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NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

ASSESSOR'S GUIDEBOOK FOR QUALITY ASSURANCE IN DISTRICT HOSPITALS

2018

VOLUME - II

Ministry of Health and Family Welfare
Government of India

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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 to 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 checklists 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 is 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 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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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 Gujart 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 policy makers, 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

I 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.

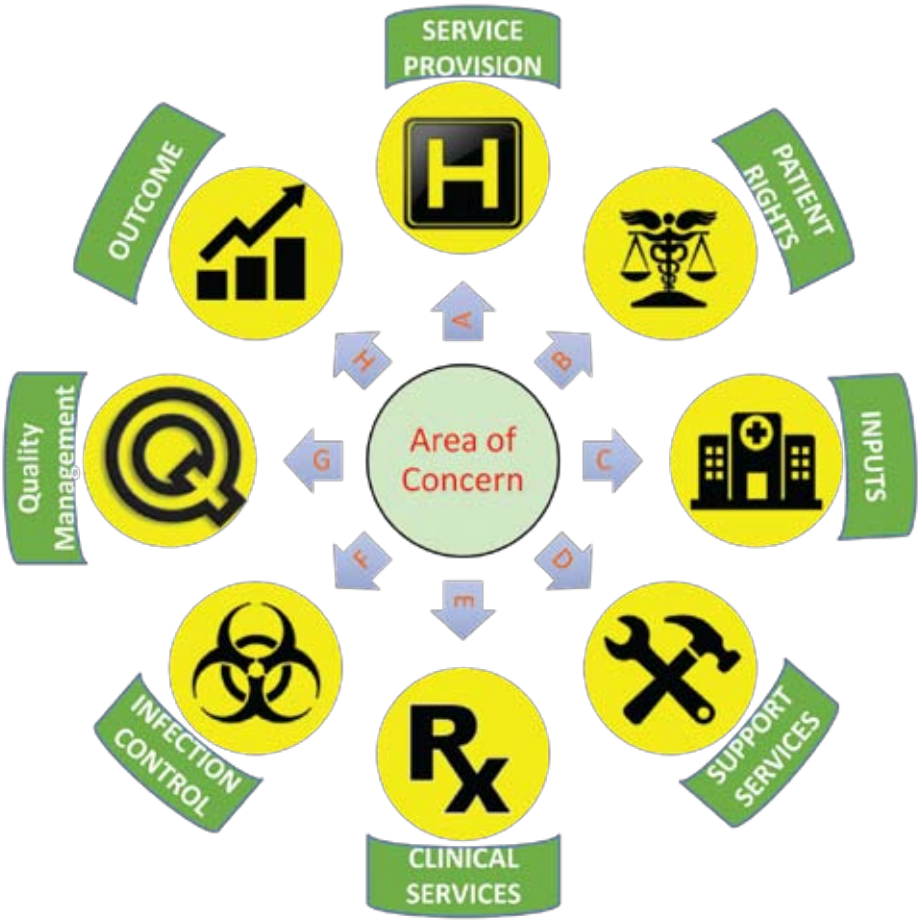
7. **Flexibility –** The proposed system has been designed in such a way that states and Health Facilities can adapt the system according to their priorities and requirements. State or facilities may pick some of the departments or group of services in the initial phase for Quality improvement. As baseline 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.

II COMPONENTS OF QUALITY MEASUREMENT SYSTEM

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
B. Patient Rights
C. Inputs
D. Support Services
E. Clinical Services
F. Infection Control
G. Quality Management
H. Outcome



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

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).

III 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 ten 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 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.

V ASSESSMENT PROTOCOL

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.

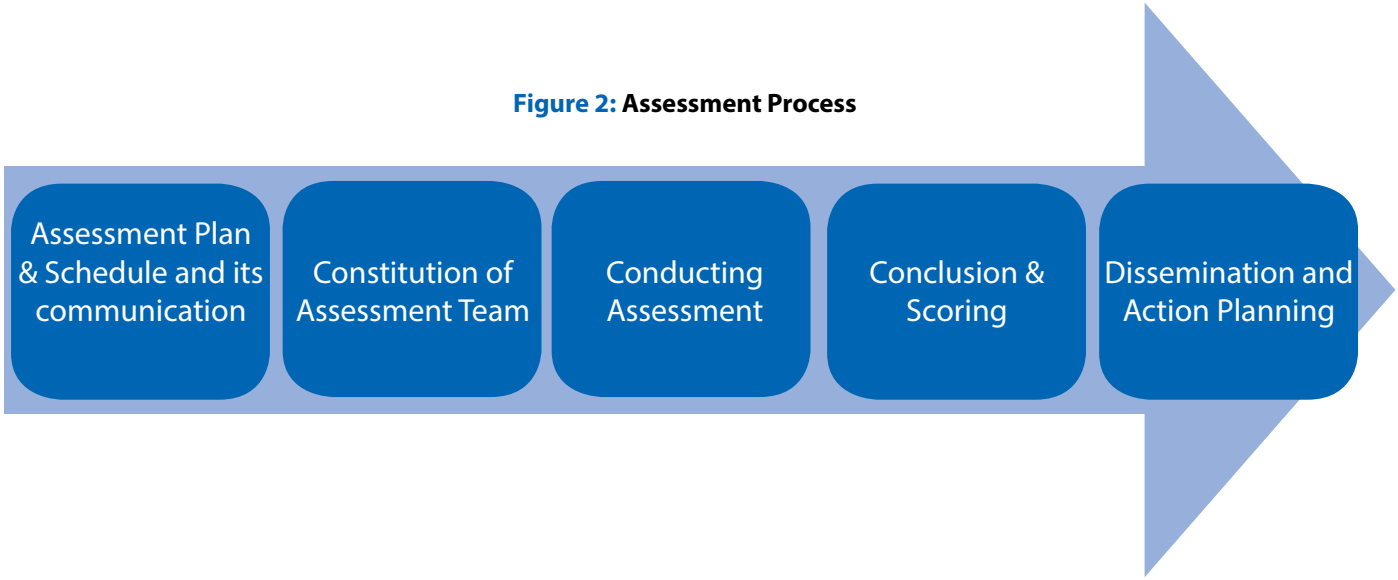
1. Internal Assessment - Internal assessment is a continuous process and integral part of facility based Quality assurance program. Assessing all departments in a health facility every month may not be possible. The hospital should prepare a quarterly assessment schedule. It needs to be ensured that 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 form 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 form 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**	**Compli-ance**	**Assess-ment 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, Unconsious 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 Obstertics & 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'.

a) Header of the checklist denotes the name of department for which checklist is intended.

b) The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.

c) 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.

d) 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.

e) 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.

f) 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.

g) Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance:

- Full Compliance
- Partial Compliance
- Non Compliance

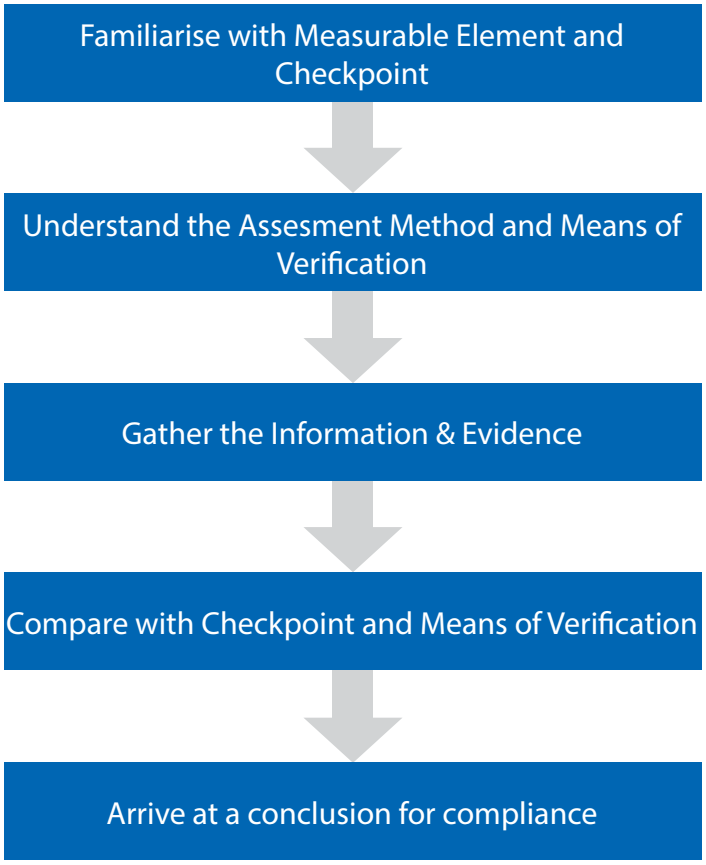
h) Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment:

- 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 PNDT

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 of 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.

VI 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.

   Amalgamation 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	• All Requirements in Checkpoint are Meeting • All Tracers given in Means of verification are available • Intent of Measurable Element is meeting
Partial compliance	1	• 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	• 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:

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

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%	**72%**
Laboratory 65%	SNCU 73%	Paediatrics Ward 86%	Blood Bank 74%	General Admin 66%	**LaQshya Score**
Radiology 71%	PP Unit 77%	IPD 73%	Mortuary 51%		**86%**

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 they 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–10

OPERATION THEATRE

Checklist for OPERATION THEATRE

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	The facility provides Curative services				
ME A1.2	The facility provides General Surgery services	Availability of General Surgery procedures		SI/OB	Appendectomy, Intestinal Obstruction, Perforation, Tongue Tie, Inguinal Hernia
ME A1.3	The facility provides Obstetrics & Gynaecology services	Availability of Gynaecology procedures		SI/OB	D & E, Hysterectomy. For Obstetric procedure kindly see A2.2
ME A1.4	The facility provides Paediatric services	Availability of Paediatric Surgery procedure		SI/OB	I&D, Pepuceal Dilation, Meatomy, Gland Biopsy, Reduction Paraphimosis, Brachial/Thyoglossal Cyst and Fistula, Inguinal Herniotomy, Neonatal Intestinal Obstruction
ME A1.5	The facility provides Ophthalmology services	Availability of Ophthalmic Surgery procedures		SI/OB	Cataract Extraction with IOL, Canthotomy, Paracentesis, Enucleation, Glaucoma, Cunjuctival Cyst
ME A1.6	The facility provides ENT services	Availability of ENT surgical procedure		SI/OB	Nose, Ear and Throat surgical procedures Packing, Antral Puncture, Fracture Reduction, Mastoid Abscess I & D, Mastoidectomy Stapedotomy, Adenoidectomy, Tonsillectomy
ME A1.7	The facility provides Orthopaedics services	Availability of Orthopaedic surgical procedures		SI/OB	Open and Closed Reduction, Nailing and Plating, Amputation, Disarticulation of Hip and Shoulder
ME A1.10	The facility provides Dental Treatment services	Availability of Oral surgery procedures		SI/OB	Trauma including Vehicular Accidents, Fracture Wiring
ME A1.14	Services are available for the time period as mandated	OT Services are available 24x7		SI/RR	
ME A1.16	The facility provides Accident & Emergency services	Availability of Emergency OT services as and even when required		SI/OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard A2	**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 C-section services		SI/OB	
		Availability of OT for management of complications		SI/OB	
ME A2.3	The facility provides Newborn health services	Availability of New born resuscitation		SI/OB	
		Availability of essential new born care		SI/OB	
ME A2.4	The facility provides Child health services	Availability of Paediatric surgical procedure under RBSY		SI/OB	Developmental Dysplasia of the Hip, Congenital Cataract, cleft lip and palate
Standard A3	**The facility provides Diagnostic services**				
ME A3.1	The facility provides Radiology services	Availability of C arm services		SI/OB	
ME A3.2	The facility provides Laboratory services	Availability of point of care diagnostic test		SI/OB	Blood gas analyser & USG
Standard A4	**The facility provides services as mandated in National Health Programmes/State Scheme**				
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Availability of Reconstructive Surgery		SI/OB	
		Availability of Amputation Surgery		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 of departmental signages		OB	(Numbering, main department and internal sectional signage
		Signage for restricted area are displayed		OB	
		Zones of OT are marked		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Display doctor/Nurse on duty and updated		OB	
		OT schedule displayed		OB	
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 is sensitive to gender	Availability of female staff if a male doctor examines/ conducts surgery of a female patient		OB/SI	Availability of female staff in pre and post operative room

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 OT		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 between OT table		OB	
		Patients are properly draped/covered before and after produce		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	Privacy and confidentiality of HIV 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	High risk consent is taken before major surgeries		SI/RR	
		Anaesthesia consent for OT		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient attendant is informed about clinical condition and treatment been provided		PI/SI	
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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 medicines and consumables are available		PI/SI	JSSK
		All surgical procedure are free of cost for JSSK beneficiaries		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 consumbles 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	Surgical services are free for BPL patients		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	Adequate space for accommodating surgical load		OB	
		Availability of OT for elective major surgeries		OB	100-200 -1OT, 200-300-2, 300-400 -3
		Availability of OT for Emergency surgeries		OB	Emergency OT 1
		Availability of OT ophthalmic/ENT		OB	Ophthalmic/ENT- 1
		Waiting area for attendants		OB	
ME C1.2	Patient amenities are provided as per patient load	Hot water facility		OB	
		Toilet facility for patient attendant		OB	
		Seating arrangement for patient attendant		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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of earmarked area for newborn Corner		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	
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	2-3 meters
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	**Hydraulic OT Tables:** As per case load at least two for 100 - 200 beded DH and 4 for More than 200 beds
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	No criss cross of infectious and sterile goods
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/ventilators if any in the OT are intact and sealed		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	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	OT room 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 Obg & Gynae Surgeon		OB/RR	As per case load
		Availability of general surgeon		OB/RR	As per case load
		Availability of Orthopaedic Surgeon		OB/RR	As per case load
		Availability of ophthalmic surgeon		OB/RR	As per case load
		Availability of ENT surgeon		OB/RR	As per case load
		Availability of anaesthetist		OB/RR	As per case load
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		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	
ME C4.5	The facility has adequate support/ general staff	Availability of OT attendant/assistant		SI/RR	
		Availability CSSD/TSSU Asstt.		SI/RR	
		Availability of security staff		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 medical gases		OB/RR	Availability of Oxygen Cylinders/Piped Gas supply, Nitrogen
		Availability of Uterotonic Drugs		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge)
		Availability of antibiotics		OB/RR	Inj Ampillicin, Inj metronizazole Inj Gentamycin
		Availability of Antihypertensive		OB/RR	Injectable preaprtions
		Availability of analgesics and antipyretics		OB/RR	Tab Paracetamol Ibuprofen, Inj Diclofenac, Sodium plasma expender
		Availability of IV fluids		OB/RR	IV fluids, Normal saline, Ringer lactate
		Availability of anesthetics		OB/RR	Tab B complex, Inj Betamethason, Inj Hydrazaline, methyldopa, (Nevirapin and other HIV drugs)
		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, Methyldopa, ceftriaxone
		Availability of drugs for newborn		OB/RR	Availability of Oxygen Cylinders
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and sanitary pads		OB/RR	
		Availability of syringes and IV sets		OB/RR	
		Availability of antiseptic solutions		OB/RR	
		Availability of consumables for new born care		OB/RR	
		Availability of personal protective equipments		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 in OT in pre and post operative room		OB/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter, PV Set
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 equipments/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
		Availability of functional General surgery equipments		OB	Diathermy (Unit and Bi Polar), Proctoscopy set, general Surgical Instruments for Piles, Fistula, & Fissures. Surgical set for Hernia & Hydrocele, Cautery
		Availability of functional orthopaedic surgery equipments		OB	C arm, check OT table is C arm compatible, Thomas Splint, IM Nailing Set, SP Nailing, Compression Plating Kit, Sislocation Hip Screw Fixation
		Availability of Ophthalmic surgery equipments		OB	Operating Microscope, IOL Operation Set, Ophthalmoscope Keratometer, A Scan Biometer
		Availability of functional ENT surgery equipments		OB	Operating Microscope, ENT Operation set, Mastoid Set, Tracheotomy set, Microdrill System set
		Operation Table with Trendelenburg facility		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of point of care diagnostic instruments		OB	Portable X-ray Machine, Glucometer, HIV rapid diagnostic kit, USG and Blood gas analyser
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	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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
		Availability of equipment for storage of sterilized items		OB	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	Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for CSSD/TSSU		OB	Autoclave Horizontal & Vertical, Sterlizer 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 attachment/accessories with OT table		OB	Hospital graded mattress, IVstand, Bed pan
		Availability of fixtures		OB	Trey 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	**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
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
		OT Management		SI/RR	OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Bio Medical Waste Management		SI/RR	To all category of staff. At the time of induction and once in a year
		Infection control and hand hygiene		SI/RR	
		Training on processing/ sterilization of equipments		SI/RR	
		Patient Safety		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Staff is skilled for resuscitation and intubation		SI/RR	
		Nursing Staff is skilled for maintaining clinical records		SI/RR	
		Staff is Skilled to operate OT equipments		SI/RR	
		Staff is skilled for processing and packing instrument		SI/RR	
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	
		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	Boyels apparatus, cautery, BP apparatus, autoclave etc.
		There is system to label/ code the equipment to indicate status of calibration/verification when recalibration is due		OB/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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 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	
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	Narcotic and psychotropic drugs are kept in lock and key		OB/SI	
		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	100000 lux
		Adequate illumination at pre operative and post operative area		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Entry to OT is restricted		OB	
		Warning light is provided outside OT and it is being used when OT is functional		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is kept		SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained
		Humidity is maintained at desirable level		SI/RR	50-60%
		Positive pressure is maintained in OT		SI/RR	
ME D3.4	The facility has security system in place in patient care areas	Security arrangement at OT		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 OT		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	2 tier backup with UPS
		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, 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 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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 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, 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 while receiving patient form OT to indoor and ICU		SI/RR	
		There is a procedure for consultation of the patient to other specialist within the hospital		RR/SI	
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	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		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	
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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	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	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 BHT if drugs are prescribed under generic name only		RR	
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 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 comprehendible by the clinical staff		RR/SI	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 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	
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	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 BHT		RR	Treatment prescribed in nursing records
ME E8.4	Procedures performed are written on patients 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	
ME E8.5	Adequate form and formats are available at point of use	Standard formats available		RR/OB	Consents, 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	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	OT is provided with the critical value of different 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	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	
		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	
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		RR/SI	
		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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E14.2	The facility has established procedures for monitoring during anaesthesia and maintenance of records	Anaesthesia plan is documented before entering into OT		RR	
		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 is checked		RR/SI	
		Patient's vitals are recorded during anaesthesia		RR	Heart rate, cardiac rate, BP, O_2 Saturation
		Airway security is ensured		RR/SI	Breathing system is securely and correctly assembled
		Potency and level of anaesthesia is monitored		RR/SI	
		Anaesthesia note is recorded		RR	Check for the adequacy
		Any adverse anaesthesia event is recorded and reported		RR	
ME E14.3	The facility has established procedures for Post-anaesthesia care	Post anaesthesia status is monitored and documented		RR/SI	
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 OT Scheduling		RR/SI	Schedule is prepared in consonance with available OT house and patients requirement
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 given as indicated		RR/SI	
		Tetanus prophylaxis is given if indicated		RR/SI	
		There is a process to prevent wrong site and wrong surgery		RR/SI	Surgical site is marked before entering into OT
		Surgical site preparation is done as per protocol		RR/SI	Cleaning, Asepsis and Draping
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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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 legation practices
		Appropriate suture material is used for surgery as per requirement		RR/SI	Check for what kind of sutures used for different surgeries. 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	
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 ward 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
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	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		RR	Includes both maternal and neonatal death
		Death summary is given to patient's attendant quoting the immediate cause and underlying cause if possible		RR/SI	
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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 Toxid etc.
		Periodic medical checkup 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, if 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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of antiseptic solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	Like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Proper cleaning of perineal area before procedure with antisepsis		SI	
		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	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 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% Clorine Solution or 70% Alcohal as applicable)

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Contact time for decontamination is adeqaute		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
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time requied 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 enusure 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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
		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, Gluteraldehye, 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 three bucket system for mopping		OB/SI	
		Fumigation/carbolization as per schedule		SI/RR	
		External footwares are restricted		OB	
ME F5.4	The facility ensures segregation of 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	Positive pressure in OT		OB/SI	
		Adequate air exchanges are maintained		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
		There is no mixing of infectious and general waste		OB	
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	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	Compli-ance	Assessment Method	Means of Verification
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff 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	**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	
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		SI	
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 scheduling the surgery and its booking		RR	
		Department has documented procedure for pre operative procedure		RR	
		Department has documented procedure for pre operative anaesthetic check up		RR	
		Department has documented procedure for in process check during surgery		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for post operative care of the patient		RR	
		Department has documented procedure for operation theatre asepsis and environment management		RR	
		Department has documented procedure for OT documentation		RR	
		Department has documented procedure for reception of dirt packs and issue of sterile packs from TSSU		RR	
		Department has documented procedure for maintenance and calibration of equipments		RR	
		Department has documented procedure for general cleaning of OT and annexes		RR	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Processing and sterilization of equipments
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 G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 months
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	
		Proportion of C-Sections done in night		RR	
		Proportion of other emergency surgeries done in the night		RR	
		No. of Major surgeries done per 1 lakh population		RR	
		CSSD/TSSU productivity index		RR	No. of packs sterilized against the no. of surgeries
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 euipments		RR	
		Skin to skin time		RR	
		No of major surgeries per surgeon		RR	
		Proportion of elective C-Sections		RR	
		Proportion emergency surgeries		RR	
		Cycle time for instrument processing		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	
		Incidence of re-exploration of surgery		RR	
		Percentage of environmental swab culture reported positive		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Perioperative Death Rate		RR	Deaths occurred from pre operative procedure to discharge of the patient
		Proportion of General Anaesthesia to spinal anaesthesia		RR	
		Proportion of PAC done out of total elective surgeries		RR	
		No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle		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	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 Assessees .....

