



Ensuring Child Friendly Services in Public Health Facilities

**MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA**

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**National Quality Assurance Standards
and Assessment Tools for
Community Health Centres**

MusQan

Community Health Centres

Checklist for Paediatric Outdoor Patient Department

Assessment Summary			
Name of the Hospital :		Date of Assessment :	
Names of Assessors :		Names of Assesses :	
Type of Assessment (Internal/External) :		Action plan Submission Date :	
OPD Score Card			
Area of Concern Wise Score			MusQan OPD Score
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		
Major Gaps Observed			
1			
2			
3			
4			
5			
Strengths / Good Practices			
1			
2			
3			
4			
5			
Recommendations/ Opportunities for Improvement			
1			
2			
3			
4			
5			
Signature of Assessors :			
Date :			

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Checklist for Paediatric OPD

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility Provides Curative Services					
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic		SI/OB	(1) Dedicated Paediatric Clinic for diagnosis and treatment on ambulatory basis for common childhood ailments (2) Screening for admission (3) Follow up for care & care after discharge	
		Availability of services for early identification and intervention of 4 D's		SI/OB	Established linkage with DEIC (referral)	
ME A1.5	The facility provides Ophthalmology Services	Availability of functional Ophthalmology Clinic		SI/OB	1. Dedicated Clinic providing consultation services (shared with main OPD) 2. Check records for no. of paediatric cases seen in past three months	
		Availability of OPD eye care procedures		SI/OB	Vision Testing, early detection of visual impairment, Intraocular Pressure Measurement	
ME A1.6	The facility provides Dental Treatment Services	Availability of functional Dental Clinic		SI/OB	1. Dedicated Clinic providing consultation services (shared with main OPD) 2. Check records for no. of paediatric cases seen in past three months	
		Availability of OPD Dental procedure		SI/OB	1. Dedicated Clinic providing consultation services (shared with main OPD) 2. Check records for no. of paediatric cases seen in past three months	
ME A1.7	The facility provides AYUSH Services	Availability of Functional Ayush clinic		SI/OB	1. Dedicated Clinic providing consultation services accompanied by dispensary 2. Check records for no. of paediatric cases seen in past three months	
ME A1.8	The facility provides services for OPD procedures	Availability of Dressing facilities at OPD		SI/OB		
		Availability of Injection room facilities at OPD		SI/OB		
ME A1.9	Services are available for the time period as mandated	Check OPD Services are available atleast for 6 hours		SI/RR		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Check emergency services are provided to paediatric cases even after OPD hrs		SI/RR	(1) Functional linkage with SNCU for all newborns (upto 28 days) (2) Functional linkage with emergency department for paediatric triage - assessment & stabilization	
ME A1.10	The facility provides Accident & Emergency Services	Availability of services for ETAT		SI/OB	Linkage with emergency department and inpatient services	
		Availability of services for sexually assaulted child		SI/OB	Provide first aid services, medical treatment & inform the police	
Standard A2	Facility provides RMNCHA Services					
ME A2.3	The facility provides New-born health Services	Availability of immunization services		SI/OB	Availability of Functional immunization clinic	
ME A2.4	The facility provides Child health Services	Routine and emergency care of sick children.		SI/OB		
		Availability Functional IYCF clinic		SI/OB	Assessment of physical growth & immunisation status and age-appropriate nutritional counselling services	
		Availability of promotion services of overall growth and development of children		SI/OB	Provision of health education, health & nutrition counselling	
Standard A3	Facility Provides diagnostic Services					
ME A3.1	The facility provides Radiology Services	Availability of Functional Radiology Services		SI/OB	Hassle free diagnostic services are available for paediatric cases	
ME A3.2	The facility Provides Laboratory Services	Availability of functional laboratory services		SI/OB	Availability of a dedicated Lab technician for sample collection of paediatric cases	
ME A3.3	The facility provides other diagnostic services, as mandated	Functional ECG Services are available		SI/OB		
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme					
ME A4.15	The facility provides services as per Rashtriya Bal Swasthya Karykram	Screening and early detection of 4 Ds		SI/RR	Linkage with lower facilities, MMU, school health programme for management of 4 D's	
Standard A5	Facility provides support services and administrative services					
ME A5.3	The facility provides security services	Availability of security services		SI/OB	Staff allocated responsibility of paediatric OPD	
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	Staff allocated responsibility of paediatric OPD	
ME A5.6	The facility provides pharmacy services	Availability of drug storage and dispensing services		SI/OB	Dedicated drug dispensing counter for paediatric OPD	
Standard A6	Health services provided at the facility are appropriate to community needs.					
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Special Clinics are available for local prevalent diseases		SI/OB	Ask for the specific local health problems/ diseases. i.e. arsenic poisoning, endosulfane, haemophilia, Acute encephalitis Syndrome (AES) in children etc.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	Area of Concern - B Patient Rights					
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities					
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signages		OB	1. Numbering, main department and internal sectional signage are placed. 2. Directional signages are available clearly indicating the paediatric OPD and its ancillary areas vis a vis counselling room, immunization room, breastfeeding corner, lab etc.	
		Display of layout/floor directory		OB	The layout should indicate the paediatric services vis a vis examination room, consultation room, immunisation, IYCF counselling, drugs dispensing, lab, imaging, emergency, SNCU, paediatric wards etc very clearly	
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	1. List of Available Paediatric OPD Clinic/s 2. Timing for OPD (opening and closing) 3. Important numbers like ambulance, blood bank etc 4. Turn around time for investigation, 5. grievance re addressal are displayed	
		Names of doctor on duty is displayed and updated		OB	Name of doctor, Nurse and Counsellor on duty are displayed and updated.	
		Entitlement under JSSK, RBSK, PMJAY and other schemes are displayed		OB	Relevant national or state guidelines are followed for provision of diagnostics, drugs, treatment of children.	
		Important numbers like ambulance are displayed		OB		
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter		OB	Check Citizen charter includes : 1. Services available at the facility 2. Timings of different services available 3. Rights of Patients 4. Responsibilities of Patients and Visitors 5. Beds available 6. Complaints and Grievances Mechanism 7. Mention of Services available on payment if any 8. Help desk number 9. Cycle time for Critical Processes	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	User charges if any, are displayed and communicated to parent-attendants.	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breastfeeding, Immunization schedule, Management of diarrhoea using Zn & ORS, SAANS campaign, nutrition requirement of children , KMC and hand washing etc	
		No display of poster/ placards/ pamphlets/ videos in any part of the Health facility for the promotion of breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in Immunization, paediatric OPDs , waiting areas etc. 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	Check all information are available in local language	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB	Enquiry /help desk is available with staff fluent in local language and well versed with hospital layout and processes	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	OPD slip is given to the patient		RR/OB	UID is ensured for all patients	
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 access, social, economic, cultural or social status.					
ME B2.1	Services are provided in manner that are sensitive to gender	Separate toilets for male and female		OB	For parent attendant and children seperately marked	
		Availability of female staff if a male doctor examines a female patients		OB	1. Due care is taken in examining older female child (she should be examined in the presence of a parents/ relative or a female staff. 2. Examination of mother for lactation support is also provided ensuring complete privacy and dignity	
		Availability of Breast feeding corner		OB	Safe, secure, clean and calm environment is available for breastfeeding	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Registration to drug processes are hassle free.		OB	Check computerised registration, token system for queuing and patient calling system with electronic display are available to systematise outpatient consultation.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of Wheel chair or stretcher for easy Access to the OPD		OB	Dedicated wheelchair / stretchers are available for paediatric patients.	
		Availability of ramps with railing		OB	Atleast 120 cm width, gradient not steeper than 1:12	
		There is no over crowding during OPD hours		OB	Preferably have digital public calling system for patients	
		Availability of differently abled friendly toilets		OB	Wide , placed at lower level, supported with bars & door of toilet is opening outside	
		Availability of children friendly toilet		OB	Children friendly- two WC and a washbasin should be reserved for children visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).	
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/ / curtain at Examination Area		OB	Curtain/screen are available in examination area	
		Availability of screen/ curtain at breastfeeding corner		OB	(1) Secondary curtain/ screen is used to create a visual barrier in breastfeeding area (2) Curtains/frosted glasses at windows for maintaining privacy	
		One Patient is seen at a time in clinics		OB	Only patient and the parent-attendant are permitted inside the clinic	
		Privacy at the counselling room is maintained		OB	Privacy (verbal and visual) of mother/parent is ensured while providing counselling services	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Records are placed at secure place beyond access to general staff and visitor		SI/OB	1. No information regarding patient / parent identity is displayed 2. Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
ME B3.3	The facility ensures that behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language for patient or parent-attendant	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
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 health conditions having social stigma are maintained		SI/OB	Check if HIV/leprosy/abuse cases etc is not explicitly written on case sheets/slips and avoiding any means by which they can be identified in public	
Standard B4	Facility has defined and established procedures for informing patients about their medical conditions and involving them in treatment planning, and facilitates informed decision making					
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent is taken from parent/guardian before any investigation		SI/RR	Explained about the whole process	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.		OB	Patient 's rights & responsibilities are displayed (may be shared with main hospital)	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Parent- attendant is informed about the clinical condition and treatment been provided		PI	Ask parent attendants/ guardians about what they have been communicated about the clinical condition and treatment plan .	
		Pre and Post procedure counselling is given		SI/PI/RR	Parent attendant/guardians are counselled before conducting a test, imaging, immunisation or any procedure. Ask parents if they have been counselled about the process and requirement.	
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	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution	
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.					
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free OPD Consultation		PI/SI	For JSSK, RBSK, PMJAY entitlement or any relevant national and state guideline	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	Ask parent attendants/ guardians if they purchased any drug/consumable from outside	
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	Ask parent attendants/ guardians if they got any diagnostic investigation done from outside	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME B5.4	The facility provides free of cost treatment to Below poverty line patients without administrative hassles	Free OPD Consultation for BPL patients		PI/SI/RR		
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR		
Area of Concern - C Inputs						
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms					
ME C1.1	Departments have adequate space as per patient or work load	Clinics have adequate space for consultation and examination		OB	a. Adequate Space in Clinic, ample space to seat 4-5 people b. The room has handwashing facility .	
		Availability of adequate waiting area		OB	a. Waiting area has adequate space and is adjacent or close to the paediatric clinic b. check ambience of the waiting area is child friendly vis a vis cartoon/animals/ flowers painting on the wall, child play zone with safe toys, puzzles, blocks, stacking bottle tops and swings.	
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement in waiting area		OB	a. As per average OPD at peak time b. Separate, movable, safe and comfortable chairs for children are available	
