F1.4	There is provision of periodic medical check-ups and immunization of staff	There is procedure for immunization & medical check up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antiseptics				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running water facility at point of use		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		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted. Availability of alcohol based hand rub



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
		Handwashing station is as per specification		OB	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		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		OB	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 preparation/ delivery cases		SI	Staff Interview
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipments as per requirement	Availability of Masks, caps and protective eye cover		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		OB/SI/RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/ Expenditure register
		Use of elbow length gloves for obstetrical purpose		OB/SI/RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/ Expenditure register
		Availability of disposable gown/Apron		OB/SI/RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/ Expenditure register
		Heavy duty gloves and gum boots for housekeeping staff		OB/SI/RR	Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock/ Expenditure register
		Personal protective kit for delivering HIV cases		OB/SI	Cap & Mask, protective Eye cover, Disposable apron



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Entry to the labour Room is only after change of shoes and wearing Mask & Cap		OB	
Standard F4	The facility has standard procedures for processing of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Disinfection of operating & Procedure surfaces		SI/OB	Cleaning of delivery tables tops after each delivery with 2% carbolic acid
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/ patient care area
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after use
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		OB/SI	Autoclaving
		Autoclaving of delivery kits is done as per protocols		OB/SI	Ask staff about temperature, pressure and time. Ask staff about method, concentration and contact time required for chemical sterilization
		There is a procedure to ensure the traceability of sterilized packs & their storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment
Standard F5	Physical layout and environmental control of the patient 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 routes for clean and dirty items		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant & cleaning agents as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, 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		SI/RR	Spill management kit staff training, protocol displayed
		Cleaning of patient care area with detergent solution		SI/RR	Staff is trained for preparing cleaning solution as per standard procedure



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Standard practice of mopping and scrubbing are followed & three bucket system is followed		OB/SI	Unidirectional mopping from inside out. Cleaning protocols are available/ displayed Cleaning equipment like broom are not used in patient care areas
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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 & plastic bags at point of waste generation		OB	Adequate number Covered Foot operated
		Segregation of anatomical and soiled waste in yellow Bin		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		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		OB	Pictorial and in local language
ME F6.2	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		OB	See if it has been used or just lying idle
		Availability of post exposure prophylaxis & protocols		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		OB	Includes used vials, slides and other broken infected glass



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		OB/SI	Bins should not be filled more than 2/3 of its capacity
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	Quality circle has been formed in the Labour Room		SI/RR	Check if quality circle formed and functional in the Labour Room
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client satisfaction survey done on monthly basis		RR	
ME G2.2	The facility analyzes the patient feedback, and root-cause analysis	Analysis of low performing attributes of client feedback is done		RR	
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan prepared is prepared to address the areas of low satisfaction		RR	
Standard G3	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 of daily round by matron/hospital manager/hospital superintendent/Hospital Manager/Matron in charge for monitoring of services		SI/RR	Facility Incharge should visit at least twice in a week. OBG Incharge should visit Labour room atleast twice a day, Matron/Nursing supervisor should visit at once in each shift Findings/instructions during the visits are recorded
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Daily Checklist to check labour room preparedness and cleanliness is used for quality assurance Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	Check if SOPs available at labour room are formally approved
		Current version of SOP are available with process owner		OB/RR	Check current version of SOP is available with all staff members of labour room



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		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		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		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		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		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		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for quality management & improvement		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		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		SI/RR	Interview labour room staff for their awareness about content of SOPs
ME G4.4	Work instructions are displayed at point of use	Clinical protocols for Intrapartum care and management of obstetric emergency are displayed		OB	Clinical Protocols on AMSTL, Preparing Partograph, PPH, Eclampsia, Infection control, Referral, Infection Control
		Clinical protocols on Newborn Care are displayed		OB	Clinical Protocols on Essential Newborn Care, New born resuscitation
		Don'ts/Harmful Activities are displayed at labour Room		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
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical process are the ones where is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G5.2	The facility identifies non value adding activities/waste/redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are expended, 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		SI/RR	Look for the improvements made in the critical process
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment should be done at least quarterly
ME G6.1		Referral Audits are conducted on monthly basis		RR/SI	Check for records referral audit is being done on regular basis
		Maternal Death Audits are conducted on monthly basis		RR/SI	Check for records maternal audit is being done on regular basis
		Neonatal Death Audits are conducted on monthly basis		RR/SI	Check for records Neonatal audits is being done on regular basis
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Check points having scores partial and Non Compliances are listed
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them				
ME G7.4	Facility has defined quality objectives to achieve mission and quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
Standard G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		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
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	Percentage of deliveries conducted at night		RR	
		Percentage of complicated cases managed		RR	
		Percentage PPIUCD inserted against total number of normal delivery		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Percentage of cases referred to OT		RR	
		Percentage of newborns required resuscitation out of total live births		RR	
		No of drugs stock out in the month		RR	
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	Percentage of deliveries conducted using real time partograph		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Percentage of deliveries conducted using safe birth checklist		RR	
		No of adverse events per thousand patients		RR	
		The percentage of Women, administered Oxytocin, immediately after birth		RR	
		Intrapartum stillbirth rate		RR	
		Percentage newborn breastfed within 1 hour of birth		RR	
		No. of cases of Neonatal asphyxia		RR	
		No. of cases of Neonatal Sepsis		RR	
		Percentage of antenatal corticosteroid administration in case of preterm labour		RR	
		No. of cases of Maternal death related to APH/PPH		RR	
		No of cases pf maternal death related to Eclampsia/PIH		RR	
		OSCE Score		RR	
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	Percentage of Deliveries attended by Birth Companion		RR	
		Client Satisfaction Score		RR	





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/Peer/External) Action plan Submission Date

A. SCORE CARD

LABOUR ROOM SCORE CARD	
Area of Concern wise score	Labour Room Score Card
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



CHECKLIST-4

MATERNITY WARD



Checklist for MATERNITY WARD

Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.3	The facility provides Obstetrics & Gynaecology services	Availability of Gynaecology indoor services		SI/OB	For obstetric indoor services kindly refer to ME A2.2
ME A1.14	Services are available for the time period as mandated	Availability of nursing services 24x7		SI/RR	
ME A1.18	The facility provides Blood Bank & Transfusion services	Availability/linkage with blood bank		SI/OB	
Standard A2	The facility provides RMNCHA services				
ME A2.2	The facility provides Maternal health services	Availability of indoor services for Antenatal cases		SI/OB	Antenatal ward - Clean Ward
		Availability of indoor services for normal delivery		SI/OB	Postnatal ward - Normal delivery
		Availability of indoor services for C section		SI/OB	Postnatal ward - C-section delivery
		Availability of indoor services for Septic cases		SI/OB	Septic ward
		Availability of indoor services for Eclampsia cases		SI/OB	Eclampsia room
ME A2.3	The facility provides Newborn health services	Prevention of hypothermia and initiation of breast feeding		SI/OB	
ME A2.4	The facility provides Child health services	Screening of New born for Birth Defects		SI/OB	
Standard A3	The facility provides Diagnostic services				
ME A3.1	The facility provides Radiology services	Availability/linkage with Radiology		SI/OB	
ME A3.2	The facility provides Laboratory services	Availability/linkage with laboratory		SI/OB	
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme, as per guidelines	Treatment of Malaria in pregnancy		SI/OB	Check the records for management of cases in last one year



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME A4.10	The facility provides services under National Health Programme for Deafness	Referral of of child born of High Risk pregnancy showing features suggestive of hearing empairment		SI/OB	
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlements under JSSK displayed		OB	
		Entitlement under JSY displayed		OB	
		List of drugs available are displayed and updated		OB	
		Contact details of referral transport/ambulance displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material is displayed		OB	Breast feeding and care of breast, kangaroo care, family planning, Danger signs, PN advice, Information material about PCPNDT etc.
		Counselling aids like flip chart etc are available for post partum counselling		OB	
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up	Availability of Enquiry Desk with dedicated staff		OB	Enquiry desk serving both maternity ward and labour
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	
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				
ME B2.1	Services are provided in a manner that issensitive to gender	No Male attendant allowed to stay in female wards at night		OB/SI	
		Availability of female staff if a male doctor examines a female patient		OB/SI	
		Availability of Breast feeding corner		OB	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of wheel chair or stretcher for easy access to the ward		OB	
		Availability of ramps and railing		OB	
		Availability of disable friendly toilet		OB	
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at Examination Area		OB	Bracket screen
		Curtains have been provided at windows		OB	
		Patients are dressed/ covered while shifting the patients from one department to other		OB	
		No two patients are treated on one bed		OB	
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		SI/OB	
		No information regarding patient identity and details are unnecessarily displayed		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		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		SI/OB	
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	General Consent is taken before admission		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient and their attendant are informed about her clinical condition and treatment being provided		PI	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Stay in ward is free of cost		PI/SI	
		Availability of free diet		PI/SI	
		Availability of free drop back		PI/SI	
		Availability of free referral vehicle/Ambulance services		PI/SI	
		Availability of free blood		PI/SI	
		Availability of free drugs		PI/SI	
		Availability of free diagnostic		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		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		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurs, it is reimbursed from hospital		PI/SI/RR	
		JSY payment is done before discharge		PI/SI/RR	
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities				
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		RR/SI	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure 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		OB	Distance between centres of two beds – 2.25 meter



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME C1.2	Patient amenities are provided as per patient load	Functional toilets with running water and flush are available as per strength and patient load of ward		OB	One toilet for 12 patients
		Functional bathroom with running water are available as per strength and patient load of ward		OB	One toilet for 12 patients
		Availability of drinking water		OB	
		Patient/visitor hand washing area		OB	
		Separate toilets for visitors		OB	
		TV for entertainment and health promotion		OB	
		Adequate shaded waiting area is provide for attendants of patient		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of dedicated nursing station		OB	
		Availability of Examination room		OB	
		Availability of Treatment room		OB	
		Availability of Doctor's Duty room		OB	
		Availability of Nurse Duty room		OB	
		Availability of Store		OB	Drug & Linen store
		Availability of Dirty room		OB	
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		OB	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		OB	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		OB	
ME C1.6	Service counters are available as per patient load	There is separate nursing station for each ward		OB	
		Availability of adequate beds as per delivery load		OB	10 beds for 100 delivery per month



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Prepartaum and post partum wards are in proximity and functional linkage with labour room		OB	
		Postpartum ward and SNCU are in proximity and functional linkage		OB	
		C section ward is in proximity and has functional linkage with OT		OB/SI	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	The facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, 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		OB	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		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	The facility has established programme for fire safety and other disasters				
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		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	
ME C3.2	The facility has adequate fire fighting equipment	Maternity ward has installed fire extinguisher that is ethier Class A, Class B, C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist on duty and on call paediatrician		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		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	6 for 100-200 Deliveries/Month 8 for More than 200 deliveries permonth
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of RMNCH counsellor		OB/SI	Counsellor available for postpartum counselling of mothers
		Availability of dresser for C section ward		SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of ward attendant		SI/RR	Availability of mamta/ ayahs and Sanitary worker
		Availability Security staff		SI/RR	
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Uterotonic Drugs		OB/RR	Tocolytics, Isoxsuprine
		Availability of antibiotics		OB/RR	Tab metronidazole 400mg, Gentamicin
		Availability of Antihypertensive		OB/RR	Tab Misoprostol 200mg, Labetalol
		Availability of analgesics and antipyretics		OB/RR	Tab Paracetamol, Tab Ibuprofen, Piroxicam
		Availability of IV fluids		OB/RR	IV fluids, Normal saline, Ringer lactate
		Availability of other emergency drugs		OB/RR	Tab Retrodrine, Misoprostol, Prostodin, steroid as Hydrocortisone, dexamethasone, iron, calcium, and folic acids tablets
		Availability of drugs for newborn		OB/RR	Inj Vit K 10mg, Vaccine OPV, Hep B, BCG, paracetamol syrup/ drops, Syp Calcium with Vit D, Multivitamin drops, colicaid drops, Nevirapine drops (for HIV+ve mother born children), gentian Violet (0.50%)



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and sanitary pads		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		OB/RR	Paediatric iv sets, urinary catheter with bag, Foyle's catheter Nasogastric tube, Syringe A/D
		Availability of antiseptic solutions		OB/RR	Betadine
		Availability of consumables for new born care		OB/RR	Gastric tube and cord clamp, dressing pad
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Availability of emergency drug tray in Maternity ward		OB/RR	
Standard C6	The facility has equipment & instruments required 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		OB	BP apparatus, Thermometer, 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		OB	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		OB	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		OB	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		OB	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		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility		OB	
		Availability of attachment/accessories with patient bed		OB	Hospital graded mattress, Bed side locker, IV stand, Bed pan
		Availability of fixtures		OB	Spot light, electrical fixture for equipments like suction, X-ray view box
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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		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 competencies and training plan	Infant and young Child Feeding (IYCF) practices		SI/RR	
		Biomedical waste management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Nursing staff is skilled identificaton and managing complication		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 are gaps
		Staff is skilled for maintaining clinical records		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 are gaps



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		Counsellor is skilled for postnatal counselling		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 are gaps
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established programme for inspection, testing and maintenance 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		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	BP apparatus, thermometers etc are calibrated
Standard D2	The facility has defined procedures for storage, inventory 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 at nursing station		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 and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables		RR/SI	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
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		SI/RR	
		There is no stock out of drugs		OB/SI	
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		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	Narcotics and psychotropic drugs are kept in lock and key		OB/SI	Separate prescription for narcotic and psychotropic drugs
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Visiting hours are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during visiting hours		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Optimal temperature and warmth is ensured Fans/ Air conditioning/Heating/ Exhaust/Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place in patient care areas	New born identification band and foot prints are in practice		OB/RR	
		Security arrangement in maternity ward		OB/SI	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are Intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the ward		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of hot water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in ward		OB/SI	
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done specially for high risk pregnancy and other specified cases		RR/SI	For hypertensive patient, diabetic cases. Check nutrition advice from records
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu is provided to the patient
		Check for the quality of diet provided		PI/SI	Ask patient/staff whether they are satisfied with the quality of food



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME D6.3	Hospital has standard procedures for preparation, 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		RR/SI	Diet for diabetic patients, low salt and high protein diet etc.
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	Clean Linens are provided for all occupied bed		OB/RR	
		Gown are provided at least to the cases going for surgery		OB/RR	
		Availability of blankets, draw sheet, pillow with pillow cover and mackintosh		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		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		SI/RR	
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like name, age, sex, chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is no delay in treatment because of admission process		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		There is separate counter for admission of patients		OB/RR	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra beds		OB/SI	
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI/OB	The assessment criteria for different clinical conditions are defined and measured in assessment sheet
		ANC history of pregnant women is reviewed and recorded		RR/SI	
		Physical examination is done and recorded wherever required		RR	Assesses general condition, including: vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast examinations
		Dangers signs are identified and recorded		RR/SI	Examines the perineum for inflammation, status of episiotomy/tears, lochia for colour, amount, consistency and odour, Checks calf tenderness, redness or swelling
		Initial assessment and treatment is provided immediately		RR/SI	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	
Standard E3	The facility has defined and established procedures for 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 ward to OT/ labour room		SI/RR	
		There is a procedure for consultation of the patient to other specialist within the hospital		SI/RR	
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	Patient referred with referral slip		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		RR/SI	
		Referral in or referral out register is maintained		SI/RR	
		Facility has functional referral linkages to lower facilities		RR	Check for referral cards filled from lower facilities
		Facility has functional referral linkages to higher facilities			
		There is a system of follow up of referred patients		SI/RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and Nurse is assigned for each patient		RR/SI	
Standard E4	The facility has defined and established procedures for nursing 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		OB/SI	Identification tags for mother and baby/ foot print are used for identification of newborns
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
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		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		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		RR/SI	Check for TPR chart, IO chart, any other vital required is monitored
		Critical patients are monitored continually		RR/SI	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	High risk cases: Eclampsia, Sepsiss, diabetic, cardiac diseases and Intrauterine growth retardation
Standard E6	The Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	The facility has defined procedures for safe drug administration				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Magsulf (to be kept in fridge), Methergine
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	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		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content kept to be used later on
		Check for separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs, right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advised by doctor/pharmacist/nurse about the dosages and timings		RR/SI	
Standard E8	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME E8.4	Procedures performed are written on patient's records	Any procedure performed written on BHT		RR	Dressing, mobilization etc.
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		RR/OB	Availability of formats for Treatment Charts, TPR Chart, Intake Output Chart etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		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, FP register, Diet register, Linen register, Drug indent register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	The facility has defined and established procedures for discharge of patient				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient/attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is given to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	
		Advice includes the information about the nearest health centre for further follow up		RR/SI	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		Time of discharge is communicated to patient in prior		PI/SI	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion				
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient record		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		RR	
Standard E14	The facility has established procedures for Anaesthetic 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		SI/RR	
Standard E16	The facility has defined and established procedures for end of life care and death				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decently communicate death to relatives		SI	
		Death note is written on patient record		RR	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death summary is given to patient’s attendant quoting the immediate cause and underlying cause if possible		SI/RR	Maintenance of records as per guideline
		Death note including efforts done for resuscitation is noted in patient record		RR	Maternal and neonatal death
MATERNAL HEALTH					
Standard E17	The facility has established procedures for Antenatal care, as per guidelines				
ME E17.1	There is an established procedure for registration and follow up of pregnant women	Facility provides and updates “Mother and Child Protection Card”		RR/SI	
ME E17.4	There is an established procedure for identification of high risk pregnancy and appropriate treatment/ referral, as per scope of services	Management of PIH/ Eclampsia		RR/SI	
		Management of sepsis		RR/SI	
		Management of diabetic pregnant mother		RR/SI	
		Management of cardiac cases		RR/SI	
		Management of IUGR		RR/SI	
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia	Management of of severe anaemia		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	The facility staff adheres to protocol for assessments of condition of mother and baby and providing adequate postpartum care	Post Partum Care of Newborn		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 within 1 Hour		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		PI	Check uterine contraction, bleeding as per treatment plan, check for TPR and output chart, Breast examination and milk initiation and perineal washes



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME E19.2	The facility staff adheres to protocol for counseling on danger signs, post-partum family planning and exclusive breast feeding	Staff counsels mother on vital issues		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	The facility staff adheres to protocol for ensuring care of newborns with small size at birth	Facilitates specialist care in newborn <1800 gm		SI/RR	Facilitates specialist care in newborn <1800 gm (seen by paediatrician)
		Facilitates assisted feeding whenever required		SI/RR/PI	
		Facilitates thermal management including kangaroo mother care		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		SI/RR	
ME E19.5	The facility ensures adequate stay of mother and newborn in a safe environment, as per standard protocols	48 hour stay of mothers and new born after delivery			
ME E19.6	There is an 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		RR/PI	
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines				
ME E20.1	The facility provides immunization services, as per guidelines	Zero dose vaccines are given		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		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



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection				
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of hospital acquired infection		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		SI/RR	Hepatitis B, Tetanus Toxoid etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	Check for availability of wash basin near the point of use
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Staff is aware of when to hand wash		SI	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipments as per requirement	Clean gloves are available at point of use		OB/SI	
		Availability of masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for 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		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table, Patients Beds Stretcher/ Trolleys etc. Wiping with .5% Chlorine solution
		Proper decontamination of instruments after use		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		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at Point of use/ patient care area
		Staff knows how to make chlorine solution		SI/OB	
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		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
Standard F5	Physical layout and environmental control of the patient care areas ensures 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		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	Adequate number Covered Foot operated
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of anatomical and solid waste in yellow Bin		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		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



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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		SI/OB	Ask if available. Where it is stored and who is incharge of that
		Staff knows what to do in condition of needle stick injury		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		OB	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		SI/OB	
		Transportation of bio medical waste is done in close container/trolley			
		Staff is aware of mercury spill management		SI/RR	
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	Facility has established organizational framework for quality improvement				
ME G1.1	Facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client/Patient satisfaction survey done on monthly basis		RR	
Standard G3	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 matron/hospital manager/hospital superintendent/Hospital Manager/Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for receiving and initial assessment of the patient in Maternity ward		RR	
		Department has documented procedure for admission, shifting and referral of pregnant mother		RR	
		Department has documented procedure for shifting the mother to labour room		RR	
		Department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		Department has documented procedure for preparation of the patient for surgical procedure		RR	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		Department has documented procedure for transfusion of blood in maternity ward		RR	
		Department has documented procedure for maintenance of rights and dignity of pregnant women		RR	
		Department has documented procedure for record Maintenance including taking consent		RR	
		Department has documented procedure for discharge of the patient from maternity ward		RR	
		Department has documented procedure for post natal inpatient care of mother		RR	
		Department has documented procedure for post natal inpatient care of new born		RR	
		Department has documented procedure for payment/incentives of beneficiary		RR	
		Department has documented procedure for counselling of the patient at the time of discharge		RR	
		Maternity ward has documented procedure for environmental cleaning and processing of the equipment		RR	
		Maternity ward has documented procedure for arrangement of intervention for maternity ward		RR	
		Maternity ward has documented procedure for sorting, cleaning and distribution of clean linen to patient		RR	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
		Maternity ward has documented procedure for providing free diet to the patient as per their requirement		RR	
		Department has documented procedure for end of life care		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Patient safety, Identification of danger sign, postnatal care and counselling, new born care etc.
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities/waste/redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct Maternal Death audit		RR/SI	
		There is procedure to conduct New born Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	PDCA
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month



Reference No.	Measurable Element	Checkpoints	Compliance	Assessment method	Means of verification
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	Bed Occupancy Rate for normal delivery ward		RR	
		Bed Occupancy Rate for C section ward			
		Proportion of Severe anaemia cases treated with blood transfusion		RR	
		Standard operating procedure for department has been prepared and approved		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Referral Rate		RR	
		Bed Turnover rate		RR	
		Discharge rate		RR	
		No. of drugs stock out in the ward		RR	
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	Average length of stay for normal delivery		RR	
		Average length of stay for C section			
		Newborns Breastfed within 1 hr of Birth		RR	
		Maternal Death per 1000 deliveries		RR	
		No of adverse events per thousand patients		RR	
		Proportion of mother given postnatal counselling		RR	
		Time taken for initial assessment		RR	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Patient Satisfaction Score		RR	
		Proportion of mothers given drop back facility		RR	





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

MATERNITY WARD SCORE CARD	
Area of Concern wise score	Maternity Ward Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