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

A. SCORE CARD

OPERATION THEATRE SCORE CARD	
Area of Concern wise score	**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/OPPORTUNITIES FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–11

INTENSIVE CARE UNIT (ICU)

Checklist for INTENSIVE CARE UNIT (ICU)

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 Intensive care services for medical cases		SI/OB	Major medical cases like CVA, Haematomas, CAD, Haemoptysis, Snake bite, Br. Asthma Poisoning etc.
ME A1.2	The facility provides General Surgery services	Availability of Intensive care services for surgical cases		SI/OB	Major surgical cases including trauma
ME A1.3	The facility provides Obstetrics & Gynaecology services	Availability of Intensive care services for Gynae and Obstetrics cases		SI/OB	If ICU services are not available then facility ensures linkages (Partial Compliance)
ME A1.14	Services are available for the time period as mandated	Availability of ICU services 24x7		SI/RR	
ME A1.17	The facility provides Intensive care services	Availability of Intensive care services		SI/OB	Intubation, Tracheotomy, Mechanical Ventilation, short term cardio respiratory support, Defibrillation, CPR, Mobilization, Chest Tube, ventilator
Standard A3	**The facility provides Diagnostic services**				
ME A3.1	The facility provides Radiology services	Availability of potable X-ray services		SI/OB	
		Availability of USG services		SI/OB	
ME A3.2	The facility provides Laboratory services	Functional side laboratory services are available		SI/OB	ABG & Electrolyte
ME A3.3	The facility provides other Diagnostic services, as mandated	Functional ECG services are available		SI/OB	12 lead ECG
Standard A4	**The facility provides services as mandated in National Health Programmes/State Scheme**				
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS), as per guidelines	Availability of cardiac care unit		SI/OB	5 bedded ICU

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
		Availability departmental signages		OB	
		Signage for restricted area		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Services provision in ICU are displayed		OB	
		Services not available in ICU are displayed		OB	
		Names of doctor and nursing staff on duty are displayed and updated		OB	
		Important numbers including ambulance, blood bank and referral centres displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o ICU services are displayed		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC material displayed in waiting area		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 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 is sensitive to gender	Availability of female staff if a male doctor examines a female patient		OB/SI	
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 ICU		OB	
		ICU is connected to lift/ ramp		OB	For easy, safe and fast transport of bed/trolley of critically sick patient

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 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	
		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	Privacy and confidentiality of HIV 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	Informed consent for ICU		SI/RR	Admission, intubation, blood transfusion
		Consent for Invasive procedure		SI/RR	
ME B4.3	Staff are aware of patient's rights & responsibilities	Staff is aware of patient's rights and responsibilities		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	ICU has system in place to communicate with patient/their family member the nature and seriousness of the illness at least once in day		PI/SI	Ask patients relative about whether they have been communicated about the treatment plan and progress
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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	ICU services are free for JSSK beneficiaries		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not incurred expenditure 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 incurred expenditure on diagnostics from outside		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	ICU services are free 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		SI/RR	
		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 and the consequences are explained		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	ICU has adequate space as per requirement		OB	Space requirement in ICU is 100-125 sq feet area per bed in patient care area including space for storage and duty room etc.

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provided as per patient load	Availability of seating arrangement		OB	
		Availability of cold drinking water		OB	
		Availability of functional toilets		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	ICU has single entry and exit		OB	There is no thoroughfare through ICU
		Central nursing station is available in ICU		OB	All monitors/patients must be observable from nursing station either directly or through central monitoring station
		ICU has designated Isolation room		OB	
		Availability of Ancillary area		OB	Ancillary area includes: Nursing station, clean and dirty utility area, Unit stores, Hand washing and gowning area
		ICU has dedicated change room for staff		OB	Separate doctor and nurse change room are available
		ICU has dedicated counselling room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for easy movement of trolleys		OB	2-3 Meters
		There is sufficient space between two beds to provide bed side nursing care and movement		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 ICU 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)	Unidirectional flow of services		OB	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
		ICU is in proximity of OT and has functional linkage with OT		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	ICU building does not have temporary connections and loose hanging wires		OB	
		ICU has mechanism for periodical check/test of all electrical installation by competent electrical engineer		OB/RR	
		ICU has dedicated earthling pit system available		OB/RR	
		Wall mounted digital display is available in ICU to show earth to neutral voltage		OB	
		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	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the ICU are non slippery and even		OB	
		Windows/ventilators 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	ICU 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, C Class 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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		ICU has provision of smoke and heat detector		OB/RR	
		ICU has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic fire extinguisher		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 full time intensivist		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	Duty doctor in 1: 5 ratio
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff as per requirement		OB/RR/SI	As per guideline
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of paramedic staff		OB/SI	1: 5 ratio
ME C4.5	The facility has adequate support/ general staff	Availability of ICU attendant		SI/RR	
		Availability Security staff		SI/RR	1 in each shift
		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 Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	As per State EDL
		Availability of antibiotics		OB/RR	As per State EDL
		Availability of Infusion Fluids		OB/RR	As per State EDL
		Availability of Drugs acting on CVS		OB/RR	As per State EDL
		Availability of drugs action on nervous system		OB/RR	As per State EDL

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of dressing material and antiseptic lotion		OB/RR	As per State EDL
		Drugs for Respiratory system		OB/RR	As per State EDL
		Hormonal preparation		OB/RR	As per State EDL
		Availability of medical gases		OB/RR	Availability of Oxygen Cylinders
ME C5.2	The departments have adequate consumables at point of use	Availability of disposables		OB/RR	Examination gloves, Syringes
		Resuscitation Consumables/Tubes		OB/RR	Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc.
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Emergency and resuscitation tray are 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	Bed side monitor, pluse oximeter, thermometer, BP apparatus, ECG
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Surgical Ward		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of point of care diagnostic instruments		OB	ABG Machine, 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 Intensive care equipment and instruments		OB	Ventilator, Infusion pump, C-PAP
		Availability of functional resuscitation equipments		OB	Bag and mask, laryngoscope, ET tubes, fibro optic bronchoscope oxygen cylinder/central line, oxygen hood, Trey for procedures like central line, Defibrillator (Ambu bag)
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 Elements	Checkpoint	Compli-ance	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, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		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 specialized ICU bed		OB	ICU bed (shock proof -fibre)
		Availability of attachment/accessories with patient bed		OB	Over bed tables, Head end panel, IV stand, Bed pan, bed rail
		Availability of fixtures		OB	Trey for monitors, Electrical panel with bed, bedhead panel with outlet for Oxygen and vacuum, 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	Bio Medical Waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Advance life support Training		SI/RR	
		Code Blue		SI/RR	
		Patient safety		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 to operate ICU 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 and intubation		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	**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	
		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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	
		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	Check the down time of equipments
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 in ICU		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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic 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 nursing station		OB	General Patient Care - 200-50 Lux Procedure Spot Light - 1500 Lux
		Adequate illumination in patient care unit		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Entry to ICU 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	Temperature is maintained in ICU and record of same is kept		SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained
		Humidity is maintained in ICU and record of same is maintained		SI/RR	50-60%
		ICU has system to maintain its ventilation and its environment is dust free		SI/RR	
		ICU has system to control the sound producing activities and gadgets' (like telephone sounds, staff area and equipments)		SI/RR	
ME D3.4	The facility has security system in place in patient care areas	Security arrangement at ICU		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 color		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 cowebs
		Surface of furniture and fixtures are clean		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 ICU		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No rodent/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	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in ICU		OB/SI	Power back for all critical equipments
		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 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 are as per clinical advice
		Check for the quality of diet provided in ICU		PI/SI	Ask patient/staff whether they are satisfied with the quality of food

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	
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 is provided to all patients		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 Elements	Checkpoint	Compli-ance	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's 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 at ICU		SI/RR	Criteria based on Vital sign, Laboratory value/ Diagnostic values and Physical finding
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done on written order by authorized 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	Check for admission criteria. Check for linkage with higher facilities
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	Assessment criteria of different kind of medical/ surgical conditions is defined and practiced
		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 1 hours		RR	
ME E2.2	There is established procedure for follow-up/reassessment of patients	There is fixed schedule for reassessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessments as per need		RR/OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 transferred from ICU to IPD/OT/Emergency and vice versa		SI/RR	Check for how hand over is given from ICU to ward and vice versa etc.
		Check for the procedure if patient is to be consulted with other specialist		RR/SI	Check for the procedure for calling specialist on call to ICU for opinion/ advice. Is there any list of specialist with phone no. available
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	Check for whom it is referred. List of higher centres is available with phone no.
		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	
		Facility has functional referral linkages to higher 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	Doctor and nurse is designated for each patient admitted to ICU ward		RR/SI	Treating doctor is designated
		There is established procedure for co ordination of care between duty doctor and treating doctor/ specialist		RR/SI	Duty doctor takes round with treating doctor
		Patient condition is reviewed during hand over between duty doctors		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/Bed no. etc.

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 charts 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, 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	Unconscious and comatose patient, stuprose patient, patient with suppressed immune system
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	**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 Elements	Checkpoint	Compli-ance	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 (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Uploads, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		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 not used
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 comprehendible 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 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	
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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 chart
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	Check for the availability of ICU slip, Requisition slips 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	ICU 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 an authorised 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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Discharge summary is give to patients going in LAMA/Refered out		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		PI/SI	
		Time of discharge is communicated to patient before hand		PI/SI	
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	ICU has procedure for step down of the patient		RR/SI	Step down of the patient is planned by on duty doctor in consultation with treating doctor
ME E10.2	The facility has defined and established procedure for intensive care	ICU has protocols for pain management		RR/SI	
		ICU has protocol for sedation		RR/SI	
		ICU has procedure for starting Central lines		RR/SI	
		ICU has protocol for early eternal nutrition		RR/SI	
		Protocol for care of unconscious paraplegic patients is available		RR/SI	Prevention of decubits in ICU patient
		ICU has protocol for management of anaphylactic shock		RR/SI	
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal	ICU has criteria defined for non invasive ventilation in case of respiratory failure		RR/SI	C -PEP and V -PEP
		Criteria for intubation		RR/SI	
		Criteria for extubation		RR/SI	
		Criteria of tracheotomy		RR/SI	
		ICU has protocols for care and monitoring of patient on ventilator		RR/SI	Monitoring include subjective responses, physiological responses, blood gas measurement
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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E12.3	There are established procedures for Post-testing Activities	ICU 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	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 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	
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	
MATERNAL & CHILD HEALTH SERVICES					
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	ICU has procedure to inform patient relatives about poor prognostic status of inpatient		SI	
		ICU has system for conducting grievance counselling of patient's relative in case of mortality and at initiation of End of life care		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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Death summary is given to patient's attendant quoting the immediate cause and underlying cause if possible		SI/RR	
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 of the staff		SI/RR	Hepatitis B, Tetanus Toxid 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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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
		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 antisepsis		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 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	
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	Cleaning & decontamination of patient care units		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 abusage, suction cannula, Airways, Face Masks, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable)

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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
		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	
		Floors and wall surfaces of ICU 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, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyle, disinfectant detergent solution

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
		Use of three bucket system for mopping		OB/SI	
		Fumigation/carbolization as per schedule		SI/RR	
		External footwares are restricted		OB	
ME F5.4	The facility ensures segregation of 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	Negative pressure is maintained in Isolation		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 solied 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 Elements	Checkpoint	Compli-ance	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 Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 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		RR	Registration, consultation, procedures, assessment of patient, counselling, Monitoring etc.
		Department has documented procedure for admission		RR	
		Department has documented procedure for clinical assessment and reassessment of patient in ICU		RR	
		Department has documented procedure for discharge of the patient		RR	
		ICU has documented procedure nursing care for critical patient		RR	
		ICU has documented procedure for collection, transfer and reporting the sample to laboratory		RR	
		ICU has documented procedure for nutrition in critical illness		RR	
		ICU has documented procedure for key clinical protocols		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		ICU has documented procedure for preventive-break down maintenance and calibration of equipments		RR	
		ICU has documented system for storage, retaining, retrieval of records		RR	
		ICU has documented procedure for purchase of External services and supplies		RR	
		ICU has documented procedure for Maintenance of infrastructure of SNCU		RR	
		ICU has documented procedure for thermoregulation		RR	
		ICU has documented procedure for drugs, intravenous, and fluid management of patient		RR	
		ICU has documented procedure for counselling of the patient attendant		RR	
		ICU has documented procedure for infection control practices		RR	
		ICU has documented procedure for inventory management		RR	
		ICU has documented procedure for entry of visitor in ICU		RR	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Admission and discharge criteria, Intubation protocol, CPR
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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	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 & 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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G7.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval		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	**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
Standard G10	**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	Bed Occupancy Rate		RR	
		Proportion of BPL patients admitted		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	Downtime critical equipments		RR	
		Transfer Rate		RR	
		Re admission rate		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	Average length of stay		RR	
		Risk Adjusted Mortality Rate/Standard Mortality Rate		RR	
		No of Pressure Ulcer developed per thousand cases		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		No of adverse events per thousand patients		RR	
		UTI rate		RR	
		VAP rate		RR	
		Adverse events are identified		RR	Injection room: Post exposure prophylaxis, medication error, patient fall
		Reintubation Rate		RR	
		Culture Surveillance sterility rate		RR	Percentage of environmental 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	
		Patient Satisfaction Score		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

INTENSIVE CARE UNIT SCORE CARD	
Area of Concern wise score	**Intensive Care Unit 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–12

INDOOR PATIENT DEPARTMENT

Checklist for INDOOR PATIENT DEPARTMENT

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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 general medicine indoor services		SI/OB	
		Availability of isolation ward services		SI/OB	
ME A1.2	The facility provides General Surgery services	Availability of general surgery indoor services		SI/OB	
		Availability of burn ward indoor services		SI/OB	
ME A1.5	The facility provides Ophthalmology services	Availability of ophthalmology indoor services		SI/OB	
ME A1.7	The facility provides Orthopaedics services	Availability of Orthopaedics indoor services		SI/OB	
ME A1.9	The facility provides Psychiatry services	Availability of Psychiatry indoor services		SI/OB	
ME A1.12	The facility provides Physiotherapy services	Availability of Indoor Physiotherapy procedures		SI/OB	
ME A1.14	Services are available for the time period as mandated	Availability of nursing services 24x7		SI/OB	
ME A1.15	The facility provides services for Super specialties, as mandated	Availability of dialysis services		SI/OB	
ME A1.16	The facility provides Accident & Emergency services	Availability of accident & trauma ward		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 Indoor services for Management		SI/RR	Malaria Kalaazar Dengue & Chikungunya AES/ Japanese Encephalitis as prevelant locally
ME A4.2	The facility provides services under National TB Elimination Programme, as per guidelines	Indoor treatment of TB patients requires hospitalization		SI/RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Inpatient Management of severely ill cases		SI/RR	
ME A4.4	The facility provides services under National AIDS Control Programme, as per guidelines	Inpatient care for cases require hospitilization		SI/RR	
ME A4.5	The facility provides services under National Programme for control of Blindness, as per guidelines	Availability of Ophthalmic ward		SI/OB	
ME A4.7	The facility provides services under National Programme for the Health Care of the Elderly, as per guidelines	Availability of Geriatric ward		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 indoor services as per local prevalent disease		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
		Display of layout/floor directory		OB	
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of services available are displayed		OB	
		Entitlement under different national health program		OB	
		List of drugs available are displayed and updated		OB	
		Contact details of referral transport/ambulance displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges if any displayed		OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	Relevant IEC material displayed at wards		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	
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 is sensitive to gender	Separate male & female wards		OB	Where ever male and female are kept in same wards male and female area are demarcated
		Male and female toilets are demarcated		OB/SI	
		Access to toilet should not go through opposite sex patient care area		OB	
		Male attendants are not allowed to stay at night in female ward		OB/SI	
		There is no discrimination with transgender patients		SI/PI	
		No unnecessary/non-essential disclosure of a person's trans status		SI/PI/RR	
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	
		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 screens/ curtains		OB	Bracket screen
		Examination/Dressing of patient is done in enclosed area		OB	
		Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		No two patients are treated on one bed		OB	
		Partitions separating men and women are robust enough to prevent casual overlooking and overhearing		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 is informed about clinical condition and treatment been 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 re redressal and whom to contact is displayed		OB	
Standard B5	**The facility ensures that there are no financial barrier 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 wards is free for entitled patients under NHP and State scheme		PI/SI	
		Drugs and consumables under NHP are free of cost		PI/SI	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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	All treatments are free of cost for BPL Patients		PI/SI/RR	
ME B5.6	The facility ensures implementation of health insurance schemes as per National/State scheme	Cashless treatment is being provided to smart card holders		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 and the consequences are explained		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	One toilet for 12 patients
		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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		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 beds 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 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)	Surgical wards has functional linkages with OT		OB	
		Location of nursing station and patients beds enable easy and direct observation of patients		OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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	IPD building 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	Floor of the 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	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	IPD 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 specialist doctor 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 at all time		OB/RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of dresser in surgical ward		OB/SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of ward attendant/Ward boy		SI/RR	
		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 Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	
		Availability of antibiotics		OB/RR	
		Availability of Infusion Fluids		OB/RR	
		Availability of Drugs acting on CVS		OB/RR	
		Availability of drugs action on CNS/PNS		OB/RR	
		Availability of dressing material and antiseptic lotion		OB/RR	
		Drugs for Respiratory system		OB/RR	
		Hormonal preparation		OB/RR	
		Availability of medical gases		OB/RR	Availability of Oxygen Cylinders
ME C5.2	The departments have adequate consumables at point of use	Availability of dressing material in surgical wards		OB/RR	
		Availability of syringes and IV sets/tubes		OB/RR	
		Availability of antiseptic solutions		OB/RR	Betadine
ME C5.3	Emergency drug trays are maintained at every point of care, wherever it may be needed	Availability of emergency drug 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, foetoscope, baby and adult weighing scale, Stethoscope, Doppler

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Surgical Ward		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
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	Adult bag and mask, Oxygen, Suction machine, Airway, nebulizer, suction apparatus, LMA, 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
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	**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	Checkpoints	Compli-ance	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	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
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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		Records for expiry and near expiry drugs are maintained for drugs 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
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic and psychotropic drugs are identified and stored 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	
		One family member is allowed to stay with the patient		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

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME D3.4	The facility has security system in place in patient care areas	Security arrangement in IPD		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	
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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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	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 gets 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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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's 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 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	**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	The assessment criteria for different clinical conditions are defined and measured in assessment sheet
		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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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 one department to other department		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	
		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	
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 charts 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

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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	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 patients 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	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

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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 comprehendible 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	Patient is advised by doctor/pharmacist/nurse about the dosages and timings			
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' 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 inj 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 Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME E8.4	Procedures performed are written on patients 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 Chat 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	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	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	
		Time of discharge is communicated to patient in prior		PI/SI	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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 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 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	
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 decent communication of death to relatives		SI	
		Death note is written on patient record		RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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	
		Death note including efforts done for resuscitation is noted in patient's record		RR	
NATIONAL HEALTH PROGRAM					
Standard E23	**The facility provides National Health Programme as per Operational/Clinical Guidelines**				
ME E23.9	The facility provides services for Integrated Disease Surveillance Programme	Weekly reporting of Presumptive cases on form "P" from IPD		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 Toxid 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 Elements	Checkpoints	Compli-ance	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 antisepsis		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
		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

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		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, Gluteraldehye, 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 of 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 solied 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	Checkpoints	Compli-ance	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 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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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	
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 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		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 preparation of the patient for surgical procedure		RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		Department has documented procedure for transfusion of blood		RR	
		Department has documented procedure for maintenance of rights and dignity of Patient		RR	
		Department has documented procedure for record eminence including taking consent		RR	
		Department has documented procedure for counselling of the patient at the time of discharge		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	
		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 a 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, CPR
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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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)	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 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

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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
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	Bed Occupancy Rate of Medical Wards		RR	
		Bed Occupancy Rate for surgical wards		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 Medical wards		RR	
		Average length for surgical wards		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	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

INDOOR PATIENT DEPARTMENT SCORE CARD	
Area of Concern wise score	**Indoor Patient Department 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–13

BLOOD BANK

Checklist for BLOOD BANK

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A	**The facility provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	Blood bank services available 24x7		SI/RR	
ME A1.18	The facility provides Blood Bank & Transfusion services	Blood bank has facility of whole blood collection and storage		SI/OB	
		Blood Bank has facility for blood components		SI/OB	PRC, Platelets Concentrate, FMP, Plasma & Single donor Cryo Precipitate
		Blood bank has emergency stock of blood		SI/OB	For A+, B+, O+ and O-
		Provision of blood donation camps		SI/OB	
Standard A2	**Facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health services	Availability of transfusion services		SI/OB	
Standard A3	**The facility provides Diagnostic services**				
ME A3.2	The facility provides Laboratory services	Availability of screening and cross matching 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 platelets for management of dengue cases		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	Blood Bank provides blood components for thalassemia, dengue, haemophilia etc. as per local need		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 of Departmental signages		OB	Numbering, main department and internal sectional signage

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Directional signage for department is displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of services available are displayed		OB	
		Blood bank has displayed Information regarding donors eligibility		OB	
		Blood bank has displayed information regarding number of blood units available		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User services charges in r/o blood are displayed at entrance		OB	
ME B1.5	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC material is available in blood bank to provide information and to promote blood donation		OB	
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 B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of ramp or alternate for easy access to the blood bank		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 at blood donation and counselling room		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Blood Bank has system to ensure the confidentiality of results of screening test done		SI/OB	Blood bank staff do not discuss the lab result outside. reports are kept in secure place
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 and privacy of HIV patients		SI/OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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	Blood bank is taking informed consent of donor		SI/RR	In consent form, procedure of donation is explained along within forming the donor regarding testing of blood is mandatory for safety of recipient
ME B4.3	Staff are aware of patient's rights & responsibilities	Awareness of staff on donor rights and donor responsibilities		SI	About the confidentiality and privacy of donor information
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Post donation counselling for sero reactive donors		PI/SI/RR	Post donation counselling also include counselling on HIV for which blood bank may refer the donor to ICTC/SACS
		Pre donation counselling is done before donation		PI/SI	Procedure include preparation of venepuncture site, use of blood bags and anticoagulant solution, collecting sample for laboratory test
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 blood for pregnant woman, mothers and new borns		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing blood from outside.		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Free blood for BPL patients		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	Blood bank has adequate space as per requirement		OB	Space required is more than 100 sq meters
		Availability of waiting area in blood bank		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.2	Patient amenities are provided as per patient load	Separate toilet facilities for male & female are available		OB	
		Seating arrangement in waiting area		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated examination room		OB	
		Dedicated Blood collection room		OB	
		Dedicated Transfusion Transmissible Infection (TTI) lab		OB	
		Availability of refreshment cum rest room		OB	
		Dedicated sterilization area		OB	
		Dedicated store cum record room		OB	
		Availability of Duty room for staff		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	Adequate donor couches/donor units 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)	Blood bank layout ensures smooth flow of donor and services		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 Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C2.3	The facility ensures safety of electrical establishment	Blood bank does not have temporary connections and loosely hanging wires		OB	
		Adequate electrical socket provided for safe and smooth operation of lab equipments		OB/RR	
ME C2.4	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
		Floors of the Laboratory 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	Blood bank 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	
		Blood bank has plan for safe storage and handling of potentially flammable materials		OB	
ME C3.2	The facility has adequate fire fighting equipment	Blood Bank has installed fire extinguisher that is Class A, Class BC type or ABC type		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	**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 dedicated blood bank medical officer		OB/RR	MBBS doctor with one year experience