		Availability of sub waiting areas at separate clinics		OB	Separate seating arrangement for immunisation, IYCF Counselling centre, etc.	
		Availability of potable Drinking water		OB	See if it is easily accessible to the visitors	
		Availability of functional toilets		OB	Two WC and a washbasin should be reserved for children visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).	
ME C1.3	Departments have layout and demarcated areas as per functions	There is designated area for registration		OB	Facility takes effort to ensure hassle free registration	
		Dedicated examination area is provided with each clinics		OB	Examination table along with foot steps	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Demarcated area for the assessment and examination of medico-legal cases		OB	Such as rape/sexual assault survivors in OPD / Linkage with emergency	
		Demarcated dressing area /room & Injection Room		OB	Can be shared with main OPD	
		Demarcated immunization room for children		OB		
		Dedicated IYCF Counselling Centre		OB	Check availability of IYCF room	
		Availability of clean and dirty utility room		OB		
		Demarcated trolley/ wheelchair bay		OB	Available separately for children	
		OPD has a separate entry and exit from IPD and Emergency		OB		
		Demarcated Drug dispensing counter for paediatric patients		OB	Demarcated window / counter for drug dispensing of pediatric patients	
		Check paediatric complex/services are away from isolation and restricted area		OB	TB clinic Isolation room, radiology deptt. etc.	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors at OPD are broad enough for movement of stretcher & trolleys		OB	Corridor should be wide enough so that 2 stretchers can pass simultaneously	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	Check availability of functional telephone and intercom connections	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services		OB	Layout of OPD shall follow functional flow of the patients, e.g.: Enquiry Registration Waiting Sub-waiting Clinic Dressing room/ Injection Room Diagnostics (lab/X-ray) Pharmacy Exit	
		All OPD clinics and related auxiliary services are co located in one functional area		OB	Paediatric OPD clinic, emergency, immunisation room, IYCF counselling centre, Pharmacy/drug dispensing counter and any other	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard C2	The facility ensures the physical safety including Fire safety of the infrastructure.					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured.		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured	
ME C2.2	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires.		OB	a. Switch Boards other electrical installations are intact. B. Check adequate power outlets have been provided as per requirement of electric appliances and c. Electrical points are out of reach of children	
ME C2.3	Physical condition of buildings are safe for providing patient care	Floors of the OPD are non slippery and even		OB		
		Paediatric OPD complex is safe and secure		OB	Open spaces are properly secured to prevent fall and injury	
		Windows have grills and wire meshwork		OB		
ME C2.4	The facility has plan for prevention of fire	OPD has sufficient fire exits to permit safe escape to its occupant in case of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points .	
ME C2.5.	The facility has adequate fire fighting Equipment	OPD has installed fire Extinguisher to fight Type A/B/C Fire		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned.	
ME C2.6.	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		OB	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)	
Standard C3	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load					
ME C3.1	The facility has adequate specialist doctors as per service provision	Availability of paediatric specialist at OPD time		OB/RR	a. As per patient load b. 1 for every 50-60 cases; c. Check for specialist are available at scheduled time	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor		OB/RR	a. As per patient load b. Trained in paediatric care	
ME C3.3.	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	a. As per patient load At Injection room, OPD Clinics, immunisation room, IYCF Counselling room as Per Requirement	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME C3.4	The facility has adequate technicians/ paramedics as per requirement	Availability of paramedic at dressing room		OB/SI	1 with each doctor where children are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged. Check dedicated staff is also available with IYCF counselling centre	
		Availability of staff for lab		SI/RR	A dedicated Lab technician for sample collection of paediatric cases	
		Availability of Nutrition Counsellor		SI/RR	A Nutrition Counsellor/IYCF counsellor are appointed to manage this centre and is available for fixed hours (coinciding with timing of outpatient services) to counsel and address referral cases.	
		Availability of technician/ Assitant		SI/RR	Ophthalmic assistant, Dental technician (As per patient load & Shared with main hospital) a. Check services are available for paediatric cases , b. Check record how many paediatric cases have availed services in last three months	
ME C3.5	The facility has adequate support / general staff	Availablity of house keeping staff & security guards		SI/RR	Dedicated staff for paediatric opd	
		Availability of registration clerks as per load		SI/RR		
ME C3.6	The staff has been provided required training / skill sets	Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management & Infection control and hand hygiene, Patient safety	
		Training on IYCF		SI/RR	Especially for lactation failure or breast problems like engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV positive mothers. At least two service providers trained in advanced lactation management and IYCF counselling skills should be available to deal with difficult and referred cases.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Training for RBSK		SI/RR	screening, diagnosis , management and referral	
		Training on F-IMNCI		SI/RR	Emergency triage, Resuscitation, monitoring & stabilization	
		Training on Quality Management		SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of checklist for quality improvement	
ME C3.7	The Staff is skilled as per job description	Check the competency of staff to use OPD equipment like BP apparatus etc.		SI/RR		
		Counsellor is skilled for counselling		SI/RR		
		Staff is skilled for maintaining clinical records		SI/RR		
		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	
		Check facility has system of on job monitoring and training		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 still gaps	
Standard C4	Facility provides drugs and consumables required for assured list of services.					
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of injectable in injection room		OB/RR	ARV, TT	
		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		OB/RR	As per State EDL	
		Eye and ENT drops		OB/RR	As per State EDL	
		Anti allergic		OB/RR	As per State EDL	
		Drugs acting on Digestive system		OB/RR	As per State EDL	
		Drugs acting on respiratory system		OB/RR	As per State EDL	
		Other drugs and materials		OB/RR	As per State EDL	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of vaccine as per National Immunization Program		OB/RR	As per Immunization schedule	
ME C4.2	The departments have adequate consumables at point of use	Availability of disposables at dressing room and clinics		OB/RR	Examination gloves, Syringes, Dressing material, suturing material	
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained in immunization room		OB/RR	AEFI Kit - 1 mL ampoule of adrenaline (1:1000) – 3 nos., 1 mL tuberculin syringes / 40 unit insulin syringes without fixed needles, 24/25 G needles of 1 inch length, Swabs. Newborn resuscitation kit - Suction catheter (5F, 6F, 8F, 10F) , bag and mask, laryngoscope, endotracheal tubes(2.5, 3, 3.5, 4 and stylets, umbilical catheters , three way stop check	
		Emergency Drug Tray is maintained at injection cum treatment room in OPD			Normal Saline (NS), Glucose 25%, Ringer Lactate (RL), Dextrose 5%, Potassium Chloride, Calcium Gluconate, Sodium Bicarbonate, Inj Pheniramine, Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate , Inj Phenobarbitone, Inj Phenytoin, Inj Diazepam, Inj Midazolam, Salbutamol Respiratory, Ipratropium Respirator solution for use in nebulizer, Inj Dopamine, I.V Infusion set, I.V Cannula (20G/22G/24G/26G) & Nasal Cannula (Infant, Child, Adult) & oxygen	
Standard C5	The facility has equipment & instruments required for assured list of services.					
ME C5.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments for examination & Monitoring		OB	Non-invasive blood pressure monitoring (Paediatric and adult cuffs) -1 each, thermometer, Weighing scales (digital) for infants and children (1 each), stethoscope (paediatric), Stadiometer, Infantometer , Measuring tape	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of functional equipment & Instruments for paediatric clinic		OB	Spatula (disposable) -multiple torch Stethoscope (paediatric) Otoscope Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer	
		Availability of functional equipment & Instruments for IYCF nutrition counselling		OB	Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC tapes, Mother Child Protection Card, Dolls and breast models (such as for demonstrating expression of breastmilk), Steel bowl, spoon	
		Availability of functional Equipment/Instruments for emergency Procedures		OB	Self-inflating bags & mask with oxygen reservoir: newborn (250 ml), infant (500) & paediatric (750 mL), Newborn, Infant, child masks (00,0,1,2), Oxygen concentrator (if assured power supply) or oxygen cylinder (as backup) with regulator, pressure gauge and flow meter, Suction pumps (electric & foot operated), Nebuliser, Infusion pump, Laryngoscope handle and blades: curved 2,3; straight 1,2; handle 0 size, Pulse oximeter (adult / paediatric probes), Noninvasive blood pressure monitoring (infant, child cuffs)	
		Availability of functional Equipment/Instruments for Orthopaedic Procedures		OB	X ray view box, Equipment for plaster room	
		Availability of functional Instruments / Equipments for Ophthalmic Procedures		OB	Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart.	
		Availability of Instruments/ Equipments Procedures for ENT procedures		OB	Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument Set	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of functional Instruments/ Equipments for Dental Procedures		OB	Dental chair, Air rotor, Endodontic set, Extraction forceps	
		Availability of functional Equipment/Instruments of Physiotherapy Procedures		OB	Traction, Wax bath, Short Wave Diathermy, Exercise table Etc .	
ME C5.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrumental trolley, dressing trolley	
		Availability of equipment for maintenance of cold chain		OB	Deep freezer and ILR , insulated carrier boxes with ice packs	
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & disinfection		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush	
		Availability of equipment for sterilization		OB	Autoclave	
ME C5.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Spot light, electrical fixture for equipment, X ray view box	
		Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard, wheelchair, trolley, Almirah/ wall mounted cabinets (for storage of consumables, records) etc.	
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	1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown.	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	1.BP apparatus, thermometers, weighing scale etc. are calibrated. 2.Check for calibration records and next due date	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas					
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is process for indenting consumables and drugs in injection/ dressing room and immunization room		SI/RR	1. Requisition are timely placed (check with registers) 2. Monthly vaccine utilization including wastage report is updated 3. Stock level are daily updated	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Check drugs are available in paediatric doses/ formulation		OB/RR		
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	1. Check drugs and consumables are kept at allocated space in emergency tray and drugs dispensing counter 2. Drug shelves are labelled. 3. Look alike and sound alike drugs are kept separately 4. EARLY EXPIRY FIRST OUT (EEFO) is practised	
		Vaccine are kept at recommended temperature at immunization room		OB	1. Daily maintenance and cleanliness of cold chain equipment; 2. Twice daily temperature recording	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry & near expiry dates for injectable are maintained at injection and immunization room		OB/RR	Records for expiry and near expiry drugs are maintained for stored drugs	
		Expiry and near expiry dates are maintained at emergency drug tray and drug dispensing counter			Expiry dates against drugs are mentioned at emergency drug tray and drug dispensing counter	
		No expiry drugs found		OB/RR	At drug dispensing counter and emergency tray	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	Minimum reorder level is defined and buffer stock is kept	
		Department maintained stock and expenditure register of drugs and consumables		SI/RR	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is no stock out of vital and essential drugs		SI/RR	There is procedure for replenishing drugs in emergency tray and drug dispensing counter	
ME D2.7	There is 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	1. Check for temperature charts are maintained and updated periodically 2. Refrigerators meant for storing drugs should not be used for storing other items such as eatables	
		Cold chain is maintained at immunization room		OB/RR	Check for four conditioned Ice packs are placed in Carrier Box, DPT, DT, TT and Hep B Vaccines are not kept in direct contact of Frozen Ice line	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard D3	The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.					