CHECKLIST-5

PAEDIATRICS WARD



NATIONAL QUALITY ASSURANCE STANDARDS

Checklist-5

Checklist for PAEDIATRICS WARD

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.4	The facility provides Paediatric services	Availability of dedicated paediatric ward		SI/OB	
		Availability of isolation room		SI/OB	Particularly for chicken pox, measles etc.)
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24x7		SI/RR	
Standard A2	The facility provides RMNCHA services				
ME A2.4	The facility provides Child health services	Indoor Management of Severe Acute Malnutrition		SI/RR	
		Indoor Management of Severe Diarrhoea with severe dehydration		SI/RR	
		Indoor Management of Meningitis		SI/RR	
		Indoor Management of Acute respiratory infections		SI/RR	
		Seizures and convulsions		SI/RR	
		Shock		SI/RR	
		Accidental poisoning		SI/RR	
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme, as per guidelines	Indoor management of malaria		SI/RR	Check the records for management of cases in last one year
		Indoor management of Chikungunia		SI/RR	Check the records for management of cases in last one year
		Indoor management of JE		SI/RR	Check the records for management of cases in last one year
ME A4.2	The facility provides services under National TB Elimination Programme, as per guidelines	Management of paediatric Tuberculosis		SI/RR	
ME A4.10	The facility provides services under National Health Programme for Deafness	Referral of child born of High Risk pregnancy showing features suggestive of hearing impairment		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A 4.12	The facility provided services as per Rashtriya Bal Swasthya Karykram	Availability of services under RBSK		SI/RR	
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Contact details of referral transport/ambulance displayed		OB	
		Entitlement under RBSK are displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material is displayed		OB	Breast feeding, immunization schedule and Zn, ORS, nutrition and hand washing etc.
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	
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				
ME B2.1	Services are provided in a manner that issensitive to gender	Cots in paediatric ward are large enough for stay of mother with child		OB	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of wheel chair or stretcher for easy access to the ward		OB	
		Availability of ramps with railing		OB	
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen		OB	
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		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	General Consent is taken before admission		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment being provided		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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of free diagnostics		PI/SI	
		Availability of free drop back		PI/SI	
		Availability of free diet to patient		PI/SI	
		Availability of free diet to mother		PI/SI	
		Availability of free patient transport		PI/SI	
		Availability of free blood		PI/SI	
		Availability of free drugs		PI/SI	
		Availability of free stay in paediatric ward		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		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		PI/SI/RR	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Treatment to BPL patient is free		PI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurs, it is reimbursed from hospital		PI/SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities				
ME B6.7	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 LAMA patient		RR/SI	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure 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		OB	Distance between centres of two beds – 2.25 meter
ME C1.2	Patient amenities are provided as per patient load	Functional toilets with running water and flush are available as per strength and patient load of ward		OB	
		Functional bathroom with running water are available as per strength and patient load of ward		OB	
		Availability of drinking water		OB	
		Patient/visitor hand washing area		OB	
		Separate toilets for visitors		OB	
		TV for entertainment and health promotion		OB	
		Adequate shaded waiting area is provide for attendants of patient		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of dedicated nursing station		OB	
		Availability of Examination room		OB	
		Availability of Treatment room		OB	
		Availability of Doctor's Duty room		OB	
		Availability of Nurse Duty room		OB	
		Availability of Store		OB	Drug & Linen store
		Availability of Dirty room		OB	
		Availability of play room		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		OB	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		OB	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		OB	
ME C1.6	Service counters are available as per patient load	Availability of IPD beds as per load		OB	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	The facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	Paediatric building does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the paediatric wards are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	The facility has established Programme for fire safety and other disasters				
ME C3.1	The facility has plan for prevention of fire	Paediatric Ward has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.2	The facility has adequate fire fighting equipment	Paediatric ward has installed fire extinguisher that is Class A, Class B, C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Paediatrician on call		OB/RR	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctor		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of nursing staff		OB/RR	As per patient load
ME C4.5	The facility has adequate support/ general staff	Availability of ward attendant/Ward boy		OB/RR	Availability of ayahs/ Sanitary worker
		Availability Security staff		OB/RR	
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of emergency drugs		OB/RR	Adrenaline Diazepam, Phenobarbitone Pheniramine (Cetirizine) Hydrocortisone Calcium gluconate Sodium bicarbonate Dopamine, methasone
		Availability of IV fluid		OB/RR	Ringer's lactate • Normal saline • N/5 in 5% Dextrose Dextrose (10%)
		Availability of antibiotics		OB/RR	(Ampicillin, Gentamicin, Cefotaxime, Ceftriaxone)



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Other Injectables		OB/RR	Quinine, Mannitol, Potassium chloride (KCL), Vitamin K, Nebuliser solution of salbutamol, Artesunate
		Oral Drugs 1		OB/RR	ORS Cotrimoxazole paediatric tablets & Syrup Amoxicillin tablets Doxycycline & Syrup Zinc tablets Chloroquine tablets Paracetamol, Metrinidazol, Albendazol
		Oral Drugs 2		OB/RR	Vitamin A, IFA tablets, Salbutamol, Prednisolone tablets, Frusemide tablets
ME C5.2	The departments have adequate consumables at point of use	Consumables for Paediatric ward		OB/RR	Plastic/disposable syringes: <ul style="list-style-type: none"> • IV cannulas (22G and 24G) • Scalp vein set No. 22 & 24 • IV infusion sets (adult and paediatric), simple rubber catheter
		Resuscitation consumables		OB/RR	Nasogastric tube (8, 10, 12FG) Suction catheter (6, 8, 10 FG) Uncuffed tracheal tube (all sizes) Oropharyngeal airway
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C6	The facility has equipment & instruments required 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		OB	Weighing machine (infant & adult) <ul style="list-style-type: none"> • Stadiometer for height • Infantometer for length BP apparatus with paediatric cuff, Thermometer
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of point of care diagnostic instruments		OB	Glucometer
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.		OB	Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes) Laryngoscope Nebulizer Suction machines Oxygen supply, ET tube (different sizes)
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	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		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds		OB	
		Availability of attachment/accessories with patient bed		OB	Hospital graded mattress, Bed side locker, IV Stand, Bed pan, bed rail
		Availability of fixtures		OB	Electrical fixture for equipments like suction, X-ray view box
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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		RR/SI	Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C7.9	The staff is provided training as per defined core competencies and training plan	Facility based immunization		SI/RR	
		Infant and young Child Feeding (IYCF) practices		SI/RR	
		IMNCI Training		SI/RR	
		Biomedical waste management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient safety		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Nursing staff is skilled for maintaining clinical records		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 are gaps
		Counsellor is skilled IYCF counselling		OBI/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 are gaps
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established programme for inspection, testing and maintenance 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		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	BP apparatus, thermometers etc are calibrated
Standard D2	The facility has defined procedures for storage, inventory 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 at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed
		Drugs are intended in Paediatric dosages only		OB/RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in paediatric ward		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables		RR/SI	
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		SI/RR	
		There is no stock out of drugs		OB/SI	
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		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Visiting hours are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during visiting hours		OB	
		One female/family members allowed to stay with the child		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		PI/OB	Room kept between 25 - 30°C (to the extent possible) Fans/Air conditioning/Heating/ Exhaust/Ventilators as per environment condition and requirement



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Safe measures used for re-warming children		SI/OB	Check availability of Blankets to cover the children
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Side railings has been provided to prevent fall of patient		OB	
ME D3.4	The facility has security system in place in patient care areas	Identification band for children below 5 years		OB	
		Security arrangement in Paediatric Ward		OB/SI	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the ward		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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 patient care areas		OB/SI	
Standard D6	Dietary services are available as per service provision and nutritional 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		RR/SI	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu is provided to the patient
		Check for the quality of diet provided		PI/SI	Ask patient/staff whether they are satisfied with the quality of food
ME D6.3	Hospital has standard procedures for preparation, 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		RR/SI	
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	Clean Linens are provided for all occupied bed		OB/RR	
		Availability of blankets, draw sheet, pillow with pillow cover and machintosh		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		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		SI/RR	
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like name, age, sex, chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is established criteria for admission		SI/RR	Age Criteria & clinical diagnosis, all emergency and serious cases
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra beds		OB/SI	
Standard E2	Facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	
		Patient History is taken and recorded		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Physical examination is done and recorded wherever required		RR	
		Provisional Diagnosis is recorded		RR	
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	
Standard E3	The facility has defined and established procedures for 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 during departmental transfer		SI/RR	
		There is a procedure for consultation of the patient to other specialist within the hospital		RR/SI	
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	Patient referred with referral slip		RR/SI	Check for referral cards filled from lower facilities
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	
		There is a system of follow up of referred patients		RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and Nurse is assigned for each patient		RR/SI	
Standard E4	The facility has defined and established procedures for nursing 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		OB/SI	Identification tags are used for children less than 5 yrs



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. correlate it with drugs and doses prescribed
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
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		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		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		RR/SI	Check for TPR chart, IO chart, weight records any other vital required is monitored
		Critical patients are monitored continually		RR/SI	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	
Standard E6	The Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E7	The facility has defined procedures for safe drug administration				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc.
		Maximum dose of high alert drugs are defined and communicated		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		SI/RR	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		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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 time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines done after ensuring right patient, right drugs, right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advised by doctor/pharmacist/nurse about the dosages and timings		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E8	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patient's records	Procedures performed are written on patient's records		RR	Nebulization, Resuscitation etc.
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		RR/OB	TPR chart, IO chart, Growth chart (Pre term)
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		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, Diet register, Linen register, Drug intend register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	The facility has defined and established procedures for discharge of patient				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient/attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/informed before discharge of patients		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling the mother on correct treatment and feeding of the child at home, when to return for follow-up care and immunization		PI/SI	
		Time of discharge is communicated to patient in prior		PI/SI	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion				
ME E13.8	There is established procedure for issuing blood	Paediatric bags for blood available		RR/SI	
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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		RR	
Standard E14	The facility has established procedures for Anaesthetic 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		SI/RR	
Standard E16	Facility has defined and established procedures for end of life care and death				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decently communicate death to relatives		SI	
		Death note is written on patient record		RR	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		SI/RR	
		Death summary is given to patient’s attendant quoting the immediate cause and underlying cause if possible		RR	
MATERNAL & CHILD HEALTH SERVICES					
Standard E17	The facility has established procedures for Antenatal care as per guidelines				
ME E17.1	There is an established procedure for registration and follow up of pregnant women	Facility provides and updates “Mother and Child Protection Card”		RR/SI	
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines				
ME E20.2	Triage, Assessment & Management of newborns, infant & children having emergency signs are done, as per guidelines	Assessment Protocols are available		SI/RR	Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration
		Triage Protocols are available		SI/RR	Emergency, priority and can wait
		Staff aware and practice ETAT protocols		SI/RR	
		Staff is skilled for basic life support for young infants and children's		SI/RR	
		ETAT checklist is available and practiced		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E20.7	Management of children presenting with fever, cough/ breathlessness is done, as per guidelines	Differential diagnosis algorithm are available		SI/RR	
ME E20.8	Management of children with Severe Acute Malnutrition is done, as per guidelines	Food/fluid intake is chart is maintained		RR	
		Weight chart is maintained		RR	
		Start-up and catch formula made as per guidelines		SI/RR	Check for composition
ME E20.9	Management of children presenting diarrhoea is done, as per guidelines	Assessment of dehydration done as per protocols		SI/RR	
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection				
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of hospital acquired infection		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		SI/RR	Hepatitis B, Tetanus Toxoid etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	Check for availability of wash basin near the point of use
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Staff is aware of when to hand wash		SI	
		Mothers are practicing wash hand washing with soap		PI/OB	After using the toilet or changing diapers and before feeding children
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipments as per requirement	Clean gloves are available at point of use		OB/SI	
		Availability of masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for 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		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table, Patients Beds Stretcher/ Trolleys etc. Wiping with .5% Chlorine solution
		Proper decontamination of instruments after use		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		SI/OB	10 minutes



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/ patient care area
		Staff knows how to make chlorine solution		SI/OB	
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		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	Physical layout and environmental control of the patient care areas ensures 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		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	Adequate number Covered Foot operated
		Availability of colour coded non chlorinated plastic bags		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Segregation of anatomical and solid waste in yellow Bin		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		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		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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		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		SI	Staff knows what to do in case of sharp 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		OB	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		SI/OB	
		Transportation of bio medical waste is done in close container/trolley			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is aware of mercury spill management		SI/RR	
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient satisfaction survey done on monthly basis		RR	
Standard G3	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 matron/ hospital manager/ hospital superintendent/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented Procedure for receiving and initial assessment of the patient		RR	
		Department has documented procedure for reassessment of the patient as per clinical condition		RR	
		Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Check availability of documented procedure for taking consent, maintenance of privacy, confidentiality & entitlements



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for safety & risk management		RR	Check availability of risk management record/ register to identify risk & action taken to mitigate them
		Department has documented procedure for support services & facility management		RR	Department has documented procedure for sorting, cleaning and distribution of clean linen & documented procedure for providing free diet to patient, preventive- break down maintenance and calibration of equipments, inventory management & storage, retaining, retrieval of records
		Department has documented procedure for general patient care processes		RR	Department has documented procedure for admission, shifting, referral & discharge of paediatric cases
		Department has documented procedure for specific processes to the department		RR	Department has documented procedure for emergency triage, assessment and treatment. Documented procedure for Management of fever, cough, breathlessness, diarrhoea and malnutrition, 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 infection control & bio-medical waste management		RR	Check availability of documented procedure for infection control practices & BMW
		Department has documented procedure for quality management & improvement		RR	Check availability of documented procedure for departmental quality activities viz: nomination of department Nodal officer, internal assessments, audits, patient satisfaction survey, internal & external quality assurance processes



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for data collection, analysis & use for improvement		RR	Check availability of documented departmental data set need to be measured monthly & procedure for their collection, analysis & improvement
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Patient safety, formula for calculation of paediatric doses, CPR etc.
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities/waste/redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/death audits	There is procedure to conduct Child Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	PDCA



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		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
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	Bed Occupancy Rate		RR	
		Proportion of mothers given nutritional counselling		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		No. of paediatric admission per 1000 indoor admission		RR	
		Proportion of female patient		RR	
		LAMA rate for female patient		RR	
		Proportion of BPL patient		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Referral Rate		RR	
		Bed Turnover rate		RR	
		No. of drug stock out in the paediatric ward		RR	
		Discharge Rate		RR	
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	No. of Newborn/Child Resuscitated		RR	
		Average length of Stay		RR	
		Death rate		RR	
		No of adverse events per thousand patients		RR	
		% of infants exclusively breastfed from admission to discharge		RR	
		Time taken for initial assessment		RR	
		Case fatality rate		RR	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Attendant Satisfaction Score		RR	Question may be asked with attendant





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

PAEDIATRICS WARD SCORE CARD	
Area of Concern wise score	Paediatrics Ward Score Card
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



CHECKLIST–6

SICK NEWBORN CARE UNIT (SNCU)



Checklist for SICK NEWBORN CARE UNIT (SNCU)

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.4	The facility provides Paediatric services	Availability of functional SNCU		SI/OB	For detailed service provision kindly refer A2.3
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24x7		SI/RR	
Standard A2	The facility provides RMNCHA services				
ME A2.3	The facility provides Newborn health services	Management of low birth weight infants <1800 gm and preterm		SI/RR	
		Management of all sick new borns except those requiring mechanical ventilation and major surgical intervention		SI/RR	
		Resuscitation		SI/RR	
		Prevention of infection including management of newborn sepsis		SI/RR	
		Provision of Warmth		SI/RR	
		Phototherapy for new born		SI/RR	
		Breast feeding/feeding support and Kangaroo Mother care (KMC)		SI/RR	
ME A2.4	The facility provides Child health services	Screening of New born for Birth Defects		SI/RR	
Standard A3	The facility provides Diagnostic services				
ME A3.1	The facility provides Radiology services	Availability for USG and portable X-ray services		SI/OB	In house, Parent hospital and Outsourced
ME A3.2	The facility provides Laboratory services	SNCU has facility/linkage for laboratory investigation		SI/OB	Availability of side laboratory: Serum billirubin, Plasma glucose, Serum creatnine, Blood count, Platelet, C reactive protein, Prothrombin time, Blood gas analysis with PH measurement analysis. If linkage with outside lab than give partial compliance



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Numbering, main department and internal sectional signage
		Directional signage for department is displayed		OB	
		Restricted area signage displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Services available in SNCU are displayed		OB	
		Entitlements under JSSK Displayed		OB	
		Information about doctor/Nurse on duty is displayed and updated		OB	
		Contact information in respect of SNCU referral services are displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	Display of information for education of mother/ relatives		OB	Display of pictorial information/chart regarding expression of milk/techniques for assistive feeding, KMC, complimentary feeding etc.
		Counselling aids are available for education of mother		OB	
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		OB	
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained in breast feeding room		OB	
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		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	SNCU has system in place to take informed consent from patient relative whenever required		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	SNCU has system in place to involve patient relatives in decision making of patient treatment		PI	
		SNCU has system in place to provide communication of newborn condition to parents/relatives at least once in day		PI/SI	
ME B4.5	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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of free diagnostics		PI/SI	
		Availability of free drop back		PI/SI	
		Availability of free diet to patient		PI/SI	
		Availability of free diet to mother		PI/SI	
		Availability of free patient transport		PI/SI	
		Availability of free blood		PI/SI	
		Availability of free drugs		PI/SI	
		Availability of free stay to mother		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		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		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurs, it is reimbursed from hospital		PI/SI/RR	
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities				
ME B6.6	There is an established procedure for 'end-of-life' care	Patient's relatives are informed clearly about the deterioration in health condition of the patients		SI/RR	
		There is a procedure to allow patient relative/ Next of Kin to observe patient in last hours		SI/OB	
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		RR/SI	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per patient care units		OB	Space between 2 adjacent beds in SNCU should be 4 ft. Space between wall and beds is 2 ft
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provided as per patient load	Availability of drinking water		OB	
		Toilets for visitors		OB	
		TV for entertainment and health promotion		OB	
		Adequate sitting area for patient relative		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	SNCU has separate Inborn unit		OB	
		SNCU has separate Out born unit		OB	
		SNCU has separate designed washing area		OB	
		The rooms has been separated by transparent observation windows from the nurses' working place in between		OB	Patient care area has 2 interconnected rooms



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Availability of nursing station		OB	
		Hand washing and gowning area		OB	
		Receiving room with examination area		OB	
		Clean area for mixing intravenous fluids and medications/fluid preparation area		OB	
		Doctors duty room		OB	
		Dirty utility area		OB	
		Mother's area for expression of breast milk/ Breast feeding		OB	SNCU has system in place to call mother's of baby for feeding
		Unit stores		OB	
		Side lab. Nurses change room, autoclaving room, Counselling room		OB	
		Step down area in close proximity		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 movement of staff and equipments		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	
ME C1.6	Service counters are available as per patient load	Availability of adequate patient care units as per case load		OB	According to the delivery load (Calculation as per Gol guidelines)
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	SNCU is easily accessible from labour room, maternity ward and obstetric OT		OB	
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	Facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are properly fastened and secured



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME C2.3	The facility ensures safety of electrical establishment	SNCU does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
		SNCU has mechanism for periodical check/test of all electrical installation by competent electrical Engineer		OB/RR	
		10 central voltage stabilize outlets are available with each warmer in main SNCU, Step down area and triage room		OB/RR	50% Of each should be 5amp and 50% should be 15 amp to handle equipments
		SNCU has system for power audit of unit at defined intervals and records of same is maintained		OB/RR	
		SNCU has earthing system available		OB/RR	Dedicated earthing pit system available
		SNCU has dedicated earthing pit system available and records of its measurement is maintained		OB/RR	Earth resistance should be measured twice in a year and logged
		Wall mounted digital display is available in SNCU to show earth to neutral voltage		OB	Normal range 3-5 V (if exceed to report immediately)
		Quality output of voltage stabilizer is displayed in each stabilizer as per manufacturer guideline		OB	
		Power boards are marked as per phase to which it belongs		OB	
		SNCU has system to measure earth resistance at defined interval		OB/RR	Earth resistance should be measured twice in a year and logged
ME C2.4	Physical condition of buildings are safe for providing patient care	Floor of the SNCU are non slippery and even		OB	
		Windows/ventilators if any in the OT are intact and sealed		OB	
Standard C3	Facility has established program for fire safety and other disasters				
ME C3.1	The facility has plan for prevention of fire	SNCU has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	
ME C3.2	The facility has adequate fire fighting equipment	SNCU has installed fire extinguisher that is Class A, Class B, C type or ABC type		OB	
		SNCU has provision of smoke and heat detector		OB	
		SNCU has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic fire extinguisher		OB/RR	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of fulltime Paediatrician		OB/RR	At least one paediatrician
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of 1 Medical officer per shift		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of 3 Nursing staff per shift		OB/RR/SI	
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability 1 technician for side lab		OB/SI	
ME C4.5	The facility has adequate support/ general staff	Availability of SNCU attendant		SI/RR	Availability of one sanitary staff and ayahs
		Availability Security staff		SI/RR	
		Availability of one data entry operator		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamycin Amoxycillin-Clavulanic Suspension
		Availability of analgesics and antipyretics		OB/RR	Paracetamol
		Availability of IV fluids		OB/RR	5%, 10%, 25% Dextrose Normal saline
		Availability of other emergency drugs		OB/RR	Inj. Adrenaline (1:10000) Inj. Naloxone Sodium Bicarbonate Inj. Aminophylline Phenobarbitone (Injection + oral) Inj. Hydrocortisone, Inj. Dexamethasone, Inj. Phenytoin
		Drugs for electrolyte imbalance		OB/RR	Inj. Potassium Chloride 15% Inj. Calcium Gluconate 10% Inj. Magnesium Sulphate 50%
		Availability of drugs for newborn		OB/RR	Vit K
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material and diapers		OB/RR	Gauze piece and cotton swabs, Diapers
		Availability of syringes and IV sets/tubes		OB/RR	Neoflon 24 G, microdrip set with & without burette, BT set, Suction catheter, PT tube, feeding tube
		Availability of antiseptic solutions		OB/RR	Antiseptic lotion
		Others		OB/RR	Baby ID tag, cord clamp, mucus sucker
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C6	The facility has equipment & instruments required 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		OB	Multiparamonitor, Thermometer, Weighing scale, pulse oxy meter, Stethoscope