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of dedicated Nursing Staff		OB/RR/SI	
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of dedicated Blood Bank Technician round the clock		SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of housekeeping staff		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	Departments have availability of adequate emergency drugs at point of use		OB/RR	Inj Adrenaline, Inj Deriphylline, Inj Dexamethasone, Inj Chlorpheniramine, Inj Metochlorpromide
		Availability Laboratory materials		OB/RR	Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/paper stickers
ME C5.2	The departments have adequate consumables at point of use	Availability of Reagents/ Kits for lab		OB/RR	Standard Grouping Sera Anti A, Anti B & Anti D, VDRL/RPR Kit for Syphillis,RDK/ELISA for Malarial Antigen, ELISA kit for Hep B & C, ELISA kit for HIV1 & 2, malarial parasite stains
Standard C6	**The facility has 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	Adult Weighing machine, BP apparatus, clinical thermometer
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of laboratory equipment & instruments for laboratory		OB	Microscope with water bath, ELISA reader with washer, RH viewer, Sahli's Haemoglobino meter/ Others
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional instruments for resuscitation		OB	Adult bag and mask and Oxygen

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.5	Availability of equipment for storage	Check for availability of storage equipments for blood products		OB	Blood bags refrigerator with thermo graph and alarm device, Insulated carrier boxes with ice packs, Blood bag weighting machine, deep freezer, Platelets agitators
ME C6.6	Availability of functional equipment and 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	Autoclave
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of beds in blood bank		OB	Blood collection bed, recovery beds
		Availability of attachment/accessories		OB	Hospital graded mattress, bed sheet, blanket, and bed side table
		Availability of fixtures		OB	Electrical fixture for equipments lab and storage equipments
		Availability of furniture		OB	Cupboard, counter for issuing blood, work benches for lab, 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	Bio Medical Waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 operating the 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
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	Agency/ies identified for maintenance for equipments
		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	
		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	
		Blood bank has system to update correction factor after calibration wherever required		SI/RR	Check for records
		Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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 reagents		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Reagents and consumables are kept away from water and sources of heat, direct sunlight		OB/RR	
		Reagents are labelled appropriately		OB/RR	Reagents label contain name, concentration, date of preparation/ opening, date of expiry, storage conditions and warning
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' of the blood bags are maintained		OB/RR	
		No expired blood is found in storage		OB/RR	
		Records for expiry and near expiry blood are maintained		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of reagents		SI/RR	
		Department maintained stock and expenditure register of reagents		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 reagents		OB/SI	
ME D2.7	There is a process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators used for storing lab reagents are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically for refrigerators used storing lab reagents
		Regular defrosting is done		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 work station in laboratory		OB	Illumination level of blood bank is as per recommendation/ sufficient to carry out blood bank activities
		Adequate illumination at donation area		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Entry is restricted in storage and lab area of the blood bank		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is kept		SI/RR	Air conditioned blood collection room, blood group serology lab, testing lab for Transfusion Transmissible Diseases, refreshment cum rest room
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 lab		OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	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 OT		OB/SI	
		Availability of UPS		OB/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	Blood bank provides linen for donors		OB/RR	Blankets
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	Blood bank has valid license under Rule 122(G) Drug and Cosmetic Act		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, technician 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 Elements	Checkpoint	Compli-ance	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 donor during process of registration		RR	
		Donor's demographic details are recorded		RR	Check for that patient demographics like Name, Age, Sex, Address etc.
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 assessment of patient before donation		RR/SI	Initial assessment is recorded
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	There is procedure for referral of cases for which requested blood group is not available		SI/RR	
		Facility has functional referral linkages to blood storage unit		SI/RR	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Procedure to handover test/results during shift change		RR/SI	
		Handover register is maintained		RR	
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	Records of donor assessment is maintained		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard formats available		RR/OB	Format for consent, requisition form, blood transfusion reaction form, referral slip
ME E8.6	Register/records are maintained as per guidelines	Blood bank records are labelled and indexed		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Records are maintained for blood bank		RR	Records include daily group wise stock register, daily temperature recording of temperature dependent equipment, stock register of consumables and non consumables, documents of proficiency testing, records of equipment maintenance, records of recipient, compatibility records, transfusion reaction records, donors records etc.
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	Blood bank has facility to store records for 5 year
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	Blood bank has system of coping with extra demand of blood in case of disaster		SI/RR	
		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	
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	Blood bank has defined criteria for donor selection		RR/SI	Based on Physical examination, Medical history, condition that affects safety of recipients, donation intervals
		Blood bank ensures that blood is taken from voluntary donors only		RR/PI/SI	
		Pre donation counselling is done before donation		RR/PI	
		Check for questionnaire is available in local language for taking pre donation information		OB/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E13.2	There is established procedure for the collection of blood	Blood bank has standardized procedure for collection of blood from donor		RR/SI	Procedure includes preparation of venepuncture site, use of blood bags and anticoagulant solution, collecting sample for laboratory test
		Instructions for collection and handling the collected blood are communicated to those responsible for collection		RR/SI	Mostly numeric or alpha numeric label should be used for tracing
		Blood bank has identified procedure for labelling of blood bag/blood component/pilot tubes		RR/OB	
		Blood bank has system to trace of unit of blood/ component from source to final destination		RR/SI	Blood should be kept at 4°C to 6°C except if it is used for component preparation it will be stored at 22°C until platelet are separated
		Blood bank has system to maintain temperature of collected blood immediately after donation		RR/SI	
		Blood bank has system in place to monitor the transportation of the blood from camp site		RR/SI	
ME E13.3	There is established procedure for the testing of blood	Determination of ABO group is done by recommended methods		RR/SI	Tube or Microplate or Gel technology
		Determination of Rh (D) type done as per recommended method		RR/SI	Check for the protocol/ Algorithm followed for determining RH + or RH- Blood type
		Laboratory tests for Infectious diseases done as per recommended method		RR/SI	VDRL/RPR/TPHAfor syphilis, ELISA/Rapid test for Hep A, Hep B, HIV and Malaria for malarial parasite
		There is provision of Quarantine storage of untested blood		RR/OB/SI	Check for untested blood is stored in different refrigerator
		Blood units with reactive test result area kept separately		RR/OB/SI	In dedicate secure area with biohazard sign until disposal
		Sterility of blood units checked with adequate sample size		RR/OB/SI	Check sterility is checked at least for 1% of blood unit collected or 4 per month which ever higher by appropriate culture method

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E13.4	There is established procedure for preparation of blood component	Sterility of Blood component is insured during processing		SI/RR	Check for use of aseptic method and availability of sterile pyrogen free disposable bags and solutions
		Transfusion time limits are adhered to thaw the frozen component		SI/RR	Within 6 hours
		Blood components are prepared as per technical standards		SI/RR	Check availability and adherence to NACO standards
		Approximate volume of the component is indicated on bag		RR	
ME E13.5	There is establish procedure for labelling and identification of blood and its product	Blood bank has system to ensure that final blood bags are labelled only after all mandatory testing is completed		RR/SI	
		Blood bank has system of identification traceability of its products		RR/SI	Blood bags are identified with a numeric or alpha numeric system/Barcode
		Blood bank has system to the affix the product information on bag, after processing		RR/SI	Name of product, numeric information, date of collection and expiry, amount of anticoagulant and approximate blood collected, Name, address and manufacturing license number of collecting facility, storage temperature and expiry date
		Instructions for transfusion are printed on label		RR/SI	
		Blood bank has colour coded scheme for differentiating ABO groups		RR/SI	Blood group O - Blue, Blood group A - Yellow, Blood group B - Pink, Blood group AB - White
ME E13.6	There is established procedure for storage of blood	Check for refrigerators or freezers for blood storage are not used for storing other items		OB	Lab reagents etc.
		Check for refrigerators used for blood storage are kept at recommended temperature		OB/RR	Check records that temperature is maintained at 4c + 2 C
		Storage temperature is monitored at every 4 hours		OB/RR	Check the records

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Alarm system has been provided with refrigerator		RR/SI	
		Adequate alternate storage facility available		RR/SI	
		Shelf life of blood and components is adhered as per NACO protocols		RR/SI	
ME E13.7	There is an established procedure for compatibility testing	Blood bank has system to testing and cross matching the recipient blood		RR/SI	Testing of recipient blood includes determining ABO type, Rh (D) type, detection of unexpected antibodies etc.
		There is established procedure for selection of blood and components for transfusion		RR/SI	Check for practice in case of ABO type specific groups are not available. Issue of blood to RH+ and negative recipient
		There is established procedure for re cross matching in case of massive transfusion		RR/SI	
		Paediatric blood collection bags are available		RR/SI	
ME E13.8	There is established procedure for issuing blood	Blood bank has system to testing and cross matching the recipient blood		RR/SI	Testing of recipient blood includes determining ABO type, Rh (D) type, detection of unexpected antibodies etc.
		Instructions for collection and handling blood sample of recipient are communicated to those responsible for collection		RR/SI	Blood sample collection vial is label with Patient name, identification no, name of hospital, ward/ bed number, date time, Phlebotomist signature
		Blood bank has system to confirm that information on transfusion requisition form and recipients blood sample label is same		RR/SI	
		Blood bank has system to retain recipient and donor blood sample for 7 days at specified temperature (2-8°C) after each transfusion		RR/SI	
		Blood bank has system to issue the blood along with cross matching report		RR/SI	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Blood bank has system to identify the person who is performing the cross matching test and issue the blood		RR/SI	Record of same should be available
		Blood bank has procedure to issue the blood in case of its urgent requirement		RR/SI	
ME E13.10	There is an established procedure for monitoring and reporting transfusion complication	Transfusion reaction form is provided when blood is issued		RR/SI	
		Blood bank has system of detection, reporting and evaluations of transfusion errors		RR/SI	
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 F1.4	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 Toxid 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
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 Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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
		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 antisepsis		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	All personal use gloves while drawing sample, examining and disposable of the samples
		Availability of lab aprons/ coats		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 procedure areas	Decontamination of operating & procedure surfaces		SI/OB	Ask staff about how they decontaminate work benches Wiping with .5% Chlorine solution
		Proper decontamination of instruments after use		SI/OB	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/any other appropriate method
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Staff knows how to make chlorine solution		SI/OB	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Disinfection of reusable glassware		SI/OB	Disinfection by hot air oven at 160°C for 1 hour
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, Gluteraldehye, 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	**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 different category of waste as per guidelines		OB/SI	
		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		OB	
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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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
ME F6.3	The facility ensures transportation and disposal of waste, as per guidelines	Disinfection of liquid waste before disposal		SI/OB	
		Disposal of discarded blood bags as per guideline		SI/OB	
		Check bins are not overfilled		SI	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff 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	There is system to take feedback from clinician about quality of services		RR	
		Feedback from donors are taken on periodic basis		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	Internal Quality assurance program is in place		SI/RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Standards are run at defined interval		SI/RR	
		Control charts are prepared and outliers are identified		SI/RR	
		Corrective action is taken on the identified outliers		SI/RR	
ME G3.2	The facility has established external assurance programmes at relevant departments	Cross validation of lab test are done and reports are maintained		SI/RR	It includes participation of laboratory in inter laboratory comparison
		Corrective actions are taken on abnormal values		SI/RR	Blood bank takes corrective action when control criteria are not fulfilled in Interlaboratory comparisons and records of same is maintained
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		SI	
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	Blood bank has documented procedure for donor selection and collection of blood from donor		RR	
		Blood bank has documented procedure for testing of donated blood		RR	
		Blood bank has documented procedure for preparation of blood components		RR	
		Blood bank has documented procedure for storage, transportations of blood and issue of blood for transfusion		RR	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Blood bank has documented procedure for issue of blood in case of urgent requirement		RR	
		Blood bank has documented procedure to address the transfusion reactions		RR	
		Blood bank has documents procedure for calibration and maintenance of equipment		RR	
		Blood bank has documented procedure for HAI and disposal of BMW		RR	
		Blood bank has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination sample and reports of results		RR	
		Blood bank has documented system for internal and external Quality control of Equipments, reagent and tests		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Work instruction for screening of blood, storage of blood, maintaining blood and component in event of power failure
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	

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 traceability audit for Blood issue		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 for 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

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department
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	No. of Blood unit issued per thousand population		RR	No. of Unit issued X1000/ Population of serving area
		Percentage of units issued for the transfusion at facility		RR	No. of Unit issued for facility*100/Total no. of units issued in the period
		No. of voluntary donation done per thousand population		RR	No. of Voluntary Donation X1000/Population of the serving area
		No. of units supplied to storage units		RR	Self Explanatory
		Blood donation camps held		RR	Self Explanatory
		Proportion of blood units issued in emergency cases out of total unit issued in month		RR	
		No of blood units issued for free of cost		RR	JSSK, Thalassemia, BPL
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 equipments		RR	Time period for which equipment was out of order/Total no of working hours for equipments
		Percentage of Blood Units discarded		RR	No. of unit discarded *100/ Total no of unit collected
		Percentage of unit issued against replacement		RR	No. of unit issued on replacement *100/Total no. of unit issued
		Percentage of unit tested seroreactive		RR	No. of unit found sero reactiveX100/No. of unit tested

Reference No.	Measurable Elements	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Blood transfusion reaction rate		RR	No. of Blood Transfusion reactions 1000/No. of patient blood issued
		Adverse events are identifies and reported		RR	Chemical splash, Needle stick injuries. Major blood transfusion reaction, wrong cross matching, wrong blood issue
		Component to whole blood ratio		RR	No. of component unit issued/No. of whole blood issued
		Cross matched/ Transfused Ratio		RR	No of unit are cross matched on request/No of unit actually transfused
		Percentage of single unit transfusion		RR	% of single use transfusionX 100/Total no. of units transfused
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	Time gap between issuing and requisition of blood in routine conditions		RR	
		Time gap between issuing and requisition of blood in emergency conditions		RR	
		Donor Satisfaction Score at Blood Bank		RR	
		No. of refusal cases		RR	No. of requisition refused/ referred due to non availability of blood group or any other reason

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

BLOOD BANK SCORE CARD	
Area of Concern wise score	**Blood Bank 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–14

LABORATORY SERVICES

Checklist for LABORATORY SERVICES

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A3	**The facility provides Diagnostic services**				
ME A3.2	The facility provides Laboratory services	All lab services are available in routine working hours		SI/RR	
		Emergency lab services are available for selected tests of Haematology, Biochemistry and Serology 24x7		SI/RR	
		Availability of Haematology services		SI/OB	
		Availability of Bio chemistry services		SI/OB	
		Availability of Microbiology services		SI/OB	
		Availability of Cytology services		SI/OB	
		Availability of Histopathology services		SI/OB	
		Availability of Clinical Pathology services		SI/OB	
		Availability of Serology 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	Tests for diagnosis of malaria (Smear and RDTK)		SI/OB	
		Tests for Kala Azar, Dengue, JE, Chikengunia		SI/OB	As per prevalent endemic
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Designated Microscoy Center (AFB)		SI/OB	
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Availability of skin smear examination		SI/OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS), as per guidelines	Haemogram, BT CT, Fasting/PP Sugar, Lipid Profile, Blood Urea, LFT Kidney Function Test		SI/RR	
Standard A6	**Health services provided at the facility are appropriate to community needs**				
ME A6.1	The facility provides curative & preventive services for the health problems and diseases, prevalent locally	Laboratory provides specific test for local health problems/diseases e.g. Dengue, swine flu etc.		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 of 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 services available are displayed at the entrance		OB	
		Timing for collection of sample and delivery of reports are displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o laboratory services are displayed		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	Lab reports are provided to patient in proper printed format		OB	
Standard B2	**Services are delivered in a manner that is sensitive to gender, religiousand 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 is sensitive to gender	Separate queue for females at lab		OB	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Check the availability of ramp in lab building area/sample collection area		OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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 B3.2	Confidentiality of patient records and clinical information is maintained	Laboratory has system to ensure the confidentiality of the reports generated		SI/OB	Laboratory staff do not discuss the lab result outside. And reports are kept in secure place
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	HIV positive reports/ pregnancy reports are communicated as per NACO guidelines		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	Informed consent is taken before HIV testing, biopsy and any other invasive procedure		SI/RR	Before testing HIV patient is informed that test is voluntary and result will be disclosed to him/her only
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Pre test counselling is given before HIV testing		PI/SI/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 diagnostic tests for pregnant women & infant		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not incurred expenditure on purchasing 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 incurred expenditure on diagnostics from outside		PI/SI	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		Laboratory provides complete list of diagnostic test available to all department of the hospital		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Tests are free of cost for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Cashless investigation by empanelled lab for JSSK beneficiaries for test not available within the facility		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	Laboratory space is adequate for carrying out activities		OB	Adequate area for sample collection, waiting, performing test, keeping equipment and storage of drugs and records
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provided as per patient load	Availability of sitting arrangement of sub waiting area		OB	
		Availability of patient calling system at lab		OB	
		Availability of functional toilets		OB	
		Availability of drinking water		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated sample collection area		OB	
		Demarcated testing area		OB	
		Designated report writing area		OB	
		Demarcated washing and waste disposal area		OB	
		Availability of store		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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME C 1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and intercom services		OB	
ME C 1.6	Service counters are available as per patient load	Availability of collection counters as per load		OB	
ME C 1.7	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	Sample collection - Sample processing - Analytical area - reporting
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	Laboratory does not have temporary connections and loose hanging wires		OB	
		Adequate electrical socket provided for safe and smooth operation of lab equipments		OB/RR	
ME C2.4	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
		Floors of the Laboratory are non slippery and even surfaces and acid resistant		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	Laboratory has plan for safe storage and handling of potentially flammable materials.		OB/SI	
		Department has sufficient fire exit with signage to permit safe escape to its occupant at time of fire		OB	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME C3.2	The facility has adequate fire fighting equipment	Lab has installed fire extinguisher that is Class A, Class B C type or ABC type		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	**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 dedicated pathologist		OB/RR	For 100 bed - 1, 200-1, 300-3, 400-3, 500-4
		Availability of dedicated Microbiologist		OB/RR	For 300-500 bed -1
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of Lab Technician 24x7		SI/RR	For 100 beds- 6, 200-9, 300- 12, 400-15, 500-18
ME C4.5	The facility has adequate support/ general staff	Availability of Lab assistant		SI/RR	
		Availability of housekeeping staff		SI/RR	
		Availability of security staff		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services**				
ME C5.2	The departments have adequate consumables at point of use	Availability of stains		OB/RR	Iodine Solution, Gram Romanowsky, StainZiehl - neelsen, Acridine orange, Acridine orange
		Availability of reagents		OB/RR	Reagents for auto analyzers, ELISA Readers
		Availability of other chemicals		OB/RR	Acetone, Alcohol, distilled water, Microscope gel etc.
		Availability Laboratory materials		OB/RR	Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/paper stickers
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	Checkpoints	Compli-ance	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	BP apparatus, Stethoscope at sample collection area
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of functional auto analyzers		OB	Auto/Semi Auto analyzers according to need
		Availability of functional haematology equipments		OB	Cell Counters/ Counting Chambers, Heamoglobinometer, ESR stands with tubes
		Availability of functional Biochemistry equipment		OB	Calorie meter, Blood Gas Analyzer, Electrolyte analyzer
		Availability of functional equipments for sample processing		OB	Micropipettes, Centrifuge, Water Bath, Hot air oven
		Availability of functional Microscopy equipments		OB	Binocular Micro scope, FNAC, staining rack
		Availability functional Histopathology equipments		OB	Microtome
		Availability of functional Serology Equipments		OB	Elisa Reader, Elisa washer
		Availability of functional Microbiology equipments		OB	Incubator, Inoculators, safety hood and bio safety cabinet
ME C6.5	Availability of equipment for storage	Availability of equipment for storage of sample and reagents		OB	Refrigerators
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	Autoclave
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of fixtures at lab		OB	Illumination at work stations, Electrical fixture for lab equipments and storage equipments
		Availability of furniture		OB	Lab stools, Work bench's, rack and cupboard for storage of reagent,Patient stool, Chair table

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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		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	Training on automated Diagnostic Equipments like auto analyzer		SI/RR	
		Bio Medical Waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Training on Internal and External Quality Assurance		SI/RR	
		Laboratory Safety		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Staff is skilled to run automated 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 maintaining Laboratory 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 D 1.1	The facility has established system for maintenance of critical equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Agency/is identified for maintenance for equipments

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		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	
		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	
		Calibrators are available for utomated haematology analyzers		SI/RR	
		Laboratory has system to update correction factor after calibration wherever required		SI/RR	
		Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded		SI/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	
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 reagents		SI/RR	Stock level are daily updated Requisition are timely placed

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
ME D2.3	The facility ensures proper storage of drugs and consumables	Reagents and consumables are kept away from water and sources of heat, direct sunlight		OB/RR	
		Reagents are labelled appropriately		OB/RR	Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning
ME D2.4	The facility ensures management of expiry and near expiry drugs	No expired reagent found		OB/RR	
		Records for expiry and near expiry reagent are maintained		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of reagents		SI/RR	
		Department maintains stock and expenditure register of reagents		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		SI/RR	
		There is no stock out of reagents		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
		Regular defrosting is done		SI/RR	
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 work station		OB	
		Adequate illumination at collection area		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Entry is restricted in testing area		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in collection area		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation testing area		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		In histopathology, for tissue processing separate room with fume hood is available		OB	
		Availability of eye washing facility		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	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the lab		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	Water use for analytical purpose should be of reagent grade
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in laboratory		OB/SI	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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	Any positive report of notifiable disease is intimated to designated authorities		RR/SI	
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, technician 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 laboratory identification number is given to each patient sample		RR	
		Patient's demographic details are recorded in laboratory records		RR	Check for that patient demographics like name, age, sex, chief complaint, etc.
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
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	Laboratory has referral linkage for tests not available at the facility		RR/SI	
		Facility gets referred patients from lower level of facility		RR/SI	E.g.: linkage for disease surveillance and water testing