ME D3.1	Exterior of the facility building is maintained with landscaping in open area	Interior & exterior of patient care areas are plastered , painted & building are white washed in uniform colour		OB	1. Building is painted/ whitewashed in uniform colour 2. Paediatric OPD is easy to identify	
		Ambience of paediatric OPD is bright and child friendly		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc	
ME D3.2	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	Window panes , doors and other fixtures are intact	
		Patients Examination couch / beds are intact and painted		OB	Mattresses are intact and clean	
ME D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	1. All area are clean with no dirt, grease, littering and cobwebs. 2. Surface of furniture and fixtures are clean 3. Cleanliness and maintenance of child zone including their swings and toys is ensured	
		Surface of furniture and fixtures are clean		OB		
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material lying in the OPD		OB	Check if any obsolete article including equipment, instrument, records, drugs and consumables	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	(1) No lizard, cockroach, mosquito, flies, rats, bird nest etc. (2) Anti Termite treatment on wodden items on defined intervals	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination in clinics		OB	Examination table, Dressing room, injection room, circulaion area, counselling room, immunization room, drugs dispensing counter and waiting area (100 lux in each clinic)	
		Adequate Illumination in procedure area		OB	150 Lux in Injection Room	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME D3.7	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed one time at clinic		OB/SI	1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in waiting areas		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement	
		Temperature control and ventilation in clinics		SI/OB	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement	
ME D3.9	The facility has security system in place at patient care areas	Hospital has sound security system to manage crowd in OPD		OB/SI	1. Dedicated security guards. 2. Functional CCTV at all entrances, all exit and circulation areas (may be shared with main hospital)	
ME D3.10	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI		
Standard D4	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms					
ME D4.1	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 D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OPD		OB/SI	1. Check for availability of power backup 2. Uninterrupted power supply for cold chain maintenance	
Standard D5	The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.					
ME D5.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient is done as required and directed by doctor		RR/SI	All children below two years are directed from outpatients to the counselling centre for assessment of physical growth & immunisation status (if not already done in the OPD) and age-appropriate counselling services	
ME D5.4	The facility has adequate sets of linen	Availability of linen in examination area		OB/RR	1. Adequate linen is available in examination area. 2. Child friendly bright colored and soft linen is used	
ME D5.5	The facility has established procedures for changing of linen in patient care areas	Cleanliness & Quantity of linen is checked received from laundry.		OB/RR	(1) A person is dedicated for management of OPD laundry. (2) Records are maintained	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard D8.	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government					
ME D8.1.	Updated copies of relevant laws, regulations and government orders are available at the facility	IMS Act 2003		OB/ RR	1. Check staff is able to explain the key messages of IMS Act 2. Hoarding describing the provision of IMS act is displayed outside the facility	
		Protection of children from Sexual offenses Act 2012 & guidelines 2013		OB/ RR	Check staff is aware of key points of medical examination of sexually assaulted child (1) Take written Consent- Either child or parents/guardian (2) Document the question asked (3) Ensure adequate privacy (4) Ask the child whom they would like to accompany them during physical examination (5) If child resist, examination may be deferred (6) If the victim is girl child assessment shall be conducted by women doctor	
		Code of Medical ethics 2002		OB/ RR		
ME D8.3.	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		SI	Check staff can explain at least 3 relevant components of IMS Act (1) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (2) prohibition of providing free samples and gifts to pregnant women or mother, (3) prohibit donation of free or subsidized free samples, (4) prohibit any contact of manufacturer or distributor with staff	
Standard D9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.					
ME D9.2	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 department		SI		
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard D10	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations					
ME D10.1	There is established system for contract management for outsourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/Laundry/Security/Maintenance) provided are done by designated in-house staff	
Area of Concern - E Clinical Services						
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.					
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of registration & admission		RR	Check for patient demographics like baby Name, father's/mother's name, age, Sex, Chief complaint, etc. are clearly recorded	
		Patients are directed to relevant clinic by registration clerk		PI/SI	Registration clerk are well versed with hospital processes and lay out	
		Registration clerk is aware of categories of the patient exempted from user charges		SI/RR	JSSK, RBSK, AB-PMJAY, BPL or any other state specific schemes	
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/ attendant as per his/her turn on the basis of "first come first examine" basis. However, in case of emergency out of turn consultation is provided.	
		Patient History is taken and recorded		RR	Check OPD records for the same	
		Physical Examination is done and recorded wherever required		OB/RR	Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket	
		Confirmed diagnosis is recorded		OB/RR	Check OPD records for the treatment plan	
		No Patient is Consulted in Standing Position		OB	Proper seating arrangement for the patient and parent-attendant is there. Care is provided in a dignified way.	
		Clinical staff is not engaged in administrative work		OB/SI	During OPD hours clinical staff is not engaged in other administrative tasks	
ME E1.3	There is established procedure for admission of patients	There is establish procedure for admission through OPD		SI/RR	Check the linkage between OPD, emergency and IPD services. Staff is aware about linkage and no time is wasted in the admission process.	
		There is establish procedure for day care admission		SI/RR	Patients requiring day care services receive the care hassle free	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.					
ME E2.1	There is established procedure for initial assessment of patients	There is screening clinic for initial assessment of the patients		OB	Initial screening is done for all paediatric patients. They are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC and those with emergency and priority signs are triaged.	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	Procedure for follow up of old patients		OB/RR	1. Patients (inborn and outborn) are followed up for the completion of the treatment, immunisation and nutrition. 2. Provisioning for follow up at lower level healthcare facilities vis a vis CHC, PHC and HWC. 3. Provisioning for tele consultation (give compliance if state doesnot have telemedicine facility)	
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral					
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	Check the established procedure for intradepartmental refer to other specialist, if required	
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure their continuity of care.	Facility has defined criteria for referral		SI/RR	1. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the higher and lower centre for treatment/follow up	
		The Facility has functional referral linkages to higher facilities		SI/RR	1. Details of Referral linkages are clearly displayed in OPD 2. Verify with referral records that reasons for referral were clearly mentioned and rational. 3. Referral is authorized by paediatrician or Medical officer on duty after ascertaining that case can not be managed at the facility.	
		The Facility has functional referral linkages to lower facilities		SI/RR	Referral linkage to lower down facility for the compliance of the treatment and further follow up.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		There is a system of follow up of referred patients		RR	1. Check referral out record is maintained 2. Check randomly with the referred cases (contact them) for completion of treatment or follow up.	
		ICTC has functional linkages with ART and state reference Labs		RR/SI		
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.					
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable cases are identified and safe care is given		SI/RR/OB	1. Paediatric cases who are left unattended, orphan/lawaaris are identified and care is provided 2. Police is informed in such cases 3. Appropriate arrangement is made with local NGOs etc.	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis		OB/SI	In case of emergency out of turn consultation is provided.	
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.					
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and slip are written in generic name only	
		A copy of Prescription is kept with the facility		RR	Check records	
ME E6.2	There is procedure of rational use of drugs	Check that relevant Standard treatment guideline are available at point of use		RR	STG for management of pneumonia, AEFI management, management of diarrhoea, newborn resuscitation etc. are available and are followed	
		Check if staff is aware of the drug regime and doses as per STG		SI/RR	Check OPD slips that drugs are prescribed as per STG	
		Check of drug formulary is available		SI/OB	(1) Check On duty doctor is aware of status of drugs available in pharmacy. (2) Updated list of available drugs is provided by pharmacy	
Standard E7	Facility has defined procedures for safe drug administration					
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure are accompanied with date, time and signature		RR	Verify with prescriptions/OPD slips on sample basis	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Check for the writing, is it comprehensible by the clinical staff		RR/SI	Verify with prescriptions/OPD slips on sample basis	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported		RR/SI	1. Check availability of formats for reporting and 2. Monthly reporting (nil reporting too)	
		Any adverse event following immunisation is recorded and reported		RR/SI	1. Check availability of formats for reporting and 2. Monthly reporting (nil reporting too)	
ME E7.5	Patient is counselled for self drug administration	Patient is advised by doctor/ Pharmacist /nurse about the dosages and timings.		SI/PI	Drugs and dosages are well explained by the doctor/ nurses or pharmacists	
		Check drugs are not given in hand		PI/RR	(1) Check drugs are given in envelop (2) Check envelopes are patient friendly having representation of morning, afternoon evening. (3) Check representations are ticked as per prescription for better understanding	
Standard E8	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	Patient History, Chief Complaint and Examination Diagnosis/ Provisional Diagnosis are recorded in OPD slip		RR	Check prescriptions/OPD slips for completion of records	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan and follow up is written		RR	1. Detailed treatment and follow up plan is written and is also explained to the parent-attendant 2. Check with parent/guardian are able to explain information received from doctor	
ME E8.4	Procedures performed are written on patients records	Any dressing/injection other procedure recorded in the OPD slip		RR	Details are written and is also explained to the parent-attendant	
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/SI	Check availability of OPD slip, investigation requisition slip , investigation reporting format	
ME E8.6	Register/records are maintained as per guidelines	OPD records are maintained		OB/RR	OPD register, immunisation records, counselling register, Injection room register etc	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		All register/records are identified and numbered		OB/RR	Check the facility has quality mangement system in place	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records		OB/SI	(1) Facility ensure safe keeping and easy retrieval of the OPD registers, OPD tickets (as per state guidelines). (2) Electronic patient recording system is available	
Standard E10	The facility has defined and established procedures for Emergency Services and Disaster Management					
ME E10.1	There is procedure for Receiving and triage of patients	Emergency & OPD has established & implemented system for sorting of the paediatric patients		SI/OB	A. EMERGENCY SIGNS -who require immediate emergency treatment. B. PRIORITY SIGNS- indicating that they should be given priority in the queue, so that they can rapidly be assessed and treated without delay. C. NON-URGENT cases- children can wait their turn in the queue for assessment and treatment.	
		Triage area is earmarked		OB	(1) Check triage protocols are displayed (2) All children attending an emergency/OPD are visually assessed immediately (within 30sec) upon arrival by paramedics /support staff positioned in the emergency and in OPD (3) Triage is completed within 15 minutes of arrival or registration by a competent and appropriately trained nurse or doctor & receive an initial triage assessment	