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments for side laboratory		OB	Availability of services in side lab; Micro hematocrit, Multistix, Bilirubinometer, Microscope, Dextrometer, Glucometer
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Functional Patient care units		OB	Radiant warmers and phototherapy machine
		Functional Critical care equipments		OB	Infusion pumps, Oxygen cylinder/central line/ Oxygen concentrator, oxygen hood
		Functional Resuscitation equipments		OB	Bag and mask, laryngoscope, ET tubes, suction machine
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	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		OB	Buckets for mopping, Separate mops for inborn and outborn and circulation area, duster, waste trolley, Deck brush
		Availability of dedicated washing machine for SNCU		OB	
		Availability of equipment for sterilization and disinfection		OB	Autoclave
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of fixtures		OB	Electrical panel with each unit, X-ray view box
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, furniture at breast feeding room
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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		RR/SI	Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME C7.9	The staff is provided training as per defined core competencies and training plan	Facility based New Born Care (FBNC) training		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU
		Training on infection control and hand hygiene		SI/RR	
		Training on Bio Medical Waste Management		SI/RR	
		Patient Safety		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Nursing staff is skilled for operation of equipments		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 are gaps
		Staff is skilled for resuscitation of New Born		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 are gaps
		Nursing staff is skilled identifying and managing complication		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 are gaps
		Nursing Staff is skilled for maintaining clinical records		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 are gaps
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	Facility has established program for inspection, testing and maintenance and calibration of equipments				
ME D1.1	The facility has established system for maintenance of critical equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Radiant warmer, suction machine, Oxygen concentrator, pulse oximeter/Multipara monitor
		There is system of timely corrective break down maintenance of the equipments		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired		OB/RR	
		Staff is skilled for trouble shooting in case equipment malfunction		SI/RR	
		Periodic cleaning, inspection and maintenance of the equipments is done by the operator		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	
		There is system to label/ code the equipment to indicate status of calibration/verification when recalibration is due		OB/RR	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with SNCU staff		OB/SI	
Standard D2	The facility has defined procedures for storage, inventory 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 at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed
		Drugs are intended in Paediatric dosages only		OB/RR/SI	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
		Expressed milk is stored at recommended temperature		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in SNCU		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables		RR/SI	
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		SI/RR	
		There is no stock out of drugs		OB/SI	
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		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at nursing station		OB	Separate procedure lightening capable of providing not less than 200Lux at the plane of infant bed, Ambient lightening levels in infants spaces shall be adjustable through range of at least 50 to more than 600 Lux
		Adequate illumination in patient care unit		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	One female family members allowed to stay with the new born in step down		OB/SI	
		Entry to SNCU is restricted		OB	
		Visiting hours are fixed and practiced		OB/PI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	SNCU has system to control temperature and humidity and record of same is maintained		SI/RR	Temperature inside main SNCU should be maintained at (22-26OC), round O clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained
		SNCU has procedure to check the temperature of radiant warmer, phototherapy units, baby incubators etc.		SI/RR	Each equipment used should have servo controlled devices 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		SNCU has system to control the sound producing activities and gadgets (like telephone sounds, staff area and equipments)		SI/RR	Background sound should not be more than 45 db and peak density should not be more than 80db
		SNCU has functional room thermometer and temperature is regularly maintained		SI/RR	1 for each patient care room
ME D3.4	The facility has security system in place in patient care areas	New born identification band and foot prints are in practice		OB/RR	
		There is procedure for handing over the baby to mother/father		SI	
		Security arrangement in SNCU		OB	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the SNCU		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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 patient care areas		OB/SI	
		Availability of UPS		OB/SI	
		Availability of emergency light		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		OB	
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done specially for mother of admitted baby		RR/SI	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu is provided to the patient
		Check for the quality of diet provided		PI/SI	Ask patient/staff whether they are satisfied with the quality of food
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	SNCU has facility to provide sufficient and clean linen for each patient		OB/RR	
		Gown are provided to visitors/staff at the entrance of SNCU		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		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		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like name, age, sex, chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	Admission criteria for SNCU is defined & followed		SI/RR	
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure copes with surplus patient load		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	Defined criteria for assessment like Silverman Anderson Score and down score
		Patient History is taken and recorded		RR	
		Physical examination is done and recorded wherever required		RR	
		Provisional Diagnosis is recorded		RR	
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	
Standard E3	The facility has defined and established procedures 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 taking over of new born from labour OT/Ward to SNCU		RR/SI	Check continuity of care is maintained while transferring/handover the patient
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	Patient referred with referral slip		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	Check for referral cards filled from lower facilities
		There is a system of follow up of referred patients		RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and Nurse is assigned for each patient		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard E4	The facility has defined and established procedures for nursing care				
ME E4.1	Procedure for identification of patients is established at the facility	Identification tags are used for identification of newborns		OB/SI	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. correlate it with drugs and doses prescribed
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
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		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		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		RR/SI	Check for TPR chart, Phototherapy chart, any other vital required is monitored
		Critical patients are monitored continually		RR/SI	Check for use of cardiac monitor/multi parameter
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	
Standard E6	The Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	The facility has defined procedures for safe drug administration				
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		SI/OB	Electrolytes like Potassium chloride, Opioids, 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		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		SI/RR	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		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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 time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines done after ensuring right patient, right drugs, right route, right time		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard E8	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Patient progress is recorded as per defined assessment schedule		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Procedure performed are recorded in BHT		RR	Mobilization, resuscitation etc.
ME E8.5	Adequate form and formats are available at point of use	Standard formats are available		RR/OB	Availability of formats for Treatment Charts, TPR Chart, Intake Output Chart, Community follow up card, BHT, continuation sheet, Discharge card etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		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, Diet register, Linen register, Drug intend register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	The facility has defined and established procedures for discharge of patient				
ME E9.1	Discharge is done after assessing patient readiness	SNCU has established criteria for discharge of the patient		SI/RR	Patient is shifted to ward/step down after assessment
		Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient/attendants are consulted before discharge		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Treating doctor is consulted/informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is given to patients going in LAMA/Referral		SI/RR	
		There is procedure for clinical follow up of the new born by local CHW (Community health care worker)/ASHA		RR/SI	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mother before discharge		PI/SI	For care of new born and breastfeeding, treatment and follow up counselling
		Time of discharge is communicated to patient in prior		PI/SI	
Standard E10	The facility has defined and established procedures for intensive care				
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal	Criteria are defined for intubation		RR/SI	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.1	There is procedure for receiving and triage of patients	Triaging of new born as per guidelines		SI/RR	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
ME E11.4	The facility ensures adequate and timely availability of ambulance services and mobilisation of resources, as per requirement	System for coordinating with ambulances		SI/RR	
		SNCU has provision of Ambulance to refer the case to higher centre		SI/RR	
		Ambulance has provision/method for maintenance of Warm chain while referred to higher centre		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Ambulance(s)/transport vehicle(s) have adequate arrangement for Oxygen		OB/RR	
		Ambulance(s)/transport vehicle(s) have dedicated rescue kit including "essential supplies kit", emergency drug kit		OB/RR	
		SNCU has system to periodic check of ambulances/transport vehicle by driver/ paramedic staff and counter checked by SNCU staff		SI/RR	
		Transfer of patient in Ambulance/patient transport vehicle is accompanied by trained medical practitioner		SI/RR	
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	SNCU has critical values of various lab test		SI/RR	
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion				
ME E13.8	There is established procedure for issuing blood	Paediatric blood bags are available		RR/SI	If not available than how facility cope with it
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		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		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard E16	The facility has defined and established procedures for end of life care and death				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decently communicate death to relatives		SI	
		SNCU has system for conducting grievance counselling of parents in case of newborns' mortality		RR/SI	
		Death note is written on patient record		RR	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		SI/RR	
		Procedure to declare death for brought in dead cases		SI/RR	
		Death summary is given to patient's attendant quoting the immediate cause and underlying cause if possible		SI/RR	
MATERNAL & CHILD HEALTH SERVICES					
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines				
ME E20.1	The facility provides immunization services, as per guidelines	Immunization services as per national guidelines		SI/RR	zero dose, system of ensuing immunization
ME E20.2	Triage, Assessment & Management of newborns, infant & children having emergency signs are done, as per guidelines	Adherence to clinical protocol		SI/RR	As per FBHC guidelines
ME E20.3	Management of low birth weight newborns is done, as per guidelines	Adherence to clinical protocol		SI/RR	As per FBNC guidelines
ME E20.4	Management of neonatal asphyxia is done, as per guidelines	Adherence to clinical protocol		SI/RR	As per FBNC guidelines
ME E20.5	Management of neonatal sepsis is done, as per guidelines	Adherence to clinical protocol		SI/RR	As per FBNC guidelines
ME E20.6	Management of children with jaundice is done, as per guidelines	Adherence to clinical protocol		SI/RR	As per FBNC guidelines



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection				
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		SI/RR	Swabs are taken from infection prone surfaces
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of hospital acquired infection		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		SI/RR	Hepatitis B, Tetanus Toxoid etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	FNBC guideline: Each unit should have at least 1 wash basin for every 5 beds
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply. Hand rub dispenser are provided adjacent to bed
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Staff is aware of when to hand wash		SI	
		Mothers are practicing wash hand washing with soap		PI/OB	
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipments as per requirement	Clean gloves are available at point of use		OB/SI	Handwashing b/w each patient & change of gloves
		Availability of Mask		OB/SI	
		Availability of gown/apron		OB/SI	Staff and visitors
		Availability of shoe cover		OB/SI	Staff and visitors
		Availability of Caps		OB/SI	Staff and visitors
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for processing of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Cleaning & decontamination of patient care units		SI/OB	Cleaning of Radiant warmer, Incubators and Bassinets with detergent water
		Proper decontamination of instruments after use		SI/OB	Decontamination for thermometer, Stethoscope, Suction apparatus, ambu bag 70% Alcohol or detergent water as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/ patient care area
		Staff knows how to make chlorine solution		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
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		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaving of instruments is done as per protocol		OB/SI	Ask staff about temperature, pressure and time
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		There is a procedure to ensure the traceability of sterilized packs		OB/SI	
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment
Standard F5	Physical layout and environmental control of the patient 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 traffic from patient traffic		OB	
		Facility layout ensures separation of routes for clean and dirty items		OB	
		SNCU has double door system		OB	
		There is separation between in born and out born unit		OB	By glass pane
		Floors and wall surfaces of SNCU are easily cleanable		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
		Use of three bucket system for mopping		OB/SI	
		Fumigation/carbolization as per schedule		SI/RR	
		External foot wares are restricted		OB	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
ME F5.5	The facility ensures air quality of high risk area	SNCU has system to maintain ventilation and its environment should be dust free		OB	Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	Adequate number Covered Foot operated
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of anatomical and solid waste in yellow Bin		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		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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Display of work instructions for segregation and handling of Biomedical waste		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps, as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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		SI/OB	Ask if available. Where it is stored and who is incharge of that
		Staff knows what to do in condition of needle stick injury		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		OB	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		SI/OB	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/trolley			
		Staff is aware of mercury spill management		SI/RR	
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR	
Standard G3	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 matron/hospital manager/hospital superintendent/Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Check availability of documented procedure for taking consent, maintenance of privacy, confidentiality & entitlements
		Department has documented procedure for safety & risk management		RR	Check availability of risk management record/register to identify risk & action taken to address them
		Department has documented procedure for support services & facility management		RR	Documented procedure for preventive- break down maintenance and calibration of equipments, Maintenance of infrastructure, inventory management & storage, retaining, retrieval of SNCU records
		Department has documented procedure for general patient care processes		RR	Availability of documented criteria & procedure for triage, admission, assessment & re assesment, referral & discharge of the patient



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Department has documented procedure for specific processes to the department		RR	SNCU has documented procedure for key clinical processes including resuscitation, thermoregulation of new borns, drugs, intravenous, and fluid management and nutrition management of new borns
		Department has documented procedure for infection control & bio medical waste management		RR	Check availability of documented procedure for infection control practices & BMW
		Department has documented procedure for quality management & improvement		RR	Check availability of documented procedure for departmental quality activities viz: nomination of department Nodal officer, internal assessments, audits, patient satisfaction survey, internal & external quality assurance processes
		Department has documented procedure for data collection, analysis & use for improvement		RR	Check availability of documented departmental data set need to be measured monthly & procedure for their collection, analysis & improvement
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	STP for phototherapy, Grading and management of hypothermia, Expression of milk/ Monitoring of babies receiving I/V, Precaution for phototherapy, Management of hypoglycaemia, housekeeping protocols, Administration of commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities/waste/ redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/ death audits	There is procedure to conduct New born Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/RR	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	Inborn Admission rate		RR	no. of babies weighting less than 1.8 kg admitted/ Total admission in SNCU in Month
		Proportion of admission which is outborn		RR	
		Bed Occupancy rate		RR	
		Proportion of female babies admitted			
		LAMA rate for female babies			
		Proportion of BPL patients			
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Proportion of very low birth weight babies survived		RR	No. of very low birth weight babies (< 1200 gm)/No. of Low birth+ Very low birth babies
		Down time Critical Equipments		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification
		Bed turn out rate			
		Referral Rate		RR	
		Survival rate		RR	Discharge rate
		No. of drug stock out in SNCU			
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	Average waiting time for initial assessment of new born		RR	
		Proportion of new born death among inborn		RR	
		Case fatality rate			
		Proportion of asphyxiated new born babies admitted out of deliveries conducted at facility			
		Antibiotic use rate		RR	
		Average length of stay		RR	
		Adverse events are reported		RR	Baby theft, wrong drug administration, needle stick injury, absconding patients etc.
		No. of newborn resuscitated			
		Percentage of environment swab culture reported positive			
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Attendant satisfaction score			





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

SNCU SCORE CARD	
Area of Concern wise score	SNCU Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



CHECKLIST-7

**NUTRITION
REHABILITATION CENTER
(NRC)**



NATIONAL QUALITY ASSURANCE STANDARDS

Checklist-7

Checklist for NUTRITION REHABILITATION CENTER (NRC)

Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.4	The facility provides Paediatric services	Availability of functional NRC		SI/OB	For detail service provision kindly refer A2.4
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24x7		SI/RR	
Standard A2	The facility provides RMNCHA services				
ME A2.4	The facility provides Child health services	Management of hypoglycaemia as per the guideline		SI/RR	
		Management of hypothermia as per the guideline		SI/RR	
		Management of dehydration in the children with SAM, without shock as per the guideline		SI/RR	
		Management of SAM child with shock as per the guideline		SI/RR	
		Management of infection is done as per the guideline		SI/RR	
		Management of SAM children less than 6 month		SI/RR	
		Management of SAM in HIV exposed/HIV infected and TB infected children as per the guideline		SI/RR	
		Provision of Therapeutic feeding as per guideline		SI/RR/OB	
		Counselling on appropriate feeding, care and hygiene as per guideline		SI/RR/OB	
		Demonstration and practice- by -doing on preparation of energy dense child food using locally available item		SI/RR/OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
Standard A3	The facility provides Diagnostic services				
ME A3.2	The facility provides Laboratory services	NRC has facility/ Linkage for laboratory investigation		SI/OB	Availability of Side lab. Blood glucose, Haemoglobin, Serum electrolyte, TLC, DLC, urine routine, urine culture, Mantoux test, HIV (after counselling) and any specific test based on local and geographic needs like coeliac disease and malaria. If linkage to outside lab than give partial compliance
Standard A5	The facility provides Support services				
ME A5.1	The facility provides Dietary services	Availability of functional nutritional services		SI/OB	
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Service available at NRC are displayed		OB	
		Entitlement under JSSK and RBSY are displayed		OB	
		Information about doctor/Nurse on duty is displayed and updated		OB	
		Contact information in respect of NRC referral services are displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	Display of information for education of mother/care taker		OB	Display of pictorial information/chart regarding expression of milk, management of sick children with SAM etc.
		Counselling aids are available for education of the mother/care taker		OB	
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
Standard B2	Services are delivered in manners that are sensitive to gender, religious, social and cultural needs and there are no barrier on account of physical access, language, cultural or social status				
ME B2.1	Services are provided in a manner that issensitive to gender	Cots in NRC are large enough for stay of mother with child		OB	
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained at breast feeding area		OB	
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		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	NRC has system in place to take informed consent from patient relative whenever required		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	NRC has system in place to involve patient relatives in decision making of patient treatment		PI	
		NRC has system in place to provide communication of child condition to parents/ relatives at least once in day		PI/SI	
ME B4.5	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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of free diagnostics		PI/SI	
		Availability of free drop back		PI/SI	
		Availability of free diet to patient		PI/SI	
		Availability of free diet to mother		PI/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Availability of free patient transport		PI/SI	
		Availability of free blood		PI/SI	
		Availability of free drugs		PI/SI	
		Availability of free stay in NRC		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		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		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurs, it is reimbursed from hospital		PI/SI/RR	
		NRC has system to provide wage compensation to mother/caregiver for the duration of the stay at NRC as per basic daily wages of the state		PI/SI/RR	
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities				
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		RR/SI	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	NRC has adequate space as per guideline		OB	Covered area for NRC should be about 150 sq ft per bed with 30% of ancillary area
ME C1.2	Patient amenities are provided as per patient load	Availability of drinking water		OB	
		Toilets for attendant/ visitor		OB	
		Availability of sitting arrangement for patient attendant		OB	
		Availability of separate bathing area and laundry area for mothers		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of nursing station		OB	
		Receiving room with examination area		OB	
		Clean area for mixing intravenous fluids and medications/fluid preparation area		OB	
		Availability of Doctors duty room		OB	
		Availability of dirty utility area		OB	
		Availability of breast feeding corner/Area for expression of breast milk		OB	
		Availability of unit stores		OB	
		NRC has designated play area and counselling room in proximity to NRC ward		OB	
		NRC has designated kitchen area in proximity to NRC ward		OB	
		NRC has separate washing area		OB	
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		OB	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		OB	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		OB	
ME C1.6	Service counters are available as per patient load	Availability of adequate beds as per case load		OB	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	NRC should be in proximity with Paediatric/ in patient facility		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	Facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	NRC does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the NRC are non slippery and even		OB	
		Windows covered with mosquito and fly covers		OB	
Standard C3	Facility has established program for fire safety and other disasters				
ME C3.1	The facility has plan for prevention of fire	NRC has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	
ME C3.2	The facility has adequate fire fighting equipment	NRC has installed fire extinguisher that is Class A, Class B C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load				
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of Medical officer		OB/RR	Availability of 1 Medical officer per 10 bed
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Availability of 4 Nursing staff for 10 bedded NRC



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME C4.5	The facility has adequate support/ general staff	Availability of nutrition counsellor		SI/RR	Availability of 1 Nutrition Counsellor for 10 bedded NRC
		Availability of cook		SI/RR	Availability of one cook cum care taker
		Availability of cleaner/ Attendant		SI/RR	Availability of 2 attendant/cleaner
		Availability of Medical social worker		SI/RR	Availability of 1 Medical Social Worker
		Availability of security staff		SI/RR	1 Security staff per shift
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamicin
		Availability of analgesics and antipyretics		OB/RR	Paracetamol
		Availability of IV fluids		OB/RR	Ringer's lactate solution with 5% glucose, 0.45%(half normal) saline with 5% glucose, 0.9%saline(for soaking eye pads)
		Availability of other drugs		OB/RR	Metronidazole, Tetracycline or Chloramphenicol eye drops, Atropine eye drops
		Electrolyte and minerals		OB/RR	ORS, Potassium chloride, Magnesium chloride/ sulphate, Iron syrup, multivitamin, folic acid, Vitamin A syrup, Zinc sulphate or dispersible Zinc tablets, Glucose (or sucrose)
		Availability of drugs for management of SAM in HIV exposed		OB/RR	Antiretroviral drugs, cotrimoxazole prophylaxis
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material		OB/RR	Gauze piece and cotton swabs
		Availability of syringes and IV sets/tubes		OB/RR	Cannulas, IV sets, paediatric nasogastric tubes
		Availability of antiseptic solutions		OB/RR	Antiseptic lotion
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency Drug Tray is maintained		OB/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
Standard C6	The facility has equipment & instruments required 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		OB	Thermometers, Weighing scales(digital), Infantometer, Stadiometer
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of point of care diagnostic instruments		OB	Glucometer
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		OB	
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of kitchen equipments		OB	Cooking Gas, Dietary scales (to weigh to 5 gms.), Measuring jars, Electric Blender (or manual whisks), Water Filter, Refrigerator, Utensils (large containers, cooking utensils, feeding cups, saucers, spoons, jugs etc.)
		Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds		OB	
		Availability of attachment/accessories with patient bed		OB	Hospital graded mattress, Bed side locker, IV Stand, Bed pan, bed rail
		Availability of fixtures		OB	Electrical fixture for equipments like suction, X-ray view box
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair
		Availability of toys		OB	Washable toys



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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		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 competencies and training plan	Facility based care of severe acute malnutrition		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Bio Medical Waste Management		SI/RR	
		Patient Safety		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Nursing staff is skilled for maintaining clinical records		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 are gaps
		Staff is skilled for nutritional assessment of baby		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 are gaps
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	Facility has established program for inspection, testing and maintenance and calibration of equipments				
ME D1.1	The facility has established system for maintenance of critical equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Glucometer, Infantometer, Resuscitation equipments
		There is system of timely corrective break down maintenance of the equipments		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	
Standard D2	The facility has defined procedures for storage, inventory 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, drugs and food material		SI/RR	Stock level are daily updated Requisition are timely placed
		Drugs are intended in Paediatric dosages only		OB/RR/SI	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
		Food items are stored at recommended temperature		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintains stock and expenditure register of drugs and consumables		RR/SI	
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		SI/RR	
		There is no stock out of drugs		OB/SI	
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		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Visiting hours are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during visiting hours		OB	
		One female/family members allowed to stay with the child		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		PI/OB	Room kept between 25 - 30°C (to the extent possible) Fans/Air conditioning/Heating/ Exhaust/Ventilators as per environment condition and requirement
		Safe measures used for re-warming children		SI/OB	Check availability of Blankets to cover the children
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Side railings has been provided to prevent fall of patient		OB	
ME D3.4	The facility has security system in place in patient care areas	NRC has system for identification tagging for babies if baby is less than 6 months		OB	
		Security arrangement in NRC		OB/SI	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
		Walls of patient care area are brightly painted and decorated		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are Intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the NRC		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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 patient care areas		OB/SI	
		Availability of emergency light		OB/SI	
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients				
ME D6.1	The facility has provision of nutritional assessment of the patients	NRC has system in place to assess appetite of baby based on their nutritional needs		RR/SI/PI	Check appetite test for SAM baby is done as per standard guideline
		NRC has system to assess feeding problems of child and provide individual counselling to mother		RR/SI/PI	Counselling is done by nutrition counsellor
		NRC has system to access requirement and dose of micronutrient of SAM children as per their age		RR/SI	As per standard guideline
ME D6.2	The facility provides diets according to nutritional requirements of the patients	NRC has system to provides diet to children based on their clinical condition/medical complication		RR/SI/OB	Management of SAM are based on 3 phases: Stabilization Phase, Transition Phase and Rehabilitation phase



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Starter diet (F-75) is given to child just after admission		RR/SI/OB	Feeding should begin as soon as possible after admission with 'Starter diet' until the child is stabilized
		Catch up diet (F-100) is given to the child		RR/SI/OB	Catch up diet is started when child is clinically stable and can tolerate increased energy and protein intake. quantity of catch up diet given is equal to Quantity of starter diet given in stabilization phase
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	F-75 and F-100 made as per the guideline.		SI	F-75 and F-100 refers to the specific combination of calories proteins, electrolytes and minerals that should be delivered to children with SAM as per WHO guidelines made available for this purpose
		The cook prepares special diet for children under the supervision of the Nutrition counsellor		SI	
		Check raw material is kept in closed air tight containers		OB	
		Check all perishable items are kept refrigerator		OB	
		NRC has system to monitor the amount of food served to baby as per guideline		RR	
		NRC has system to monitor the amount of feed left over as per guideline		RR	Check any system to left over recorded
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	Clean Linens are provided for all occupied bed		OB/RR	
		Availability of blankets, draw sheet, pillow with pillow cover and mackintosh		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		OB/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
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		SI/RR	
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like name, age, sex, chief complaint, etc.
ME E1.2	The facility has a established procedure for OPD consultation	Screening of children coming to OPDs using weight for height and/or MUAC			
ME E1.3	There is established procedure for admission of patients	There is no delay in admission of patient			
		Admission criteria for NRC is defined & followed		SI/RR	NRC has criteria for admission of children from 6-59 months and less than 6 month as per standard guideline



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		NRC has established criteria for re admission		SI/RR	Child previously discharged from in-patient care but meets admission criteria again
		NRC has established criteria for return after default		SI/RR	Child who returns after default (away from in-patient care for 2 consecutive days) and meets the admission criteria
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure copes with surplus patient load		OB/SI	
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	
		Patient History is taken and recorded		RR	
		Physical examination is done and recorded wherever required		RR	
		Provisional Diagnosis is recorded		RR	
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for reassessment by Medical Officer/Nutrition Counsellor		RR/OB	
Standard E3	The facility has defined and established procedures 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 a procedure for consultation of the patient to other specialist within the hospital		RR/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
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	Patient referred with referral slip		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		SI/RR	To and back transport for the mother and the child with SAM children
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities			
		Facility has functional referral linkages to higher facilities		SI/RR	Check for referral cards filled from lower facilities
		There is a system of follow up of referred patients		RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and Nurse is assigned for each patient		RR/SI	
Standard E4	The facility has defined and established procedures for nursing 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		OB/SI	Identification tags are used for children less than 5 yrs
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. correlate it with drugs and doses prescribed. dispensing feed, time of oral drugs, supervision of intravenous fluids
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
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		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		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		RR/SI	Check for TPR chart, weight records any other vital required is monitored



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Critical patients are monitored continually		RR/SI	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	
Standard E6	The Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	The facility has defined procedures for safe drug administration				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, 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		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		SI/RR	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		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content indented to be used later on
		Check for separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines done after ensuring right patient, right drugs, right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Mother is advised by doctor/pharmacist/nurse about the dosages and timings		PI/SI	
Standard E8	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4	procedures performed are written on patients records	Procedure performed are recorded in BHT		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard formats are available		RR/OB	Availability of formats for Treatment Charts, Community follow up card, BHT, continuation sheet, Discharge card etc.