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Procedure to handover test/results during shift change		RR/SI	
		Handover register is maintained		RR	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage**				
ME E8.5	Adequate form and formats are available at point of use	Standard formats are available		RR/OB	Printed formats for requisition and reporting are available
ME E8.6	Register/records are maintained as per guidelines	Lab records are labelled and indexed		RR	
		Records are maintained for laboratory		RR	Test registers, IQAS/ EQAS Registers, Expenditure registers, Accession list etc.
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Laboratory has adequate facility for storage of records		OB	
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	
ME E11.5	There is procedure for handling medico legal cases	Samples of medico legal cases are identified		SI/RR	Requisition and reports are marked with MLC and reports are handed over to authorized personnel only
Standard E12	**The facility has defined and established procedures of Diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Requisition of all laboratory test is done in request form		RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, type of primary sample, examination requested, date and time of primary sample collection and date and time of receipt of sample by laboratory
		Instructions for collection and handling of primary sample are communicated to those responsible for collection		RR/SI	
		Laboratory has system in place to label the primary sample		RR/SI	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		Laboratory has system to trace the primary sample from requisition form		RR/SI	
		Laboratory has system to record the identity of person collecting the primary sample		RR/SI	
		Laboratory has system in place to monitor the transportation of the sample		RR/SI	Transportation of sample includes: Time frame, temperature and carrier specified for transportation
ME E12.2	There are established procedures for testing Activities	Testing procedure are readily available at work station and staff is aware of them		OB/RR	
		Laboratory has Biological reference interval for its examination of various results		OB/RR	
		Laboratory has identified critical intervals for which immediate notification is done to concerned physician		RR/SI	
ME E12.3	There are established procedures for Post-testing Activities	Laboratory has system to review the results of examination by authorized person before release of report		RR/SI	
		Laboratory has format for reporting of results		RR/OB	
		Laboratory has system to provide the reports within defined cycle time/or each category of patient - routine and emergency		RR/SI	
		Laboratory results written in reports are legible without error in transcription		RR/SI	
		Laboratory has defined the retention period and disposal of used sample		RR/SI	
		Laboratory has system to retain the copies of reported result and promptly retrieved when required		RR/SI	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
NATIONAL HEALTH PROGRAMS					
Standard E23	**The facility provides National health Programme as per Operational/Clinical Guidelines**				
ME E23.9	The facility provides services for Integrated Disease Surveillance Programme	Weekly reporting of confirmed cases on form "L" from laboratory		SI/RR	
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
		Technician is trained for taking and processing surface and air sample		SI/RR	
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 Toxid 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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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 antisepsis		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 lab aprons/ coats		OB/SI	
		Availability of masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves and masks		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 work benches Wiping with 0.5% Chlorine solution
		Proper decontamination of instruments after use		SI/OB	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/any other appropriate method
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		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	Disinfection of reusable glassware		SI/OB	Disinfection by hot air oven at 160°C for 1 hour
		Autoclaving for used culture media and other infected material		SI/OB	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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, Gluteraldehye, 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 of infectious patients	Precaution withinfectious patients like TB		OB/SI	
ME F5.5	The facility ensures air quality of high risk area	Air quality in Lab		OB/SI	Negative pressure for microbiology
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 solied 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 Elements	Checkpoints	Compli-ance	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		OB	
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	Disinfection of liquid waste before disposal		SI/OB	
		Disposal of sputum cups as per guidelines		SI/OB	
		Check bins are not overfilled		SI	
		Transportation of Bio Medical Waste is done in close container/trolley		SI/OB	
		Staff 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 Elements	Checkpoints	Compli-ance	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	There is system to take feedback from clinician about quality of services		RR	
		Client/Patient satisfaction survey done on monthly basis		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	Internal Quality assurance programme is in place		SI/RR	
		Standards are run at defined interval		SI/RR	
		Control charts are prepared and outliers are identified.		SI/RR	
		Corrective action is taken on the identified outliers		SI/RR	
		Internal Quality Control for Public Health lab is in place		SI/RR	Routine checking of equipments, new lots of regent, smear preparation, grading etc.
ME G3.2	The facility has established external assurance programmes at relevant departments	Proficiency Test/EQAS is done		SI/RR	For tests where National Proficiency Test program is available
		External/Internal split testing is done		SI/RR	For test where PT program is not available
		EQAs reports are analysed and evaluated			Staff is aware of EQAS reporting system, how to evaluate, and compare
		Corrective actions are taken on abnormal values/outliers		SI/RR	
		External quality assurance program implemented as per NTEP program		SI/RR	Onsite evaluation done Monthly Random Blinded rechecking (RBRC) done Monthly
		External quality assurance program implemented for NVBDCP		SI/RR	
		External quality assurance under NACP		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 Elements	Checkpoints	Compli-ance	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/RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Laboratory has documented process for collection and handling of primary sample		RR	
		Laboratory has documented procedure for transportation of primary sample with specification about time frame, temperature and carrier		RR	
		Laboratory has documented process on acceptance and rejection of primary samples		RR	
		Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample		RR	
		Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample for emergency cases		RR	
		Laboratory has documented system for storage of examined samples		RR	
		Laboratory has documented system for repeat tests due to analytical failure		RR	
		Laboratory has documented validated procedure for examination of samples		RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		Laboratory has documented biological reference intervals		RR	
		Laboratory has documented critical reference values and procedure for immediate reporting of results		RR	
		Laboratory has documented procedure for release of reports including details of who may release result and to whom		RR	
		Laboratory has documented internal quality control system to verify the quality of results		RR	
		Laboratory has documented External Quality assurance program		RR	
		Laboratory has documented procedure for calibration of equipments		RR	
		Laboratory has documented procedure for validation of results of reagents, stains, media and kits etc. wherever required		RR	
		Laboratory has documented system of resolution of complaints and other feedback received from stakeholders		RR	
		Laboratory has documented procedure for examination by referral laboratories		RR	
		Laboratory has documented system for storage, retaining and retrieval of laboratory records, primary sample, examination sample and reports of results		RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		Laboratory has documented system to control of its documents		RR	
		Laboratory has documented procedure for preventive and break down maintenance		RR	
		Laboratory has documented procedure for internal audits		RR	
		Laboratory has documented procedure for purchase of external services and supplies		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Work instruction for Internal Quality control
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	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	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 G6.3	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	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	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	Facility has de 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	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	**Facility seeks continually improvement by practicing Quality method and tools**				
ME G8.1	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
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	Facility measures Productivity Indicators on monthly basis	No. of HIV test done per 1000 population		RR	
		No. of VDRL test done per 1000 population		RR	

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
		No. of Blood Smear Examined per 1000 population		RR	
		No. of AFB Examined per 1000 population		RR	
		No. of HB test done per 1000 population		RR	
		Lab test done per patients in 100 OPD		RR	
		Lab test done per patients100 IPD		RR	
		Percentage of lab test done at night		RR	
		Proportion of test done for BPL patients		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures Efficient Indicators on monthly basis	No of test not matched in validation		RR	
		Z score for biochemistry or equivalent		RR	
		Percentage of test not matched in Split test			
		VIS/Z scores			
		Down time of critical equipments			
		Turn around time for emergency lab investigations			
		Z score for haematology or equivalent		RR	
		Turn around time for routine lab investigations		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	Percentage of critical values reported within one hour		RR	
		No of adverse events per thousand patients		RR	
		Test demography		RR	Proportion of Haematology, biochemistry, serology, Microbiology, cytology, clinical pathology
		Report correlation rate		RR	Proportion of lab report co related with clinical examination
		Proportion of false positive/false negative		RR	For Rapid diagnostic Kit test

Reference No.	Measurable Elements	Checkpoints	Compli-ance	Assessment Method	Means of verification
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	Waiting time at sample collection area		RR	
		Number of stock out incidences of reagents		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

LABORATORY SERVICES SCORE CARD	
Area of Concern wise score	**Laboratory Services 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–15

RADIOLOGY & USG

Checklist for RADIOLOGY & USG

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	All radiology services are available in routine working hours		SI/RR	
		Emergency radiology services are available for selected procedure 24x7		SI/RR	
Standard A2	**Facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health services	Availability of USG services for pregnant women		SI/OB	
Standard A3	**The facility provides Diagnostic services**				
ME A3.1	The facility provides Radiology services	Availability of X-ray services		SI/OB	For chest, bones, skull, spine and abdomen
		Availability of special radiography services		SI/OB	Barium Swallow, Barium enema, Barium meal, MMR (Miniature mass radiography) Chest
		Availability of Dental X-ray services		SI/OB	Dental X-ray. OPG services
		Availability of ultrasound services		SI/OB	Pre natal diagnostic procedure: Ultrasonography, Fetoscopy
		Availability of CT scan facility		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 of departmental signages		OB	Numbering, main department and internal sectional signage
		Display of PNDT Notice at USG		OB	Notice in local language is displayed at entrance of USG department that All persons including the employer, employee or any other person associated with department shall not conduct or associate with or help in carrying out detection or disclosure of sex of foetus in any manner

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Display of cautionary signage outside the X-ray department		OB	Radiation hazard sign and caution for pregnant women and children
ME B1.2	The facility displays the services and entitlements available in its departments	List of services available are displayed at the entrance		OB	
		Timing for taking X-ray and collection of reports are displayed outside the X-ray department		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o X-ray services are displayed at entrance		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	Reports are provided to Patient in proper printed format		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 is sensitive to gender	Female attendant should accompany female patients during radiological procedures		OB/SI	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Check the availability of ramp in OPD/X-ray room		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	X-ray department has provision of privacy while taking X-ray		OB	
		USG department has provision of privacy while taking sonography		OB	Provision of screen
ME B3.2	Confidentiality of patients records and clinical information is maintained	Radiology has system to ensure the confidentiality of the reports generated		RR/SI	Radiology staff do not discuss the lab result outside. And reports are kept in secure place
ME B3.3	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Form F for USG under PNDT maintained for scan of pregnant woman		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 radiology services for pregnant women and infant		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	Tests are free of cost for BPL patients		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Cashless investigation by empanelled lab for JSSK beneficiaries for test not available within the facility		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	Room size of X-ray unit is as per AERB safety code		OB	The room housing X-ray equipment have appropriate area to facilitate easy movement of staff & proper patient positioning
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provided as per patient load	Attached toilet facility available		OB	For USG
		Waiting area with sitting facility		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.3	Departments have layout and demarcated areas as per functions	Entrance of X-ray room is as per AERB layout guidelines		OB	Preferably one entrance with door having hydraulic mechanism to ensure that it is closed during procedure
		Opening for ventilation and natural light has been provided in X-ray room as per AERB layout guidelines		OB	Windows should be above 2m from finished floor level outside the X-ray. If no then shielding is provided is provided on the window up to 2 m
		Positioning of chest stand as per AERB layout guidelines		OB	The chest stand should be located opposite to entrance door and control console
		Positioning of control console as per AERB layout guidelines			Control console should be positioned as far away as possible from the X-ray tube
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys and stretchers		OB	2-3 meters
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	No of X-ray machines as per load		OB	Check for the adequacy of X-ray machines as per 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)	Unidirectional flow of goods and services		OB	No criss cross in the movement of patient traffic and services flow should be near emergency department
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	X-ray-does not have temporary connections and loosely hanging wires		OB	Switch boards and other electrical installation are intact
		Stabilizer is provided for X-ray machine		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the Radiology department are non slippery and even		OB	
		Positioning of mobile protective barrier as AERB layout guidelines		OB	Mobile protective barrier should to positioned in such as manner that the operator is completely shielded during exposure
		Thickness of walls at X room are as AERB layout guidelines		OB/RR	The thickness is appropriate taking into consideration of (1) Distance from centre of patient table (2) type of shielding material (brick, concrete, steel, lead or any other material)
		X-ray department should not be located adjacent to patient care area		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	Radiology 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	Radiology department 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 Radiologist		OB/RR	100-200 -1 200-400 - 2 >400 - 3

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of Radiographer		SI/RR	100-2, 200-3, 300-5, 400-7, 500-9
ME C4.5	The facility has adequate support/ general staff	Availability of Darkroom Asset		SI/RR	
		Availability of housekeeping staff		SI/RR	
		Availability of security staff		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services**				
ME C5.2	The departments have adequate consumables at point of use	Availability Consumables		OB/RR	X-ray films, Developer, Fixer, USG gel, printing paper
		Availability of personal protective equipments		OB/RR	Mobile protective barrier, Lead apron, Rubber hanging flaps, hand glove, lead shields
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	TLD badges
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of functional X-ray machines		OB	300 MA X-ray machine & 100 MA X-ray machine
		Availability of functional Dental X-ray machine		OB	At least 1
		Availability of functional Ultrasonography		OB	2 one general purpose & one for Obstetric purpose
		Availability of functional portable X-ray machine		OB	60 MA X-ray machine (Mobile)
		Availability of functional CT-scan machine		OB	
		Availability of accessories for X-ray		OB	Cassettes X-ray, Intensifying screen X-ray, Lead letter (A-Z), Letter figures (0-9) and R & L (Manual). Computer, printer, X-ray holder/ positioner, (Digital)
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of attachment/accessories		OB	Bucky Stand
		Availability of fixtures at radiology		OB	X-ray View box, Electrical fixture for equipments
		Availability of furniture		OB	Rack and cupboard, Chair table
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			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			Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done
ME C7.9	The staff is provided training as per defined core competencies and training plan	Training on radiation safety		SI/RR	
		Training on infection control and hand hygiene		SI/RR	
		Training on Bio Medical Waste Management		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Radiographers are skilled to operating equipment		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	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is a 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	Operating instructions and factor charts are available with the equipments		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 an established procedure for forecasting and indenting drugs and consumables	There is an established system of timely indenting of X-ray films, fixer and developers etc.		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	There is separate storage area for undeveloped X-ray films and personal monitoring devices		OB/RR	
		X-ray films/Fixers, developer and consumables are kept away from water and sources of heat, direct sunlight			
ME D2.4	The facility ensures management of expiry and near expiry drugs	No expired consumbles is found		OB/RR	X-ray films, USG jelly, contrast media, plate cleaner (fixer & developer - manual)
		Records for expiry and near expiry are maintained		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculation and maintaining buffer stock		SI/RR	X-ray films, USG jelly, contrast media, plate cleaner, print paper roll (fixer & developer - manual)
		Department maintains stock and expenditure register in X-ray & USG		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 X-ray films		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 work station at X-ray room		OB	
		Adequate illumination at workstation at USG		OB	
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 X-ray room		OB	
		Warning light is provided outside X-ray room and its been used when unit is functional		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Protective apron and gloves are being provided to relative of the child patient who escorts the child for X-ray examination/ immobilization support is provided to children		OB/SI	
		X-ray room has been kept closed at the time of radiation exposure		OB	
		Lead apron and other protective equipments are available with radiation workers and they are using it		OB	Check TLD batch is worn below the lead apron
		TLD badges are available with all staff of X-ray department		OB	Records of its regular assessment is done by X-ray department
		Temperature control and ventilation in X-ray room		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Temperature control and ventilation USG		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
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	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the X-ray and USG		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 Radiology and USG room		OB/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	X-ray department has registration from AERB.		RR	
		X-ray department has layout approval		RR	
		X-ray department has type approval of equipment with QA test report for X-ray machine		RR	
		USG department has registration under PCPNDT		RR	
		Duplicate copy of Certificate of registration under Form B is displayed inside the department		OB	
ME D10.3	The facility ensures relevant processes are in compliance with the statutory requirements	USG is taken by person qualified as per PCPNDT		RR	
		X-ray department has Radiological Safety Officer (RSO) approved by competent authority		RR	X-ray department has certification from AERB for any person discharging duties and functions of RSO
		Records of submission of Form F to appropriate district authorities		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, technician 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/Laundry/ Security/Maintenance) provided are done by designated in-house staff

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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		RR	
		Patient's demographic details are recorded in radiology/USG records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
Standard E3	**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 transfer to X-ray department		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	There is procedure for referral of patient for which services can not be provided at the facility		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	Radiology/USG department identify vulnerable patients as per requirement		SI/RR	Check there is any system to give them preference for radiographic procedure
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	Women in reproductive age are asked for pregnancy (LMP) before X-ray		OB/SI/RR	Notice in local language is displayed at entrance of X-ray department asking every female to inform radiographer/radiologist whether she is likely to be pregnant
Standard E8	**The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage**				
ME E8.5	Adequate form and formats are available at point of use	Standard formats are available		RR/OB	Printed formats for requisition and reporting are available
ME E8.6	Register/records are maintained as per guidelines	Radiology records are labelled and indexed		RR	
		Records are maintained for radiology		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Radiology has adequate facility for storage of records		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	
ME E11.5	There is procedure for handling medico legal cases	Procedure for handling of MLC		SI/RR	Requisition and reports are marked with MLC and reports are handed over to authorize person
Standard E12	**The facility has defined and established procedures of Diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Requisition of all X-ray examination is done in request form		RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, examination requested, type of X-ray, date and time of X-ray taken and date and time of receipt of X-ray from X-ray department
		X-ray has system to identify radiographer from who has taken X-ray		RR/SI	
		X-ray department has system in place to label X-ray films		RR/SI	
		X-ray department has system to trace back the recorded X-ray film from requisition form		RR/SI	
		Records of type of X-ray prescribed is made at the time of reception		RR/SI	
		Requisition of all USG examination is done in request form		RR/OB	
		USG department has system in place to label the USGs		RR/SI	
		Preparation of the patient is done as per requirement		RR/SI	
		Instructions to be followed by patient for USG are displayed in local language at reception		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E12.2	There are established procedures for testing Activities	X-ray taking and processing procedure are readily available at work station and staff is aware of it		OB/RR	
		Necessary Instruction for taking X-ray and its processing are displayed at work station in language understood by staff		OB/RR	
		X-ray department has system in place to take X-ray of patients in case of Emergency		RR/SI	
		Radiographer is aware of operation of X-ray machine		RR/SI	
		Necessary Instruction for USG Examination are displayed at work station in language understood by staff		OB/RR	
		USG of the patient is taken as per consultant requirement		OB/RR	
		USG department has system in place to take sonograph of patients in case of Emergency		RR/SI	
ME E12.3	There are established procedures for Post-testing Activities	X-ray department has format for reporting of results		RR/OB	
		X-ray department has system to provide the reports within defined time intervals		RR/SI	
		USG department has format for reporting of results		RR/OB	
		USG report is signed by Radiologist/Sonologist		RR/OB	
		USG department has system to provide the reports within defined time intervals		RR/SI	
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 F1.4	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 Toxid etc.
		Periodic medical checkups of the staff		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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
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 for demonstration
		Staff is aware of when to hand wash		SI	
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 and masks		OB/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 stretcher/Trolleys etc. Wiping with 0.5% Chlorine solution
		Staff knows how to make chlorine solution		SI/OB	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	Facility ensures availability of standard materials for cleaning	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
	And disinfection of patient care areas	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	**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 different category of waste as per guidelines		OB/SI	
		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 F6.3	The facility ensures transportation and disposal of waste, as per guidelines	Disposal of fixer and developer		SI/OB/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 Statement	Checkpoint	Compli-ance	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	There is system to take feedback from clinician about quality of services		RR	
		Patient satisfaction survey done on monthly basis		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	Internal quality Assurance program is established in Radiology		SI/RR	
		Periodic QA of equipment by AERB authorized agencies		SI/RR	QA to be carried out at least once in 2 yrs and also after any repairs having radiation safety implications
ME G3.3	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 process of taking and handling X-ray		RR	
		Department has documented procedure for acceptance and rejection of X-ray taken		RR	
		Department has documented procedure for receipt, labelling, processing and reporting of X-ray		RR	
		Department has documented procedure for taking X-ray in emergency conditions		RR	
		Department has documented procedure for quality control system to verify the quality of results		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Radiology has documented system for repeat X-ray		RR	
		Department has documented procedure for storage, retaining and retrieval of department records, and reports of results		RR	
		Department has documented procedure preventive and break down maintenance		RR	
		Department has documented procedure for purchase of external services and supplies		RR	
		Department has documented procedure for inventory management		RR	
		Department has documented procedure for upkeep management of department		RR	
		Department has documented procedure for radiation safety of staff, patients and visitors		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work Instructions are displayed for radiation safety		OB	Factor chart, radiation safety, development for X-ray films
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	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	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	
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
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
Standard G10	**The facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan**				
ME G10.4	Periodic assessment for physical and electrical risks is done, as per defined criteria	Check if periodic assessment of physical and electrical safety risk is done using the risk assessment checklist		SI/RR	Verify with the assessment records. Comprehensive physical and electrical safety should be done at least once in three months

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 months
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	X-ray done per 1000 OPD patient		RR	
		X-ray done per 1000 IPD patient		RR	
		Ultrasound done per 1000 OPD patient		RR	
		Proportion of X-ray done at night		RR	
		No. of dental X-ray per 1000 dental OPD		RR	
		Proportion of BPL Patients screened		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	Downtime for critical equipments		RR	
		Turn around time for X-ray film development		RR	
		Proportion of waste of films		RR	
		Proportion of X-ray rejected/repeated		RR	
		X-ray done per radiographer		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	Proportion of X-rays for which report is signed by radiologist		RR	
		Proportion of scans for which F form is filled out of pregnant women scanned		RR	
		Examination Demography		RR	Proportion of General, Chest examination and specialised examination
		Report correlation rate		RR	Proportion of radiology report co-related with clinical examination/ laboratory reports out of Total X-ray reported

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		No of adverse events per thousand patients		RR	
		No of events of over limit of radiation exposure		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	Average waiting time at radiology		RR	
		Average waiting time at USG		RR	
		Number of stock out incidences of X-ray films		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

RADIOLOGY & USG SCORE CARD	
Area of Concern wise score	**Radiology & USG 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–16

PHARMACY

Checklist for PHARMACY

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Dispensary services are available in OPD hours		SI/RR	
		Facility ensures access to drug store after OPD hours		SI/RR	
		Generic drug store is operational 24x7		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	Availability of Drugs under NVBDCP		SI/OB	Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy)
ME A4.2	The facility provides services under National TB Elimination Programme, as per guidelines	Availability of Drugs under RNTBCP		SI/OB	
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Availability of Drugs under NLEP		SI/OB	Rifampicin, Clofazimine, Dapsone
ME A4.4	The facility provides services under National AIDS Control Programme, as per guidelines	Availability of ARV Drugs under NACP		SI/OB	Zidovudine, Stavudine, Lamivudine, Nevirapine in combination as per NACO
		Availability of Drugs for Paediatric HIV management		SI/OB	Paediatric Dosages FDC 6, FDC 10, Efavirenz, Cotrimoxazole
Standard A5	**The facility provides Support services**				
ME A5.6	The facility provides Pharmacy services	Dispensing of Medicines and consumables for OPD Patients		SI/OB	Functional dispensary
		Generic Drug Store		SI/OB	Functional Jan Ayushdhalya in premises or equivalent
		Storage of drugs		SI/OB	
		Cold chain management services		SI/OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
		Directional signages are displayed in hospital for easy access to Pharmacy/Generic drug store		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of drugs available displayed at Pharmacy		OB	
		Status of availability of drugs is updated daily		OB	
		Timing for dispensing counter of pharmacy are displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o services are displayed at entrance of generic drug store		OB	
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 is sensitive to gender	Availability of separate queue for male and female at dispensing counter		OB	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Pharmacy has easy access for movement of goods		OB	Check for availability of ramp and goods trolley/ cart
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information**				
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	
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 B4.4	Information about the treatment is shared with patients or attendants, regularly	Method of administration/taking of the medicines is informed to patient/their relative by pharmacist as per doctors prescription in OPD Pharmacy		OB/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Free drugs and consumables for JSSK beneficiaries		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Pharmacy provides generic drug list to all hospital departments		SI/OB	
		Check that patient party has not incurred expenditure on purchasing drugs or consumables from outside		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free drugs for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Local purchase of stock out drugs/ reimbursement of expenditure to the beneficiaries		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	Hospital has allocated space for Pharmacy in OPD		OB	Minimum space required is 250 sq F or 5% of average OPD X 0.8 sq m.
		Dispensary has adequate waiting space as per load		OB	
ME C1.2	Patient amenities are provided as per patient load	Pharmacy has patients sitting arrangement as per requirement		OB	
		Dispensary counter has provision of shade		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated area for keeping medical gases		OB	
		Dedicated area for keeping inflammables		OB	Storage of spirit etc.