		Check the procedure is established to identify children with emergency signs in OPD queue		SI/OB	Quickly be directed to a place where treatment can be provided immediately, e.g. the emergency room or ward equipped ETAT /SNCU	
		Responsibility of receiving & shifting the patient is defined		SI/OB	All staff such as gatemen, record clerks, cleaners, janitors who have early patient contact are trained in triage for emergency signs and know where to send children for immediate management.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME E10.2	Emergency protocols are defined and implemented	Emergency protocols for management of paediatric conditions are available		SI/RR	(1) Protocols for management of trauma, surgical, orthopedics, poisoning, drowning, dyspnoea, unconscious, shock & burn (2) Drug dosage charts are available	
		Check physician follows clinical protocols		SI/RR	As per disease condition	
		All the emergency paediatric cases are closely monitored		SI/RR	(1) Ensure vitals are stable and the child is in no immediate danger of deteriorating. (2) The paediatrician on call assess the child before the transfer is made to ward/ HDU/referred	
		No patient is transferred to ward/ HDU without primary management & stabilization		PI/RR	Check emergency department is conducting initial assessment - provide primary treatment, not only registering the patient & transferring	
		Staff is follow stabilisation protocols		SI/RR	Stabilisation include some or all: (1) Securing the airway. (2) Establishing secure venous access. Correcting poor perfusion and acidaemia. (3) Obtaining a full history. (4) Carrying out a full physical examination. (5) Performing baseline investigations, eg; a chest X-ray, electrolytes or glucose. (6) Performing acute 'aetiological' investigations, eg; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, eg; bronchodilators for asthma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Arranging transfer to an appropriate unit (like paediatric ward) or health facility.	
		Check availability of protocols /guidelines for collection of forensic evidences in case of sexual assault/rape		SI/RR	(1) Check staff is aware & follow the protocols. (2) Sexual assault forensic evidence kit is available (3) Check provisioning of ECP (pubertal child) prophylaxis against STI, HIV etc (4) Counselling services are available for victim	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME E10.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	1. Role and responsibilities of staff in disaster is defined 2. Mock drills have been conducted 3. Assembly point and exit points are defined	
Standard E11	The facility has defined and established procedures of diagnostic services					
ME E11.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	1. Preferably a personnel has been dedicated for sample collection from Paediatric OPD 2. Labelling is done correctly 3. Pre testing instructions are given properly to the parent-attendant	
ME E11.3	There are established procedures for Post-testing Activities	Clinics is provided with the critical value of different tests		SI/RR	1. Reporting mechanism is explained to the parent-attendant; the process should be hassle free 2. Values are displayed in the consultation room. 3. Staff is aware normal reference values 4. System in place for urgent reporting of critical cases	
Standard E19	The facility has established procedures for care of new born, infant and child as per guidelines					
ME E19.1	The facility provides immunization services as per guidelines	Availability of diluents for reconstitution of Measles vaccine		RR/SI	Use diluent provided by the manufacturer with the vaccine	
		Recommended temperature of diluents is ensured before reconstitution		RR/SI	Check diluents are kept under cold chain at least for 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack	
		Reconstituted vaccines are not used after recommended period		RR/SI	Ask staff about when Rotavirus vaccine, BCG, Measles/MR and JE vaccine are constituted and till when these are valid for use. Should not be used beyond 4 hours after reconstitution.	
		Time of opening/ Reconstitution of vial is recorded on the vial		RR	Check for records	
		Staff checks VVM level before using vaccines		SI	Ask staff how to check VVM level and how to identify discard point	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of how to check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, TT, HepB, PCV and Penta vaccines Shake Test is not applicable for IPV	
		Staff is aware of applicability of OVP vaccines		SI	DPT, TT, Hep B, OPV, Hib containing pentavalent vaccine (Penta), PCV and injectable inactivated poliovirus vaccine (IPV).	
		Discarded vaccines are kept separately		SI/OB	Check for no of expired, frozen or with VVM beyond the discard point vaccine stored in cold chain	
		Check for DPT, DT, Hep Band TT vials are kept in basket in upper section of ILR		SI/OB		
		AD syringes are available as per requirement		SI/OB	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available	
		Staff knows correct use AD syringe		SI	Ask for demonstration, How to peel, how to remove air bubble and injection site	
		Check for AD syringes are not reused		OB		
		Check for injection site is not cleaned with spirit before administering vaccine dose		OB/ SI	Cleaning of injection site with spirit swab is not recommended	
		Vaccine recipient is asked to stay for half an hour after vaccination		SI/RR	To observe any Adverse effect following the immunization	
		Check the availability of anaphylaxis kit		OB	Kit constitute of job-aid, dose chart for adrenaline as per age (1 ml ampoule -3 no.), Tuberculin syringe (1ml-3 no.), 24H/25G needle- 3 no, swabs-3 no. updated contact information of DIO, local ambulance services and adrenaline administration record slip.	
		Check adrenaline is not expired in kit		OB	Give non compliance if kit is not available	
		Check person responsible for notifying & reporting of the AEFI is identified		OB	Ask the staff regarding the responsibility for notifying and reporting the AEFI	
		Process of reporting and route is communicated to all concerned		OB	Ask staff to whom the cases are reported & how	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Reporting of AEFI cases is ensured by ANM/ Staff nurse/ person providing immunization		SI/RR	1. Verify weekly report of AEFI cases. 2. Nil reporting in case of no AEFI case. 3. Verify HMIS report of previous months	
		Antipyretic medicines are available		SI/RR	Paracetamol Syrup	
		Availability & updation of Immunization card		SI/RR	Immunisation card is available and updated	
		Counselling on adverse effects and follow up visits done		SI/RR		
		Staff is aware of how to manage and report minor and serious adverse events (AEFI)		SI		
		Staff knows what to do in case of anaphylaxis		SI		
ME E19.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Screening of sick child is done to prioritize management as per classification : Emergency sign, priority sign & non urgent sign		SI/RR	1. Staff manages on the principles of ETAT 2. Check for adherence to clinical protocols also immediate inpatient care is ensured	
ME E19.5	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Staff is able to identify the babies with respiratory distress		SI/RR	(1) RR >60 breaths per min (2) Severe chest in drawing (3) Grunting (4) Apnea or gasping	
		Staff is aware of common causes of respiratory distress in newborn		SI/RR	(1) Pre Term : RDS, Congenital pneumonia, hypothermia & hypoglycemia (2) Term: Transient tachypnea of newborn (TTNB), meconium aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Tracheo - esophageal fistula, B/L choanal atresia (4) other causes: Congenital heart disease, acidosis, inborn errors of metabolism	
		Staff is aware of sign & symptoms of severe pneumonia in children 2 months to 5 yrs		SI/RR	Cough or difficulty in breathing in children with at least one of the following condition : (1) Central Cyanosis or oxygen saturation <90% (2) Severe respiratory distress (laboured or very fast breathing (RR<70 per minute) or severe lower chest indrawing or head nodding or stridor or grunting) (3) Sign of pneumonia with general danger sign (inability to breastfed or lethargy or reduced level of consciousness or convulsions)	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of assessment & grading of hypothermia		SI/RR	Normal Axillary temp- 36.5 -37.5 °C Cold Stress- 36.4- 36 °C Moderate Hypothermia- 35.9- 32 °C Severe Hypothermia- <32 °C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch.	
		Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia		SI/RR	LBW, preterm babies, hypoglycemia, sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnea/ apnea etc	
		Staff is aware of common causes of hyperthermia		SI	(1) Sepsis (2) Env't. too hot for baby (3) Wrapping the baby in too many layers of clothes, esp. in hot humid climate (4) Keeping newborn close to heater/hot water bottle (5) Leaving the under heating devices i.e radiant warmer, incubator, phototherapy that is not functioning properly and/ or not check regularly	
		Staff is aware of management protocols for hyperthermic babies		SI/RR	Examine every hyperthermic baby for infection (1) If temp. is above 39 °C, the neonate should be undressed and sponged with tepid water at app. 35 °C until temperature is below 38 °C (2) If temp. is 37.5- 39 °C- Undressing & exposing to room temp is usually all that is necessary. (3) If due to env't. temperature: move baby into colder environment & using loose & light clothes. (4) If due to device- remove the baby from source of heat (5) Give frequent breastfeeds to replace fluids. if the baby cannot breastfeed, give EBM. If does not tolerate feeds, IV fluids may be given (6) Measures the temp. hourly till it become normal	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of the therapeutic doses of Vitamin D and Calcium Supplementation		SI/RR	<p>1. For neonates and infants till 1 year of age, daily 2000 IU of vitamin D with 500 mg of calcium for a 3-month period is recommended. At the end of 3 months, response to treatment should be reassessed</p> <p>2. From one year onwards till 18 years of age, 3000-6000 IU/day of vitamin D along with calcium intake of 600-800 mg/day is recommended for a minimum of 3 months.</p> <p>3. Staff is aware of side-effects of excessive administration of Vitamin - D can lead to hypervitaminosis, particularly in infants.</p>	
ME E19.6	Management of children with Severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		SI/RR	Screening is done and the cases are referred to NRC for appropriate treatment	
		All the children reporting to healthcare facility for any illness are routinely assessed for anaemia		SI/RR	<p>All the clinically suspected anaemic children (reported for any illness) undergo Hb estimation</p> <p>All the children referred from field due to palmer pallor- undergo HB level estimation before initiation of treatment.</p>	
		Staff is aware of categorise of anemia on basis of HB level among the children		SI/RR	<p>Among children between 6 month and 5 yrs) >11 gm/dl- No anaemia 10-10.9 gm/dl- Mild anaemia 7-9.9gm/dl- Moderate anaemia <7gm/dl- Severe Anaemia Among children between 5 yrs-10 yrs 11-11.4 gm/dl- Mild anaemia 8-10.9 gm/dl- Moderate anaemia <8 gm/dl- Severe anaemia</p>	
		Staff is aware of management of anaemia on basis of Hb		SI/RR	<p>No anaemia- 20 mg of elemental iron in 100 mcg folic acid in biweekly regimen Mild & Moderate Anaemia- 3mg of iron/kg/day for two months- follow up every 14 days, HB estimation after 2 months.</p> <p>After completion of treatment of anaemia and documenting Hb level >11 gm/dl, the IFA supplementation to be resumed.</p>	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of dose of IFA syrup for anaemic children (6 months–5 years)		SI/RR	6-12month (6-10kg)--1 ml of IFA syrup, once a day 1yr -3 yrs (10-14kg)--1.5 ml of IFA syrup,once a day 3yrs-5yrs(14-19yrs)-- 2ml of IFA syrup,once a day	
		Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs)		SI/RR	H/O- Duration of symptoms, Usual diet (before the current illness), Family circumstances (to understand the child's social background), Prolonged fever, Worm infestation, Bleeding from any site, Any lumps in the body, Previous blood transfusions and Similar illness in the family (siblings) Examination for- Severe palmar pallor, Skin bleeds (petechial and/or purpuric spots),Lymphadenopathy, Hepato-splenomegaly, Signs of heart failure (gallop rhythm, raised JVP, respiratory distress, basal crepitations) Investigation- Full blood count and examination of a thin film for cell morphology, Blood films for malaria parasites, Stool examination for ova, cyst and occult blood	
		Staff is aware of indications for blood transfusion due severe anaemia		SI/RR	All children with Hb 4 gm/dl, Children with Hb 4–6 gm/dl with any of the following: – Dehydration – Shock – Impaired consciousness – Heart failure – Deep and laboured breathing – Very high parasitaemia (>10% of RBC)	
ME E19.7	Management of children presenting diarrhoea is done per guidelines	Check for adherence to clinical protocols		SI/RR	1. Give ORS to all children with Diarrhoea 2. Give Zinc for 14 days, even if diarrhoea stops	
		Check parents are guided for diarrhoea management		SI/RR	1. Continue feeding, including breast feeding in those children who are being breastfed 2. Make a habit of regular hand washing with soap 3. Use clean drinking water	
		Availability of ORT corner		SI/RR	Check ORS is freshly prepared. Mother's are counselled to prepare ORS	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME E19.8	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Availability of services for Assessment of physical growth & development of children attending OPD		SI/RR	Maintenance and updation of growth chart	