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		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, Diet register, Linen register, Drug intend register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	The facility has defined and established procedures for discharge of patient				
ME E9.1	Discharge is done after assessing patient readiness	NRC has established criteria for discharge of the patient		SI/RR	Discharge criterion for all infants and children is 15% weight gain and no signs of illness
		Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient/attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
		There is procedure for clinical follow up of the child for assessment and monitoring of growth and development till the child recovers completely		RR/SI	By local CHW (Community health care worker)/ ASHA/AWW. Follow up also includes enrolment of baby to Anganwadi centre and provide Supplementary food



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mothers/ caregiver before discharge		PI/SI	Preparation and feeding the child, how to give prescribed medication, folic acid, vitamins and iron at home, how to give home treatment for diarrhoea, fever and acute respiratory infections
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		Time of discharge is communicated to patient in prior		PI/SI	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.1	There is procedure for receiving and triage of patients	Triaging of sick children as per guideline		SI/RR	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	NRC has critical values of various lab test		SI/RR	
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion				
ME E13.8	There is established procedure for issuing blood	Paediatric blood bags are available		RR/SI	If not available than how facility cope with it
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood transfusion of SAM child is done as per standard guideline		RR	Blood transfusion is required (1) Hb is less than 4 g/dl (2) or if there is respiratory distress and Hb is between 4 and 6 g/dl
		Blood is kept on optimum temperature before transfusion		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Blood transfusion is monitored and regulated by qualified person		RR	Give (1) whole blood 10 ml/kg body weight slowly over 3 hours (2) furosemide 1 mg/kg IV at the start of the transfusion
		Blood transfusion note is written in patient recorded		RR	
		Staff is aware of conditions in which blood transfusion is not done/repeated		SI/RR	(1) Blood transfusion should not be started until the child has begun to gain weight (2) Following the transfusion, if the Hb remains less than 4 g/dl or between 4 and 6 g/dl with continuing respiratory distress, DO NOT repeat the transfusion within 4 days
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		RR	
MATERNAL & CHILD HEALTH SERVICES					
Standard E17	The facility has established procedures for Antenatal care as per guidelines				
ME E17.1	There is an established procedure for registration and follow up of pregnant women	Facility provides and updates "Mother and Child Protection Card"			RR/SI
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines				
ME E20.1	The facility provides immunization services, as per guidelines	Immunization services as per national guidelines		SI/RR	
ME E20.2	Triage, Assessment & Management of newborns, infant & children having emergency signs are done, as per guidelines	Adherence to clinical protocol		SI/RR	
ME E20.3	Management of low birth weight newborns is done, as per guidelines	Adherence to clinical protocol		SI/RR	
ME E20.4	Management of neonatal asphyxia is done, as per guidelines	Adherence to clinical protocol		SI/RR	
ME E20.5	Management of neonatal sepsis is done, as per guidelines	Adherence to clinical protocol		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME E20.6	Management of children with jaundice is done, as per guidelines	Adherence to clinical protocol		SI/RR	
ME E20.8	Management of children with Severe Acute Malnutrition is done, as per guidelines	Staff is aware and practice of 10 General principles of routine care as per guideline		SI	(1) Treat/Prevent Hypoglycaemia (2) treat and prevent Hypothermia (3) treat and prevent dehydration (4) Correct electrolyte imbalance (5) treat/prevent infection (6) Correct micro nutrient deficiency (7) Start cautious diet (8) Achieve catch up growth (9) Provide sensory stimulation and emotional support (10)Prepare follow up after recovery
		Staff is aware of Emergency treatment of shock and anaemia as per guideline		SI/RR	Competence testing
		Staff is aware of treatment of associated conditions like Vitamin A deficiency, Dermatitis, Parasitic worms, Continual diarrhoea and TB as per guideline		SI/RR	Competence testing
		Staff is aware of criteria for failure to respond to treatment as per guideline		SI/RR	Competence testing
AREA OF CONCERN - F: INFECTION CONTROL					
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection				
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of hospital acquired infection		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		SI/RR	Hepatitis B, Tetanus Toxoid etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	Check for availability of wash basin near the point of use
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Staff is aware of when to hand wash		SI	
		Mothers are aware of importance of washing hands		PI	
		Mothers are practicing wash hand washing with soap		PI/OB	After using the toilet or changing diapers and before feeding children
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipments as per requirement	Clean gloves are available at point of use		OB/SI	Hand washing b/w each patient & change of gloves
		Availability of masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
Standard F4	The facility has standard procedures for 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		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table, Patients Beds Wiping with .5% Chlorine solution
		Proper decontamination of instruments after use		SI/OB	Check for availability for 0.5 chlorine solution Ask staff how they decontaminate the instruments after use (Should be at least for 10 minutes)
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/ patient care area
		Staff knows how to make chlorine solution		SI/OB	
		Toys washed regularly, and after each child uses		SI/OB	Check for decontamination and washing of toys
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		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	Physical layout and environmental control of the patient care areas ensures 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		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyle, 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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	Adequate number Covered Foot operated
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of anatomical and solid waste in yellow Bin		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		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		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps, as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Availability of post exposure prophylaxis		SI/OB	Ask if available. Where it is stored and who is incharge of that
		Staff knows what to do in condition of needle stick injury		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		OB	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		SI/OB	
		Transportation of bio medical waste is done in close container/trolley			
		Staff is aware of mercury spill management		SI/RR	
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR	
Standard G3	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 matron/hospital manager/hospital superintendent/Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for receiving and initial assessment of the patient		RR	
		Department has documented procedure for admission, shifting and referral of patient		RR	
		Department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		Department has documented procedure for counselling of Mother for feeding, care and Hygiene		RR	
		Department have standard procedures for management of medical complications associated with Severe Acute Malnutrition		RR	
		Department has documented procedures for feeding of Child with SAM		RR	
		Department has documented procedure for management of SAM children less than 6 month of age		RR	
		Department has documented procedure for Management of SAM in HIV exposed/HIV infected and TB infected children		RR	
		Department has documented procedure for Structures play therapy and loving care		RR	
		Department has documented procedure for environmental cleaning and processing of the equipment		RR	
		Department has documented procedure for sorting, and distribution of clean linen to patient		RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
		Department has documented procedures for demonstration and practice of energy dense child food		RR	
		Department has documented procedure for follow up of children discharge from the NRC		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Appropriate feeding practices, wall charts for assessment and management of sick children with SAM, Management of medical complications, Triage, 10 steps for management of SAM, Grading and management of hypothermia, Management of hypoglycaemia, Management of Dehydration, housekeeping protocols, Administration of commonly used drugs, etc.
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities/waste/redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/death audits	There is procedure to conduct Death audit		RR/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	PDCA
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of verification
Standard G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	Total admissions		RR	
		Bed Occupancy Rate		RR	
		Proportion of admissions by gender		RR	
		Proportion of BPL Patients		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Achieved target weight(15% weight gain)		RR	
		Down time Critical Equipments		RR	
		Bed Turnover Rate		RR	
		Referral Rate		RR	
		Discharge Rate		RR	
		Defaulter rate		RR	Acceptable-<15% Not Acceptable->25%
		Relapse rate		RR	
		Average waiting time for admission (mins)		RR	
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	Average length of stay in (weeks)		RR	Acceptable- 1-4 week Not Acceptable-<1 and >6
		Death rate following discharge from NRC		RR	Acceptable- <5% Not Acceptable- >15%
		Recovery rate		RR	Acceptable- >75% Not Acceptable- <50%
		Adverse events are reported		RR	Wrong drug administration, needle stick injury, absconding patients etc.
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Attendant Satisfaction Score		RR	





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

NRC SCORE CARD	
Area of Concern wise score	NRC Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____





LAQSHYA
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CHECKLIST-8

MATERNITY OPERATION
THEATRE (LAQSHYA)



NATIONAL QUALITY ASSURANCE STANDARDS

Checklist-8

Checklist for MATERNITY OPERATION THEATRE (LAQSHYA)

Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.14	Services are available for the time period as mandated	OT Services are available 24x7		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		SI/OB	
ME A1.17	The facility provides Intensive care services	Availability of Maternity HDU/ICU services in the facility		SI/OB	
Standard A2	The facility provides RMNCHA services				
ME A2.1	The facility provides Reproductive health services	Availability of Post partum sterilization services		SI/OB	Tubal ligation
ME A2.2	The facility provides Maternal health services	Availability of Elective C-section services		SI/RR	Check services are available and are being utilized
		Availability of Emergency C-section services		SI/RR	Check services are available and are being utilized
		Management of MTP		SI/OB	Surgical management
ME A2.3	The facility provides Newborn health services	Availability of New born resuscitation & essential new born care		SI/OB	Dedicated Functional New born Care services in Operation theatre
Standard A3	The facility provides Diagnostic services				
ME A3.2	The facility provides Laboratory services	Availability of point of care diagnostic test		SI/OB	Glucometer, RDK, Blood grouping
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signages		OB	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Display doctor/Nurse on duty and updated OT schedule displayed
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				
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	OT is easily accessible		OB	Availability of wheel chair or stretcher for easy Access. Door is wide enough for passage of trolley and staff
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Patients are properly draped/covered before and after procedure		OB	Look patients are covered while transferred from ward to OT and vice-versa
		Visual privacy is maintained between two OT tables		OB	Preferably only one OT table should be placed in theatre, if it is not possible because of high case load adequate visual privacy should be provided through screens of multiple patients are present in same OT
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		SI/OB	In drawers/Amirah; preferably with lock facility
ME B3.3	The facility ensures the behavior of staff is dignified and respectful, while delivering the services	Behaviour of OT staff is dignified and respectful		OB/PI	Check that OT staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Pregnant women is not left unattended or ignored during care in the OT		OB/PI	Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	Consent is taken for surgical procedures		SI/RR	Written consent with details of the procedure with potentials risks and complication. Should be signed by patient/next of kin and one witness



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Separate consent is taken for Anaesthesia procedure		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	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	All surgical procedure are free of cost for JSSK beneficiaries		PI/SI	Free drugs, consumables, blood, referral etc.
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured 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		OB	OT around 40 Square meter. Two OT tables are not kept in one OT
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated protective zone		OB	Reception, waiting area, stretcher/Trolley bay, Pre and post operative rooms
		Demarcated clean zone		OB	Doctor's and Nurse's room, Anaesthesia room, equipment room, emergency exit
		Demarcated sterile zone		OB	Operating room, Scrub station, Anaesthesia station
		Demarcated disposal Zone		OB	Disposal corridor, janitor closet
		Availability of changing rooms		OB	Separate for male and females
		Availability of demarcated Pre & post Operative Room/area		OB	Can be in a single room with a partition
		Availability of earmarked area for new born corner		OB	Functional warmer, resuscitation apparatus, suction/mucous extractor, O ₂ cylinder, weighing scale and sterile gloves
		Availability of scrub area		OB	Height around 96 cm with elbow taps/sensors, both 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		OB	Dedicated areas with provision of Washing, Packing, Autoclaving the instruments and linen
		Availability of store		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys		OB	7 to 10 feet
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	Intercom should connect Operation theatre to key areas like ICU, Blood Bank, SNCU, Lab, Accident and emergency, wards, Administration
ME C1.6	Service counters are available as per patient load	OT tables are available as per load		OB	Hydraulic OT Tables As per case load at least two
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 goods and services		OB	Services are designed in a way, that there is no criss cross in movement of sterile & no sterile supplies & equipment etc.
Standard C2	The facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	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	OT does not have temporary connections and loosely hanging wires		OB	No extension cord or multi-plugs
		Availability of three phase electricity supply		SI/OB	Check electricity bill or Power Distribution Board. Meter have three wires coming out (with one neutral)
ME C2.4	Physical condition of buildings are safe for providing patient care	Walls and floor of the OT covered with jointless tiles		OB	Made of anti-skid & Epoxy flooring
		Windows/ventilators if any in the OT are intact and sealed		OB	No broken glass, gap or cracks in window/ventilator
Standard C3	The facility has established programme for fire safety and other disasters				
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		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.2	The facility has adequate fire fighting equipment	Labour room has installed fire extinguishers & expiry is displayed on each fire extinguisher		OB	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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	staff should be able to demonstrate how to open the extinguisher and operate it. PASS (Pull the pin, Aim at the base of fire, Sway from side to side)
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Obs. & Gynae Surgeon		OB/RR	100 beds 2, 200 beds-3, 300 beds-4, 400 beds-5 and 500 beds-6
		Availability of anaesthetist		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		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		OB/SI	One per shift
ME C4.5	The facility has adequate support/ general staff	Availability of OT attendant/assistant & TSSU assistant		SI/RR	1 each
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of medical gases		OB/RR	Availability of Oxygen, nitrogen Cylinders/Piped Gas supply
		Availability of drugs for local anaesthesia		OB/RR	Procaine, lignocaine, bupivacaine, Xylocaine jelly
		Availability of drugs for general anaesthesia		OB/RR	Inhaled agents-Halothane, nitrous oxide. Injectable: Barbiturates (Theopental, Thiamylal, methohexital, Benzodiazepines (diazepam, Lorazepam, Midazolam), Ketamine, Etomidate, Propofol. Neostigmine, Naloxone, Flumazenil, Sugammadex- as per EDL/State guidelines



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of opioid analgesics		OB/RR	Fentanyl, Sufentanil, Morphine, Buprenorphine, Levorphanol, Methadone-As per EDL/State guidelines
		Availability of muscle relaxants drugs		OB/RR	Succinylcholine, Vecuronium, Mivacurium, Tubocurarine as per EDL/state guidelines
		Availability of emergency drugs		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, Methylidopa, ceftriaxone
		Availability of other drugs		OB/RR	Antibiotics, Analgesics, Uterotonic drugs, IV fluids and an it hypertensive drugs as per EDL/state guidelines
ME C5.2	The departments have adequate consumables at point of use	Availability of dressing material		OB/RR	Adequate quantity of sterile pads, gauze, bandages, Antiseptic Solution
		Availability of syringes and IV sets		OB/RR	In adequate quantity as per load
		Availability of consumables for new born care		OB/RR	Cord Clamp, mucous sucker, airway, NG Tube, Suction catheter, IV cannula, paed IV set and Bag and Mask (0 & 1 no.)
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency drug tray is maintained in OT in pre and post operative room		OB/RR	Every tray is labelled with name and number of drugs and consumables along with their date of expiry
Standard C6	The facility has equipment & instruments required 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		OB	BP apparatus, Thermometer, Pulse Oxy meter, Multi parameter, PV Set, torch & wall clock
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional instruments for Gynae and obstetrics		OB	LSCS Set, Cervical Biopsy Set, Proctoscopy Set, Hysterectomy set, D&C Set
		Availability of functional equipment/Instruments for New Born Care		OB	Radiant warmer, Baby tray with 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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of functional General surgery equipments		OB	Diathermy (Unit and Bi Polar), Cautery
		Operation Table with Trendelenburg type		OB	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		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		OB	Resuscitation bag (Adult & paediatrics) Ambu bag, Oxygen, Suction machine, laryngoscope scope, Defibrillator (Paediatric and adult), LMA, ET Tube
		Availability of functional anaesthesia equipment		OB	Boyles apparatus, Bains Circuit or Sodalime 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		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		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		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		OB	Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp
		Availability of fixtures		OB	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 defined and established procedure for effective utilization, evaluation 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		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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
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		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		SI/RR	ALS and CPR by recognized agency to all category of staff
		Training on OT Management		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		SI/RR	To all category of staff. At the time of induction and once in a year
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established Programme for inspection, 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		SI/RR	Look for MOU and visit records of the empaneled agency
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Back up for critical equipment. Label Defective/Out of order equipment and stored appropriately until it has been repaired
		Staff is skilled for cleaning, inspection & trouble shooting in case equipment malfunction		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	All the measuring equipment/instrument are calibrated		OB/RR	Boyle's apparatus, cautery, BP apparatus, autoclave etc. 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 staff		OB/SI	If operator doesn't understand English, then instructions should be in local language



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D2	The facility has defined procedures for storage, inventory 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		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		OB	Away from direct sunlight and temperature is maintained as per instructions of manufacturer
		Empty and filled cylinders are labelled & kept separately		OB	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		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		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 maintains stock and expenditure register of drugs and consumables		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		SI/RR	There is no stock out of drugs
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		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		OB/SI	Under direct supervision of anaesthetist
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at OT table		OB	100000 lux
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Warning light outside the OT is switched on when OT is functional		OB/SI	Only persons required in OT are allowed to enter the OT



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
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		SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained. 50-60% humidity
ME D3.4	The facility has security system in place in patient care areas	Security arrangement at OT		OB	Restricted Signage, security guard, CCTV camera
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Department is painted/ whitewashed in uniform colour & plastered & painted		OB	Painted in soothing colours Not bright colours
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	Look for dirt above OT light, behind stationary equipment etc.
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	Check corners, false ceiling
		OT table are intact and without rust		OB	Mattresses are intact and clean
		No unnecessary items in sterile zone			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		OB	No partial compliance
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	Check for no stray animal in and around OT. Also no lizard, cockroach, mosquito, flies, rats etc.
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		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		OB/SI	2 tier backup with UPS
		Availability of UPS & Emergency light		OB/SI	Check their functionality



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
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		OB	Cylinders are provided with trolleys to prevent fall and injuries
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	OT has facility to provide sufficient and clean linen for surgical patient		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		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	Linen is changed after each procedure		OB/RR	Bed sheets, draw sheets and Macintosh
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		SI/RR	OT tech/Nurse checks Number of linen, cleanliness, whether it is torn or stained
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
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		OB	Check staff is wearing dress as per their dress code
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	There is procedure for Pre Operative assessment		RR/SI	Physical examination, results of lab investigation, X-rays, diagnosis and proposed surgery
Standard E3	The facility has defined and established procedures 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 from OT to Maternity Ward, HDU and SNCU		SI/RR	Transfer Register is maintained
Standard E4	The facility has defined and established procedures for nursing 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		OB/SI	Patient id band/verbal confirmation etc. At least two identifiers are used
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		SI/RR	Handover register is maintained



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E4.5	There is procedure for periodic monitoring of patients	Patient vitals are monitored and recorded periodically		RR/SI	Check for use of cardiac monitor/multi parameter
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping of baby or fall
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	HIV, Infectious cases
Standard E6	Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for Case Sheet if drugs are prescribed under generic name only		RR	Check at least 5 case sheets selected randomly
ME E6.2	There is procedure of rational use of drugs	Check staff is aware of the drug regime and doses as per STG		SI/RR	Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly
		Check Case Sheet that drugs are prescribed as per STG		RR	Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly
Standard E7	The facility has defined procedures for safe drug administration				
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		SI/OB	Electrolytes like Potassium chloride, Opioids, 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 & there is process to ensure that right doses of high alert drugs are only given		SI/RR	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
ME E7.2	Medication orders are written legibly and adequately	Every medical advice and procedure is accompanied with date, time and signature		RR	Look for pre-op, Procedure and Post op notes and instructions
		Check whether the writing is comprehensible by the clinical staff		RR/SI	Ask OT/Ward staff to read the orders written by doctor



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		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		RR/SI	Check for ADR forms and records
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		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	Facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of monitoring/ assessments are maintained		RR	PAC, Intraoperative monitoring
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on Case Sheet		RR	Treatment prescribed in nursing records
ME E8.4	Procedures performed are written on patient's records	Operative notes are recorded		RR	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.
		Anaesthesia notes are recorded		RR	Notes include anaesthesia type, induction, airway, intubation, inhalation agents, epidural, spinal, allergies, IV lines, IV fluids, regional block
ME E8.5	Adequate form and formats are available at point of use	Standard formats are available		RR/OB	Consent forms, Anaesthesia form, surgical safety check list
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	OT Register, Schedule, Infection control records, autoclaving records etc.
		All register/records are identified and numbered		RR	Register are labelled and numbered
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		RR	Records are kept in place without seepage, moisture, termite, pests