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Demarcated area for keeping near expiry drugs		OB	
		Demarcated area for keeping near expiry drugs		OB	
		Demarcated area for keeping instruments and consumables		OB	
		Dedicated area for cold chain management		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff, drugs and carts		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	Adeqauate no. of drug dispensing counter 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)	Unidirectional flow of goods in the Pharmacy		OB	Receipt and Inspection area at one side and issue area on the other side
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	Pharmacy does not have temporary connections and loosely hanging wires		OB	
		Stabilizer is provided for cold chain room		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Windows of drug store have grills and wire meshwork		OB	
		Floors of the Pharmacy department are non slippery and even		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Pharmacy has plan for safe storage and handling of potentially flammable materials		OB/SI	
		Department has sufficient fire exit to permit safe escape to its occupant at time of fire		OB	
		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	Pharmacy has installed fire extinguisher that is Class A, Class B, C type or ABC type		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	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of Pharmacist		SI/RR	
ME C4.5	The facility has adequate support/ general staff	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	Analgesics/Antipyretics/ Anti inflammatory		OB/RR	As per State EDL
		Antibiotics		OB/RR	As per State EDL
		Anti Diarrhoeal		OB/RR	As per State EDL
		Antiseptic lotion		OB/RR	As per State EDL
		Dressing material		OB/RR	As per State EDL
		IV fluids and plasma expenders		OB/RR	As per State EDL
		Eye and ENT drops		OB/RR	As per State EDL
		Anti allergic		OB/RR	As per State EDL

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Drugs acting on Digestive system		OB/RR	As per State EDL
		Drugs acting on cardio vascular system		OB/RR	As per State EDL
		Drugs acting on central/ Peripheral Nervous system		OB/RR	As per State EDL
		Drugs acting on respiratory system		OB/RR	As per State EDL
		Drugs acting on uro genital system		OB/RR	As per State EDL
		Drugs used on Obstetrics and Gynaecology		OB/RR	As per State EDL
		Hormonal Preparation		OB/RR	As per State EDL
		Other drugs and materials		OB/RR	As per State EDL
		Vaccine drug and logistics		OB/RR	As per State EDL
		Surgical accessories for Eye		OB/RR	As per State EDL
		Vitamins and nutritional supplement		OB/RR	As per State EDL
ME C5.2	The departments have adequate consumables at point of use	Availability of Consumables		OB/RR	As per Sate EDL
Standard C6	**The facility has equipment & instruments required for assured list of services**				
ME C6.5	Availability of equipment for storage	Availability of equipment for maintenance of cold chain		OB	ILR, Deep Freezers, Insulated carrier boxes with ice packs
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
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Storage furniture for drug store		OB	Racks, Cupboards, Sectional Drawer cabinet/ Shelves, Work table
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			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 Statement	Checkpoint	Compli-ance	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			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	Inventory management		SI/RR	
		Cold chain management of ILR and deep freezer		SI/RR	
		Rational use of drugs		SI/RR	
		Prescription Audit		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Staff is skilled for estimation of the requirement and proper storage of the drugs		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 pharmacy records and bin cards		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	ILR, Deep freezer and Refrigerator
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	Calibration of thermometers at cold chain room
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Operating instructions for ILR/Deep Freezers are available at cold chain room		OB/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Drug store has process to consolidate and calculate the consumption of all drugs and consumables		RR/SI	
		Forecasting of drugs and consumables is done scientifically based on consumption and disease load		RR/SI	
		Staff is trained for forecast the requirement using scientific system		RR/SI	
ME D2.2	The facility has established procedure for procurement of drugs	Facility has a established procedures for local purchase of drugs in emergency conditions		RR/SI	
		Hospital has system for placing requisition to district drug store		RR/SI	
ME D2.3	The facility ensures proper storage of drugs and consumables	There is specified place to store medicines in Pharmacy and drug store		OB	
		All the shelves/racks containing medicines are labelled in pharmacy and drug store		OB	Stock is arranged neatly in alphabetic order with name facing the front
		Product of similar name and different strength are stored separately		OB	
		Heavy items are stored at lower shelves/racks		OB	
		Fragile items are not stored at the edges of the shelves		OB	
		Sound alike and look alike medicines are stored separately in patient care area and pharmacy		OB	
		There is separate shelf/ rack for storage near expiry drugs		OB	
		Drug store and pharmacy has system of inventory management		OB/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Drugs and consumables are stored away from water and sources of heat, direct sunlight etc.		OB/RR	Medications that are considered light-sensitive will be stored in closed drawers
		Drugs are not stored at floor and adjacent to wall		OB	Pallets are provided if required to store at floor
ME D2.4	The facility ensures management of expiry and near expiry drugs	Dispensing counter has system to check the expiry of drugs		RR/SI	
		Drug store has system to check the expiry of drugs		RR/SI	
		Drug store has system to inform the patient care areas about near expiry/ expired drugs		RR/SI	
		There is a system of periodic random quality testing of drugs		RR/SI	
ME D2.5	The facility has established procedure for inventory management techniques	Physical verification of inventory is done periodically		RR/SI	
		Facility uses bin card system		RR/OB	
		First expiry first out system is established for drugs		OB	
		Stores has defined minimum stock for each category of drug as per there consumption pattern		RR/OB	
		Reorder level is defined for each category of drugs		RR	
		Drug store has inventory management software		OB/RR	
		Drugs are categorized in Vital, Essential and Desirable		OB/RR	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	Hospital has system to take medicines from store in case of emergency or if required urgently		RR/SI	
ME D2.7	There is a process for storage of vaccines and other drugs, requiring controlled temperature	Check vaccines are kept in sequence		OB	(Top to bottom): Hep B, DPT, DT, TT, BCG, Measles, OPV
		Work instruction for storage of vaccines are displayed at point of use		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		ILR and deep freezer have functional temperature monitoring devices		OB	
		There is system in place to maintain temperature chart of ILR		OB	Temp. of ILR: Min +2OC to 8Oc in case of power failure min temp. +10OC. Daily temperature log are maintained
		There is system in place to maintain temperature chart of deep freezers		OB	Temp. of Deep freezer cabinet is maintained between -15OC to -25OC. Daily temperature log are maintained
		Check thermometer in ILR is in hanging position		OB	
		ILR and deep freezer has functional alarm system		SI/RR	
		Staff is aware of Hold over time of cold storage equipments		SI/RR	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic medicines are kept in double lock		OB	As per Narcotic act, Narcotic medicines are kept in 2 Keys with 2 locks kept by 2 different persons
		Empty ampoules/strips are returned along with narcotic administration detail sheet		OB/RR	
		Hospital has system to discard the expired narcotic drugs		RR/SI	Discarded narcotic drugs are documented with witness
		Facility maintains the list of narcotic and psychotropic drugs available at facility		RR	
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 drug store		OB	
		Adequate illumination at dispensing counter		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in pharmacy		SI/RR	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	Security arrangement at pharmacy		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the Pharmacy and drug store		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 D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Pharmacy		OB/SI	
		Availability of power back for cold chain		OB/SI	
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	License for storing spirit		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Pharmacist 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 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	Drugs are purchased in generic name only		RR/SI	
		Facility has essential drug list as per State guideline		OB	
		Facility provides list of drugs available to different departments as per essential drug list		RR/SI	
		Facility has enabling order from state for writing drugs in generic name only		RR/SI	
		There is system of conducting periodic prescription audit to ensure that only generic drugs are prescribed		RR/SI	
ME E6.2	There is procedure of rational use of drugs	Hospital has its own drug formulary based on EDL		RR/SI	
		Drug formulary is available with doctors and nurses/clinical table		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Hospital has system to review the drug formulary as per EDL at defined intervals		RR/SI	
		Hospital has system to review the prescription as per drug formulary and STG		RR/SI	
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	Pharmacy has list of high risk drugs are available		RR/SI	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage**				
ME E8.5	Adequate form and formats are available at point of use	Standard formats available		RR/OB	Bin cards, indent forms etc.
ME E8.6	Register/records are maintained as per guidelines	Pharmacy records are labelled and indexed		RR	
		Records are maintained for Pharmacy		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Pharmacy has adequate facility for storage of records		OB	
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	
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 F1.4	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 Toxid etc.
		Periodic medical checkups of the staff		SI/RR	
ME F1.6	The facility has defined and established antibiotic policy	Check for Pharmacist are aware of Hospital Antibiotic Policy		SI/RR	
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 cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 expired or discarded drugs in yellow Bin			Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.
		There is no mixing of infectious and general waste		OB	
ME F6.3	The facility ensures transportation and disposal of waste, as per guidelines	Disposal of expired drugs as per state guidelines		SI/OB	Either sent back to manufacturer or disposed by incineration
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 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	Physical verification of the inventory by Pharmacist/hospital manager at periodic intervals		SI/RR	
ME G3.2	The facility has established external assurance programmes at relevant departments	Periodic and random sampling of the drugs for Quality Assurance		SI/RR	By drug controller/State Drug quality Assurance
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 Statement	Checkpoint	Compli-ance	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/RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Department has documented procedure for indent the drugs and items from district drug warehouse		RR	
		Department has documented procedure for local purchase of drugs/generic drug stores		RR	
		Department has documented procedure for reception of drugs and items		RR	
		Department has documented procedure for storage of drugs		RR	
		Department has documented procedure for disposal of expired drugs		RR	
		Department has documented procedure for dispensing of medicines at Pharmacy		RR	
		Department has documented procedure of indenting the drugs to patient care area		RR	
		Department has documented procedure for issue of the drugs in emergency condition		RR	
		Department has documented procedure for maintenance of temperature of ILR/Deep freezer/refrigerators		RR	
		Department has documented procedure for maintaining near expiry drugs at store and pharmacy		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for rational use of drugs and prescription audit		RR	
		Department has documented procedure for storage of narcotic and psychotropic drugs		RR	
		Department has documented system for periodic random check and quality testing of drugs		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed		OB	Work instruction for storing drugs, Cold chain management
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	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	Pharmacy department coordinate the prescription audit		RR/SI	
		Storage and compilation of records of 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	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 is 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
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 months

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Percentage of drugs available against essential drug list for OPD		RR	
		Percentage of drugs available against essential drug list for IPD		RR	
		Expenditure on drugs procured through local purchase for 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	Number of stock out situations in Vital category medicines		RR	
		Turn around time for dispensing medicine at Pharmacy		RR	
		Percentage of drugs expired during the months		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	Proportion of prescription found prescribing non generic drugs		RR	
		No of adverse drug reaction per thousand patients		RR	
		Antibiotic rate		RR	No. of antibiotic prescribed/No. of patient admitted or consulted
		Percentage of irrational use of drugs/over prescription		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	Waiting time for Pharmacy Counter		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

PHARMACY SCORE CARD	
Area of Concern wise score	**Pharmacy 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–17

AUXILIARY SERVICES

Checklist for AUXILIARY SERVICES

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A5	**The facility provides Support services**				
ME A5.1	The facility provides Dietary services	Availability of operational Kitchen		SI/OB	Functional Kitchen within the premise of the hospital
ME A5.2	The facility provides Laundry services	Availability of functional laundry		SI/OB	Arrangement of laundry services inhouse or outsourced
ME A5.3	The facility provides Security services	Availability of functional security services 24 X7		SI/OB	
ME A5.4	The facility provides Housekeeping services	Availability of Housekeeping services 24x7		SI/OB	
		Availability of waste disposal services		SI/OB	Arrangement for disposal of Bio medical and general waste Inhouse or outsourced
ME A5.5	The facility ensures Maintenance services	Availability of maintenance services 24x7		SI/OB	Includes Physical infrastructure maintenance and equipment maintenance
ME A5.7	The facility has services of Medical Record Department	Availability of medical record department		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 of departmental signage for support service department		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	Medical records are provided to patient/Next to kin on request		RR/OB	
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information**				
ME B3.2	Confidentiality of patients records and clinical information is maintained	MRD has system to maintain confidentiality of patient records		SI/RR	Patient records are not shared except the patient until it is authorized by law

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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 B4.5	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 diet		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Free diet for BPL patients and JSSK beneficiaries		PI/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	Dietary department has adequate space as per requirement		OB	15-20 sq ft/bed space requirement for 100 and more than 100 bed hospital
		Laundry department has adequate space as per requirement		OB	Minimum space requirement 10sq ft/bed
		Medical Record department has adequate space as per requirement		OB	Minimum space requirement is 2.5 to 3.5 sq ft/bed
ME C1.3	Departments have layout and demarcated areas as per functions	Check Dietary department has demarcated and dedicated area for various activities		OB	Layout as per functional flow that is receipt, storage, daily storage, preparation, Cooking area, Service area, dish washing area, Garbage collection area and administrative area

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check laundry department has demarcated and dedicated area for its various activities		OB	
		Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB	Layout as per functional flow that is receipt, checking of completion of records, indexing and filling of records, storage
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff, goods and food trolley in dietary department		OB	
		Availability of adequate circulation area for easy moment of staff, equipments and carts in laundry		OB	
		Availability of adequate circulation area in MRD		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	All support services department are connected withintercom		OB	
ME C1.6	Service counters are available as per patient load	Unidirectional flow of goods and services in dietary services		OB	
		Unidirectional flow of goods and services in laundry services		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	Support services departments does not have temporary connections and loosely hanging wires		OB	
		Equipments in wet areas like Laundry and Kitchen are equipped with ground fault protection and designed for wet conditions		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the Support services are non slippery and even		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	Building has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Dietary department laundry and Medical record department
		Check the fire exits are clearly visible and routes to reach exit are clearly marked		OB	Dietary department laundry and Medical record department
		Dietary Department has plan for safe storage and handling of potentially flammable materials		OB	Dietary department
ME C3.2	The facility has adequate fire fighting equipment	Support services has installed fire extinguisher that is Class A, Class B C type or ABC type are installed in adeqaute number at every strategic points		OB/RR	Dietary department and Medical Record department
		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	Dietary department and Medical record department
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 C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of Dietician		SI/RR	
		Availability of MRD technician		SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of washer man		SI/RR	
		Availability of Cook		SI/RR	
		Availability of Data Entry operator for MRD		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services**				
ME C5.2	The departments have adequate consumables at point of use	Availability of consumables at dietary department		OB/RR	Cap, gowns, gloves, Detergent for cleaning of utensil and Soap for hand washing

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of consumables at laundry department		OB/RR	Detergent and disinfectant, Heavy utility gloves, apron
Standard C6	**The facility has equipment & instruments required for assured list of services**				
ME C6.5	Availability of equipment for storage	Availability of equipment for storage for drugs		OB	Refrigerator
ME C6.6	Availability of functional equipment and instruments for support services	Availability of Equipments & utensils for Dietary department		OB	Refrigerator, LPG, food trolley and cooking utensils
		Availability of Equipments for Laundry		OB	Washing machine, drier, Iron, Separate trolley for clean and dirty linen
		Availability of Equipments for Medical record department		OB	Computer with scanner
		Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of furniture and fixtures for Dietary department		OB	Exhaust fan, Storage containers, Work bench/ slab, Utensil stand
		Availability of furniture and fixtures for laundry department		OB	Stand/Hanger for drying of linen, Iron table, Cupboard
		Availability of furniture and fixtures for Medical record department		OB	Racks and cupboard, table, Sectional Drawer cabinet/Shelves
Standard C7	**The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.9	The staff is provided training as per defined core competencies and training plan	Bio Medical Waste Management		SI/RR	
		Infection Control Management		SI/RR	
		Training on Medical Record Management		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	MRD Staff is skilled for indexing and storage of Medical 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
		Laundry staff is skilled for segregating and processing of soiled and infectious linen		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 Statement	Checkpoint	Compli-ance	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 D1.3	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	
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 Kitchen		OB	
		Adequate illumination at Laundry		OB	
		Adequate illumination at Medical Record department		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Hospital ensures unauthorised entry into dietary department is not permitted		OB/SI	
		Hospital ensures unauthorised entry into Laundry department is not permitted		OB/SI	
		Hospital ensures unauthorised entry into Medical Record department is not permitted		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in Dietary department		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in Laundry		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in Medical Record Department		SI/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Dietary department, laundry and medical record department
		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	Dietary department, laundry and medical record department
		Window panes, doors and other fixtures are intact		OB	Dietary department, laundry and medical record department
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material in the Diet department		OB	Dietary department, laundry and medical record department
		No condemned/junk material in the Laundry		OB	
		No condemned/junk material in the MRD		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds/pests		OB	Dietary department, laundry and medical record department
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	Dietary and laundry department
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up		OB/SI	For Laundry, Diet and MRD department

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients**				
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Hospital has defined diet schedule for the patients		RR/SI	
		Hospital has special diet schedule for the critical ill patients suffering from Heart Disease, Hypertension, Diabetes, Pregnant Women, diarrhoea and renal patients		RR/SI	
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	Dietary department has system to calculate the number of diets to be prepared		RR/SI	
		Dietary department has procedure for procurement of perishable and non perishable items		OB/SI/RR	Time interval for procurement of Perishable and non perishable items is fixed
		Perishable items are stored in the cold room or refrigerators		OB	Like milk, cheese, butter, egg, vegetables, and fruits
		Non perishable items are kept in racks/storage container, in ventilated and rodent proof room		OB	All the food items are stored above floor level
		Food is prepared by trained staff, ensuring standards practices		OB/SI	
		There is a procedure for the distribution of the diet		SI/RR	Ensure diet is supplied at defined duration
		Distribution of the food is done in covered food trolleys		OB	
		Dietary department has system to check the quality of food provided to patient		RR/SI	There is designated person preferably nurse in Ward to check the Quality of food
		Dietary department has procedure to collect and dispose of kitchen garbage at defined interval and place		OB/SI	
		There is practice of calculating and maintaining buffer stock in Kitchen		SI/RR	
		Department maintains stock and expenditure register in Kitchen		RR/SI	
		There is system to replenish raw food material		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate availability of linen for meeting its need	Hospital has sufficient set of linen available per bed		RR/SI	At least 5 sets for each functional bed
		Hospital/department has inventory of total linen available with category wise distribution in every area		RR/SI	Patient, staff and bed linen
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen	Linen department has system for periodic physical verification of linen inventory		RR/SI	To check the theft and pilferage
		Linen department has separate trolley for distribution of clean linen and collection of dirty linen		OB	
		Linen are transported into closed leak proof containers/bags		OB	
		Infectious and non infectious linen are transported into separate containers/bags		OB/RR	
		Linen department has system of sorting of different category of linen before putting in to washing machine		OB/RR	Soiled, infected fouled type of linen
		Linen department has procedure for sluicing of soiled, infected and fouled linen		OB/RR	
		Linen department has procedure to keep record of daily load received from each department		RR	
		Hospital has system/ designated person to check quality of washed linen		RR/SI	
		There is a fix time for collection for dirty linen and supply of clean linen		RR/SI	
		There is a system for verifying the quantity of linen received		RR/SI	
		There is procedure for condemnation of linen		RR/SI	
		There is system to check pilferage of linen from ward		RR/SI	Security guards keep vigil

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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 in charge for Laundry department		RR/SI	
		There is designated in charge for Dietary department		RR/SI	
		There is designated in charge for MRD department		RR/SI	
ME D11.3	The facility ensures adherence to dress code as mandated by the administration	Staff is 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 E8	**The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage**				
ME E8.6	Register/records are maintained as per guidelines	All register/records are identified and numbered		RR	
		Diet registers are maintained at Kitchen		RR	
		Laundry registers are maintained at laundry		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Hospital has procedure for collection, compilation and maintenance of patient's records after discharge		RR	
		Medical record department has system to check for completion of records		RR	Checking the records as per checklist for completion

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Medical record department has system for ICD coding/indexing the records		RR	As per ICD coding/ indexing name, disease, diagnosis, physician and surgical procedure carried out
		Medical record department has system to generate statistics for clinical use		RR	Submitting the reports to required health authorities (Birth death notification, notification of communicable diseases etc.)
		Medical record department has system to generate statistics for administrative use		RR	Hospital information system
		Medical record department has system for filling and safe storage of records		RR	
		Medical record department has procedure for retention/ Preservation of records		RR	Retention is as per state guideline
		Medical record department has procedure for destruction of old records		RR	
		Medical records department has system for retrieval of records		RR/SI	
		Medical record department has procedure for production of records in Courts of law when summoned		RR/SI	In case of MLC
		Medical records are issued to authorized personnel only		RR/SI	To patient/next kin to patient
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	
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 F1.4	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 Toxid etc.