		Communication and counselling on optimal infant & young child feeding practices		SI/RR	1. Facility supports mothers to maintain breastfeeding and manage its common difficulties 2. Awareness is generated for exclusive breastfeeding till 6 months of age 3. Awareness is generated for complementary feeding from 6 months of age till two years of age	
		Communication and counselling of mothers with less breast milk & sick babies on optimal feeding practices		SI/RR	One to one counselling session should be conducted with the mother/ caregiver for children born prematurely or with low birth weight, undernourished children, adopted baby, twins and babies born to HIV positive mothers, of mothers producing less milk. Also ensure follow up visits to the facility/ referral centre	
		Lactation management for referral cases		SI/RR	A Nutrition Counsellor/ IYCF counsellor and one staff (Nurse, ANM or equivalently trained personnel) are appointed for fixed hours (coinciding with timing of outpatient services) to counsel and address referral cases	
		Check staff is aware and follow the protocol for management of cracked nipples and engorged breast		SI/RR	(1) Cracked Nipples- Apply hind milk 2. Engorged breast- encourage the mother to let baby suck without causing too much discomfort. Putting a warm compress on the breast may relieve breast engorgement	
		Check staff is aware and follow the protocol for management of abscess and inverted nipple		SI/RR	(1) If an abscess is suspected in one breast, advise the mother to continue feeding from the other breast & refer for consultation (2) Inverted/flat nipple- corrected using syringe	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Breast milk substitutes are not promoted for newborn or infant unless medically indicated		SI/RR	Ask Parents about the counselling	
		Advise & prescription is given for micronutrient supplements (Vitamin A and iron syrup)		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-up's and immunization of staff	There is procedure for immunization & periodic checkup of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc.	
ME F1.5	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 are done at periodic intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check if Doctors are aware of Hospital Antibiotic Policy		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	Availability of handwash basin with running water facility at Point of Use		OB/SI	1. Check for availability of wash basin near the point of use. 2. Ask to Open the tap. Ask Staff about regularity of water supply.	
		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	
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language	
		Handwashing Station is as per specification		OB	Availability of taps & Hand washing sink which is wide and deep enough to prevent splashing and retention of water	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Staff is aware of when and how to handwash		SI/OB	Ask of demonstration of 6 steps of Hand washing and knowledge among staff about moments of handwash	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability and Use of Antiseptic Solution		OB		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard F3	Facility ensures standard practices and materials for Personal protection					
ME F3.1	Facility ensures adequate personal protection equipment as per requirements	Availability of PPE (Gloves, mask, apron & caps)		OB/SI /RR	1. Check if staff is using PPEs. 2. Ask staff if they have adequate supply. 3. Verify with the stock/Expenditure register	
ME F3.2	Staff is adhere 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 and masks		OB/SI		
Standard F4	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 Procedural surfaces		SI/OB	Ask staff about how they decontaminate the procedural surface like Examination table, Patients Beds Stretcher/ Trolleys etc. (Wiping with 1% Chlorine solution)	
		Cleaning of instruments		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	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	1. Ask staff about temperature, pressure and time for autoclaving. 2. Ask staff about method, concentration and contact time required for chemical sterilization 3. Check records	
		There is a procedure to ensure the traceability of sterilized packs & their storage		OB/SI	1. Sterile packs are kept in dry, clean, dust free, moist free environment 2. Separate from unsterilised items- no mixing with unsteril items	
		Autoclaved dressing material is used		OB/SI		
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention					
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	General patient flow doesn't pass through paediatric OPD	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Clinics for infectious diseases are located away from main traffic		OB	Preferably away from main OPD with independent access, with no access through paediatric OPD	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	Blood & body fluid spill management & Mercury spill	
		Cleaning of patient care area with detergent solution		SI/RR	three bucket system is followed	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping is followed. Staff is trained for preparing cleaning solution as per standard procedure. Cleaning equipments like broom are not used in patient care areas	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.					
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB		
		Availability of Non chlorniated plastic, colour coded plastic bags		OB		
		Segregation of Anatomical and solid waste in Yellow Bin		OB/SI		
		Segregation of infected plastic waste in red bin				
		Display of work instructions for segregation and handling of Biomedical waste		OB		
		There is no mixing of infectious and general waste		OB		
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	Check if needle cutter has been used or just lying idle, it should be available near the point of generation like nursing station	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in condition of needle stick injury. 2. Ask if PEP is available. Where it is stored and who is in-charge of that. 3. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue color coded puncture proof box		OB	Includes used vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	Bins should not be filled more than 2/3 of its capacity	
		Transportation of bio medical waste is done in close container/trolley		SI/OB		
		Staff aware of mercury spill management		SI/RR	Check whether department is replacing mercury products with digital products (Aspire for mercury free)	
Area of Concern - G Quality Management						
Standard G1	The facility has established organizational framework for quality improvement					
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibilities of team has been defined	
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done monthly		SI/RR	Check minutes of meeting and monthly measurement & reporting of indicators	
Standard G2	Facility has established system for patient and employee satisfaction					
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client satisfaction survey is done on monthly basis		SI/RR	Survey is done amongst parents/guardians	
ME G2.2	Facility analyses the patient feed back and do root cause analysis	Analysis of low performing attributes is undertaken		SI/RR		
ME G2.3	Facility prepares the action plans for the areas of low satisfaction	Action plan is prepared and improvement activities are undertaken		SI/RR		
Standard G3	Facility have established internal and external quality assurance programs wherever it is critical to quality.					
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital in-charge/ for monitoring of services		SI/RR	Findings /instructions during the visit are recorded	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	1. Daily checklist has been prepared and is filled daily to monitor the preparedness and cleanliness of Paediatric OPD/unit. 2. Staff is designated and trained for filling and monitoring of this checklist.	
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.					
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of OPD services has been prepared and is formally approved	
		Current version of SOP are available with process owner		OB/RR	Check current version is available with all staff of Paediatric OPD	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Paediatric OPD has documented procedure for Registration and patient calling system		RR	Review the SOP for procedure being followed for registration of cases. Paediatric cases should be registered on priority. It is preferable to have separate counter for paediatric cases.	
		Paediatric OPD has documented procedure for receiving of patient in clinic		RR	Review the SOP for receiving the patient in clinic. OPD must be equipped to handle emergency cases, in- case a patient seeking emergency care reaches OPD, the triage and transfer process is defined and implemented	
		Paediatric OPD has documented process for consultation		RR	Review the process for consultation including examination process, counselling etc.	
		Paediatric OPD has documented procedure for investigation		RR/PI	Review the SOP for procedure for conducting investigation. A specific lab personnel is designated for collection of blood samples in children. All other investigations are facilitated and are made hassle free	
		Paediatric OPD has documented procedure for prescription and drug dispensing		RR/PI	1. Review the SOP for procedure for legible and rational prescription writing. 2. For drug dispensing, a separate pharmacy or a Drug Dispensing Counter for children is made functional. 3. Pharmacists/nurse explain the drug dosage and route clearly to the parents/guardians (ask patients)	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Paediatric OPD has documented procedure for nursing process in OPD including initial investigation		RR	Review the SOP for procedure for initial assessment of children (weighed & weight correctly recorded, immunisation status, children < five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged).	
		Paediatric OPD has documented procedure for patient privacy and confidentiality		RR	Review the SOP for ensuring Privacy and confidentiality.	
		Paediatric OPD has documented procedure for data collection , analysis and undertaking improvement activities		RR	Review SOP for various processes which circle undertakes to measure quality of service (client satisfaction form, checklists, audits, performance indicators etc.), analysis of the data, identification of low attributes, Root cause analysis and improvement activities using PDCA methodology	
		Paediatric OPD has documented procedure for support services and facility management		RR	Review the SOP for process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management	
		Paediatric OPD has documented procedure for infection control and biomedical waste management		RR	Review SOP for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices	
		Paediatric OPD has established & documented policy for IYCF		RR	Check breastfeeding policy is part of or linked with IYCF policy	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check if staff are aware of relevant part of SOPs		SI/RR		
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Relevant protocols are displayed like management of pneumonia, Summary of the 10 steps to successful breastfeeding is displayed, lactation position and milk expression protocol are displayed in breastfeeding corner and OPD	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard G5	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit					
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment should be done at least quarterly	
ME G5.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Prescription audit		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Checkpoints having partial and Non Compliances are listed	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report	
Standard G6	The facility has defined and established Quality Policy & Quality Objectives					
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Check if SMART Quality Objectives have framed		RR/SI	Check short term valid quality objectivities have been framed addressing key quality issues. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check staff is aware of quality policy and objectives		SI	Interview with staff for their awareness. Check if Quality Policy is displayed prominently in local language at Key Points	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR		
Standard G7	Facility seeks continually improvement by practicing Quality method and tools.					
ME G7.1	Facility uses method for quality improvement in services	Basic quality improvement method		SI/RR	PDCA & 5S	
		Process mapping		SI/RR		
ME G7.2	Facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	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	Number of cases in paediatric OPD per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year, 2 - 5 years and above)	
		Number of follow-up cases per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years and above)	
		Immunization OPD per month		RR		
		Number of cases screened under RBSK per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years and above)	
		Proportion of cases being given IYCF counselling per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years and above)	
		Proportion of cases being referred per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years and above)	
		No. of cases disease wise		RR	Diarrohea, pneumonia, fever etc.	
		Proportion of cases being referred disease wise		RR	Diarrohea, pneumonia, fever etc.	
		Proportion of BPL patients		RR		
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark					
ME H2.1	Facility measures efficiency Indicators on monthly basis	Paediatric OPD per Doctor		RR		
		No. of Stock out days for essential medicines		RR	check for pharmacy/drug dispensing counter dedicated to paediatric OPD	
		Drop out rate for Pentavalent vaccination		RR		
		IYCF counselling sessions per counsellor		RR		
		No. of paediatric Cases seen per paediatrician		RR		
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark					