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan & their role and responsibilities of staff is defined		SI/RR	Ask role of staff in case of disaster
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	Including Specimen for HPE & biopsy. Name, Age, Sex, date, UHID
ME E12.3	There are established procedures for Post-testing Activities	OT is provided with the critical value of different test		SI/RR	Critical values are displayed
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion				
ME E13.8	There is established procedure for issuing blood	Availability of blood units in case of emergency without replacement		RR/SI	The blood is ordered for the patient according to the MSBOS (Maximum Surgical Blood Order Schedule)
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	Duly signed by patient/ next of kin
		Patient's identification is verified before transfusion		SI/OB	At least two identifiers are used
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person
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		RR	After transfusion, Reaction form is returned back to blood bank, even when there is no reaction
Standard E14	The facility has established procedures for Anaesthetic Services				
ME E14.1	The facility has established procedures for Pre-anaesthetic check up and maintenance of records	There is procedure to ensure that PAC has been done before surgery		RR/SI	There is procedure to review findings of PAC
		Minimum PAC for emergency cases		RR/SI	In emergency & life saving conditions, surgery may be started with General physical examination of the patient & sending the sample for lab. Examination
ME E14.2	The facility has established procedures for monitoring during anaesthesia and maintenance of records	Anaesthesia plan is documented before starting surgery		RR	Type of anaesthesia planned-local/general/spinal/epidural. Time is mentioned on all entries of anaesthesia monitoring sheet



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Anaesthesia safety checklist is used for safe administration of anaesthesia		RR	Check use of WHO Anaesthesia Safety Checklist
		Anaesthesia equipment are checked before induction		RR	Sufficient reserve of gases. Vaporizers are connected, Laryngoscope, ET tube and suction App are ready and clean
		Food intake status of Patient's is checked		RR/SI	Time of last food intake is mentioned
		Patient's vitals are recorded during anaesthesia		RR	Heart rate, cardiac rate, BP, O ₂ Saturation, temperature, Respiration rate
		Airway security is ensured		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		RR/SI	Recorded in the Anaesthesia Record Form
		Anaesthesia note is recorded		RR	Check for the adequacy, signed, complete, and post anaesthesia instructions
		Any adverse anaesthesia event is recorded and reported		RR	Reduced level of consciousness, reparatory depression, malignant hyperpyrexia, bone marrow depression, life threatening pressure effect, anaphylaxis
ME E14.3	The facility has established procedures for Post-anaesthesia care	Post anaesthesia status is monitored and documented		RR/SI	Check for anaesthetic notes & post operating instructions in post operative room & area
Standard E15	The facility has defined and established procedures of Operation Theatre services				
ME E15.1	The facility has established procedures for OT scheduling	List of Elective Surgeries for the day is prepared and displayed outside OT		RR/SI	Surgery list is prepared in consonance with availability of the OT hours and patients requirement
		Surgery list is complete in all respect		OB/SI	Day, date and time of surgeries Name, Age, Gender of patients Clear description of the procedure (name of procedure which side) Name of the surgeon & anaesthetist Major or minor case



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Operation list is sent to OT well in advance		RR/SI	By 12:00 hours, a day before the surgery
		Surgery list is informed to surgeon and ward sister		RR/SI	Verify the surgery register/ email
		The operation list does not exceed the time allocated to it		RR/SI	This does not refer to the time during an operation of an individual patient
ME E15.2	The facility has established procedures for Preoperative care	Patient evaluation before surgery is done and recorded		RR/SI	Vitals, patient's fasting status etc.
		Antibiotic Prophylaxis and Tetanus given as indicated		RR/SI	As per instructions of surgeon/anaesthetist
		Surgeries planned under local anaesthesia/ Regional Block sensitivity test is done		RR/SI	Lidocaine sensitivity test
		There is a process to prevent wrong site and wrong surgery		RR/SI	Surgical Site is marked before entering into OT
		No shaving of the surgical site		SI/RR	Only clipping on the day of surgery in OT is done
		Skin preparation before surgery is done		SI/RR	Bathing with soap and water prior to surgery in ward
		Skin preparation is done as per protocol		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		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	The facility has established procedures for Surgical Safety	Surgical Safety checklist is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure & documented



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Adequate Haemostasis is secured during surgery		RR/SI	Check for functional Cautery, use of artery forceps and suture ligation techniques
		Appropriate suture material is used for surgery as per requirement		RR/SI	For closing abdominal 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		RR/SI	Braided sutures for interrupted stiches. Absorbable and non-absorbable monofilament sutures for continuous stiches
ME E15.4	The facility has established procedures for Post operative care	Post operative monitoring is done before discharging to ward		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		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		RR/SI	Instructions given by surgeon and anaesthetist
Standard E16	The facility has defined and established procedures for end of life care and death				
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		RR	Includes both maternal and neonatal death. Death summary is given to patient's attendant quoting the immediate cause and underlying cause if possible
MATERNAL & CHILD HEALTH SERVICES					
Standard E18	The facility has established procedures for Intranatal care, as per guidelines				
ME 18.3	Facility staff adheres to standard procedures for routine care of newborn immediately after birth	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel		SI/OB	Check staff competence through demonstration or case observation



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Performs delayed cord clamping and cutting (1-3 min)		SI/OB	Check staff competence through demonstration or case observation
		Initiates breast-feeding soon after birth		SI/OB	Check staff competence through demonstration or case observation
		Records birth weight and gives injection vitamin K		SI/OB	Check staff competence through demonstration or case observation
ME E18.4	There is an established procedure for assisted and C-section deliveries, as per scope of services	Pre operative care and part preparation		SI/RR	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		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
		Intraoperative care		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		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		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		SI/RR	IV fluids, parental oxytocin and antibiotics, manual removal of placenta, blood transfusion, B-lynch suturing, surgery



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Ruptured Uterus		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 center		SI/RR	Check case records and Interview of staff
		Provides syrup Nevirapine to newborns of HIV seropositive mothers		SI/RR	Check case records and Interview of staff
ME 18.10	There is established protocol for newborn resuscitation is followed at the facility	New born Resuscitation		SI/RR	Ask Nursing staff to demonstrate Resuscitation Technique
Standard E19	The facility has established procedures for Postnatal care, as per guidelines				
ME E19.1	The facility staff adheres to protocol for assessments of condition of mother and baby and providing adequate postpartum care	Prevention of Hypothermia		SI/RR	Skin contact, Kangaroo mother care, radiant warmer, warm clothes.
ME E19.2	The facility staff adheres to protocol for counseling on danger signs, post-partum family planning and exclusive breastfeeding	Initiation of Breastfeeding within 1 Hour		PI/SI	Shall be initiated as early as possible and exclusive breast feeding
ME E19.5	The facility ensures adequate stay of mother and newborn in a safe environment, as per standard protocols	There is established criteria for shifting new born to SNCU		SI/RR	Only the new born requiring intensive care should be transferred to SNCU
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				
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		SI/RR	Swabs are taken from infection prone surfaces
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of hospital acquired infection		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 medical check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc.



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	Antibiotics prescribed are in line with Antibiotic Policy
Standard F2	The facility has defined and implemented procedures for ensuring 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		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		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
		Availability of elbow operated taps		OB	Elbow/foot operated or sensor
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	Tap should be approx. 96 cm from the ground
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adequate preparation for surgical scrub		OB/SI/RR	Check Finger nails of staff. They should not reach beyond finger tip. No nail polish or artificial nails. All jewelry on the fingers, wrists and arms should be removed. Adjust water to a comfortable temperature
		Adherence to Surgical scrub method		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		SI/OB	Check adequate quantity of antibiotic soap/ Chlorhexidine solution is available and used
		Staff is aware of when to hand wash		SI	Ask for 5 moments of hand washing



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability of antiseptic solutions		OB	Povidone iodine solution
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Check sterile field is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	Facility ensures adequate personal protection equipments as per requirement	Sterile gloves are available at OT and Critical areas		OB/SI	In adequate quantity, as per load
		Availability of masks		OB/SI	In adequate quantity, as per load
		Availability of Caps & gown/Apron		OB/SI	In adequate quantity, as per load
		Personal protective kit for infectious patients		OB/SI	Disposable surgery kit for HIV patients
		Availability of gum boots		OB/SI	In adequate quantity, as per load
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI/RR	Check Autoclaving/sterilization records
		Compliance to correct method of wearing and removing the gloves		SI	Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time
		Compliance to standard technique of wearing and removing of gown		SI	Adherence to standard technique so that sterile area is not in contact with unsterile at any given point of time
Standard F4	Facility has standard procedures for processing of equipment's and instruments				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean in of instruments and procedures areas	Decontamination of operating & procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/ Trolleys etc. Wiping with .5% Chlorine solution
		Cleaning of instruments after use		SI/OB	Ask staff how they clean 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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Proper handling of soiled and infected linen		SI/OB	No sorting, Rinsing or sluicing at Point of use/sterile area
		Staff know how to make disinfectant solution		SI/OB	Carbolic acid, chlorine solution, glutaraldehyde or any other disinfectant used
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		OB/SI	Autoclaving/Chemical Sterilization
		Chemical sterilization of instruments/equipment is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Glutaraldehyde solution is changed as per manufacturer instructions		OB/SI	Date of preparation & due date of change of solution is mentioned on container and staff is aware of When to change the chemical
		Autoclaved linen and dressing are used for procedure		OB/SI	Gowns, draw sheets, Cotton, Gauze, bandages. etc.
		Instruments are packed as per standard protocol		OB/SI	Check for Window of autoclave drum is closed, drum is not filled more than 3/4th, instruments are not hinged
		Autoclaving of instruments is done as per protocol		OB/SI	Ask staff about temperature, pressure and time
		Regular validation of sterilization through chemical indicators		OB/SI/RR	Indicators (temperature sensitive tape) that change colour after being exposed to certain temperature
		Regular validation of sterilization through biological indicator		OB/SI/RR	Bacillus Thermophilus spores are used, for measuring biological performance of autoclaving process. Performed monthly. Label the spore ampule, place in horizontal position, kept at the bottom or farthest part of autoclave
		Maintenance of records of sterilization		OB/SI/RR	Autoclave Register have column: Date, Time started, Time finished, Temp, pressure, Autoclave tape, spore test
		There is a procedure to ensure the traceability of sterilized packs		OB/SI/RR	Each Sterilized pack is marked with Date/Time of sterilization, contents, name/signature of the Technician



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment
Standard F5	Physical layout and environmental control of the patient 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 routes for clean and dirty items		OB	Facility layout ensures separation of general traffic from patient traffic. Separate disposal zone
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	Sterile & unsterile store are separately
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid, fumigation material
		Availability of cleaning agent as per requirement		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		SI/RR	Spill management kit. staff training, protocol displayed
		Mercury Spill management kit is available		SI/OB	Hospital should aspire to be mercury free. If used than Hg spill management kit should be available with gloves, cap, mask, goggles, polybag, Plastic container & torch
		Cleaning of patient care area with detergent solution		SI/RR	Washing of floor with luke warm water and detergent
		Standard practice of mopping and scrubbing are followed		OB/SI	Use of three bucket system for mopping
		Cleaning equipment's like broom are not used in patient care areas		OB/SI	Look in janitors closet
		Fumigation as per schedule		SI/RR	Check that Formalin is not used. Safer commercially available disinfectants such as Bacillicidal are used for fumigation
		External footwears are restricted		OB	Adequate numbers are available at the entrance
		Entry to sterile zone is permitted only after hand washing, change of clothes, gowning & PPE		OB/SI	Only persons really required are allowed to enter the sterile zone
ME F5.5	The facility ensures air quality of high risk area	Positive pressure in OT		OB/SI	OT to have an independent air handling unit with controlled ventilation such that the lay-up room and the OT table is under positive pressure



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Adequate air exchanges are maintained		SI/RR	Independent AHU also allows to maintain required number of Air exchange side. 20-25
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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 & plastic bags at point of waste generation		OB	Adequate number. Covered. Foot operated
		Segregation of anatomical and soiled waste in yellow Bin		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		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		OB	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		OB	See if it has been used or just lying idle
		Availability of post exposure prophylaxis & protocols		OB/SI	Ask if available. Where it is stored and who is incharge 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		OB	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		SI	Not more than two-third
		Disinfection of liquid waste before disposal		SI/OB	Through local disinfection



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	Quality circle has been formed in the Operation Theatre		SI/RR	Check if Quality circle formed and functional in the OT
Standard G3	The facility has 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 of daily round by matron/hospital manager/hospital superintendent/OT in charge for monitoring of services		SI/RR	Check for entries in Round Register
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	Can be prepared by junior surgeon and approved by HOD/OT in charge
		Current version of SOP are available with process owner		OB/RR	Look for version
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Check SOP for adequacy
		Department has documented procedure for safety & risk management		RR	Check SOP for adequacy
		Department has documented procedure for support services & facility management		RR	Check SOP for adequacy
		Department has documented procedure for general patient care processes		RR	Check SOP for adequacy
		Department has documented procedure for specific processes to the department		RR	Check SOP for adequacy
		Department has documented procedure for infection control & bio medical waste management		RR	Check SOP for adequacy



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for quality management & improvement		RR	Check SOP for adequacy
		Department has documented procedure for data collection, analysis & use for improvement		RR	Check SOP for adequacy
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	Ask staff how they carry out a specific activity
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Processing and sterilization of equipment's
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical process are the ones where is 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		SI/RR	Non value adding activities are wastes. In these steps resources are expended, 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		SI/RR	Look for the improvements made in the critical process
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment should be done at least quarterly
		C-Section Audits are done on Monthly Bases		RR	Check with audit records
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Check points having scores partial and Non Compliances are listed
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	With details of action to be taken, responsibility, time line and feedback mechanism



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	C-Section Rate		RR	Total LSCS done x 100/ Total deliveries conducted (Normal +LSCS)
		Percentage of C-Sections done in the night		RR	Total C-Section done in night x 100/Total surgeries conducted (Day Night)
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Downtime critical equipment		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		RR	Total number of C-Section done/No. of OBG Surgeon available
		Percentage of elective C-Sections		RR	No. of elective LSCS x 100/ Total LSCS (Elective + Emergency)
		No of drug stock out in the month		RR	
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	Surgical Site infection Rate		RR	No. of observed surgical site infections*100/total no. of Major surgeries
		No of adverse events per thousand patients		RR	No of Adverse events reported x 1000/total no of patient treated in OT
		Percentage of environmental swab culture reported positive		RR	No. of swab culture reported positive x 100/ Total no. of swab sent for culture
		Perioperative Death Rate		RR	Deaths occurred from pre operative procedure to discharge of the patient
		Percentage of C-Sections conducted using Safe Surgery Checklist		RR	No. of C- Section Conducted using safe surgery checklist *100/ Total no. C-Section Conducted
Standard H4	The facility measures Service Quality Indicators and endeavors to reach State/National benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates		RR	No. of cancelled operation*1000/total operation done





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

MATERNITY OPERATION THEATRE (LAQSHYA) SCORE CARD	
Area of Concern wise score	Maternity Operation Theatre (LaQshya) Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITIES FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



CHECKLIST-9

POST PARTUM UNIT



Checklist for POST PARTUM UNIT

Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.14	Services are available for the time period as mandated	OPD services are available for family planning		SI/RR	At least 6 hours
		Days for FP Surgeries are fixed		SI/RR	As per Operational Guidelines for Fixed Day Surgery (At least one day per week)
Standard A2	The facility provides RMNCHA services				
ME A2.1	The facility provides Reproductive health services	Availability of Spacing methods of family planning		SI/OB	IUCD, OCP, ECP & Condoms, Antra (injectables) & Chhaya (weekly OCP)
		Availability of Female Limiting Methods of family Planning		SI/OB	Tubectomy (Minilap and Laparoscopic)
		Availability of Male Limiting Method for Family Planning		SI/OB	NSV/Conventional
		Availability of Post partum FP services		SI/OB	Tubal Ligation and PPIUD
		Availability of Family Planning Counselling and Promotive services		SI/OB	Counselling and IEC
		Abortion and Contraception services for 1st and 2nd trimester		SI/OB	
		Postpartum ward		SI/OB	Dedicated postpartum ward for FP surgeries and abortion clients
ME A2.2	The facility provides Maternal health services	Availability of post natal counselling and follow up services		SI/OB	
ME A2.3	The facility provides Newborn health services	Availability/Linkage to immunization services		SI/OB	
ME A2.5	The facility provides Adolescent health services	Availability of Abortion services for adolescent		SI/OB	
		Availability of Contraception services		SI/OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A3	The facility provides Diagnostic services				
ME A3.2	The facility provides Laboratory services	Availability of point of care diagnostic test		SI/OB	For sterilization surgeries, availability of haemoglobin, Urine pregnancy test, urine analysis for sugar and albumin
AREA OF CONCERN - B: PATIENT RIGHTS					
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	Numbering, main department and internal sectional signage
		Restricted area signage are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of Family Planning Services available		OB	
		Compensation for family planning indemnity scheme		OB	
		Compensation for family planning services are displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material regarding family planning displayed		OB	IEC materials such as posters, banners, and handbills available at the site and displayed
		Education material for counselling are available in Counselling room		OB	Flip charts, models, specimens, and samples of contraceptives available
ME B1.6	Information is available in local language and is easy to understand	Signages and information are available in local language		OB	
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				
ME B2.1	Services are provided in a manner that issensitive to gender	Availability of female staff if a male doctor examines a female patient		OB/SI	
		There is no over emphasis on one method		SI/PI	Ask Staff/client whether they were convinced for one method or given informed choice
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of wheel chair or stretcher for easy access to the OT		OB	
		Availability of ramps with railing		OB	
		Availability of disable friendly toilet		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screens at IUD insertion room		OB	
		Availability of screens at family planning OT		OB	
		Patients are properly draped/covered before and after procedure		OB	
		Privacy at the counselling room is maintained		OB	
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		SI/OB	
		No information regarding patient identity and details are unnecessarily displayed		SI/OB	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		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 of Abortion cases		SI/OB	No entry shall be made in any case sheet, PT register, follow-up card or any other document, register indicating there in the name of the pregnant women. Only reference serial no. is mentioned on all the document
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making				
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures	Informed consent for IUD insertion		SI/PI/RR	
		Informed consent for family planning surgeries		SI/RR	
		Informed consent on prescribed form C for abortion		SI/RR	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of reproductive rights of clients		OB	
ME B4.3	Staff are aware of patient's rights & responsibilities	Staff has awareness about reproductive rights of clients		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Client is informed about various options of family planning and assisted in decision making		PI/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
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		OB	
Standard B5	The facility ensures that there is no financial barriers to access, and that there is financial protection given from the cost of hospital services				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Drugs, consumables and contraceptives are available free		PI/SI	
		All surgical procedure for family planning are free of cost		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		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		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurs, it is reimbursed from hospital		PI/SI/RR	
		Timely payment of family planning compensation		PI/SI/RR	
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities				
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 LAMA patient		RR/SI	
AREA OF CONCERN - C: INPUTS					
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space is available for counselling and examination		OB	
		Availability of dedicated OT for Family planning surgeries in PP unit		OB	
ME C1.2	Patient amenities are provided as per patient load	Functional toilets with running water and flush are available as per bed strength and patient load of ward		OB	Availability of drinking water



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of drinking water		OB	
		Availability of seating arrangement		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated of Protective Zone		OB	
		Demarcated clean zone		OB	
		Demarcated sterile Zone		OB	
		Demarcated disposal Zone		OB	
		Availability of Changing Rooms		OB	
		Availability of Pre Operative Room		OB	
		Availability of Post Operative Room		OB	
		Availability of Scrub Area		OB	
		Availability of Autoclave room/TSSU		OB	
		Availability of dirty utility area		OB	
		Availability of store		OB	
		Availability of dedicated counselling area		OB	
		Availability of examination cum minor procedure area for IUD insertion		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys and stretchers		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	
ME C1.6	Service counters are available as per patient load	OT tables are available as per load		OB	At least 2 laproscopic OT tables (Hydraulic table)
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 goods and services		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	The facility ensures the physical safety of the infrastructure				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floor of the wards are non slippery and even		OB	
		Walls and floor of the OT covered with jointless tiles		OB	
		Windows if any in the OT are intact and sealed		OB	
Standard C3	The facility has established programme for fire safety and other disasters				
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		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting equipment	PP unit has installed fire extinguisher that is Class A, Class BC type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 situations	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of trained surgeon for Minilap/ Laparoscopic/NSV		OB/RR	Minilap - MBBS trained in procedure Laparoscopic- DGO, MS, MD trained in laparoscopic surgery
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Trained in PPIUCD and IUCD insertion



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Viability of counsellor for family planning		OB/SI	RMNCHA counsellor (Applicable only in High priority districts)
		Availability of OT technician		SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of OT attendant/assistant		SI/RR	
		Availability of security staff		SI/RR	
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Oral Contraceptive Pills		OB/RR	Stock for Month
		Availability of emergency Contraceptive Pills		OB/RR	Stock for Month
		Availability of IUD devices		OB/RR	Stock for Month
		Availability of Condoms		OB/RR	Stock for Month
		Availability of Antra (Injectables)		OB/RR	Stock for Month
		Availability of Chaaya (Weekly contraceptive)		OB/RR	Stock for Month
		Availability of anaesthetics		OB/RR	
		Availability of medical gases		OB/RR	Centralized/Cylinders
		Availability of drugs for MMA		OB/RR	Mifepristone & Misoprostol
ME C5.2	The departments have adequate consumables at point of use	Sterilized consumables in dressing drum		OB/RR	At OT
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Availability of emergency drugs tray		OB/RR	
Standard C6	The facility has equipment & instruments required 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		OB	BP apparatus, Thermometer, Pulse Oxymeter, Multiparameter
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Instruments/Equipments for Gynae and obstetric		OB	PV examination kit
		Availability of Sterile IUD insertion and removal Kits		OB	
		Operation Table with Trendelenburg facility		OB	
		Minilap instrument		OB	
		Laparoscopic set		OB	
		NSV sets		OB	
		PP IUCD tray		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Instrument for MVA		OB	Check MVA kit (Aspirator & cannula)
		Instruments for Laparoscopy		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of point of care diagnostic instruments		OB	Glucometer, Doppler and HIV rapid diagnostic kit, digital Haemoglobin meter
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		OB	Bag and mask, Oxygen, Suction machine, laryngoscope scope. LMA, ET Tube, Airway, Defibrillator
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	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		OB	Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Autoclave/boiler, glutaraldehyde
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	
		Availability of attachment/ accessories with OT table		OB	Hospital graded mattress, IV stand, Bed pan
		Availability of fixtures		OB	Tray for monitors, Electrical panel for anaesthesia machine, cardiac monitor etc, panel with outlet for Oxygen and vacuum, X-ray view box
		Availability of furniture		OB	Cupboard, table for preparation of medicines, chair, racks
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation 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		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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
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		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 competencies and training plan	PPIUCD and IUD insertion		SI/RR	
		Family planning counselling		SI/RR	
		Laparoscopic surgery/ Minilap		SI/RR	
		NSV		SI/RR	
		Training on Antra (Injectable Contraceptives)		SI/RR	
		Chhaya training (Weekly contraceptive)		SI/RR	
		Comprehensive Abortion Care (CAC)		SI/RR	Post abortion IUCD
		Bio medical waste Management		SI/RR	
		Training on infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
		BLS training for all staff			
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Staff is skill for counselling services		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 are gaps
		Staff is skilled for resuscitation		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 are gaps
		Nursing Staff is skilled for maintaining clinical records		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 are gaps