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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
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 in kitchen		OB	Preferably in preparation and cooking area
		Availability of running water (Hot and cold)		OB/SI	Ask to open the tap. Ask staff, if water supply is regular
		Availability of 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
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		OB	Ask for demonstration
		Staff is aware of when to hand wash		SI	
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 for distribution of food		OB/SI	
		Availability of apron		OB/SI	
		Availability of caps		OB/SI	
		Availability of heavy duty gloves for laundry		OB/SI	
		Availability of gum boats for laundry		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, caps and aprons		OB/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 procedure areas	Cleaning and decontamination of food preparation surfaces like cutting board		SI/OB	Ask the cleanliness and ask staff how frequent they clean it
		Cleaning of utensils and food trolleys		SI/OB	Check the cleanliness and how frequent they clean it

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Decontamination of heavily soiled linen		SI/OB	
		Cleaning of washing equipments		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Proper cleaning of items used for preparation and cooking of food		SI/OB	
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 in kitchen		OB	
		Facility layout ensures separation of routes for clean and dirty items in laundry		OB	
ME F5.2	The facility ensures availability of standard materials for 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 F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Surface & fixtures are visibly clean with no dust or debris		OB	
		Staff is trained for spill management		SI/RR	
		Floors are clean		OB	
		No stray animals in the facility/Patient care areas		OB	
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	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Segregation of different category of waste as per guidelines		OB/SI	
		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		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of post exposure prophylaxis		OB/SI	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
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Disinfection of liquid waste before disposal		SI/OB	
		Daily disposal of food waste with general waste		SI/OB	
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	Hospital has system to take feedback regarding quality of diet		RR	
		Hospital has system to take feed back regarding cleanliness of linen provided		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	
ME G3.2	The facility has established external assurance programmes at relevant departments	Kitchen is has system of regular external inspection by Municipal/ FDA authorities		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 Dietary department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
		Standard operating procedure for Laundry Department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
		Standard operating procedure for Medical record 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	Record department has documented procedure for indexing of the records		RR	
		Record department has documented procedure for receiving, compiling, and maintaining records		RR	
		Record department has documented procedure for issuing of the records		RR	
		Record department has documented procedure for retention of records		RR	
		Record department has documented procedure for pest and rodent control		RR	
		Diet department has documented procedure for diet schedule		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Diet department has documented procedure for calculation of diet required in wards		RR	
		Diet department has documented procedure for procurement of food items		RR	
		Diet department has documented procedure for preparation and distribution of food		RR	
		Diet department has documented procedure to check the quality of food provided to the patient		RR	
		Diet department has documented procedure for disposal of remaining food		RR	
		Diet department has documented procedure for cleaning of kitchen and utensils		RR	
		Diet department has documented procedure for checkups of kitchen workers at defined intervals		RR	
		Linen department has documented procedure for collection, sorting and cleaning of linen		RR	
		Linen department has documented procedure for sluicing of the blood/ body fluid stained linen		RR	
		Linen department has documented procedure for distribution of linen in all patient care area		RR	
		Linen department has documented procedure for physical verification of the linen for cleanliness or torn out		RR	
		Linen department has documented procedure for condemnation of linen		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Linen department has documented procedure corrective and preventive maintenance of laundry equipments		RR	
		Security department has documented procedure for duty hours		RR	
		Security department has documented procedure for control of incoming and outgoing items		RR	
		Security department has documented procedure for visiting hours in patient care area		RR	
		Security department has documented procedure for fire safety in hospital		RR	
		Security department has documented procedure for electrical safety		RR	
		Security department has documented procedure for training and drills of security staff		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instruction/clinical protocols are displayed in Dietary department		OB	
		Work instruction/clinical protocols are displayed in Laundry department		OB	
		Work instruction/clinical protocols are displayed in Medical Record department		OB	
		Work instructions are displayed for hospital cleanliness		OB	
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	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	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Dietary department, laundry and medical record department
ME G6.2	The facility conducts the periodic prescription/medical/ death audits	Storage and compilation of records medical audit		RR/SI	
		Storage and compilation of records 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	Facility has de 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 is displayed prominently in local language at Key points
ME G7.7	Facility periodically reviews the progress of strategic plan towards mission, policy and objectives	Check time bound action plan is being reviewed at regular time interval		SI/RR	Review the records that action plan on quality objectives being reviewed at least once in month by departmental incharges and during the qulaity team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G8	**Facility seeks continually improvement by practicing Quality method and tools**				
ME G8.1	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
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 months
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 cases for which medical audit done		RR	
		No of cases for which death audit is done		RR	
		Linen Index		RR	No. of bed sheet washed in a month/Patient bed days in month
		Diet Index		RR	No. of meals provided in the month/no. of times meal served in a day* bed days
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures Efficiency Indicators on monthly basis	Proportion of maternal deaths audited		RR	
		Proportion of newborn deaths audited		RR	
		Cycle for laundry services		RR	Time elapsed between collection of used linen and receiving clean linen
		Proportion of special diets		RR	No. of special diets (diabetic, hypertensive, semi solid or other diet) in the month*100/tital no. of diets provided in the month

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Medical Audit Score		RR	
		Death Audit Score		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	Waiting time for getting handicap certificate		RR	
		Waiting time for getting death certificate		RR	
		Patient feedback on cleanliness of linen		RR	
		Patient feedback on quality of food		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

AUXILIARY SERVICES SCORE CARD	
Area of Concern wise score	**Auxiliary Services 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–18

MORTUARY

Checklist for MORTUARY

Reference No.	Measurable Statement	Checkpoints	Compli-ance	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	Availability of services 24x7		SI/RR	
Standard A5	**The facility provides Support services**				
ME A5.8	The facility provides Mortuary services	Dead bodies are kept till the relatives take over the bodies		SI/RR	
		Dead bodies are brought to hospital for medico legal post mortem work		SI/RR	
		Unclaimed bodies are kept until disposal is arranged		SI/RR	
		Facility for pathological post mortem		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 of departmental signage		OB	
		Restricted area signage are displayed		OB	
ME B1.6	Information is available in local language and is easy to understand	Signages are available in local language and pictorial		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Post mortem records of deceased are issued to police/next kin of deceased as per State guideline		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 B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Religious and cultural preferences of deceased and relatives are taken in to consideration while handling over the body		OB/SI	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Availability of ramp/level ground for easy access of stretcher to mortuary/ post mortem room		OB	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	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	There are arrangements that Post mortem room is not in direct line of sight of general public/visitors		OB	Provision of curtain, screen or buffer area or any other in post mortem room
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of PM records are maintained for all MLC cases		RR/SI	
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 to deceased relative		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 and suicidal cases		RR/SI	
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 B4.5	The facility has defined and established grievance redressed system in place	Availability of complaint box and display of process for grievance re redressed and whom to contact is displayed		OB	
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 to accommodate Post mortem and dead bodies load		OB	
ME C1.2	Patient amenities are provided as per patient load	Availability of adequate waiting area		OB	
		Availability of seating arrangement		OB	
		Availability of drinking water		OB	
		Availability of functional toilets			
ME C1.3	Departments have layout and demarcated areas as per functions	Mortuary has reception and waiting area as per requirement		OB	Waiting area has space of 17.5 sq m along with toilet and drinking water facility

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
		Mortuary has cold room for body preservation of bodies as per requirement		OB	Cold room has area of 14 sq m and 6 cabinets for 101-300 beds and 8 cabinets for 301-500 beds
		Mortuary has post mortem room as per requirement		OB	Post mortem room has area of 17.5 sq m for 101-300 beds and 21 sq m for 301-500 beds
		Mortuary and post mortem has Ancillary area as per requirement		OB	Ancillary area consist of consultant room, mortuary supervisor room and stores
		Cold room and autopsy room are interconnected		OB	Cold room should lead to entrance area into autopsy room
		Access way connected from hospital to mortuary is covered		OB	As protection in wet whether and as screen from adjoining area
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors of Mortuary area are wide enough to allow passage of trolleys		OB	Not less than 8 ft
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of telephone and intercom services		OB	
ME C1.6	Service counters are available as per patient load	Availability of deep freezer for storage 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)	Mortuary has functional linkage with hospital Emergency, OT and IPD etc.		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	Mortuary building does not have temporary connections and loosely hanging wires		OB	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the Mortuary are thick, durable and can be easily cleaned		OB	
		Window have wire meshwork and intact window panes		OB	
		Floors of the Mortuary are non slippery and even		OB	
Standard C3	**The facility has established programme for fire safety and other disasters**				
ME C3.2	The facility has adequate fire fighting equipment	Fire extinguisher that is Class A, Class C type or ABC type are installed in mortuary		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 situation	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 specialist/ MO to conduct autopsy as per State norms		OB/RR	
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of post mortem technician/ assistant as per State guideline		SI/RR	
ME C4.5	The facility has adequate support/ general staff	Availability of sweeper in Mortuary		SI/RR	
		Availability of security staff in mortuary		SI/RR	
Standard C5	The facility provides drugs and consumables required for assured services				
ME C5.2	The departments have adequate consumables at point of use	Repairing Material		OB/RR	Thread, needle, cotton wool, wool waste, clothes, malleable wire, polythene bag, gloves, mask and apron
		Plastic bins		OB/RR	for fixing specimens

Reference No.	Measurable Statement	Checkpoints	Compli-ance	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	Weighting Mechanise. Platform scale Weighting Whole body, Balance to weight 100gm to 10 Kg, Balance to weight 0.2 gm to 10 gm
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Cutting Instruments tray		OB	Skull Cutter, Organ Knife blade, cartilage Knife, Caltin solid, Rib cutter, Brain knife, resection knife, Scissor (of varying sizes), forceps (of varying sizes)
ME C6.5	Availability of equipment for storage	Availability of Cabinets for storage of dead bodies		OB	Refrigerated body storage room, Instrument 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	Autoclave/Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Post mortem table		OB	
		Availability of fixtures		OB	Electrical fixture for storage cabinet
		Availability of furniture		OB	Cupboard, counter for delivery of reports, table for preparation of reports chair
Standard C7	**The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff**				
ME C7.9	The staff is provided training as per defined core competencies and training plan	Infection control and hand hygiene		SI/RR	
		Bio Medical Waste Management		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Staff is skilled for preservation of dead bodies in the mortuary		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 post mortem 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 Statement	Checkpoints	Compli-ance	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 monitoring equipments 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 D2.5	The facility has established procedure for inventory management techniques	Department maintained stock and expenditure register		RR/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	
		Staff is aware of Hold over time of cold storage equipments		SI/RR	
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 post mortem table		OB	
		Adequate illumination at morgue		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	Hospital ensures unauthorised entry into mortuary is not permitted		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in Mortuary		OB/RR	Fans/Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
ME D3.4	The facility has security system in place in patient care areas	Hospital has sound security system to manage overcrowding in Mortuary		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	
		Post-mortem table is intact and with out rust		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/junk material stored in the mortuary		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 water in sinks, washbasin and post mortem table should be fitted with water hose
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Mortuary		OB/SI	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	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 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 E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Department has process for storage and retrieval of Medico-legal record		RR/SI	MLC case reports etc.
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 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/RR	
ME E16.3	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law	Mortuary has system for categorizing the dead bodies before preservation		SI/RR	Main categorization in Non medico legal and medico legal which is further divided into Identified and Unknown

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
		Mortuary technician to maintain full records of body brought to mortuary			Check Mortuary register which contain details: Identification number, name, sex, age of deceased, date and time of death, identification mark of deceased and finger impression, details of near relative, whether autopsy is done or not, if done then date and time of autopsy, name of autopsy surgeon, date and time when body is placed in cold storage, length of body and breadth across should, list of valuables which have been removed from body, signature of technician, date and time of when body is removed & Name of relative/police collecting body
		Mortuary has system to provide identification tag/ wrist band for each stored dead body		RR/OB	Identification tag should be of plastic water proof type and carry information on full name, address, age, sex, registration number, date and time of death and when body kept for storage
		Mortuary has system for preparation of body before cold storage		RR/SI	
		Each cold storage door has holder for identification ticket		RR/OB	Check identification ticket is available on storage cabin containing dead body
		Name of deceased is written on board on wall of the room which lists each cold storage compartment		RR/OB	
		Cold storage room has system to maintain temperature of cabinets		RR/OB/SI	Temperature should not be allowed to fall below 0°C for short duration preservation while to preserve the body for long time it must be deep frozen so -20°C temp must be kept for one compartment

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
		Hospital has system to intimate mortuary staff before sending body to mortuary		SI/RR	
		All bodies sent to mortuary are accompanied with copy of death certificate issued by hospital		SI/RR	
		Death Certificate and label is marked MLC in bold if medico legal case		RR/OB	Check death certificate/ dead body
		Mortuary/Hospital has standard label fixed to winding cloth over upper part of body		RR/OB	The upper part of the body is taken out of mortuary cold storage room i.e. head for identification
		Mortuary has system for storage of unclaimed body for fixed duration as per State guideline		SI/RR	
		Mortuary has system for disposal of unclaimed bodies as per State guideline		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 F1.4	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
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 Statement	Checkpoints	Compli-ance	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	
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	
		Staff knows when to wear clean & sterile gloves		OB/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 mortuary table		SI/OB	
		Decontamination of instrument after use		SI/OB	
		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
		Staff knows how to make chlorine solution		SI/OB	
		Sterilization of mortuary equipment		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level disinfection by boiling or chemical done as per protocol at mortuary		SI/OB	
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	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
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, Gluteraldehye, 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	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			

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
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	
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 Hospital superintendent/Hospital Manager/Matron in charge for monitoring of services		SI/RR	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
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		SI	
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 death in ward and emergency		RR	
		Department has documented procedure for receiving the body in mortuary		RR	
		Department has documented procedure for storage of the body in mortuary		RR	
		Department has documented procedure for temperature maintenance in cold store		RR	
		Department has documented procedure for corrective and preventive maintenance of cold stores		RR	
		Department has documented procedure for tagging of the dead bodies		RR	
		Department has documented procedure for maintenance of records		RR	
		Department has documented procedure sending the bodies for autopsy		RR	
		Department has documented procedure for hand over the body to deceased relatives		RR	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	Assessment method	Means of Verification
		Department has documented procedure for issuing the records to police and patient relatives		RR	
		Department has documented procedure for storage and send the viscera/tissue for further investigation		RR	
		Department has documented procedure for cleaning and upkeep of mortuary and post mortem room		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at point of use	Work instructions are displayed		OB	Work Instruction for Dead body storage, receiving and issue of dead body
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 G6.3	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 is 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	

Reference No.	Measurable Statement	Checkpoints	Compli-ance	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 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 is 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
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 safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all processes should be done using pre defined critera at least once in three months
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 non MLC cases		RR	
		Occupancy rate of cold storage for dead bodies		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	Mean storage time for dead body in cold storage		RR	
		Down time Cold storage equipments		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	Waiting time for carrying out post mortem		RR	
		Waiting time for getting post mortem report in MLC cases		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

MORTUARY SCORE CARD	
Area of Concern wise score	**Mortuary 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–19

GENERAL ADMINISTRATION

Checklist for GENERAL ADMINISTRATION

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A: SERVICE PROVISION					
Standard A1	**The facility provides Curative services**				
ME A1.16	The facility provides Accident & Emergency services	Availability of functional A&E department		SI/OB	
		Availability of functional disaster management unit		SI/OB	
ME A1.17	The facility provides Intensive care services	Availability of functional Intensive care unit		SI/OB	
ME A1.18	The facility provides Blood Bank & Transfusion services	Availability of functional Blood Bank		SI/OB	
Standard A2	**Facility provides RMNCHA Services**				
ME A 2.1	The facility provides Reproductive health Services	Availability of Post Partum unit at the facility		SI/OB	
ME A2.3	The facility provides Newborn health services	Availability of functional SNCU		SI/OB	
ME A2.4	The facility provides Child health services	Availability of Functional NRC		SI/OB	
		Availability of dedicated paediatric ward		SI/OB	
		Availability District Early Intervention Centre (DEIC)		SI/OB	
Standard A3	**The facility provides Diagnostic services**				
ME A3.1	The facility provides Radiology services	Availability of X-ray Unit		SI/OB	Availability of in-house services. Partial Compliance if it is outsourced
		Availability of Ultrasound services		SI/OB	Availability of in-house services. Partial Compliance if it is outsourced
		Availability of CT scan		SI/OB	
ME A3.2	The facility provides Laboratory services	Availability of In-house lab		SI/OB	If lab is outsourced than give partial compliance
ME A 3.3	The facility provides other diagnostic services, as mandated	Availability of ECG Services		SI/OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard A4	**The facility provides services as mandated in National Health Programmes/State Scheme**				
ME A4.3	The facility provides services under National Leprosy Eradication Programme, as per guidelines	Formation of District Apex Group		SI/RR	Headed by Dermatologist/ Physician along with specialists of Orthopaedics/General Surgery, Ophthalmology, assisted by Physiotherapist and laboratory Technician
ME A4.4	The facility provides services under National AIDS Control Programme, as per guidelines	Availability functional ICTC		SI/OB	
		Availability Functional ART centre is available		SI/OB	
ME A4.7	The facility provides services under National Programme for the Health Care of the Elderly, as per guidelines	Availability of geriatric ward/Clinic		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	Availability of CCU		SI/OB	
ME A4.9	The facility provides services under Integrated Disease Surveillance Programme, as per guidelines	Hospital has a system for immediate reporting of any disease outbreak to the authorities		SI/RR	
		A Nodal person is designated for collecting and reporting data to IDSP cell		SI/RR	
		Hospital disseminates the list of conditions to be reported to all clinical departments		SI/RR	
Standard A5	**The facility provides Support services**				
ME A5.1	The facility provides Dietary services	Availability of dietary service		SI/OB	
ME A5.2	The facility provides Laundry services	Availability of laundry services		SI/OB	
ME A5.3	The facility provides Security services	Availability of security services		SI/OB	
ME A5.4	The facility provides Housekeeping services	Availability of Housekeeping services		SI/OB	
ME A5.5	The facility ensures Maintenance services	Availability of maintenance services		SI/OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME A5.6	The facility provides Pharmacy services	Availability of drug storage and dispensing services		SI/OB	
ME A5.7	The facility has services of Medical Record Department	Availability of Medical record services		SI/OB	
ME A5.8	The facility provides Mortuary services	Availability of mortuary 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 300 indoor functional beds per ten lakh population		SI/RR	
ME A6.2	There is a process for consulting community/or their representatives when planning or revising scope of services of the facility	Community representative are Consulted while revising or expanding the scope of service		SI/RR	
		User charges if any are decided in consultation with user groups/RKS		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	Name of the facility prominently displayed at front of hospital building		OB	
		Hospital lay out with location and name of the departments are displayed at the entrance		OB	
		Hospital has established directional signage		OB	
		List of departments are displayed		OB	
		All signage are in uniform colour scheme		OB	
		Signages are user friendly and pictorial		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Services not available are displayed		OB	
		Availability of administrative services like handicap certificate, death certificate services are displayed		OB	
		Processing time for issuing documents and medical records are displayed		OB	
		Mandatory information under RTI is displayed		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B1.3	The facility has established citizen charter, which is followed at all levels	Citizen charter is established in the facility		OB	
		Citizen charter includes the service available at the facility		OB	
		Citizen Charter includes the timings of different services available		OB	
		Citizen Charter Includes Rights of Patients		OB	
		Citizen charter includes responsibilities of patients and visitors		OB	
		Citizen Charters includes the number of beds available		OB	
		Citizen Charter Includes the standards and quality of services provided		OB	
		Citizen Charter includes complaint & grievance mechanism		OB	
		Citizen Charter includes mention of Services available on payment if any		OB	
		Citizen Charter includes about person and place avail Information and assistance		OB	
		Citizen Charter includes the cycle time for critical processes		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	Facility prepares a comprehensive list of user charges and display at strategic point in the hospital		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	A dedicated facilitation counter/rogi sahayata kendra available		OB	
		Information regarding services available at the counter		OB	
		Important contact no. are available at the counter		OB	
		Availability of ASHA help desk		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 is sensitive to gender	Hospital has defined policy for non discrimination according to gender		SI/PI	
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		PI/RR	
		Environment of the health facility should be inclusive of all religious faiths		OB	
		Staff is respectful to patients religious and cultural beliefs		PI/SI	
		Hospital has defined policy to ensure the religious and cultural preferences of the patient		RR/SI	
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability	Approach road to hospital is accessible without congestion or encroachment		OB	
		Internal pathways and corridors of the facility are without any obstruction/ protruding object		OB	
		There are no open manholes/potholes at access road and internal pathways		OB	
		Hospital has defined policy to provide barrier free services to patient		OB	
		Ramps shall have a slope of conducive for use		OB	Gradient not be steeper than 1:12
		Ramps are provide with slip resistance surface		OB	
		Ramps shall have adequate width		OB	At least 120 cm
		Warning blocks have been provide at beginning and end of the ramp and Stairs		OB	To aid people with visual impairment
		Hand rails are provided with stairs		OB	
		Facility conducts periodic Access Audits		OB	
		Hospital has defined policy for providing disable friendly services		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Parking area is earmarked for people with disabilities		OB	
		Symbol of Access is displayed at the facilities available for people with disabilities		OB	Ramps, Wheel Chair Bay, Lifts, Toilets
ME B2.4	There is no discrimination on basis of social & economic status of patients	There is no discrimination on basis of social and economic status of the patients		PI/SI	
		Hospital has defined policy for ensuring non discrimination on basis of social and economic status of the patient		RR/SI	
ME B2.5	There is affirmative action to ensure that vulnerable sections can access services	There are arrangement and linkages for care of terminally ill patients		RR/SI	Linkage for Palliative Care, Hospice
		There are linkages for care, counselling and protection of victims of violence including domestic violence		RR/SI	Linkages with NGOS, Police Mediation Cell
		There are arrangements for adequate care and post discharge support of orphan patients including homeless children		RR/SI	Linkages with NGOS, Orphan, old age home, Children home
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	Hospital has defined policy for maintenance of privacy of patients		RR/SI	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Hospital has defined policy for maintenance of patient records and clinical information		RR/SI	
ME B3.3	The facility ensures that the behaviour of staff is dignified and respectful, while delivering the services	Hospital defines and communicate the policy regarding decent communication and courteous behaviour towards the patients and visitors		RR/SI	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Hospital defines the policy for privacy and confidentiality of the patient and condition related with social stigma and vulnerable groups		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Hospital has defined policy for taking consent		RR/SI	
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 of patient's rights and responsibilities		SI	
		Staff is regularly sensitized about rights and responsibilities of the patient		SI/RR	
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box at administrative office and display of process for grievance re redressal and whom to contact is displayed		OB	
		Hospital defines policy for grievance redressal mechanism		RR/SI	
		There is defined frequency of collecting complaints from complaint box		RR/SI	
		Records of patient complaints suggestion are maintained		RR	
		There is system of periodic review of patient complaints		RR/SI	
		There is evidence of action taken on complaints		RR	
		Action taken are informed to the complainant		RR	
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	Hospital has established a policy for providing free services under GoI and State scheme		RR/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Hospital has established policy for providing all drugs in the EDL free of cost		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Hospital has established policy for providing all diagnostics free of cost		RR/SI	
ME B5.4	The facility provides free of cost treatment to Below Poverty Line patients without administrative hassles	Methods for verification of documents of patient are user friendly		PI/SI	
		Hospital has established policy to provide free of cost treatment to BPL patients		RR/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Hospital has established policy for timely reimbursement and payment to beneficiaries		RR/SI	
ME B5.6	The facility ensures implementation of health insurance schemes as per National/State scheme	Availability of dedicated RSBY help desk		OB	
		Finger print verification is done through a finger print scanner		OB/SI/RR	
		All tests and drugs are covered under RSBY		RR/SI/PI	
		Services and entitlements available under RSBY are prominently displayed		OB	
		Manual process is in place in case smart card is not working		RR/SI	
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	Check that hospital administration has defined code of conduct for various cadre of staff			Check for any circular, policy, notice, government order issued that explains the code of conduct for staff such as doctor and nurses
ME B6.2	The facility staff is aware of code of conduct established	Check if staff is aware of code of conduct			Interview doctors and nursing/paramedical staff on sample basis
ME B6.3	The facility has an established procedure for entertaining representatives of drug companies and suppliers	Check hospital has implemented a policy of not entertaining representative of pharma companies within hospital premises			Ask medical superintendent/manager regarding any such circular/instructions issued to the doctors. Check on sample basis if doctors are aware of this policy and do not entertain medical representatives in hospital premises