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of needle stick injuries reported		RR		
		Percentage of AEFI cases reported		RR		
		Consultation time at Clinic		RR	Time motion study	
		Number of children with diarrhoea treated with ORS and Zinc		RR		
		Number of anaemia cases treated successfully		RR		
		Number of children with Pneumonia treated		RR		
		Proportion of cases requiring DEIC services out of screened		RR		
		Percentage of children on exclusive breastfeeding attending OPD		RR	upto 6 months of age	
		Number of children with severe & moderate anaemia treated		RR		
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score		RR	Parent- attendant group only	
		Waiting time at nutrition counselling centre		RR		
		Waiting time at paediatric clinic		RR		
		Waiting time at drug dispensing counter dedicated for paediatric OPD		RR		
		Waiting time at registration counter		RR		
		Average door to drug time		RR		

MusQan

Community Health Centres

Checklist for New Born Stabilization Unit (NBSU)

Assessment Summary			
Name of the Hospital :		Date of Assessment :	
Names of Assessors :		Names of Assesses :	
Type of Assessment (Internal/External) :		Action plan Submission Date :	
NBSU Score Card			
Area of Concern Wise Score			MusQan NBSU Score
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		
Major Gaps Observed			
1			
2			
3			
4			
5			
Strengths / Good Practices			
1			
2			
3			
4			
5			
Recommendations/ Opportunities for Improvement			
1			
2			
3			
4			
5			
Signature of Assessors :			
Date :			