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is Skilled to operate OT equipments		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 are gaps
		Staff is skilled for processing and packing instrument		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 are gaps
AREA OF CONCERN - D: SUPPORT SERVICES					
Standard D1	The facility has established programme for inspection, testing and maintenance 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		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired		OB/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	All the measuring equipment/instruments are calibrated		OB/RR	
		There is system to label/ code the equipment to indicate status of calibration/verification when recalibration is due		OB/RR	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with staff		OB/SI	Laparoscope, MVA etc.
Standard D2	The facility has defined procedures for storage, inventory 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 process indenting consumable and drugs		SI/RR	Check FP LIMS for stock update



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.3	The facility ensures proper storage of drugs and consumables	Contraceptives are stored away from water and sources of heat, direct sunlight etc.		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	Are expired contraceptives destroyed to prevent resale or other inappropriate use
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of contraceptives		SI/RR	
		Department maintained stock and expenditure register of contraceptives		RR/SI	
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		SI/RR	
		There is no stock out of contraceptives		OB/SI	
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		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	Anaesthetic agents are kept at secure place		OB/SI	
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors				
ME D3.1	The facility provides adequate illumination at patient care areas	Adequate illumination at OT table		OB	
		Adequate illumination at procedure area in OPD		OB	At IUD insertion area
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Entry to OT is restricted		OB	
		Only one client is allowed at a time in the clinic		OB/SI	
		Warning light is provided outside OT and it is being used when OT is functional		SI/RR	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is maintained		SI/RR	20-25°C, OT has functional room thermometer and temperature is regularly maintained
		Appropriate humidity level is maintained		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.4	The facility has security system in place in patient care areas	Security arrangement at PP unit		OB	
ME D3.5	The facility has established measures for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	The facility has established programme for maintenance and upkeep of the facility				
ME D4.1	Exterior and interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		OT table are intact and without rust		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the PP unit		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No pests are noticed		OB	
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of hot water supply		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 OT		OB/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of UPS & generator		OB/SI	
		Availability of emergency light		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, nitrogen and vacuum supply		OB	
Standard D7	The facility ensures clean linen to the patients				
ME D7.1	The facility has adequate availability of linen for meeting its need	OT has facility to provide sufficient and clean linen for surgical patient		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		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		SI/RR	
Standard D10	The facility is compliant with all statutory and regulatory requirement imposed by local, State or Central government				
ME D10.3	The facility ensures relevant processes are in compliance with the statutory requirements	Staff is aware of legal age for family planning of the beneficiaries		SI/RR	22-49 yrs married only
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures				
ME D11.1	The facility has established job description as per govt. guidelines	Staff is aware of their role and responsibilities		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		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.)
		There is designated incharge for department		SI	
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		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations				
ME D12.1	There is established system of contract management for the outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	The facility has defined procedures for registration, consultation and admission of patients				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each client during process of registration		RR	
		Client demographic details are recorded in admission records		RR	Check for that patient demographics like name, age, sex, chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	Age criteria for family planning surgeries is adhered		RR/SI	
		There is established criteria for admission of abortion cases		RR/SI	
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra beds during fixed day family planning surgery		OB/SI	
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients				
ME E2.1	There is established procedure for initial assessment of patients	History of illness to screen for the diseases mentioned under the medical eligibility criteria		RR/SI	
		Immunization status of women for tetanus		RR/SI	
		Current medications		RR/SI	
		Last contraceptive used and when		RR/SI	
		Menstrual history: Date of last menstrual period		RR/SI	
		Current pregnancy status Obstetrics history		RR/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Physical Examination		RR/SI	Pulse, blood pressure, respiratory rate, temperature, body weight, general condition and pallor, auscultation of heart and lungs, examination of abdomen, pelvic examination, and other examinations as indicated by the client's medical history or general physical examination
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for assessment of patients		RR/OB	
Standard E3	The facility has defined and established procedures for 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 from OT to ward		SI/RR	
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	Facility has functional referral linkages to higher facilities for cases which can not be managed at the facility		RR/SI	
ME E3.3	A person is identified for care during all steps of care	A nurse/doctor is identified responsible for each case		RR/SI	
Standard E4	The facility has defined and established procedures for nursing 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		OB/SI	Patient id band/verbal confirmation etc.
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		RR	Verbal orders are rechecked before administration
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		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		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		RR/SI	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients				
ME E5.1	The facility identifies vulnerable patients and ensures their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	High risk medical emergencies are identified and treatment given on priority		OB/SI	
Standard E6	Facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check whether relevant Standard treatment guidelines are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	The facility has defined procedures for safe drug administration				
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		SI/OB	Electrolytes like Potassium chloride, Opioids, 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		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		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E7.2	Medication orders are written legibly and adequately	Every medical advice and procedure is accompanied with date, time and signature		RR	
		Check whether the writing is comprehensible by the clinical staff		RR/SI	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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 time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs, right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Client is advice by doctor/ Pharmacist/nurse about the dosages and timings		SI/PI	
Standard E8	Facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of monitoring/ assessments are maintained		RR	History and Physical examination are recorded as per FP casesheet
ME E8.2	All treatment plan prescription/orders are recorded in the patient records	Treatment plan, first orders are written on BHT		RR	Drugs administered are recorded
ME E8.4	procedures performed are written on patients records	Anaesthesia and surgery note recorded		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard formats available		RR/OB	Check availability and recording in FP case sheet
ME E8.6	Register/records are maintained as per guidelines	Check for availability of eligible couple and sterilization register		RR	Check for availability of sterilization register, IUCD & PPIUCD & service delivery register, Antra-register (injectable contraceptives)



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Records on family planning (FP) (including the number of clients counselled and the number of acceptors)		RR	Follow up register, injectable & contraceptive register (Antra register)
		Follow-up records for FP clients		RR	Check filled and updated DMPA (Antra card) client card and register for beneficiaries utilizing Antra services
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	The facility has defined and established procedures for discharge of patient				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient/attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	Check FP case Sheet
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	Check FP case Sheet
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of client before discharge		SI/PI	
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		Time of discharge is communicated to patient in prior		PI/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	The facility has defined and established procedures of Diagnostic services				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	
Standard E14	The facility has established procedures for Anaesthetic Services				
ME E14.2	The facility has established procedures for monitoring during anaesthesia and maintenance of records	Local anaesthesia is given as per guidelines		SI/RR	
Standard E15	The facility has defined and established procedures of Operation Theatre services				
ME E15.1	The facility has established procedures for OT scheduling	FP surgeries are scheduled as per guidelines		RR/SI	
		Preoperative instructions given to the client		RR/PI	
ME E15.2	The facility has established procedures for Preoperative care	Part preparation is done as per guidelines		RR/SI	
ME E15.3	The facility has established procedures for Surgical Safety	Surgical Safety checklist is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure
		Adequate Haemostasis is secured during surgery		RR/SI	Check for cautery and suture ligation practices
		Check for suturing techniques are applied as per protocol		RR/SI	
ME E15.4	The facility has established procedures for Post operative care	Post operative care as per guidelines		RR/SI	
Standard E16	The facility has defined and established procedures for end of life care and death				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decently communicate death to relatives		SI	
		Death note is written on patient record		RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in patient record		RR	
		Death summary is given to patient's attendant quoting the immediate cause and underlying cause if possible		SI/RR	
MATERNAL & CHILD HEALTH SERVICES					
Standard E17	The facility has established procedures for Antenatal care, as per guidelines				
ME E17.1	There is an established procedure for registration and follow up of pregnant women	Facility provides and updates "Mother and Child Protection Card"		SI/RR	
Standard E21	The facility has established procedures for abortion and family planning, as per government guidelines and law				
ME E21.1	Family planning counselling services provided, as per guidelines	The client is given full information about optimal pregnancy spacing and the benefits of it as a part of FP health education and counselling		PI/SI	The importance of timely initiation of an FP method after childbirth, miscarriage, or abortion will be emphasized
		Client is counselled about the options for family planning available		PI/SI	
		The client is informed that condoms prevent sexually transmitted infections (STIs) & HIV		PI/SI	
ME E21.2	The facility provides spacing method of family planning, as per guidelines	Pills should be given only to those who meet the Medical Eligibility Criteria		SI/RR	Contraindication of COC in Breastfeeding mothers within 6week and hypertension
		The client should be given full information about the risks, advantages, and possible side effects before OCPs are prescribed for her		PI/SI	
		Staff is aware of what to do if dose of contraceptive is missed		SI/RR	
		Staff is aware of indication and method of administration of ECP		SI/RR	Single tablet within 72 hours of unprotected intercourse
		IUD insertion is done as per standard protocol		SI/RR	No touch technique, Speculum and bimanual examination, sounding of uterus and placement



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Client is informed about the adverse effect that can happen and their remedy		SI/PI	Cramping, vaginal discharge, heavier menstruation, checking of IUD
		Follow up services are provided as per protocols		SI/RR	Removal of IUD, Instructions for when to return
		IUD insertion is done as per standard protocol		SI/RR	
		PPIUD insertion is done as per standard protocol		SI/RR	Grasp IUCD with PPIUCD forcep using no touch technique, apply traction on anterior lip of cervix with ring (sponge holding) forcep and insert IUCD in to lower utrine wall, remove the ring forcep and move other hand upward to women's abdomen, move PPIUCD insertion forcep upward toward fundus, feel the resistance & thrust of instrument by hand kept on abdomen, open PPIUCD forcep and release IUCD, instrument is slowly withdrawn by keeping side way to avoid dislodging of IUCD. Ensure IUCD is not visible if yes remove & reinsert
		Staff is aware of case selection criteria for family planning		SI/RR	22-49 year age married at least having one year old spouse has not gone for sterilization
ME E21.3	The facility provides limiting method of family planning, as per guidelines	Assessment of client done before surgery for any Delay, refer of caution signs		SI/RR	Physical examination and Medical History taken
		Consent is confirmed before the procedure		RR	Surgeon check for informed consent signed and ask client for the same
		Client is informed about post operative care, complication and follow up		SI/RR/PI	Use of another family planning method for 3 months only
		Follow up visits done as per Gol guidelines		SI/RR/PI	Visit after 48 hours, first follow up visit at 7th day and semen analysis after 3 months, emergency follow up



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E21.4	The facility provide counselling services for abortion, as per guidelines	Pre procedure counselling provided		SI/RR/PI	As per National Guidelines Transition phase after family planning surgery specially vasectomy defined
		Post procedure counselling provided		SI/RR/PI	As per National Guidelines
		Counselling on the follow-up visit		SI/RR/PI	
ME E21.5	The facility provides abortion services for 1st trimester, as per guidelines	MVA procedures are done as per guidelines		SI/RR	Allowed upto 12 weeks of gestation
		Staff is aware of gestational period for Medical Method of Abortion (MMA)		SI/RR	Allowed upto 7 weeks of gestation (49 days from the first day of the LMP)
		MMA drug protocols are followed as per guidelines		SI/RR	First Visit (Day 1) - 200 mg Mifepristone (oral) 2nd Visit (Day 3) - 400 mcg Misoprostole (sublingual/ buccal/vaginal/oral) 3rd Visit (Day 15)- Confirm & ensure complete abortion
ME E21.6	The facility provides abortion services for 2nd trimester, as per guidelines	Surgical procedures are done as per guidelines		SI/RR	Allowed upto 12 weeks of gestation
		Surgical procedures are done as per guidelines		SI/RR	1. Check aspirator retains vacuum & choose appropriate size cannula 2. Prepare Women for procedure (form c & pain management) 3. Clean cervix twice with Antiseptic sol 4. Administer paracervical block (lignocaine) 5. Dilate Cervix using cannula 6. Suction of uterine content 7. Inspect tissue
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				
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		SI/RR	Swabs are taken from infection prone surfaces
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F1.4	There is provision of periodic medical check-ups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		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		SI/RR	
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing facility at point of use		OB	Check for availability of wash basin near the point of use
		Availability of running water		OB/SI	Ask to open the tap. Ask staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of alcohol based hand rub		OB/SI	Check for availability/Ask staff for regular supply
		Display of hand washing instruction at point of use		OB	Prominently displayed above the hand washing facility, preferably in local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of hand washing		SI/OB	Ask of demonstration
		Adherence to Surgical scrub method		SI/OB	Procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. The hands and forearms should be dried with a sterile towel only
		Staff is aware of when to hand wash		SI	Ask of demonstration
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of cervix before IUD insertion with antiseptic solution		SI	Iodine, betadine etc.
		Check shaving is not done during part preparation/delivery cases		SI	
		Check sterile field is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field
Standard F3	The facility ensures standard practices and materials for personal protection				
ME F3.1	The facility ensures adequate personal protection equipment, as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of masks		OB/SI	
		Sterile gloves are available at OT and critical areas		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	
		Availability of gown/apron		OB/SI	
		Availability of Caps		OB/SI	
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, masks, caps and aprons		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	The facility has standard procedures for processing of equipment and instruments				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure areas	Decontamination of operating & procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. Wiping with .5% Chlorine solution
		Proper decontamination of instruments after use		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		SI/OB	10 minutes



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of soiled and infected linen		SI/OB	No sorting, rinsing or sluicing at point of use/patient care area
		Staff knows how to make chlorine solution		SI/OB	
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		OB/SI	Autoclaving/HLD/Chemical Sterilization
		High level disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions		OB/SI	
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		Instruments are packed according for autoclaving as per standard protocol		OB/SI	
		Autoclaving of instruments is done as per protocol		OB/SI	Ask staff about temperature, pressure and time
		Regular validation of sterilization through biological and chemical indicators		OB/SI/RR	
		Maintenance of records of sterilization		OB/SI/RR	
		There is a procedure to ensure the traceability of sterilized packs		OB/SI/RR	
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment
Standard F5	Physical layout and environmental control of the patient 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 traffic from patient traffic		OB	Faculty layout ensures separation of general traffic from patient traffic
		Zoning of high risk areas		OB	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Facility layout ensures separation of routes for clean and dirty items		OB	
		Floors and wall surfaces of ICU are easily cleanable		OB	
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	
		Cleaning equipments like broom are not used in patient care areas		OB/SI	
		Use of double bucket system for mopping		OB/SI	
		Fumigation/carbolization as per schedule		SI/RR	
		External footwares are restricted		OB	
ME F5.5	The facility ensures air quality of high risk area	Adequate air exchanges are maintained		SI/RR	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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		OB	Adequate number Covered Foot operated
		Availability of colour coded non chlorinated plastic bags		OB	
		Segregation of anatomical and solid waste in yellow Bin		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



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Segregation of infected plastic waste in red bin		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		OB	Pictorial and in local language
		There is no mixing of infectious and general waste			
ME F6.2	The facility ensures management of sharps, as per guidelines	Availability of functional needle cutters		OB	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		OB	Should be available near 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		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		SI	Staff knows what to do in case of sharp 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		OB	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		SI/OB	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/trolley			
		Staff is aware of mercury spill management		SI/RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - G: QUALITY MANAGEMENT					
Standard G1	The facility has established organizational framework for quality improvement				
ME G1.1	The facility has a Quality Team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	The facility has established system for patient and employee satisfaction				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client satisfaction survey done on monthly basis		RR	
Standard G3	Facility have established internal and external quality assurance programs 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		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	Staff is designated for filling and monitoring of these checklists
Standard G4	The facility has established, documented implemented and maintained 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 approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for registration, admission and discharge		RR	
		Department has documented procedure for initial assessment of the patient		RR	
		Department has documented procedure for providing appointment/day and date for the surgery		RR	
		Department has documented procedure for preparation of patient for surgery		RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure for IUD insertion		RR	
		Department has documented procedure for PPIUCD insertion			
		Department has documented procedure for taking consent of the patient for procedure		RR	
		Department has documented procedure for record maintenance		RR	
		Department has documented procedure for counselling of the patient		RR	
		Department has manual for male and female sterilization		RR	
		Department has manual for Quality assurance for sterilization		RR	
		Department has guideline for administration of Emergency contraceptive		RR	
		Department has standard for various technique of contraception		RR	
		Department has standard IEC material for patient education and counselling		RR	
		Department has manual for FP indemnity scheme		RR	
		Department has manual for FP Anatra and Chhaya			
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR	
ME G6.2	The facility conducts the periodic prescription/medical/death audits	There is procedure to conduct Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Action plan prepared		RR/SI	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	PDCA
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them				
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy	Check if SMART Quality objectives have been framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and core services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound
ME G7.5	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		SI/RR	Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy are displayed prominently in local language at key points
ME G7.7	The 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		SI/RR	Review the records that action plan on quality objectives being reviewed at least once 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 G8	The facility seeks continually improvement by practicing Quality method and tools				
ME G8.1	The facility uses method for quality improvement in services	Basic quality improvement method		SI/OB	PDCA & 5S
		Advance quality improvement method		SI/OB	Six sigma, lean.
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
Standards G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan				
ME G10.6	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		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre defined criteria at least once in three month



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - H: OUTCOME					
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks				
ME H1.1	The facility measures Productivity Indicators on monthly basis	IUD insertion per 1000 eligible female		RR	Denominator to be discussed
		Vasectomy performed		RR	
		Tubectomy performed		RR	
		No of First Trimester MTP		RR	
		No. of Second Trimester MTP		RR	
		OCP Users		RR	
		No. Antara (injectable contraceptive) user		RR	
		No. Chhaya user			
		No. of PP- FP Method		RR	At least 10% of deliveries per facility
		Proportion of users using limiting method		RR	
		Proportion of target met for male sterilization surgery		RR	
		Proportion of target met for female sterilization surgery		RR	
		No. of family planning counselling done per 1000 client		RR	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark				
ME H2.1	The facility measures Efficiency Indicators on monthly basis	Skin to Skin time		RR	
		Proportion of clients agreed for family planning methods out of total counselled		RR	
		FP surgeries done per surgeon		RR	Surgeries done/surgeon : 30/day. 2 Surgeon :50/day.
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National Benchmark				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site Infection rate		RR	
		Medical Audit Score		RR	
		No of adverse events per thousand patients		RR	
		No. of complication per 1000 male sterilization surgeries		RR	
		No. of complication per 1000 female sterilization surgeries		RR	



Reference No.	Measurable Elements	Checkpoint	Compliance	Assessment Method	Means of Verification
		Surgical site infection rate		RR	
		No. of post operative deaths per 1000 surgeries		RR	
		No. of sterilization failure per 1000 surgeries		RR	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	Client Satisfaction score		RR	
		Average counselling time		RR	





ASSESSMENT SUMMARY

Name of the Hospital Date of Assessment

Names of Assessors Names of Assesseees

Type of Assessment (Internal/External) Action plan Submission Date

A. SCORE CARD

MATERNITY OPERATION THEATRE SCORE CARD	
Area of Concern wise score	Maternity Operation Theatre Score
A. Service Provision	
B. Patient Rights	
C. Inputs	
D. Support Services	
E. Clinical Services	
F. Infection Control	
G. Quality Management	
H. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C. STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/OPPORTUNITYS FOR IMPROVEMENT

Names and Signature of Assessors

Date _____



ANNEXURE
MEASURABLE
ELEMENTS



MEASURABLE ELEMENTS

AREA OF CONCERN - A: SERVICE PROVISION	
Standard A1	The facility provides Curative services
ME A1.1	The facility provides General Medicine services
ME A1.2	The facility provides General Surgery services
ME A1.3	The facility provides Obstetrics & Gynaecology services
ME A1.4	The facility provides Paediatric services
ME A1.5	The facility provides Ophthalmology services
ME A1.6	The facility provides ENT services
ME A1.7	The facility provides Orthopaedics services
ME A1.8	The facility provides Skin & VD services
ME A1.9	The facility provides Psychiatry services
ME A1.10	The facility provides Dental Treatment services
ME A1.11	The facility provides AYUSH services
ME A1.12	The facility provides Physiotherapy services
ME A1.13	The facility provides services for OPD procedures
ME A1.14	Services are available for the time period as mandated
ME A1.15	The facility provides services for Super specialties, as mandated
ME A1.16	The facility provides Accident & Emergency services
ME A1.17	The facility provides Intensive care services
ME A1.18	The facility provides Blood Bank & Transfusion services
Standard A2	The facility provides RMNCHA services
ME A2.1	The facility provides Reproductive health services
ME A2.2	The facility provides Maternal health services
ME A2.3	The facility provides Newborn health services
ME A2.4	The facility provides Child health services
ME A2.5	The facility provides Adolescent health services
Standard A3	The facility provides Diagnostic services
ME A3.1	The facility provides Radiology services
ME A3.2	The facility provides Laboratory services
ME A3.3	The facility provides other Diagnostic services, as mandated
Standard A4	The facility provides services as mandated in National Health Programmes/State Scheme
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme, as per guidelines
ME A4.2	The facility provides services under National TB Elimination Programme, as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines



ME A4.4	The facility provides services under National AIDS Control Programme, as per guidelines
ME A4.5	The facility provides services under National Programme for control of Blindness, as per guidelines
ME A4.6	The facility provides services under Mental Health Programme, as per guidelines
ME A4.7	The facility provides services under National Programme for the Health Care of the Elderly, as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS), as per guidelines
ME A4.9	The facility provides services under Integrated Disease Surveillance Programme, as per guidelines
ME A4.10	The facility provides services under National Health Programme for Deafness
ME A4.11	The facility provides services as per State specific health programmes
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karyakram
Standard A5	The facility provides Support services
ME A5.1	The facility provides Dietary services
ME A5.2	The facility provides Laundry services
ME A5.3	The facility provides Security services
ME A5.4	The facility provides Housekeeping services
ME A5.5	The facility ensures Maintenance services
ME A5.6	The facility provides Pharmacy services
ME A5.7	The facility has services of Medical Record Department
ME A5.8	The facility provides Mortuary services
Standard A6	Health services provided at the facility are appropriate to community needs
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally
ME A6.2	There is a process for consulting community/or their representatives when planning or revising scope of services of the facility
AREA OF CONCERN - B: PATIENT RIGHTS	
Standard B1	The facility provides the information to care seekers, attendants & community about the available services and their modalities
ME B1.1	The facility has uniform and user-friendly signage system
ME B1.2	The facility displays the services and entitlements available in its departments
ME B1.3	The facility has established citizen charter, which is followed at all levels
ME B1.4	User charges are displayed and communicated to patients effectively
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches
ME B1.6	Information is available in local language and is easy to understand
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel
Standard B2	Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical, economic, cultural or social reasons
ME B2.1	Services are provided in a manner that is sensitive to gender
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability