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B6.4	The facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions	Check hospital administration has aware of protocols for examination and treatment t of individuals brought police			As per State law and Supreme Court direction
ME B6.5	There is an established procedure for sharing of hospital/patient data withindividuals and external agencies including non governmental organization	Check hospital administration has defined protocols for data sharing			List of agencies with which data is shared routinely is available. For any other agency a formal permission is sought from competent authorities before sharing the data including international agencies, press and NGOs
ME B6.6	There is an established procedure for 'end-of-life' care	Facility has established has established policy of end of life care		SI/RR	
ME B6.8	There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research	Check hospital ensures that informed consent is taken from patient participating in any clinical or Public Health research			Check for policy or practice
ME B6.9	There is an established procedure to issue of medical certificates and other certificates	Check hospital has documented policy for issuing medical certificates			Check that policy defines list of certificates that can be issued by hospital Who can issue certificates Formats shall used for different certificates Record keeping of issued certificate procedures for issuing duplicate certificates
ME B6.10	There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services	Hospital has laid strategy to resume the basic emergency and patient care services during strikes			Check hospital administration has made buffer stock and alternate source of supplies for consumables Strategy and coordination with local disruption to maintain hospital functions
ME B6.11	An updated copy of code of ethics under Indian Medical Council Act is available with the facility	Check code of conduct copies are available at the hospital			Check for availability of printed copies of code of conduct distributed to staff

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Residential quarters are for clinical and support staff		OB/RR	
		Hospital has adequate space as per bed strength		OB/RR	80 to 85 sqm/bed
ME C1.2	Patient amenities are provided as per patient load	Availability of public toilet for visitors		OB	
		Availability of dharmshala/ stay facility for attendants		OB	
		Adequate number of staff toilets available in proximity to duty area		OB/SI	
		Adequate number of staff change room available in proximity to duty area		OB/SI	
		Separate cafeteria for patient and their relatives		OB	
		Cafeteria/Recreation room for staff		OB/SI	
		Availability of staff amenities at nursing station and duty room		OB/SI	
ME C1.3	Departments have layout and demarcated areas as per functions	Hospital has independent entry for emergency, OPD and support services/staff		OB	
		Corridors shall be at wide to accommodate the daily traffic		OB	
		The general traffic should not pass through the indoor/critical patient care area		OB	
		Ambulatory services are located in outermost zone		OB	OPD, Emergency and Administrative offices are situated in near the entry/exit of the hospital with direct access from approach road
		Clinical support Services are located in proximity to outer zone		OB	Lab, Radiology and Pharmacy
		Procedure and Intensive care areas are located in middle zone of the hospital		OB	Operation Theatre, ICU, SNCU, Labour Room
		Indoor area are located in inner zone of the hospital		OB	Wards and Nursing Units are located in inner most area

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors shall be at wide to accommodate the daily traffic		OB	
		Facility maintains open area as per floor area ratio mandated by authorities		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Hospital has 24x7 functional telephone connection		OB	
		There is designated person to answer the telephone enquiries		OB/SI/RR	
		Hospital has broadband internet connectivity		OB	
		There is an established system for managing postal communication		OB/RR	Records are maintained for received and dispatched communication
		There is established system for internal movement of documents and communication		OB/RR	System for communicating circulars, notices and orders etc.
		There is assigned person for managing internal and external movement of documents and communications		OB/RR	
		General notices and information are displayed at notice boards at relevant points		OB/RR	
		There is system of removal of old notices and updating the notice board		OB/RR	
ME C1.6	Service counters are available as per patient load	Availability of admission counter as per load		OB/RR	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	There is no criss cross between general and patient traffic		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Facility has been surveyed by structural engineer for seismic vulnerability		OB/RR	Ask for records of survey

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Structural components been made earthquake proof		OB/RR	Check for records of in correction has been done to strengthen structural components like columns, beams, slabs, walls etc.
		Foundation of buildings are adequate		OB/RR	Check for any information available about the depth of foundation. Its should not be less the 1.5 meters
		There is no irregularity in height of different stories		OB/RR	In multi story building height of the story should be of same height (Difference should not be more than 5%)
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board	Lifts are installed with Automatic Rescue device		OB/RR	
		Every lift has Emergency Alarm System		OB/RR	
		Periodic Maintenance of lift		OB/RR	
		Licence for lift operation		OB/RR	
ME C2.3	The facility ensures safety of electrical establishment	Facility has mechanism for periodical check/test of all electrical installation by competent electrical engineer		OB/RR	
		Facility has system for power audit of unit at defined intervals		OB/RR	
		Danger sign is displayed at high voltage electrical installation		OB	
		All electrical panels are covered and have restricted access		OB	
		Personal protective equipments are available with electrician		OB/SI	
ME C2.4	Physical condition of buildings are safe for providing patient care	Windows have grills and wire meshwork		OB	
		Building including walls, roofs, floor, windows, balconies and terraces are maintained		OB	
		Terrace, roof, balconies and stair case have protective railing		OB	
		Hospital premises has intact boundary wall		OB	
		Hospital has functional gate with provision of cow catcher		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is system of periodic inspection of patient care areas of safety related issues		OB	
		Hospital building including walls, roofs, floor, windows, balconies and terraces are maintained		OB	
		Access to roof and terraces are restricted		OB	
		Terrace, roof, balconies and stair case have protective railing		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	Check the fire exits provide egress to exterior of the building or to exterior open space		OB	
		Check the fire exits are free from obstruction		OB	
		Facility has conducted fire safety audit by competent authority		OB/RR	
		Evacuation plan is displayed at critical areas		OB	
		Facility has defined and implemented evacuation plan in case of fire		OB/RR	
		No smoking sign displayed inside and outside the working area		OB/RR	
ME C3.2	The facility has adequate fire fighting Equipment	Facility has fire safety alarm		OB	
		There is system to track the expiry dates and periodic refilling of the extinguishers		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	Periodic Training is provided for using fire extinguishers		OB/RR	
		Periodic mock drills are conducted		OB/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 General Surgeon		OB/RR/SI	As per patient load

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of Obstetric & Gynae Specialist		OB/RR/SI	As per patient load
		Availability of General Medicine specialist		OB/RR/SI	
		Availability of Paediatrician		OB/RR/SI	As per patient load
		Availability of Anaesthetics		OB/RR/SI	As per patient load
		Availability of Ophthalmologist		OB/RR/SI	As per patient load
		Availability of Orthopaedic Surgeon		OB/RR/SI	As per patient load
		Availability of Radiologist		OB/RR/SI	As per patient load
		Availability of Pathologist		OB/RR/SI	As per patient load
		Availability of ENT specialist		OB/RR/SI	As per patient load
		Availability of Dentist		OB/RR/SI	As per patient load
		Availability of Dermatologist		OB/RR/SI	As per patient load
		Availability of Psychiatrist		OB/RR/SI	As per patient load
		Availability of Microbiologist		OB/RR/SI	As per patient load
		Availability of AYUSH Doctors		OB/RR/SI	As per patient load
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctors		OB/RR/SI	As per patient load
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of nursing staff		OB/RR/SI	As per patient load
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability Lab Tech		OB/RR/SI	As per patient load
		Availability Pharmacist		SI/RR	As per patient load
		Availability Radiographer		SI/RR	As per patient load
		Availability ECG Tech/Eco		SI/RR	As per patient load
		Availability Audiometrician		SI/RR	As per patient load
		Availability Optha. Technician/Referactionist		SI/RR	As per patient load
		Availability Dietician		SI/RR	As per patient load
		Availability Physiotherapist		SI/RR	As per patient load
		Availability O.T. Technician		SI/RR	As per patient load
		Counsellor		SI/RR	As per patient load

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Dental Technician		SI/RR	As per patient load
		Rehabilitation Therapist		SI/RR	As per patient load
		Biomedical Engineer		SI/RR	As per patient load
ME C4.5	The facility has adequate support/ general staff	Availability of storekeeper		SI/RR	
		Availability of Housekeeping supervisor/ In charge		SI/RR	
		Availability of security In charge		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	Hospital has policy to ensure drugs at all point of use as per State EDL		SI/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services**				
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for Facility management		OB	Equipments for horticulture, electrical repair, plumbing material etc.
		Availability of equipments for processing of Bio Medical Waste		OB	Autoclave and mutilator
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of fixture for administrative office		OB	
		Availability of furniture for administrative office		OB	
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			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			Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done
ME C7.3	Criteria for performance evaluation of Clinical and Para clinical staff are defined	Check performance criteria for clinical staff has been defined			Check if performance appraisal critical clinical staff has been defines as per State service rules/ NHM Guidelines and job description of staff

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C7.4	Performance evaluation of Clinical and Para clinical staff is done on predefined criteria at least once in a year	Check if annual performance appraisal for clinical staff is practiced			Verify with records that performance appraisal has been done at least once in a year for all Doctor, Nurses and paramedic staff. Check that predefined criteria has been used for the appraisal only
ME C7.5	Criteria for performance evaluation of support and administrative staff are defined	Check performance criteria for support staff has been defined			Check if performance appraisal critical for both support/ administrative staff has been defines as per State service rules/ NHM Guidelines and job description of staff
ME C7.6	Performance evaluation of support and administration staff is done on predefined criteria at least once in a year	Check if annual performance appraisal for support & administration staff is practiced			Verify with records that performance appraisal has been done at least once in a year for all administrative and support staff either appointed at hospital. Check that predefined criteria has been used for the appraisal only
ME C7.7	Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff	Check staff if competence assessment and performance appraisal program includes staff is inclusive contractual staff			Verify with records that staff on contract under NHM or any other program, staff working through outsource agencies such as housekeeping and security are also go through the competence assessment along with regular staff. Also their performance appraisal is done at least once in year by their respective employer
ME C7.8	Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan	Check if hospital administration has a system for identifying the training needs and plan to address them			Check that hospital administration has listed the gaps found during competence assessment and performance appraisal exercise. These gaps in performance and competence are factored in while developing training plan for staff. This includes both clinical as well as non clinical staff

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C7.9	The staff is provided training as per defined core competencies and training plan	Facility conducts training need assessment periodically for all cadre of staff		SI/RR	
		Facility has program for continuous medical education for doctors and nursing staff		SI/RR	
		Facility prepares training calendar as per training need assessment		SI/RR	
		Training feed back is taking and records are maintained for training		SI/RR	
		Details and Records of training provided are available with unit		SI/RR	
		Training on Disaster Management		SI/RR	
		Training on Cardio Pulmonary resuscitation		SI/RR	
		Training on staff Safety		SI/RR	
		Training on Measuring Hospital Performance Indicators		SI/RR	
		Training on facility level Quality Assurance		SI/RR	
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Hospital has policy for regular competence testing as per job description		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
ME C7.11	Feedback is provided to the staff on their competence assessment and performance evaluation	Check if feedback is given after each round of competence assessment and performance appraisal			Verify with records of performance appraisal for feedback has been written on appraisal form and shared with staff. Interview staff for verification for feedback has been shared
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	Facility has contract agency for maintenance for equipments		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Contact details of the agencies responsible for maintenance are communicated to the staff		SI/RR	
		Asset list of all equipments are maintained		SI/RR	
		There is system to maintain records of down time of equipments		SI/RR	
		Indexing of all equipments is done		SI/RR	
		All equipments are covered under AMC including preventive maintenance for computers and other IT equipments		SI/RR	
		There is system of timely corrective break down maintenance of the for computers and other IT equipments		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring equipment	Facility has contracted agency for calibration of equipments		SI/RR	
		Records of the calibrated equipments are maintained		RR	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.4	The facility ensures management of expiry and near expiry drugs	Hospital has system to ensure that short expiry drugs are not procured		SI/RR	
		Hospital has process for proper disposal and prevention of unintended use of expired drugs		SI/RR	
ME D2.5	The facility has established procedure for inventory management techniques	Hospital implements scientific inventory management system according to their needs		OB/RR/SI	ABC, VED, FSN,FIFO
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	Hospital has policy that there is no stock out of the drugs and consumables at patient care area		RR/SI	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Hospital has a policy for ensuring proper management and restriction of unintended use of narcotic substance and psychotropic drugs as per prevalent law		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 open area at night		OB	
		Adequate illumination in circulation area		OB	Stairs, corridor and waiting area
		Adequate illumination in toilets		OB	
		Hospital periodically measure illumination at different area of the hospitals		OB	
		Adequate illumination at approach roads to hospital		OB	
ME D3.2	The facility has provision of restriction of visitors in patient care areas	There is restriction on entry of vendors and hawkers inside the premise of the hospital		OB	
		Hospital has visitor policy in place		OB/RR	
		Hospital has policy for restriction of media person in side the hospital		OB/RR	
		Hospital implement visitor pass area for indoor areas		OB/RR	
ME D3.4	The facility has security system in place in patient care areas	Hospital has in-house/ outsourced security system in place		RR/SI	
		Duty roaster is available for security staff		RR/SI	
		Training and Drills of security staff is done		RR/SI	
		Security staff is aware of patient right, visitor policy and disaster Management		RR/SI	
		There is system for supervision of security staff		RR/SI	
		Facility has a security plan for deputation of guard at different location		RR/SI	
		Responsibility and timing of opening and closing different department is fixed and documented		RR/SI	
		There is established procedure for safe custody of keys		RR/SI/OB	
		There is procedure for handing over the keys at the time of shift change		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Hospital has system to manage violence/mass situation		RR/SI	
ME D3.5	The facility has established measures for safety and security of female staff	No female staff is posted alone at night		SI	
		Where ever there are male employees/patients female staff are posted in pairs		SI/RR	
		Timing of the shift is arranged keeping in mind the safety of female staff		SI/RR	
		Committee against sexual harassment is constituted at the facility		RR/SI	
		Staff has been provided awareness training on gender issues		RR/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	Boundary Walls of building is plastered and whitewashed		OB	
		No unwanted/outdated posters on hospital boundary and building walls		OB	
		Hospital Buildings are in uniform colour scheme		OB	
		Hospital has system to whitewash the building periodically		OB/RR	
ME D4.2	Patient care areas are clean and hygienic	General waste from hospital is removed daily by municipal/outsourced agency		OB/RR	
		Every department has schedule of cleaning		SI/RR	Every department has schedule for inspection of cleaning work
ME D4.3	Hospital infrastructure is adequately maintained	Hospital has system for periodic maintenance of infrastructure at defined interval		OB/RR	
		There is no clogged/over flowing drain in facility		OB	
		Hospital sewage is linked with municipal drainage system		OB/SI/RR	
		Facility has a closed drainage system		OB	
		Intramural roads are in good condition without potholes/ditches		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Facility has a annual maintenance plan for its infrastructure		RR/SI	
ME D4.4	Hospital maintains open areas and landscapes them	Availability of parking space as per requirement		OB	
		Dedicated parking space for ambulances		OB	
		No water logging in side the premises of the hospital		OB	
		There is no abandoned/ dilapidated building in the premises		OB	
		Proper landscaping and maintenance of trees, garden		OB	
		There shall be no encroachment in and around the hospital		OB	
		Hospital has rain water harvesting facility		OB	
		Hospital has herbal garden		OB	
ME D4.5	The facility has policy of removal of condemned junk material	Hospital has condemnation policy in place		RR/SI	
		Periodic removal of junk material done		OB/RR	
		Hospital has designated covered place to keep junk/condemned material		OB	
		No junk/condemned articles in open spaces		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	Pest control measures are evident at facility		RR/SI	
		Anti Termite treatment of the wooden furniture		RR/SI	
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	Hospital has adequate water storage facility as per requirements		OB/RR/SI	450-500 Litres per bed per day
		Hospital has adequate water supply from municipal/under ground source		OB/SI	
		All water tanks are kept tightly closed		OB	
		Periodic cleaning of water tanks carried out		OB/RR	Records of cleaning is maintained

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Hospitals periodically tests the quality of water from the source (municipal supply, bore well etc.) for bacterial and chemical content		RR	
		Chlorination of water is done as per requirement		RR	
		RO/Filters are available for potable drinking water		OB	
		Hospital ensures that the distribution pipelines are not running in close vicinity of the sewage system		RR/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of noiseless generators for power back up		OB/SI	
		Estimation of power consumption of different department of hospitals is done		RR/SI	
		Generator has adequate capacity to provide 24x7 power back at least critical areas		RR/SI	
		Hospital has dedicated sub station for electrical supply		OB/RR/SI	
		Hospital has adequate power supply connection		RR/SI	3 kW to 5 kW per bed
		Use of energy efficient bulbs for light		SI	
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Manifold room is located on ground floor		OB	
		Manifold room has ad-equate stock of oxygen and nitrogen cylinders		OB/SI	At least for three days
		Cylinders banks are in duplicate		OB/RR/SI	Check for there two dedicated banks - Running and reserve fitted with automatic changeover device
		Colour of gas pipeline and gas cylinder are as per standards		OB/RR	
		Alarm system has been provided to indicate any abnormal pressure change		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is procedure for prompt replacement of empty cylinders with filled cylinders		SI/RR/OB	
		There is a procedure for periodic checking of all terminal units for malfunctioning		SI/RR	
		Entry to Manifold room is prohibited		OB/SI	
		Instruction for operating different equipment clearly displayed		OB	
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Hospital has policy to change linen		RR/SI	
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	Hospital Management Society/RKS is registered under societies registration act		RR	
		Availability of Income tax exemption certificate for donations		RR	
		RKS meeting are held at prescribed interval		RR	
		Minutes of meeting are recorded		RR	
		Participation of community representatives/NGO is ensured		RR	
		RKS reviews the patient complaint/feedback and action taken		RR	
		RKS generates its own resources from donation/ leasing of space		RR/SI	
ME D8.2	The facility has established procedures for community based monitoring of its services	Community based monitoring/social audits are done at periodic intervals		RR/SI	
		Facility communicate updated information on quality of services		RR/SI	
		Facility conducts public hearing at regular intervals		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	There is system to track and ensure that funds are received on time		RR/SI	
		Funds/Grants provided are utilized in specific time limit		RR	
		There is no backlog in payment to beneficiaries as per their entitlement under different schemes		RR/PI	E.g.; Payment for JSY and Family planning
		Payment to ASHA done on time		RR/PI	
		Salaries and compensation are provided to contractual staff on time		RR/SI	
		Facility provides utilization certificate for funds on time		RR	
ME D9.2	The facility ensures proper planning and requisition of resources based on its need	Facility prioritize the resources available		RR/SI	
		Requirement for funds are sent to State on time		RR/SI	
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	Availability of valid No Objection Certificate from fire safety authority		RR	
		Availability of authorization for handling Bio Medical Waste from pollution control board		RR	
		Availability of certificate of inspection of electrical installation		RR	
		Availability of licence for operating lift		RR	
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	Availability of copy of Bio medical waste management and handling rule 1998		RR	
		Drug and Cosmetic Act 2005		RR	
		Safety code for Medical diagnostic X-ray equipment and installation		RR	AERB safety code no. AERB/SC/MED-2(Rev 1)
		Narcotics and Psychotropic Substances Act, 1985		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Code of Medical Ethics, 2002		RR	
		Nursing Council Act		RR	
		Medical Termination of Pregnancy 1971		RR	
		Person with Disability Act 1995		RR	
		Pre conception pre natal diagnostic test 1996		RR	
		Right to Information Act, 2005		RR	
		Indian Tobacco control Act 2003		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	Job description of Specialist Doctor is defined and communicated		RR	Regular + contractual
		Job description of General duty Doctor is defined and communicated		RR	Regular + contractual
		Job description of nursing staff is defined and communicated		RR	Regular + contractual
		Job description of paramedic staff is defined and communicated		RR	Regular + contractual. Lab technician, X-ray technician, OT technician, MRD technician etc.
		Job description of counsellor is defined and communicated		RR	Regular + contractual
		Job description of ward boy is defined and communicated		RR	Regular + contractual
		Job description of security staff is defined and communicated		RR	Regular + contractual
		Job description of cleaning staff is defined and communicated		RR	Regular + contractual
		Job description of Administrative staff is defined and communicated		RR	Regular + Contractual MS, Hospital Manager, supervisor, Matron, Ward Master. Pharmacist etc.
ME D11.2	The facility has an established procedure for duty roster and deputation to different departments	Duty roster of doctors is prepared, updated and communicated		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Duty roster of Nurses is prepared, updated and communicated		RR/SI	
		Duty roster of Paramedics is prepared, updated and communicated		RR/SI	
		Duty roster of Cleaning staff is prepared, updated and communicated		RR/SI	
		Duty roster of security staff is prepared, updated and communicated		RR/SI	
		There is provision of Rotatory posting of staff		RR/SI	
		Facility has established line of reporting for clinical and administrative staff		RR/SI	
ME D11.3	The facility ensures adherence to dress code as mandated by the administration	Facility has policy for dress code for different cadre of hospital		RR/SI	
		I Cards have been provided to staff		OB	
		Name plate have been provided to staff		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	Valid contract for disposal for Bio Medical Waste with common treatment facility		RR	
		Selection of outsourced agencies done through competitive tendering system		RR	
		Eligibility criteria is explicitly defined as per terms of reference		RR	
		There is system to make payment as per adequacy and quality of services provided by the vendor		RR	Check for that Contract document has provision for dedication of payment if quality of services is not good
		Payment to the outsourced services are made on time		RR	
ME D12.2	There is a system of periodic review of quality of outsourced services	Facility has defined criteria for assessment of quality of outsourced services		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Regular monitoring and evaluation of staff is done against defined criteria		RR	
		Actions are taken against non compliance/deviation from contractual obligations		RR/SI	
		Records of blacklisted vendors are available with facility		RR	
AREA OF CONCERN - E: CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients**				
ME E1.3	There is established procedure for admission of patients	Facility ensures that there is process for admission of patients after routine working hours		RR/SI	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Facility updates daily availability of vacant patient beds in different in door units		RR/SI/PI	
		Facility has established plan for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak		RR/SI	
		Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure		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	Facility has established policy for co ordination and handover during interdepartmental transfer		RR/SI	
		There is a policy 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	There is policy for referral of patient for which services cannot be provided at the facility		RR/SI	
		Facility maintains a list of higher centres where patient can be managed		RR/SI	
		Facility ensures the referral patient to public healthcare facilities		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Facility defines and communicates referral criteria for different departments		RR/SI	
		There is system to check that patient are not unduly referred for the services those can be available at the facility		RR/OB	
ME E3.4	The facility is connected to medical colleges through telemedicine services	There is functional telemedicine centre		OB	
		Telemedicine services are utilized for continual medical education		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 policy for identification of patient before any clinical procedure		RR/SI	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a policy for ensuring accuracy of verbal/telephonic orders		RR/SI	
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Hospital has policy for patient hand over during shift change		RR/SI	
ME E4.4	Nursing records are maintained	Hospital has policy for maintaining nursing records		RR/SI	
ME E4.5	There is procedure for periodic monitoring of patients	There is policy for periodic monitoring of patient		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	Hospital identify and communicate the category of patient considered as vulnerable		OB/SI	
ME E5.2	The facility identifies high risk patients and ensures their care, as per their need	Hospital identify and communicate the category of patient considered as high risk		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	Facility has policy and enabling order for prescribing drugs in generic drug only		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E6.2	There is procedure of rational use of drugs	Facility provides adequate copies of STG to respective department		SI/RR	
		Facility maintains a list of updated version of STG		RR	
		Facility provides training on use of STG		SI/RR	
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.3	There is a procedure to check drug before administration/ dispensing	Facility has policy for reporting of adverse drug reaction		RR/SI	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patient's clinical records and their storage**				
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Hospital has policy for retention period for different kinds of records		RR	
		Hospital has policy for safe disposal of records		RR	
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	Hospital has prepared disaster plan		RR	
		Disaster management committee has been constituted		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/RR	
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	Facility has established procedure for reporting and follow up of AEFI		SI/RR	
		Staff is trained for detecting, managing and reporting of AEFIs		SI/RR	
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 F1.1	The facility has functional infection control committee	Infection control committee is constituted at the facility		SI/RR	
		ICC is approved by appropriate authority		SI/RR	
		Roles and responsibilities are defined and communicated to its members		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		ICC meets at periodic time interval		SI/RR	
		Records of Infection control activities are maintained		SI/RR	
ME F1.2	The facility has provision for passive and active culture surveillance of critical & high risk areas	Facility has in-house/ linkage with microbiology lab for culture surveillance		SI/RR	
		There is defined format for requisition and reporting of culture surveillance		SI/RR	
		Reports of culture surveillance are collated and analyzed		SI/RR	
		Feedback is given to the respective departments		SI/RR	
ME F1.3	The facility measures hospital associated infection rates	Sample are taken for culture to detect HAI in suspected cases		SI/RR	
		There is defined criteria and format for reporting HAI based on clinical observation		SI/RR	
		Reports from different departments are collated and analyzed		SI/RR	
		Feedback is given to the respective departments		SI/RR	
ME F1.4	There is provision of periodic medical check-ups and immunization of staff	Records of immunization available		SI/RR	
		Records of medical check-ups are available		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	There is designated person for coordinating infection control activities		SI/RR	Infection control nurse
		There is defined format/ checklist for monitoring of hand washing and infection control practices		SI/RR	
ME F1.6	The facility has defined and established antibiotic policy	Facility has antibiotic policy in place		SI/RR	
		There is system for reporting Anti Microbial Resistance within the facility		SI/RR	
		Antibiotic policy includes plan for identifying, transferring, discharging and readmitting patients with specific antimicrobial resistant pathogen		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Policy includes rational use of Antibiotics		SI/RR	
		Standard treatment guidelines are followed while developing Antibiotic Policy		SI/RR	
		There is procedure for periodic Laboratory Surveillance for Antibiotic Resistance		SI/RR	
		Facility measures the Antibiotic Consumption Rates		SI/RR	
Standard F2	**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	Facility ensures uninterrupted and adequate supply of antiseptic soap and alcohol hand rub in all departments		SI/RR	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Check for the records that training have been provided		SI/RR	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Facility ensures uninterrupted and adequate supply of antiseptics		SI/RR	
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	Availability of heavy duty gloves for cleaning staff		OB/SI	
		Availability of gum boats for cleaning staff		OB/SI	
		Availability of masks for cleaning staff		OB/SI	
		Availability of apron for cleaning staff		OB/SI	
		Facility ensure adequate and regular supply of personal protective equipments		SI/RR	
ME F3.2	The facility staff adheres to standard personal protection practices	There is policy for judicious use of personal protective equipments specially sterile gloves		SI/RR	
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	Facility ensures adequate supply of disinfectant at the point of use		SI/RR	Disinfectant like hypochlorite, bleaching powder etc.
		Staff is trained for preparation of disinfectant solution		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	Facility ensures the availability of good quality disinfectant and cleaning material		SI/RR	
ME F5.4	The facility ensures segregation of infectious patients	Hospital has policy for identification and segregation of infectious patient		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	Facility ensures adequate and regular supply of non chlorinated colour coded liners		SI/RR	
		Separate bins for recyclable and biodegradable waste are available			Check adequacy in patient care and administrative areas. Also check there is no mixing of waste
		There is established procedure for daily monitoring of proper segregation of Bio Medical Waste by a designated person		SI/RR	
		Bar code system for the bags or containers containing BMW			
ME F6.2	Facility ensures management of sharps as per guidelines	Facility ensures supply of puncture proof containers and needle cutters		SI/RR	Containers are puncture proof, leak proof and temper proof
		Facility ensures availability of post exposure prophylaxis drugs		SI/RR	
		There is system for reporting of needle stick injuries		SI/RR	
ME F6.3	The facility ensures transportation and disposal of waste, as per guidelines	Facility has secured designated place for storage of Bio Medical Waste before disposal		SI/OB	
		BMW is stored in lock and key		SI/OB	Check there is no scope for unauthorized entry
		Log book/Record of waste generated is maintained on day to day basis		RR	Check records are being displayed monthly on its web site
		No signs of burning within the premises		OB	
		Check infectious liquid waste is not directly drained in to municipal sewerage system		OB	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Display of Bio Hazard sign at the point of use		OB	
		Infectious Waste is not stored for more than 48 hours		RR	
		Disposal of anatomical waste as per BMW rule		OB/SI/RR	Preferably by CTWF/in-house deep burial pits/ In house incinerator with prior approval
		Disposal of solid waste as per BMW rule		OB/SI/RR	Preferably by CTWF/ Deep burial/in absence of above autoclaving or micro waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding
		Disposal of sharp waste as per BMW rule		OB/SI/RR	Preferably by CTWF/ autoclaving or dry heat sterilization followed by shredding or mutilation or encapsulation in metal contained or cement concrete
		Disposal of contaminated waste (recyclable) as per BMW rule		OB/SI/RR	Preferably by CTWF/ Autoclaving or microwaving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding
		Disposal of glassware and metallic body implants (Blue)			Preferably By CTWF/ disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving
		Annual report to the pollution control board is submitted		RR	
		Biomedical waste transported in authorized vehicle		OB/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	District Quality Team for district hospitals are Constituted		SI/RR	Check for office order by designated authority