MusQan

Checklist for NBSU

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
	Area of Concern - A Service Provision					
Standard A1	Facility Provides Curative Services					
ME A1.4	The Facility Provides Paediatric Services	Availability of functional NBSU		SI/OB	At least 4 beds.	
ME A1.9	Services are available for the time period as mandated	Availability of nursing care services at NBSU (24X7)		SI/RR		
Standard A2	Facility provides RMNCHA Services					
ME A2.3	The Facility provides New-born health Services	Management of low birth weight infants > or =1800 gm with no other complication		SI/RR		
		Prevention of infection including management of newborn sepsis		SI/RR		
		Management of Neonatal Jaundice		SI/RR	Phototherapy for new born	
		Emergency Management of Newborn Illnesses		SI/RR	ETAT, Resuscitation	
		Management of Hypothermia		SI/RR	Maintenance of Warmth, Breast feeding/feeding support and Kangaroo Mother care (KMC)	
		Lactation support & Management Services		SI/PI	Counselling, Storage, promotion & support for optimal feeding practices	
		Provision for treatment completion of newborns referred back from SNCU to NBSU		SI/RR		
Standard A3	Facility Provides diagnostic Services					
ME A3.1	The Facility provides Radiology Services	Functional linkage for USG and X- ray services		OB/RR	In house/ Outsourced	
ME A3.2	The Facility Provides Laboratory Services	NBSU has functional linkage for laboratory investigations		SI/RR	24x7 linkage with outside laboratory for critical tests like Complete Blood Count, Platelets, Plasma glucose, Serum creatinine, Blood count, Platelet, C reactive protein, Prothrombin time, etc.	
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme					
ME A4.15	The facility provides services as per Rashtriya Bal Swasthya Karykram	Identification of the New born for Birth Defects & referral for management		SI/RR	Neural tube defects, down's syndrome, cleft lip & palate, developmental dysplasia of hip, congenital cataract, deafness, heart diseases, Club foot - Referral linkage with functional DEIC	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
	Area of Concern - B Patient Rights					
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities					
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signages		OB	(1) Numbering, main department and internal sectional signage are displayed. (2) Directional signages are given from the entry of the facility	
		Restricted area signage are displayed		OB		
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlement under JSSK , RBSK, PMJAY and other schemes are displayed		OB	Relevant national or state guidelines are followed for provision of diagnostics, drugs, treatment of newborns	
		Necessary Information regarding services provided is displayed		OB	(1) Name of doctor and Nurse on duty are displayed and updated. (2) Contact details of referral transport /ambulance displayed.	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother / relatives		OB	Display of pictorial information/ chart regarding expression of milk/ techniques for assisted, feeding, KMC, complimentary feeding, Nutrition requirement of children, hand washing & Breastfeeding policy etc.	
		Parents/family attendants are educated for providing care to their admitted sick newborn		PI/OB	As per family participatory care guidelines	
		Counselling aids are available for education of parents/ guardian		OB	Audio Visual Films, Scrolls, Job Aids, mama's breast model etc are available to provide counselling for lactation, nutrition	
		No display of poster/ placards/ pamphlets/ videos in any part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as mentioned under IMS Act		OB	Check in waiting areas, outside the NBSU.	
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in NBSU Complex including waiting areas 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		No information, counselling and educational material is provided to mothers and families on Formula Feed		OB	During counselling Mothers and families are specially educated about ill effects of breast milk substitutes.	
ME B1.6	Information is available in local language and 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/ RR		
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.					
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained in breast feeding & KMC area		OB	(1) Screens / Partition has been provided between mothers (2) Visual privacy is maintained in milk expression area	
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/ RR	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
ME B3.3	The facility ensures that behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language to mother	
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	NBSU has a system in place to take informed consent from new-born parent /attendant whenever required		PI/RR	Check BHT/patient's file General Consent form is taken and signed	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	NBSU has a system in place to involve new-born relatives in decision making of new-born treatment as per Family Participatory guidelines		PI/SI	Check parents/ relatives of admitted baby is communicated about newborn condition, treatment plan and any changes at least once in day	
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and with contact detail.		OB/ RR	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.					
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Check all services including drugs, consumables & diagnostics are provided free of cost		PI	Ask mother or attendants if they have paid for any services or any informal fees given to service providers	
		Availability of free transport services		PI/SI	Availability of Free drop back, availability of Free referral vehicle/Ambulance services	
		Availability of free stay & Diet to mother		PI/SI	Check with mother about stay facility (specially mother of outborn newborn) Check with mother if she is getting adequate meal atleast 3 times	
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	Ask parent attendants/ guardians if they purchased any drug/consumable from outside	
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/ RR/ SI	Ask parent attendants/ guardians if they got any diagnostic investigation done from outside	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	System of reimbursement exist in case any expenditure incurred in the treatment		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	The Department has adequate space as per new-born care work load	Adequate space as per new-born care units		OB	Approximately 200 square feet space for setting up 4 bedded Stabilization unit	
ME C1.2	Patient amenities are provide as per patient load	Availability of adequate waiting area for patient attendant		OB	Waiting areas are along with toilet, Drinking water, seating arrangement, TV for entertainment & Health Promotion activities , Tea/ coffee vending machine	
		Availability of space for mothers of admitted sick newborns to stay		OB	Check availability of beds, bathing facility, toilets and diet supply	
ME C1.3	The Department has layout and demarcated areas as per functions	NBSU has earmarked triage area		OB	Demarcated reception and resuscitation area	
		NBSU has newborn care area		OB	To accommodate atleast 4 radiant warmer.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Availability of nursing station		OB	Clean area for mixing intravenous fluids and Medications/ fluid preparation area	
		NBSU has a designated follow-up area		OB	For counselling during discharge and imparting FPC training	
		Mother's area for expression of breast milk/ Breast feeding, gowning area & Handwashing area		OB	NBSU has system in place to call mother's of baby for feeding	
		Dedicated space for support services		OB	Autoclaving room, washing area, change room & Dirty Utility, Dining area	
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		OB		
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional Intercom Services & Telephone Services		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)	Check NBSU is in close proximity of maternity complex		OB	NBSU is easily accessible from labour room, maternity ward and OT	
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services.	
Standard C2	The facility ensures the physical safety including Fire safety of the infrastructure.					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured	
ME C2.2	The facility ensures safety of electrical establishment	NBSU does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact	
		NBSU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer		OB/RR	NBSU has system for power audit of unit at defined intervals and records of same is maintained	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		10 central Voltage stabilizer outlets are available with each warmer in main NBSU.		OB/RR	50% of each should be 5amp and 50% should be 15 amp to handle equipment	
		NBSU has earthing system available		OB/RR	(1) NBSU has three phased stabilized power supply to protect the equipment from electrical damage. (2) Earth resistance should be measured twice in a year and logged.	
ME C2.3	Physical condition of building is safe for providing new-born care	Floors of the NBSU are non slippery and even		OB	The floor of the NBSU complex is made of anti-skid material.	
		Windows and vents if any are intact and sealed		OB		
ME C2.4.	The facility has a plan for prevention of fire	NBSU has fire exit to permit safe escape of its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points & policy to evacuate NBSU in case of fire	
ME C2.5	The facility has adequate fire fighting Equipment	NBSU has installed fire Extinguisher that are capable of fighting A,B & C Type of fire.		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned	
ME C2.6.	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/OB	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)	
Standard C3	Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load					
ME C3.1	The facility has adequate specialist doctors as per service provision	Availability of On call Paediatrician/trained FBNC MO.		OB/RR		
ME C3.3	The facility has adequate nursing staff as per service provision and work load	Availability of one Nursing staff per shift		OB/RR/ SI		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME C3.6	The staff has been provided required training / skill sets	Facility based New Born Care (FBNC) training		SI/RR	(1) To all Medical Officers and Nursing Staff posted at NBSU for management of sick and small babies (2) 3 days class room training including 3 hrs/day - hands on practice at skill station	
		Training on IYCF		SI/RR	Especially for lactation failure or breast problems like engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV positive mothers. At least two service providers trained in advanced lactation management and IYCF counselling skills should be available to deal with difficult and referred cases.	
		Biomedical Waste Management & Infection control and hand hygiene, Patient safety		SI/RR	Check training records	
		Training on Quality Management		SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of checklist for quality improvement	
		NBSU staff is provided with refresher training		SI/RR	Check with training records - staff have been provided refresher training at least once in every 12 month on care of normal and sick newborn at time of birth & beyond & Breast feeding support	
ME C3.7	The Staff is skilled as per job description	Nursing staff is skilled in identifying and managing complications		SI/OB		
		The Staff is skilled for resuscitation of New Born		SI/OB		
		Nursing staff is skilled to train to parent-attendants for providing care to the sick newborn		SI/ PI	As per family participatory care guidelines	
		Nursing staff is skilled for operation of equipment & maintenance of clinical records		SI/ OB/ RR		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		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 is done	
		Check facility has system of on job monitoring and training		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 still gaps	
Standard C4	Facility provides drugs and consumables required for assured list of services.					
ME C4.1	The department has availability of adequate drugs at point of use	Availability of Antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamycin, Inj. Amikacin, Amoxycillin-Clavulanic Suspension	
		Availability of Antipyretics		OB/RR	Paracetamol	
		Availability of antiepileptic drugs (AEDs)		OB/RR	Phenobarbitone	
		Availability of IV Fluids & drugs for electrolyte imbalance		OB/RR	5%, 10%, 25% Dextrose Normal saline, Inj. Potassium Chloride 15%, distilled water. Inj. Calcium Gluconate 10%	
		Availability of Supplements		OB/RR	Vit D, Calcium, Phosphorus, multivitamin & iron	
ME C4.2	The department has adequate consumables at point of use	Availability of consumables for new born care		OB/RR	Gauze piece and cotton swabs, Diapers, Baby ID tag, cord clamp, mucus sucker, Gauze piece and cotton swabs.	
		Availability of syringes and IV Sets /tubes		OB/RR	Neoflon 24 G , micro drip infusion set with &without burette, BT set, Suction catheter, PT tube, feeding tube, pedia drip set	
		Availability of consumables for mother/ family attendant		OB/RR	Gowns (disposable /autoclavable) while entering inside SNCU and also while providing KMC	
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	Inj. Adrenaline (1:10000) Inj. Naloxone Inj. Calcium gluconate, Inj. Phenytoin, Injection Aminophylline Phenobarbitone (Injection+oral) Injection Hydrocortisone, Inj. Phenytoin	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
Standard C5	Facility has equipment & instruments required for assured list of services.					
ME C5.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments for examination & Monitoring		OB	Multipara monitor, Thermometer, Weighing scale, pulse oximeter, Stethoscope (binaural, neonate), stethoscope (paediatric), Infantometer, Measuring tape, fluxmeter	
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Functional Critical care equipment for Resuscitation.		OB	Infusion pumps, Oxygen cylinder/central line/Oxygen concentrator, oxygen hood, Self inflating Bag and masks (Size 00, 0 & 1) 250 ml & 500 ml, laryngoscope (with 0 & 1 size straight blades), ET tubes, suction machine	
ME C5.7	The Department has furniture and fixtures as per load and service provision	Availability of furniture & fixture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, furniture at breast feeding room, X ray view box.	