ME B2.4	There is no discrimination on basis of social & economic status of patients
ME B2.5	There is affirmative action to ensure that vulnerable sections can access services
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information
ME B3.1	Adequate visual privacy is provided at every point of care
ME B3.2	Confidentiality of patients records and clinical information is maintained
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making
ME B4.1	There is an established procedure for taking informed consent before treatment and procedures
ME B4.2	Patient is informed about his/her rights and responsibilities
ME B4.3	Staff are aware of patient's rights & responsibilities
ME B4.4	Information about the treatment is shared with patients or attendants, regularly
ME B4.5	The facility has defined and established grievance redressal system in place
Standard B5	The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients
ME B5.6	The facility ensure implementation of health insurance schemes as per National/State scheme
Standard B6	The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities
ME B6.1	Ethical norms and code of conduct for medical and paramedical staff have been established
ME B6.2	The facility staff is aware of code of conduct established
ME B6.3	The facility has an established procedure for entertaining representatives of drug companies and suppliers
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
ME B6.5	There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization
ME B6.6	There is an established procedure for 'end-of-life' care
ME B6.7	There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment
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
ME B6.9	There is an established procedure to issue of medical certificates and other 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
ME B6.11	An updated copy of code of ethics under Indian Medical Council Act is available with the facility
AREA OF CONCERN - C: INPUTS	
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms
ME C1.1	Departments have adequate space as per patient or work load
ME C1.2	Patient amenities are provided as per patient load
ME C1.3	Departments have layout and demarcated areas as per functions
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law
ME C1.5	The facility has infrastructure for intramural and extramural communication
ME C1.6	Service counters are available as per patient load
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)
Standard C2	The facility ensures the physical safety of the infrastructure
ME C2.1	The facility ensures the seismic safety of the infrastructure
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/board
ME C2.3	The facility ensures safety of electrical establishment
ME C2.4	Physical condition of buildings are safe for providing patient care
Standard C3	The facility has established programme for fire safety and other disasters
ME C3.1	The facility has plan for prevention of fire
ME C3.2	The facility has adequate fire fighting equipment
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situations
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
ME C4.1	The facility has adequate specialist doctors as per service provision
ME C4.2	The facility has adequate general duty doctors as per service provision and work load
ME C4.3	The facility has adequate nursing staff as per service provision and work load
ME C4.4	The facility has adequate technicians/paramedics as per requirement
ME C4.5	The facility has adequate support/general staff
Standard C5	The facility provides drugs and consumables required for assured services
ME C5.1	The departments have availability of adequate drugs at point of use
ME C5.2	The departments have adequate consumables at point of use
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed
Standard C6	The facility has equipment & instruments required for assured list of services
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients



ME C6.5	Availability of equipment for storage
ME C6.6	Availability of functional equipment and instruments for support services
ME C6.7	Departments have patient furniture and fixtures as per load and service provision
Standard C7	The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
ME C7.1	Criteria for competence assessment are defined for Clinical and Para clinical staff
ME C7.2	Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year
ME C7.3	Criteria for performance evaluation of Clinical and Para clinical staff are defined
ME C7.4	Performance evaluation of Clinical and Para clinical staff is done on predefined criteria at least once in a year
ME C7.5	Criteria for performance evaluation of support and administrative staff are defined
ME C7.6	Performance evaluation of support and administration staff is done on predefined criteria at least once in a year
ME C7.7	Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff
ME C7.8	Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan
ME C7.9	The staff is provided training as per defined core competencies and training plan
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision
ME C7.11	Feedback is provided to the staff on their competence assessment and performance evaluation
AREA OF CONCERN - D: SUPPORT SERVICES	
Standard D1	The facility has established programme for inspection, testing and maintenance and calibration of equipment
ME D1.1	The facility has established system for maintenance of critical equipment
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment
ME D1.3	Operating and maintenance instructions are available with the users of equipment
Standard D2	The facility has defined procedures for storage, inventory 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
ME D2.2	The facility has established procedure for procurement of drugs
ME D2.3	The facility ensures proper storage of drugs and consumables
ME D2.4	The facility ensures management of expiry and near expiry drugs
ME D2.5	The facility has established procedure for inventory management techniques
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas
ME D2.7	There is a process for storage of vaccines and other drugs, requiring controlled temperature
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors
ME D3.1	The facility provides adequate illumination at patient care areas
ME D3.2	The facility has provision of restriction of visitors in patient care areas
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers



ME D3.4	The facility has security system in place in patient care areas
ME D3.5	The facility has established measures for safety and security of female staff
Standard D4	The facility has established programme for maintenance and upkeep of the facility
ME D4.1	Exterior and interior of the facility building is maintained appropriately
ME D4.2	Patient care areas are clean and hygienic
ME D4.3	Hospital infrastructure is adequately maintained
ME D4.4	Hospital maintains open areas and landscapes them
ME D4.5	The facility has policy of removal of condemned junk material
ME D4.6	The facility has established procedures for pest, rodent and animal control
Standard D5	The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients
ME D6.1	The facility has provision of nutritional assessment of the patients
ME D6.2	The facility provides diets according to nutritional requirements of the patients
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients
Standard D7	The facility ensures clean linen to the patients
ME D7.1	The facility has adequate availability of linen for meeting its need
ME D7.2	The facility has established procedures for changing of linen in patient care areas
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen
Standard D8	The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability
ME D8.1	The facility has established a procedure for management of activities of Rogi Kalyan Samiti
ME D8.2	The facility has established procedures for community based monitoring of its services.
Standard D9	Hospital has defined and established procedures for financial management
ME D9.1	The facility ensures proper utilization of the funds provided to it
ME D9.2	The facility ensures proper planning and requisition of resources based on its need
Standard D10	The facility is compliant with all statutory and regulatory requirement imposed by local, State or Central government
ME D10.1	The facility has requisite licences and certificates for operation of hospital and its different activities
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D10.3	The facility ensures relevant processes are in compliance with the statutory requirements
Standard D11	Roles & responsibilities of administrative and clinical staff are determined as per govt. regulations and standard operating procedures
ME D11.1	The facility has established job description as per govt. guidelines
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments
ME D11.3	The facility ensures adherence to dress code as mandated by the administration



Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.
ME D12.1	There is established system of contract management for the outsourced services
ME D12.2	There is a system of periodic review of quality of out-sourced services
AREA OF CONCERN - E: CLINICAL SERVICES	
Standard E1	The facility has defined procedures for registration, consultation and admission of patients
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has a established procedure for OPD consultation
ME E1.3	There is established procedure for admission of patients
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients
ME E2.1	There is established procedure for initial assessment of patients
ME E2.2	There is established procedure for follow-up/ reassessment of patients
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer
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
ME E3.3	A person is identified for care during all steps of care
ME E3.4	The facility is connected to medical colleges through telemedicine services
Standard E4	The facility has defined and established procedures for nursing care
ME E4.1	Procedure for identification of patients is established at the facility
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens
ME E4.4	Nursing records are maintained
ME E4.5	There is procedure for periodic monitoring of patients
Standard E5	The facility has a procedure to identify high risk and vulnerable patients
ME E5.1	The facility identifies vulnerable patients and ensures their safe care
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need
Standard E6	The facility follows standard treatment guidelines defined by State/Central government for prescribing the generic drugs & their rational use
ME E6.1	The facility ensures that drugs are prescribed in generic name only
ME E6.2	There is procedure of rational use of drugs
Standard E7	The facility has defined procedures for safe drug administration
ME E7.1	There is process for identifying and cautious administration of high alert drugs
ME E7.2	Medication orders are written legibly and adequately
ME E7.3	There is a procedure to check drug before administration/dispensing
ME E7.4	There is a system to ensure right medicine is given to right patient
ME E7.5	Patient is counselled for self drug administration



Standard E8	The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated
ME E8.2	All treatment plan prescription/orders are recorded in the patient records
ME E8.3	Care provided to each patient is recorded in the patient records
ME E8.4	procedures performed are written on patients records
ME E8.5	Adequate form and formats are available at point of use
ME E8.6	Register/records are maintained as per guidelines
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records
Standard E9	The facility has defined and established procedures for discharge of patient
ME E9.1	Discharge is done after assessing patient readiness
ME E9.2	Case summary and follow-up instructions are provided at the discharge
ME E9.3	Counselling services are provided as during discharges wherever required
Standard E10	The facility has defined and established procedures for intensive care
ME E10.1	The facility has established procedure for shifting the patient to step-down/ward based on explicit assessment criteria
ME E10.2	The facility has defined and established procedure for intensive care
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management
ME E11.1	There is procedure for receiving and triage of patients
ME E11.2	Emergency protocols are defined and implemented
ME E11.3	The facility has disaster management plan in place
ME E11.4	The facility ensures adequate and timely availability of ambulance services and mobilisation of resources, as per requirement
ME E11.5	There is procedure for handling medico legal cases
Standard E12	The facility has defined and established procedures of Diagnostic services
ME E12.1	There are established procedures for Pre-testing Activities
ME E12.2	There are established procedures for testing Activities
ME E12.3	There are established procedures for Post-testing Activities
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion
ME E13.1	Blood bank has defined and implemented donor selection criteria
ME E13.2	There is established procedure for the collection of blood
ME E13.3	There is established procedure for the testing of blood
ME E13.4	There is established procedure for preparation of blood component
ME E13.5	There is establish procedure for labelling and identification of blood and its product
ME E13.6	There is established procedure for storage of blood
ME E13.7	There is established the compatibility testing
ME E13.8	There is established procedure for issuing blood
ME E13.9	There is established procedure for transfusion of blood



ME E13.10	There is an established procedure for monitoring and reporting transfusion complication
Standard E14	The facility has established procedures for Anaesthetic Services
ME E14.1	The facility has established procedures for Pre-anaesthetic check up and maintenance of records
ME E14.2	The facility has established procedures for monitoring during anaesthesia and maintenance of records
ME E14.3	The facility has established procedures for Post-anaesthesia care
Standard E15	The facility has defined and established procedures of Operation Theatre services
ME E15.1	The facility has established procedures for OT scheduling
ME E15.2	The facility has established procedures for Preoperative care
ME E15.3	The facility has established procedures for Surgical Safety
ME E15.4	The facility has established procedures for Post operative care
Standard E16	The facility has defined and established procedures for end of life care and death
ME E16.1	Death of admitted patient is adequately recorded and communicated
ME E16.2	The facility has standard procedures for handling the death in the hospital
ME E16.3	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law
MATERNAL & CHILD HEALTH SERVICES	
Standard E17	The facility has established procedures for Antenatal care, as per guidelines
ME E17.1	There is an established procedure for registration and follow up of pregnant women
ME E17.2	There is an established procedure for history taking, physical examination, and counselling of each antenatal woman, visiting the facility
ME E17.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women
ME E17.4	There is an established procedure for identification of high risk pregnancy and appropriate treatment/referral, as per scope of services
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age
Standard E18	The facility has established procedures for Intranatal care, as per guidelines
ME E18.1	The facility staff adheres to standard procedures for management of second stage of labor
ME E18.2	The facility staff adheres to standard procedure for active management of third stage of labor
ME E18.3	The facility staff adheres to standard procedures for routine care of newborn immediately after birth
ME E18.4	There is an established procedure for assisted and C-section deliveries, as per scope of services
ME E18.5	The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Eclampsia
ME E18.6	The facility staff adheres to standard protocols for identification and management of PPH
ME E18.7	The facility staff adheres to standard protocols for management of HIV in pregnant woman & newborn
ME E18.8	The facility staff adheres to standard protocol for identification and management of preterm delivery
ME E18.9	Staff identifies and manages infection in pregnant woman
ME E18.10	There is an established protocol for newborn resuscitation and it is followed at the facility
ME E18.11	The facility ensures physical and emotional support to the pregnant women by means of birth companion of her choice



Standard E19	The facility has established procedures for Postnatal care, as per guidelines
ME E19.1	The facility staff adheres to protocol for assessments of condition of mother and baby and providing adequate postpartum care
ME E19.2	The facility staff adheres to protocol for counseling on danger signs, post-partum family planning and exclusive breast feeding
ME E19.3	The facility staff adheres to protocol for ensuring care of newborns with small size at birth
ME E19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications
ME E19.5	The facility ensures adequate stay of mother and newborn in a safe environment, as per standard protocols
ME E19.6	There is an established procedure for discharge and follow up of mother and newborn
Standard E20	The facility has established procedures for care of new born, infant and child, as per guidelines
ME E20.1	The facility provides immunization services, as per guidelines
ME E20.2	Triage, Assessment & Management of newborns, infant & children having emergency signs are done, as per guidelines
ME E20.3	Management of low birth weight newborns is done, as per guidelines
ME E20.4	Management of neonatal asphyxia is done, as per guidelines
ME E20.5	Management of neonatal sepsis is done, as per guidelines
ME E20.6	Management of children with jaundice is done, as per guidelines
ME E20.7	Management of children presenting with fever, cough/ breathlessness is done, as per guidelines
ME E20.8	Management of children with Severe Acute Malnutrition is done, as per guidelines
ME E20.9	Management of children presenting diarrhoea is done, as per guidelines
ME E20.10	The facility ensures optimal breast feeding practices for new born & infants, as per guidelines
Standard E21	The facility has established procedures for abortion and family planning, as per government guidelines and law
ME E21.1	Family planning counselling services provided, as per guidelines
ME E21.2	The facility provides spacing method of family planning, as per guidelines
ME E21.3	The facility provides limiting method of family planning, as per guidelines
ME E21.4	The facility provide counselling services for abortion, as per guidelines
ME E21.5	The facility provides abortion services for 1st trimester, as per guidelines
ME E21.6	The facility provides abortion services for 2nd trimester, as per guidelines
Standard E22	The facility provides Rashtriya Kishor Swasthya Karyakram services, as per guidelines
ME E22.1	The facility provides Promotive RKSK services
ME E22.2	The facility provides Preventive RKSK services
ME E22.3	The facility provides Curative RKSK services
ME E22.4	The facility provides Referral services for RKSK
NATIONAL HEALTH PROGRAMMES	
Standard E23	The facility provides National health Programme as per Operational/Clinical Guidelines
ME E23.1	The facility provides services under National Vector Borne Disease Control Programme, as per guidelines
ME E23.2	The facility provides services under National TB Elimination Programme, as per guidelines
ME E23.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines



ME E23.4	The facility provides services under National AIDS Control Programme, as per guidelines
ME E23.5	The facility provides services under National Programme for control of Blindness, as per guidelines
ME E23.6	The facility provides services under Mental Health Programme, as per guidelines
ME E23.7	The facility provides services under National Programme for the Health Care of the Elderly, as per guidelines
ME E23.8	The facility provides service under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), as per guidelines
ME E23.9	The facility provides services for Integrated Disease Surveillance Programme
ME E23.10	The facility provides services under National Programme for Prevention and Control of Deafness
AREA OF CONCERN - F: INFECTION CONTROL	
Standard F1	The facility has infection control programme and procedures in place for prevention and measurement of hospital associated infection
ME F1.1	The facility has functional infection control committee
ME F1.2	The facility has provision for passive and active culture surveillance of critical & high risk areas
ME F1.3	The facility measures hospital associated infection rates
ME F1.4	There is provision of periodic medical check-ups and immunization of staff
ME F1.5	The facility has established procedures for regular monitoring of infection control practices
ME F1.6	The facility has defined and established antibiotic policy
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis
ME F2.1	Hand washing facilities are provided at point of use
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices
ME F2.3	The facility ensures standard practices and materials for antisepsis
Standard F3	The facility ensures standard practices and materials for personal protection
ME F3.1	The facility ensures adequate personal protection equipment ,as per requirements
ME F3.2	The facility staff adheres to standard personal protection practices
Standard F4	The facility has standard procedures for processing of equipment and instruments
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure areas
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention
ME F5.1	Functional area of the department are arranged to ensure infection control practices
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas



ME F5.4	The facility ensures segregation of infectious patients
ME F5.5	The facility ensures air quality of high risk area
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous 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
ME F6.2	The facility ensures management of sharps, as per guidelines
ME F6.3	The facility ensures transportation and disposal of waste, as per guidelines
AREA OF CONCERN - G: QUALITY MANAGEMENT	
Standard G1	The facility has established organizational framework for quality improvement
ME G1.1	The facility has a Quality Team in place
ME G1.2	The facility reviews quality of its services at periodic intervals
Standard G2	The facility has established system for patient and employee satisfaction
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals
ME G2.2	The facility analyzes the patient feedback, and root-cause analysis
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients
Standard G3	The facility has 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
ME G3.2	The facility has established external assurance programmes at relevant departments
ME G3.3	The facility has established system for use of checklists in different departments and services
Standard G4	The facility has established, documented, implemented and maintained Standard Operating procedures for all key processes and support services
ME G4.1	Departmental Standard Operating procedures are available
ME G4.2	Standard Operating procedures adequately describe process and procedures
ME G4.3	Staff is trained and aware of the procedures written in SOPs
ME G4.4	Work instructions are displayed at point of use
Standard G5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages
ME G5.1	The facility maps its critical processes
ME G5.2	The facility identifies non value adding activities/waste/redundant activities
ME G5.3	The facility takes corrective action to improve the processes
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit
ME G6.1	The facility conducts periodic internal assessment
ME G6.2	The facility conducts the periodic prescription/medical/death audits
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately
ME G6.4	Action plan is made on the gaps found in the assessment/audit process
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)
Standard G7	The facility has defined Mission, Values, Quality policy and Objectives, and prepares a strategic plan to achieve them
ME G7.1	The facility has defined mission statement



ME G7.2	The facility has defined core values of the organization
ME G7.3	The facility has defined Quality policy, which is in congruency with the mission of facility
ME G7.4	The facility has defined Quality objectives to achieve mission and Quality policy
ME G7.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services
ME G7.6	The facility prepares strategic plan to achieve mission, quality policy and objectives
ME G7.7	The facility periodically reviews the progress of strategic plan towards mission, policy and objectives
Standard G8	The facility seeks continually improvement by practicing Quality method and tools
ME G8.1	The facility uses method for quality improvement in services
ME G8.2	The facility uses tools for quality improvement in services
Standard G9	The facility has defined, approved and communicated Risk Management framework for existing and potential risks
ME G9.1	Risk Management framework has been defined including context, scope, objectives and criteria
ME G9.2	Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions
ME G9.3	Risk Management framework includes process of reporting incidents and potential risk to all stakeholders
ME G9.4	A comprehensive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared
ME G9.5	Modality for staff training on risk management is defined
ME G9.6	Risk Management framework is reviewed periodically
Standard G10	The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan
ME G10.1	Risk management plan has been prepared and approved by the designated authority and there is a system of its updation at least once in a year
ME G10.2	Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders
ME G10.3	Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders
ME G10.4	Periodic assessment for physical and electrical risks is done, as per defined criteria
ME G10.5	Periodic assessment for potential disasters including fire is done, as per defined criteria
ME G10.6	Periodic assessment for medication and patient care safety risks is done, as per defined criteria
ME G10.7	Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done, as per defined criteria
ME G10.8	Risks identified are analyzed, evaluated and rated for severity
ME G10.9	Identified risks are treated based on severity and resources available
ME G10.10	A risk register is maintained and updated regularly to record identified risks, their severity and actions to be taken
AREA OF CONCERN - H: OUTCOME	
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks
ME H1.1	The facility measures Productivity Indicators on monthly basis
ME H1.2	The facility endeavours to improve its productivity indicators to meet benchmarks



Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark
ME H2.1	The facility measures Efficiency Indicators on monthly basis
ME H2.2	The facility endeavours to improve its efficiency indicators to meet benchmarks
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
ME H3.2	The facility endeavours to improve its clinical & safety indicators to meet benchmarks
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark
ME H4.1	The facility measures Service Quality Indicators on monthly basis
ME H4.2	The facility endeavours to improve its service quality indicators to meet benchmarks





KEY CHANGES IN NATIONAL QUALITY ASSURANCE STANDARDS, 2018

Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
Broad Changes	<p>8 Area of Concerns</p> <p>70 Standards</p> <p>315 Measurable Elements</p> <p>18 Checklists</p>	<p>8 Area of Concerns</p> <p>74 Standards</p> <p>362 Measurable Elements</p> <p>19 Checklists</p>
Standards Added		<p>STANDARD B6: The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities.</p> <p>STANDARD C7: The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff.</p> <p>STANDARD G9: The facility has defined, approved and communicated Risk Management framework for existing and potential risks.</p> <p>STANDARD G10: The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan.</p>
Measurable Elements Added		<p>UNDER STANDARD A4:</p> <p>ME A4.12: The facility provides services as per Rashtriya Bal Swasthya Karyakram.</p> <p>UNDER STANDARD B6:</p> <p>ME B6.1: Ethical norms and code of conduct for medical and paramedical staff have been established.</p> <p>ME B6.2: The facility staff is aware of code of conduct established.</p> <p>ME B6.3: The facility has an established procedure for entertaining representatives of drug companies and suppliers.</p> <p>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.</p> <p>ME B6.5: There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non-governmental organization.</p> <p>ME B6.6: There is an established procedure for 'end-of-life' care.</p> <p>ME B6.7: There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment.</p>



Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
		<p>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.</p> <p>ME B6.9: There is an established procedure to issue medical certificates and other certificates.</p> <p>ME B6.10: There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services.</p> <p>ME B6.11: An updated copy of code of ethics under Indian Medical Council Act is available with the facility.</p> <p>UNDER STANDARD C7:</p> <p>ME C7.1: Criteria for competence assessment are defined for Clinical and Para clinical staff.</p> <p>ME C7.2: Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year.</p> <p>ME C7.3: Criteria for performance evaluation of Clinical and Para clinical staff are defined.</p> <p>ME C7.4: Performance evaluation of Clinical and Para clinical staff is done on predefined criteria at least once in a year.</p> <p>ME C7.5: Criteria for performance evaluation of support and administrative staff are defined.</p> <p>ME C7.6: Performance evaluation of support and administration staff is done on predefined criteria at least once in a year.</p> <p>ME C7.7: Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff.</p> <p>ME C7.8: Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan.</p> <p>ME C7.9: The staff is provided training as per defined core competencies and training plan.</p> <p>ME C7.10: There is established procedure for utilization of skills gained through trainings by on-job supportive supervision.</p> <p>ME C7.11: Feedback is provided to the staff on their competence assessment and performance evaluation.</p> <p>UNDER STANDARD E18:</p> <p>ME E18.1: The facility staff adheres to standard procedures for management of second stage of labor.</p> <p>ME E18.2: The facility staff adheres to standard procedure for active management of third stage of labor.</p> <p>ME E18.3: The facility staff adheres to standard procedures for routine care of newborn immediately after birth.</p> <p>ME E18.5: The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Eclampsia</p> <p>ME E18.6: The facility staff adheres to standard protocols for identification and management of PPH.</p>



Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
		<p>ME E18.7: The facility staff adheres to standard protocols for Management of HIV in pregnant woman & newborn.</p> <p>ME E18.8: The facility staff adheres to standard protocol for identification and management of preterm delivery.</p> <p>ME E18.9: Staff identifies and manages infection in pregnant woman.</p> <p>ME E18.11: The facility ensures physical and emotional support to the pregnant women by means of birth companion of her choice.</p> <p>UNDER STANDARD E19:</p> <p>ME E19.3: The facility staff adheres to protocol for ensuring care of newborns with small size at birth.</p> <p>UNDER STANDARD E20:</p> <p>ME E20.5: Management of neonatal sepsis is done as per guidelines.</p> <p>ME E20.6: Management of children with Severe Acute Malnutrition is done as per guidelines.</p> <p>ME E20.10: The facility ensures optimal breast feeding practices for new born & infants, as per guidelines.</p> <p>UNDER STANDARD G9:</p> <p>ME G9.1: Risk Management framework has been defined including context, scope, objectives and criteria.</p> <p>ME G9.2: Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions.</p> <p>ME G9.3: Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders.</p> <p>ME G9.4: A comprehensive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared.</p> <p>ME G9.5: Modality for staff training on risk management is defined.</p> <p>ME G9.6: Risk Management Framework is reviewed periodically.</p> <p>UNDER STANDARD G10:</p> <p>ME G10.1: Risk management plan has been prepared and approved by the designated authority and there is a system of its updation at least once in a year.</p> <p>ME G10.2: Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders.</p> <p>ME G10.3: Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders.</p> <p>ME G10.4: Periodic assessment for physical and electrical risks is done as per defined criteria.</p> <p>ME G10.5: Periodic assessment for potential disasters including fire is done as per defined criteria.</p>



Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
		<p>ME G10.6: Periodic assessment for medication and patient care safety risks is done, as per defined criteria.</p> <p>ME G10.7: Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria.</p> <p>ME G10.8: Risks identified are analyzed, evaluated and rated for severity.</p> <p>ME G10.9: Identified risks are treated based on severity and resources available.</p> <p>ME G10.10: A risk register is maintained and updated regularly to identify risks, their severity and action to be taken.</p>
Measurable Elements Deleted/ Shifted	<p>UNDER STANDARD C4:</p> <p>ME C4.6: The staff has been provided required training/skill sets.</p> <p>ME C4.7: The Staff is skilled as per job description. (Added under Standard C7)</p> <p>UNDER STANDARD E9:</p> <p>ME E9.4: The facility has established procedure for patients leaving the facility against medical advice, absconding, etc. (Rephrased and added under ME B6.7)</p> <p>UNDER STANDARD E16:</p> <p>ME E16.3: The facility has standard operating procedure for end of life support. (Rephrased and added under Me B6.6)</p> <p>UNDER STANDARD E18:</p> <p>ME E18.1: Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) (Rephrased under Standard E 18)</p> <p>ME E18.3: There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.</p> <p>UNDER STANDARD H1:</p> <p>ME H1.2: The Facility measures equity indicators periodically. (Added as a checkpoint under ME H1.1)</p>	<p>Shifted under ME C7.9</p> <p>Shifted under ME C7.8, C7.9, C7.10 & C7.11</p> <p>Shifted under ME B6.7</p> <p>Shifted under ME B6.6</p> <p>Shifted under ME E18.1, E18.2 & E18.3</p> <p>Shifted under ME E18.5, E18.6 & E18.7</p>
Standards Rephrased	<p>ME E18.4: There is an established procedure for new born resuscitation and newborn care.</p> <p>ME E19.1: Post partum care is provided to the mothers.</p> <p>ME E19.3: There is an established procedure for Post partum counselling of mother.</p> <p>ME E20.4: Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines.</p>	<p>ME E18.10: There is an established protocol for newborn resuscitation and it is followed at the facility.</p> <p>ME E19.1: The facility staff adheres to protocol for assessments of condition of mother and baby and provide adequate postpartum care.</p> <p>ME E19.2: The facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding.</p> <p>ME E20.4: Management of neonatal asphyxia is done as per guidelines</p>



Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
	<p>ME G6.5: Corrective and preventive actions are taken to address issues, observed in the assessment & audit.</p> <p>ME G7.1: The facility defines its quality policy.</p> <p>ME G7.2: The facility periodically defines its quality objectives and key departments have their own objectives.</p> <p>ME G7.3: Quality policy and objectives are disseminated and staff is aware of that.</p> <p>ME G7.4: Progress towards quality objectives is monitored periodically.</p> <p>ME H1.3: Facility ensures compliance of key productivity indicators with National/State Benchmarks.</p> <p>ME H2.2: Facility ensures compliance of key efficiency indicators with National/State Benchmarks.</p> <p>ME H3.2: Facility ensures compliance of key Clinical Care & Safety with National/State Benchmarks.</p> <p>ME H4.2: Facility ensures compliance of key Service Quality with National/State Benchmarks.</p>	<p>ME G6.5: Planned actions are implemented through Quality improvement cycle (PDCA).</p> <p>ME G7.1: The facility has defined mission statement.</p> <p>ME G7.2: The facility has defined core values of the organization.</p> <p>ME G7.3: The facility has defined Quality policy, which is in congruency with the mission of facility.</p> <p>ME G7.4: The facility has defined Quality objectives to achieve mission and Quality policy.</p> <p>ME G7.5: Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services.</p> <p>ME G7.6: The facility prepares strategic plan to achieve mission, Quality policy and objectives.</p> <p>ME G7.7: The facility periodically reviews the progress of strategic plan towards mission, policy and objectives.</p> <p>ME H1.2: The facility endeavours to improve its Productivity Indicators to meet benchmarks.</p> <p>ME H2.2: The facility endeavours to improve its Efficiency Indicators to meet benchmarks.</p> <p>ME H3.2: The facility endeavours to improve its Clinical & Safety Indicators to meet benchmarks.</p> <p>ME H4.2: The facility endeavours to improve its Service Quality Indicators to meet benchmarks.</p>





LIST OF ABBREVIATIONS

A&E	Accident & Emergency
ABC	Airway, Breathing and Circulation
AEFI	Adverse Events Following Immunization
AERB	Atomic Energy Regulatory Board
AES	Acute Encephalitis Syndrome
AIDS	Acquired Immuno Deficiency Syndrome
ALS	Advanced Life Support
AMC	Annual Maintenance Contract
AMSTL	Active Management of the Third Stage of Labour
ANC	Anti Natal Check-up
ANM	Auxiliary Nurse Midwife
APH	Ante Partum Haemorrhage
ARF	Acute Renal Failure
ARI	Acute Respiratory Infection
RKSK	Rashtriya Kishor Swasthya Karyakram
ART	Anti Retroviral Therapy
ARV	Anti Rabies Vaccine
ASHA	Accredited Social Health Activist
ASV	Anti Snake Venom
AYUSH	Ayurveda, Yoga, Unani, Sidhha & Homoeopathy
BCC	Behavioural Change Communication
BCG	Bacillus Calmette-Guerin
BHT	Bed Head Ticket
BLS	Basic Life Support
BMW	Biomedical Waste
BP	Blood Pressure
BPL	Below Poverty Line
BT	Bleeding Time
CBC	Complete Blood Count
CCU	Coronary Care Unit
CHC	Community Health Centre
CHW	Community Health Worker
CLW	Contused Lacerated Wound
CME	Continuous Medical Education



CNS/PNS	Central Nervous System / Peripheral Nervous system
C-PAP	Continuous Positive Air Pressure
CPC	Clinical Pathological Case
CPR	Cardiopulmonary Resuscitation
CSSD	Centralized Sterile Supply Department
CT	Clotting Time
CBWTF	Common Biomedical Waste Treatment Facility
CVA	Cerebral Vascular Accident
CVS	Cardio-Vascular System
D&C SET	Dilatation & Curettage Set
D&E	Dilation & Evacuation
DEIC	District Early Intervention Centre
DGO	Diploma in Obstetrics & Gynaecology
DLC	Differential Leukocyte Count
DMC	Designated Microscopy Centre
DOTS	Directly Observed Treatment (Short Course)
DPT	Diphtheria, Pertussis and Tetanus
DQAC	District Quality Assurance Committee
DT	Diphtheria & Tetanus
ECG	Electrocardiography
ECP	Emergency Contraceptive Pills
EDD	Expected Date of Delivery
EDL	Essential Drug List
ELISA	Enzyme-Linked Immunosorbent Assay
ENT	Ear Nose Throat
ET TUBE	Endotracheal Tube
ETAT	Emergency Triage Assessment and Treatment
FBNC	Facility Based Newborn Care
FHR	Foetal Heart Rate
FIFO	First In First Out
FMP	Falciparum Malaria Parasite
FP	Family Planning
FSN	Fast Moving, Slow Moving , Non Moving
GOB	General Order Book
Goi	Government of India
HB	Haemoglobin
HIE	Hypoxic- Ischaemic Encephalopathy
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfection
I&D	Incision & Drainage



ICD	Intensive Care Unit
ICTC	Integrated Counselling and Testing Centre
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Project
IEC	Information Education Communication
IFA	Iron Folic Acid
IM/IV	Intra Muscular/Intra Venous
IMNCI	Integrated Management of Newborn Childhood Illnesses
IO Chart	Input-output Chart
IOL	Intra Ocular Lens
IPD	In Patient Department
IQAS/EQAS	Internal Quality Assessment Services/External Quality Assessment Services
IUCD	Intra Uterine Contraceptive Device
IUGR	Intra Uterine Growth Retardation
IYCF	Infant and Yong Child Feeding
JSSK	Janani –Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LAMA	Leave Against Medical Advice
LFT	Liver Function Tests
LMA	Laryngeal Mask Airway
LMP	Last Menstrual Period
LSCS	Lower Segment Caesarean section
MAS	Meconium Aspiration Syndrome
ME	Measureable Element
MI	Myocardial Infarction
MLC	Medico Legal Case
MMR	Miniature Mass Radiography
MRD	Medical Record Department
MSBOS	Maximum Surgical Blood Order Schedule
MTP	Medical Termination of Pregnancy
MUAC	Mid-Upper Arm Circumference
MVA	Manual Vaccum Aspiration
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NBCC	New Born Care Corner
NCD	Non Communicable Diseases
NGO	Non Government Organization
NHP	National Health Programme
NHSRC	National Health Systems Resource Centre



NLEP	National Leprosy Eradication Programme
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
NRC	Nutritional Rehabilitation centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surkasha Karyakram
NSV	No-Scalpel Vasectomy
NTEP	National TB Elimination Programme
NVBDCP	National Vector Borne Disease Control Programme
OBG	Obstetrics and Gynaecology
OCP	Oral Contraceptive Pills
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
OT	Operation Theatre
PAC	Pre Anaesthesia Check-up
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PDCA	Plan Do Check Act
PEM	Protein Energy Malnutrition
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Centre
PIB	Police Information Book
PIH	Pregnancy Induced Hypertension
PLHA	People Living with HIV/AIDS
PPH	Postpartum Haemorrhage
PPIUCD	Postpartum Intra Uterine Contraceptive Device
PPTCT	Prevention of Parent to Child Transmission
PRC	Packed Red Cells
PV SET	Per Vaginal Set
QA	Quality Assurance
RBRC	Random Blinded Re Checking
RCS	Re Constructive Surgery
RDK	Rapid Diagnostic Kit
RDS	Respiratory Distress Syndrome
RFT	Renal Function Tests
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNCHA	Reproductive Maternal Neonatal Child Health and Adolescent
RPR KIT	Rapid Plasam Reagin
RR	Respiratory Rate/ Record Review



RSBY	Rashtriya Swasthya Bima Yojana
RSO	Radiological Safety Officer
RTA	Road Traffic Accident
RTI/STI	Reproductive Tract Infections / Sexually Transmitted Infections
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SMART	Specific, Measurable, Attainable Relevant, Time Based
SNCU	Sick Newborn Care Unit
SOP	Standard Operating Procedure
SQAC	State Quality Assurance Committee
STG	Standard Treatment Guideline
SWD	Short Wave Diathermy
TB	Tuberculosis
TLC	Total Leukocyte Count
TLD	Thermoluminescent Dosimeter
TMT	Tread Mill Test
TPHA	Treponema pallidum Hemagglutination Assay
TPR	Temperature, Pulse, Respiration
TSSU	Theatre Sterile Supply Unit
TT	Tetanus Toxoid
TTI	Transfusion Transmitted Infection
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
VD	Venereal Diseases
VDRL	Venereal Disease Research Laboratory
VED	Vital, Essential and Desirable
V-PEP (PAP)	Variable Positive Air Pressure
VVM	Vaccine Vial Monitor
WHO	World Health Organization





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S. No.	Key word Reference in Quality Measurement System	
1	Abortion	ME E21.4, ME E21.5 and ME E21.6
2	Action Plan	ME G6.4 & ME G6.5
3	Admission	ME E1.2
4	Adolescent health	Standard E22
5	Affordability	Standard B5
6	Ambulances	E11.4
7	Amenities	ME C1.2
8	Anaesthetic Services	Standard 1.6
9	Animals	ME D4.6
10	Antenatal Care	Standard E17
11	Antibiotic Policy	ME F1.5
12	Assessment	Standard E2
13	Behaviour	ME B3.3 for Behaviour of staff towards patients
14	Below Poverty Line	ME B5.3
15	Bio Medical Waste Management	Standard F6
16	Blood Bank Standard	Standard E13
17	Both Companion of Choice	ME E18.11
18	C- Section ME	E18.2
19	Calibration ME	D1.2
20	Central Oxygen and Vacuum Supply	ME 5.3
21	Checklist	ME G3.3
22	Citizen Charter	ME B1.3
23	Cleanliness	ME D4.2
24	Clinical Indicators	Standard H3
25	Cold Chain	ME D2.7
26	Communication	ME C1.5
27	Community Participation	Standard A6 for Service Provision Standard D8 for processes
28	Confidentiality	ME B3.2 and ME B3.4



S. No.	Key word Reference in Quality Measurement System	
29	Consent	ME B4.1 and ME B6.8
30	Continuity of care	Standard E3
31	Contract Management	Standard D12
32	Corrective & Preventive Action	ME G6.5
33	Culture Surveillance	ME F1.2
34	Competence Assessment	C7.2
35	Death	Standard E16
36	Death Audit	ME G6.2
37	Decontamination	ME F4.1
38	Diagnostic Equipment	ME C6.3
39	Diagnostic Services	Standard A3 for Service Provision Standard E12 for Technical Processes
40	Dietary services	Standard D6
41	Disable Friendly	ME B2.3
42	Disaster Management	ME 11.3
43	Discharge	Standard E9
44	Discrimination	ME B2.4
45	Disinfection	ME F4.2
46	Display of Clinical Protocols	ME G4.4
47	Dress Code	ME D11.3
48	Drug Safety	Standard E7
49	Drugs	Standard C5
50	Duty Roster	ME D11.2
51	Efficiency	Standard H2
52	Electrical Safety	ME C2.3
53	Emergency Drug Tray	ME C5.3
54	Emergency protocols	ME E11.2
55	Emergency services	Standard E11
56	End of life care	Standard B6 ME B6.6
57	Environment control	Standard F5
58	Equipment & Instrument	Standard C6
59	Expiry Drugs	ME D2.4
60	External Quality Assurance Program	ME G3.2
61	Ethical Management	Standard B6
62	Facility Management	Standard D4
63	Family Planning	Standard E21



S. No.	Key word Reference in Quality Measurement System	
64	Family Planning Surgeries	ME E21.2
65	Free Drugs	ME B5.2
66	Financial Management	Standard D9
67	Fire Safety	Standard C3
68	Form Formats	ME E8.5
69	Furniture	ME C6.7
70	Gender Sensitivity	Standard B2
71	Generic Drugs	ME E6.1
72	Grievance redressal	ME B4.5
73	Hand Hygiene	Standard F2
74	Handover	ME E4.3
75	Help Desk	ME B1.7
76	High alert drugs	ME E7.1
77	High Risk Patients	ME E5.2
78	HIV-AIDS	ME B3.4 for Confidentiality and Privacy of People living with HIV-AIDS ME E23.4 for processes related to testing and treatment of HIV- AIDS
79	Hospital Acquired infection	ME F1.3
80	House keeping	Standard D4
81	Human Resource	Standard C4
82	Hygiene	ME D4.2
83	Identification	ME E4.1 for identification of patients
84	IEC/BCC	ME B1.5
85	Illumination	ME D3.1
86	Immunization	ME E20.1 for immunization of patients ME F1.4 for immunization of facility staff
87	Indicators	Area of Concern H
88	Infection Control	Area of Concern F
89	Infection Control Committee	ME F1.1
90	Information	Standard B1 for information about services, ME B4.2 for information about patient rights
91	Initial assessment	ME E2.1
92	Inputs	Area of Concern C
93	Intensive Care	Standard E10
94	Internal Assessment	ME G6.1
95	Intranatal Care	Standard E18
96	Inventory Management	Standard D2
97	Job Description	ME D11.1



S. No.	Key word Reference in Quality Measurement System	
98	Junk Material	ME D4.5
99	Key Performance Indicators	Area of Concern H
100	Landscaping	ME D4.4
101	Laundry	Standard D7
102	Layout	ME C1.3
103	Licences	ME D10.1
104	Linen	Standard D7
105	Low Birth weight	ME E20.3
106	LAMA	ME B6.6
107	Maintenance	Standard D1 for Equipment Maintenance Standard D4 for Infrastructure Maintenance
108	Medical Audit	ME G6.2
109	Medico Legal Cases	ME 11.5
110	National Health Programs	Standard A4 for Service Provision Standard E23 for Clinical Processes
111	New born resuscitation	ME E18.10
112	Newborn Care	Standard E20
113	Non Value Activities	ME G5.2
114	Nursing Care	Standard E4
115	Nutritional Assessment	ME D6.1
116	Obstetric Emergencies	ME E18.3
117	Operating Instructions	ME D1.3
118	Operation Theatre	Standard E15
119	Outcome	Area of Concern H
120	Outsourcing	Standard D12
121	Patient Records	Standards E8
122	Patient Rights	Area of Concern B
123	Patient Satisfaction Survey	Standard G2
124	Personal Protection	Standard F3
125	Physical Safety	Standard C2
126	Post Mortem	ME E16.3
127	Post Partum Care	ME E19.1
128	Post Partum Counselling	ME E19.2
129	Power Backup	ME D5.2
130	Pre Anaesthetic Check up	ME B3.1 and 3.4
131	Prescription Audit	ME G6.2



S. No.	Key word Reference in Quality Measurement System	
132	Prescription Practices	Standard E6
133	Privacy	ME B3.1
134	Process Mapping	Standard G5
135	Productivity	Standard H1
136	Performance Evaluation	Standard C7
137	Quality Assurance	Standard G 3
138	Quality Improvement	Standard G6
139	Quality Management System	Area of Concern G
140	Quality Objectives	ME G7.4
141	Quality Policy	ME G7.3
142	Quality Team	ME G1.1
143	Quality Tools	ME G8.2
144	Rational Use of Drugs	ME E6.2
145	Referral	ME E3.2
146	Registers	ME 8.6
147	Registration	ME E1.1
148	Resuscitation Equipments	ME C6.4
149	RMNCHA	Standard A2 for Service provision Standard E17 to E22 for Clinical Processes
150	Rogi Kalyan Samiti	ME D8.1
151	Roles & Responsibilities	Standard D11
152	Security	ME D3.4 & 3.5
153	Seismic Safety	ME C2.1
154	Service Provision	Area of Concern A
155	Service Quality Indicators	Standards H4
156	Sever Acute Malnutrition	ME E20.8
157	Sharp Management	ME F6.2
158	Signages	ME B1.1
159	Skills	Standard C7
160	Space	ME C1.1 for adequacy of space
161	Spacing Method	ME E21.2
162	Standard Operating procedures	Standard G4
163	Statutory Requirements	Standard D10
164	Sterilization of Equipment	ME F4.2



S. No.	Key word Reference in Quality Measurement System	
165	Storage	ME D 2.3 for Storage of drugs ME D2.7 for storage of vaccines ME D2.8 for Storage of Narcotic & Psychotropic Drugs ME D5.1 for storage of potable water ME E8.7 for storage of medical records ME E13.6 for storage of blood
166	Support Services	Standard A5 for Service Provision Area of Concern C for Support Processes
167	Surgical Services	Standard E15
168	Training	ME C7.9 and ME C3.3
169	Transfer	ME E3.1 for interdepartmental transfer
170	Transfusion	ME E13.9 & E13.10
171	Transparency & Accountability	Standard D8
172	Triage	ME E11.1
173	Utilization	Standard H1
174	Vulnerable	ME B2.5 for Affirmative action for Vulnerable sections ME E5.1 for Care of Vulnerable Patients
175	Waiting Time	ME H4.1
176	Water Supply	ME D5.1
177	Work Environment	Standard D3
178	Work Instructions	ME G4.4



TOOLS FOR QUALITY ASSESSMENT & APP FOR KAYAKALP



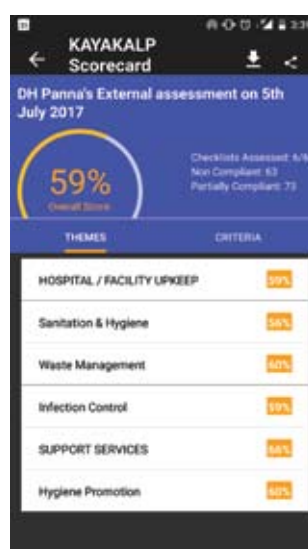
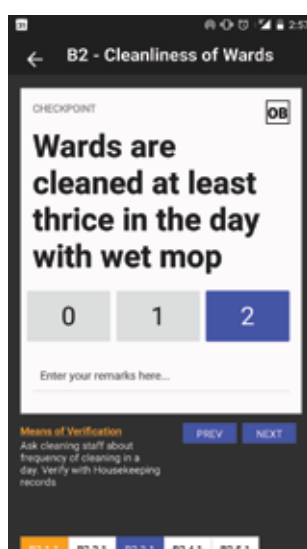
Steps to access the NQAS tool (DH Checklist, 2018)

- Download any QR code scanner on your device.
- Scan the above QR code using the scanner.
- Download the requested file.
- Open the downloaded tool in Microsoft Excel.

In case you are unable to access the file using the QR Code, you may use the link below:
qi.nhsrindia.org



Gunak - Guide for NQAS and Kayakalp



- Preloaded digital checklists for Kayakalp & National Quality Assurance Standards & LaQshya.
- Checklist for all level of facilities – District Hospitals, CHCs, PHCs & Urban PHCs.
- User friendly assessment interface with single hand navigation and assigning scores.
- Automated score cards generation, can be shared as excel or image files.

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1.Link for Android:
<https://play.google.com/store/apps/details?id=com.facilitiesassessment>

2.Link for App Store:
<https://apps.apple.com/in/app/gunak/id1354891968>

or search on play store/app store:
NHSRC or NQAS or Kayakalp or Gunak

[illegible]



National Health Mission
Ministry of Health and Family Welfare
Government of India