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is designated person for coordinating overall quality assurance program at the facility		SI/RR	Hospital Manager
		There is designated head of the quality team		SI/RR	MS
		Team members are aware of their respective responsibilities		SI/RR	
ME G1.2	The facility reviews quality of its services at periodic intervals	Quality team meets monthly and reviews the quality activities		SI/RR	
		Minutes of meeting are recorded		RR	
		Results for internal/ external assessment are discussed in the meeting		SI/RR	Check the meeting records
		Hospital performance and indicators are reviewed in meeting		SI/RR	Check the meeting records
		Progress on time bound action plan is reviewed		SI/RR	Check the meeting records
		Follow up actions from previous meetings are reviewed		SI/RR	Check the meeting records
		Resource requirement and support from higher level are discussed		SI/RR	Check the meeting records
		Quality team reviews that all the services mentioned in RMNCHA are delivered as per guideline		SI/RR	
		Quality team reviews that all the services mentioned in National Health Program are delivered as per guideline		SI/RR	
		Resolution of the meeting are effectively communicated to hospital staff		SI/RR	Check how resolution are communicated to staff
		Quality team reports regularly to DQAC about Key Performance Indicators		SI/RR	
		Quality team updates DQAC about internal assessment results and action taken		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	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	There is person designated to coordinate satisfaction survey		SI/RR	
		Patient feedback form are available in local language		RR	
		Adequate sample size is taken to conduct patient satisfaction		RR	
		There is procedure to conduct employee satisfaction survey at periodic intervals		RR	
ME G2.2	The facility analyzes the patient feedback, and root-cause analysis	There is procedure for compilation of patient feedback forms		RR	
		Patient feedback is analyzed on monthly basis		RR	Overall department wise/ attribute wise score are calculated
		Root cause analysis is done for low performing attributes		RR	
		Results of patient satisfaction survey are recorded and disseminated to concerned staff		RR/SI	
		There is procedure for analysis of Employee satisfaction survey		RR	
		There is procedure for root cause analysis of employee satisfaction survey		RR	
ME G2.3	Facility prepares the action plans for the areas of low satisfaction	There is procedure for preparing Action plan for improving patient satisfaction		RR/SI	
		There is procedure to take corrective and preventive action		RR/SI	
		There is procedure for preparing action plan for improving employee satisfaction		RR/SI	
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	Daily round schedule is defined and practiced		SI/RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G3.2	The facility has established external assurance programmes at relevant departments	External Quality assurance is done on defined interval by DQAC		SI/RR	
		External Quality assurance is done on defined interval by SQAC		SI/RR	
ME G3.3	The facility has established system for use of checklists in different departments and services	There is system for reviewing departmental checklist and taking appropriate action		SI/RR	At departmental/Hospital Level
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	Hospital has documented Quality system manual		RR	
		Hospital has Records of distribution of Standard operating procedure		RR	
		Hospital has system for periodic review of the standard procedures as and when required		RR	
ME G4.2	Standard Operating procedures adequately describe process and procedures	Hospital has documented system for Internal audits at defined intervals		RR	
		Hospital has documented procedure for control of documents and records		RR	
		Hospital has documented procedure for defining Quality objectives		RR	
		Hospital has documented procedure for action planning		RR	
		Hospital has documented procedure for training and CMEs of hospital staff at defined intervals		RR	
		Hospital has documented procedure for monthly review meeting		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check Staff is trained for relevant part of SOPs		SI/RR	Check for the training records
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	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 audit plan is prepared		RR/SI	
		Internal audit schedule is prepared		RR/SI	
		Internal Assessors are identified		RR/SI	
		Training of internal assessors is done		RR/SI	
		There is process of communicating about the assessment to concerned departments		RR/SI	
		Records of internal assessment are maintained		RR/SI	
		Person is designed for coordinating internal assessment		RR/SI	
ME G6.2	The facility conducts the periodic prescription/medical/ death audits	There is established committee for reviewing maternal death		RR/SI	
		There is established committee for reviewing new born death		RR/SI	
		There is established committee for medical and death audit		RR/SI	
		Drug and therapeutic committee for Prescription audits		RR/SI	
		Medical audits are conducted at periodic interval		RR/SI	
		Death audits are conducted at periodic interval		RR/SI	Maternal and death audits are conducted as per guideline
		Prescription audits are conducted at periodic interval		RR/SI	
		There is predefined criteria and format for medical audit		RR/SI	
		There is predefined criteria and format for prescription audit		RR/SI	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is predefined criteria and format for death audit		RR/SI	
		Training has been provided for conducting medical and death audits		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment/audit process	Departmental Action plan is reviewed periodically		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	There is system to ensure that corrective and preventive action are taken timely		RR/SI	
Standard G7	**The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them**				
ME G7.1	The facility has defined mission statement	Check if mission statement has been defined adequately		SI/RR	Mission statement should define the purpose, target users and long term goal of facility. Mission should be defined in consultation with stakeholders and duly approved by head of facility. Mission should be in coherence with the stated mission of State health department and National Health Mission
ME G7.2	The facility has defined core values of the organization	Check if core values of the facilities have been defined		SI/RR	Check if core values of organization such as non discrimination, transparency, ethical clinical practices, competence etc. have been defined
ME G7.3	The facility has defined Quality policy, which is in congruency with the mission of facility	Check if Quality Policy has been defined and approved		SI/RR	Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department
ME 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 Statement	Checkpoint	Compli-ance	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 G7.6	The facility prepares strategic plan to achieve mission, quality policy and objectives	Check if plan for implementing quality policy and objectives have been prepared		SI/RR	Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management
ME 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	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	The facility uses tools for quality improvement in services	Basic tools of Quality		SI/RR	
		Prateo/Priorization		SI/RR	
		Gantt Chart/Project Management		SI/RR	
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	Check for adequacy of Risk Management Framework		SI/RR	Review the risk management framework document. Check scope and objectives of the framework is contextual to the facility and criterion for identifying risk has been explicitly laid out
ME G9.2	Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions	Check if responsibilities for identifying and managing risk has been defined and communicated		SI/RR	Review risk management framework delineation of responsibilities amongst staff for identifying the risk in their work area and their management. Verify with the staff members if they are aware of their responsibilities

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G9.3	Risk Management framework includes process of reporting incidents and potential risk to all stakeholders	Check if process of reporting risks and hazards have been defined		SI/RR	Review risk management framework for process of reporting incidents including near miss and potential risks
ME G9.4	A comprehensive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared	Check if list of existing and potential risk have been prepared		SI/RR	Review risk management framework includes list of identified current and potential risks. These may included safety, strategic, financial, statutory, operational and environmental risks
ME G9.5	Modality for staff training on risk management is defined	Check training on risk management has been provided to key staff members		SI/RR	Verify with the training records. Training on risk management at least should be provided to person responsible for indemnifying and managing risks
ME G9.6	Risk Management framework is reviewed periodically	Check risk management framework is reviewed at least once in a year		SI/RR	Check with the records that quality team/risk management committee reviews the framework at least once in a year
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	Check if a valid risk management plan is available at the facility		SI/RR	Review the risk management plan document. Check it has been updated at lest once in a month and duly approved by the head of facility
ME G10.2	Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders	Check if risk management plan has been communicated to all stake holders		SI/RR	Ask staff if they are aware of key actionable points of risk management plan of their concerned areas. Check what measures hospital administration has taken for effective dissemination of risk management plan amongst staff members, outsource agencies and as well as concerned officials in district and state health administration
ME G10.3	Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders	Check if risk assessment checklist is available with stakeholders		SI/RR	Check if facility has prepared assessment checklist for identifying risk on routine basis. This checklist has been disseminate to the staff members responsible for identifying and reporting risks

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G10.4	Periodic assessment for physical and electrical risks is done, as per defined criteria	Check if periodic assessment of Physical and electrical safety risk is done using the risk assessment checklist		SI/RR	Verify with the assessment records. Comprehensive of physical and electrical safety should be done at least once in three month
ME G10.5	Periodic assessment for potential disasters including fire is done, as per defined criteria	Check periodic assessment of potential disaster is done periodically		SI/RR	Check comprehensive assessment of both manmade and natural potential disaster is done at least once in year
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	Check if Peridic assessment of violence risks is done		SI/RR	Verify with records. At least once in year and whenever a major incident has occurred
ME G10.8	Risks identified are analyzed, evaluated and rated for severity	Check if various risks identified during the risk assessment process are formally evaluated		SI/RR	Risk identified should be listed and evaluated for their security and frequency for occurrence. A risk severity score/ grade should be give to each risk identified and according gaps should be rated. Verify with the records
ME G10.9	Identified risks are treated based on severity and resources available	Check if risk have high severity are prioritized.		SI/RR	Check risks are prioritized base on their severity rating. Verify with the records
ME G10.10	A risk register is maintained and updated regularly to record identified risks, their severity and actions to be taken	Check if a risk register is maintained		SI/RR	Check hospital administration/ responsible committee maintains a risk register which risk identified, their severity, action to be taken to mitigate risk and follow up action. Check if risk register share been updated timely
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	
		No. of total admissions per thousand population		RR	
		IPD per thousand population		RR	
		OPD consultation per Thousand Population		RR	

Reference No.	Measurable Statement	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Number of beds per 10 thousand		RR	
		Maternal mortality per 1000 deliveries		RR	
		Neonatal mortality per 1000 live births		RR	
		Nurse to bed ratio		RR	
		No. of meeting held under RKS		RR	
		Proportion of BPL patient in hospital		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	Overall Referral Rate		RR	
		Overall discharge rate		RR	
		Proportion of obstetric cases out of total IPD		RR	
		Proportion of fund/grant utilized		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		RR	
		Crude mortality rate		RR	
		Maternal mortality per 1000 deliveries		RR	
		Neonatal mortality per 1000 live births		RR	
		Hospital acquired infection rate		RR	Surgical Site, Device related hospital acquired infection rate
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National Benchmark**				
ME H4.1	The facility measures Service Quality Indicators on monthly basis	Overall LAMA Rate		RR	
		Patient satisfaction Score IPD		RR	
		Staff Satisfaction Score		RR	
		Turn over rate of contractual staff		RR	

ASSESSMENT SUMMARY

Name of the Hospital ..... Date of Assessment .....

Names of Assessors ..... Names of Assessees .....

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

A. SCORE CARD

GENERAL ADMINISTRATION SCORE CARD	
Area of Concern wise score	**General Administration 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 _____

ANNEXURES

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 issensitive 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 withindividuals 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/Ecalmpsia
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	8 Area of Concerns 70 Standards 315 Measurable Elements 18 Checklists	8 Area of Concerns 74 Standards 362 Measurable Elements 19 Checklists
Standards Added		**STANDARD B6:** The facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities. **STANDARD C7:**The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff. **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.
Measurable Elements Added		**UNDER STANDARD A4:** **ME A4.12:** The facility provides services as per Rashtriya Bal Swasthya Karyakram. **UNDER STANDARD B6:** **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 withindividuals 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.

Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
		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 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. **UNDER STANDARD C7:** **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. **UNDER STANDARD E18:** **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 E18.5:** The facility staff adheres to standard protocols for identification and management of Pre Eclampsia/Ecalmpsia **ME E18.6:** The facility staff adheres to standard protocols for identification and management of PPH.

Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
		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 E18.11:** The facility ensures physical and emotional support to the pregnant women by means of birth companion of her choice. **UNDER STANDARD E19:** **ME E19.3:** The facility staff adheres to protocol for ensuring care of newborns with small size at birth. **UNDER STANDARD E20:** **ME E20.5:** Management of neonatal sepsis is done as per guidelines. **ME E20.6:** Management of children with Severe Acute Malnutrition is done as per guidelines. **ME E20.10:** The facility ensures optimal breast feeding practices for new born & infants, as per guidelines. **UNDER STANDARD G9:** **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. **UNDER STANDARD G10:** **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.

Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
		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 identify risks, their severity and action to be taken.
Measurable Elements Deleted/ Shifted	**UNDER STANDARD C4:** **ME C4.6:** The staff has been provided required training/skill sets. **ME C4.7:** The Staff is skilled as per job description. (Added under Standard C7) **UNDER STANDARD E9:** **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) **UNDER STANDARD E16:** **ME E16.3:** The facility has standard operating procedure for end of life support. (Rephrased and added under Me B6.6) **UNDER STANDARD E18:** **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) **ME E18.3:** There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services. **UNDER STANDARD H1:** **ME H1.2:** The Facility measures equity indicators periodically. (Added as a checkpoint under ME H1.1)	Shifted under ME C7.9 Shifted under ME C7.8, C7.9, C7.10 & C7.11 Shifted under ME B6.7 Shifted under ME B6.6 Shifted under ME E18.1, E18.2 & E18.3 Shifted under ME E18.5, E18.6 & E18.7
Standards Rephrased	**ME E18.4:** There is an established procedure for new born resuscitation and newborn care. **ME E19.1:**Post partum care is provided to the mothers. **ME E19.3:** There is an established procedure for Post partum counselling of mother. **ME E20.4:** Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines.	**ME E18.10:** There is an established protocol for newborn resuscitation and it is followed at the facility. **ME E19.1:** The facility staff adheres to protocol for assessments of condition of mother and baby and provide adequate postpartum care. **ME E19.2:** The facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding. **ME E20.4:** Management of neonatal asphyxia is done as per guidelines

Reference	National Quality Assurance Standards, 2013	National Quality Assurance Standards, 2018
	ME G6.5: Corrective and preventive actions are taken to address issues, observed in the assessment & audit. **ME G7.1:** The facility defines its quality policy. **ME G7.2:** The facility periodically defines its quality objectives and key departments have their own objectives. **ME G7.3:** Quality policy and objectives are disseminated and staff is aware of that. **ME G7.4:** Progress towards quality objectives is monitored periodically. **ME H1.3:** Facility ensures compliance of key productivity indicators with National/State Benchmarks. **ME H2.2:** Facility ensures compliance of key efficiency indicators with National/State Benchmarks. **ME H3.2:** Facility ensures compliance of key Clinical Care & Safety with National/State Benchmarks. **ME H4.2:** Facility ensures compliance of key Service Quality with National/State Benchmarks.	**ME G6.5:** Planned actions are implemented through Quality improvement cycle (PDCA). **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. **ME H1.2:** The facility endeavours to improve its Productivity Indicators to meet benchmarks. **ME H2.2:** The facility endeavours to improve its Efficiency Indicators to meet benchmarks. **ME H3.2:** The facility endeavours to improve its Clinical & Safety Indicators to meet benchmarks. **ME H4.2:** The facility endeavours to improve its Service Quality Indicators to meet benchmarks.

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 & Tetnus
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 Encephalophaty
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 Hemaglutination 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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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
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15	Bio Medical Waste Management	Standard F6
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18	C- Section ME	E18.2
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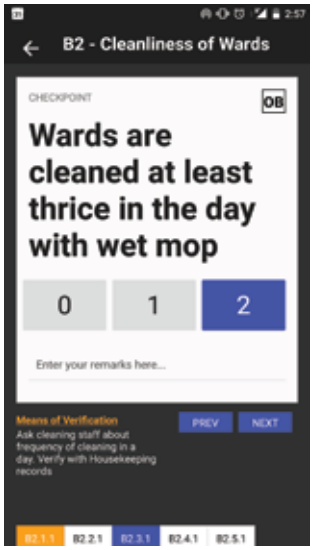
TOOLS FOR QUALITY ASSESSMENT & APP FOR KAYAKALP

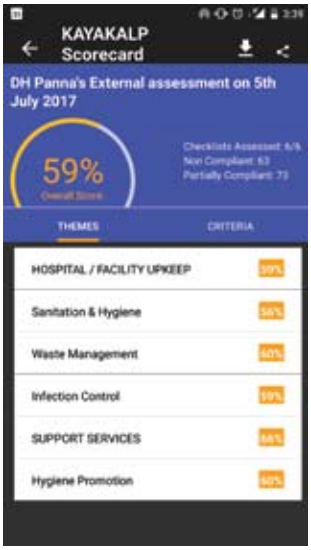
Steps to access the NQAS tool (DH Checklist, 2018)

- 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.nhsrcindia.org

Gunak - Guide for NQAS and Kayakalp





- Preloaded digital checklists for Kayakalp & National Quality Assurance Standards & LaQshya.
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