Area of Concern - D Support Services						
Standard D1	Facility has established program for inspection, testing and maintenance and calibration of equipment.					
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Radiant warmer, phototherapy units, suction machine, Oxygen concentrator, pulse oximeter/ Multipara monitor	
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check for breakdown & Maintenance record in the log book Back up for critical equipment. label Defective/ Out of order equipment and stored appropriately until it has been repaired.	
		Staff is skilled for cleaning, inspection & trouble shooting of the equipment malfunction		SI/RR	(1) Staff is trained for use, preventive maintenance and trouble shooting of equipment such as radiant warmers, infusion pump, oxygen concentrator, bag & mask, weighting machine, phototherapy unit. (2) There is procedure to check timely replacement of lights in Phototherapy unit.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check the skill of staff for maintenance & trouble shooting of oxygen concentrator		SI/ OB	Maintenance- Coarse filter- Ensure it is dust free & wash daily Zeolite granule-change after 20,000 hrs Bacterial filter- change every yr. Trouble Shooting- Machine is too noisy- May be coarse filter is blocked- wash filter daily. Machine or room gets heated- Machine is near wall- Keep away from wall or outside the room for free circulation of air Yellow light is not going off- desired oxygen conc. is not reached- may be due to high humidity or flow rate is more, so decrease flow rate. Compressor heats up- Malfunctioning of compressor- Look at fan, it may be jammed, & hence need repair. If central oxygen supply is used - Check staff is aware of it maintenance & trouble shooting	
		Check the skill of staff for maintenance & trouble shooting of phototherapy units		SI/RR	Low irradiance : Due to tubes old, flickering, black ends, bulbs are covered with dust or dirty reflectors)	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	(1) Thermometers, weighing scale, radiant warmer etc are calibrated. (2) Check for records /calibration stickers. (3) There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due.	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available		OB/SI/ RR	Check operating and trouble shooting instructions of equipment are available	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and new-born care areas					
ME D2.1	There is established procedure for forecasting and indenting of drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed	
		Drugs are indented & supplied in Paediatric dosages only		OB/RR/ SI	Check drugs are available in paediatric doses/formulation	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB/ SI/ RR	Check drugs and consumables are kept at allocated space in Crash cart/Drug trolleys and are labelled. Look alike and sound alike drugs are kept separately	
		Empty and filled cylinders are labelled and updated		OB/ RR	Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry and near expiry dates are maintained for drugs stored at department and emergency drug tray		OB/RR	Records for expiry and near expiry drugs are maintained for drugs stored at department and emergency drug tray	
		No expiry drug found		OB/RR	In NBSU sub store as well as drug/emergency trays	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least once in a week-minimum buffer stock is maintained. Minimum stock and reorder level are calculated based on consumption in a week accordingly	
		Department maintained stock and expenditure register of drugs and consumables		RR	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the drugs in new-born care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	There is no stock out of drugs and Procedure for replenishing drug in place	
ME D2.7	There is 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 whether temperature charts are maintained and updated periodically. Refrigerators meant for storing drugs should not be used for storing other items such as eatables	
Standard D3	The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.					
ME D3.2	Hospital infrastructure is adequately maintained	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform colour		OB	Wall and Ceiling of NBSU is painted and made of white wall tiles, with seamless joint, and extending up to the ceiling.	
		Check for there is no seepage, Cracks, chipping of plaster		OB	Check for patient care as well as auxiliary areas	
		Window panes, doors and other fixtures are intact		OB		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME D3.3.	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks new-born 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		
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material in the NBSU		OB	Check of any obsolete article including equipment, instrument, records, drugs and consumables	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	No lizard, cockroach, mosquito, flies, rats, bird nest etc.	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination at each basinet.		OB	200 Lux at the plane of infant bed, adjustable Ambient lightening at least 50 to more than 600 Lux. Illumination level at nursing station- 150-300 Lux Light source is glare free or veiling reflections	
ME D3.7	The facility has provision of restriction of visitors in new-born areas	Entry to NBSU is restricted		OB		
		Visitor policy is defined & implemented		OB/PI	Visiting hour are fixed and are observed.	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	NBSU has a system to control temperature and humidity, and record of same is maintained (Air conditioning).		SI/RR/ OB	Temperature inside main NBSU should be maintained at (22-26 °C), round the clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained	
		NBSU has procedure to check the temperature of radiant warmer ,phototherapy units, etc.		SI/RR/ OB	Each equipment used should have servo controlled devices for heat control with cut off to limit increase in temperature of radiant warmers beyond a certain temperature or warning mechanism for sounding alert/ alarm when temp increases beyond certain limits	
		NBSU has system to control the sound producing activities and gadgets (like telephone sounds, staff area and equipment)		SI/RR/ OB	Background sound should not be more than 45 db. and peak intensity should not be more than 80db.	
		NBSU has functional room thermometer and temperature is regularly maintained		SI/RR/ OB	1 for each new-born care room (in case more than 1)	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME D3.9	The facility has a security system in place at patients care area	New born identification band are used and foot prints of babies are taken.		OB/RR/SI	There is procedure for handing over the baby to mother/father/Legal Guardian	
		Security arrangement in NBSU are robust.		OB	Restriction Signage, security guard in each shift, functional CCTV camera, define & practice procedure for handing over the baby to mother/father	
Standard D4	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms					
ME D4.1	The facility has arrangement for adequate storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of 24X7 Running water & hot water facility.	
ME D4.2	The facility ensures adequate power backup in all new-born care areas as per load	Availability of power back up in patient care areas		OB/SI	Check for 24X7 availability of power backup including Dedicated UPS and emergency light	
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Oxygen and vacuum suction		OB	Availability of Centralized / local piped	
Standard D5	The facility ensures availability of Diet as per nutritional requirement of the patients and clean linen to all admitted patients.					
ME D5.2	The facility provides diet according to nutritional requirements of the patients	Check for the adequacy and frequency of feed as per nutritional requirement		OB/RR/PI	(1) Check diet is provided to all mothers (both inborn or outborn babies) (2) Nutritional assessment of patient done specially for mother of admitted baby (3) Check that all items fixed in diet menu is provided	
ME D5.4	The facility has adequate sets of linen available.	NBSU has facility to provide sufficient and clean linen for each patient		OB/RR	Check linen is clean, stains free & not torn.	
ME D5.5.	The facility has established procedures for changing of linen in new-born care areas	Linen is changed every day and whenever it get soiled		OB/PI		
ME D5.6.	The facility has standard procedures for handling, collection, transportation and washing of linen	There is a system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from laundry. Records are maintained	
Standard D9	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.					
ME D9.1	The facility has established job description as per govt guidelines	The Staff is aware of their role and responsibilities		SI		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME D9.2	The facility has a established procedure for duty roster and deputation to different departments	There is a procedure to ensure that staff is available on duty as per duty roster		RR/SI/PI	(1)Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc.) (2) Check FPC roster of nurses for providing training to Parent/attendant	
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy. Check NBSU doctors and nurses follow the dress code	
Area of Concern - E Clinical Services						
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.					
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of admission		RR	Check for that patient UID & demographics like Name, age, Sex, Chief complaint, etc. are recorded	
ME E1.3	There is a established procedure for admission of patients	Admission criteria for NBSU are defined & followed		SI/RR	1. Newborns presenting with emergency signs 2. Newborns not having emergency signs, weight above 1800 gm and any of the following signs of sickness: Feeding problem, Breathing Rate 60-70/min, Hyperthermia (axillary temperature >37.5 °C), Hypothermia (35.5 °C-36.4 °C). Jaundice requiring only phototherapy, Newborns with suspected sepsis 3. Weight 1500-1800 grams, with no sign of sickness 4. Newborns who cannot be transferred to SNCU or referral facility due to any reason 5. Newborns back-referred (from SNCU) to NBSU for completion of treatment	
		There is no delay in admission of patient		SI/RR/ OB	Time of admission is recorded in patient record, Admission is done by written order of a qualified doctor.	
ME E1.4	There is established procedure for managing patients, if beds are not available at the facility	Procedure to cope with surplus new-born load		OB/SI		
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.					
ME E2.1	There is established procedure for initial assessment of patients	Rapid Initial assessment of all new-borns is done without any delay		RR/SI	Assess the sick baby before doing any of the usual administrative procedures to admit the newborn.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Initial assessment of all new-borns is done as per standard protocols		RR/SI/ OB	Immediate Triaging or sorting is done based on signs i.e. EPN (Emergency sign, priority sign & non urgent sign)	
		Clinical assessment & emergency management is performed simultaneously		SI/ OB/ RR	3 steps (RED) is followed as soon as a baby arrives: (1) Place the newborn on a warm surface under a Radiant warmer and under good light and record temperature. (2) Check for the Emergency signs and institute appropriate treatment while planning for referral (3) If there is an emergency sign perform bedside diagnostics (check blood glucose & oxygen saturation).	
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR	Check bed head ticket. Initial assessment is documented preferably within 2 hours	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for periodic assessment of new-borns		RR/OB	There is fix schedule of reassessment as per protocols. Reassessment finding are recorded in BHT	
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral					
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure of taking over of new born from labour Room OT/ Ward to NBSU		RR/SI	Check continuity of care is maintained while transferring/ handover the new-born	
		There is established process to transfer in to NBSU from SNCU for completion of the treatment		RR/ SI	For antibiotic completion & assisted feeding	
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.	New-born referred with referral slip		RR/SI	Check the referral slip has following information: Case particulars- Chief complaints, Condition on arrival at health facility- Temperature, oxygenation, perfusion, sugar, Management and treatment details provided for stabilization, including antibiotics, Reason for referral, Condition at referral and Contact details of the referring health personnel	
		Advance Communication is given to higher centre		RR/SI	Check communication is given to concerned doctor/authority regarding the referral.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Referral vehicle is arranged		SI/RR/PI	(1) Check NBSU staff facilitates arrangement of ambulance for transferring the patient to higher centre. (2) Patient attendant are not asked to arrange vehicle by their own	
		Referral checklist & Referral in/ Out register is maintained for all referred cases		SI/RR	(1) Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral (2) Check referral records has information regarding advance communication, transport arrangement, accompanying care provider, reason for referral , time taken for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up	
		There is a system of follow up of referred patients		SI/RR	(1) Check that NBSU staff take follow up of referred cases for timely arrival and appropriate care provided at higher centre. (2) Outcome and deficiencies if any, are recorded in referral out register & analysed	
		Check continuity of care is maintained for referred in neonates		SI/ RR	(1) Assess and stabilize the cases referred in from SNCU (2) Current weight of the baby is recorded (3) Diagnosis and treatment received at SNCU is recorded (4) Plan for completion of antibiotics, (if required), as mentioned on referral note from SNCU (5) Encourage breastfeeding and support assisted feeding, if necessary (6) Communicate with the referring doctor, for any clarification, on treatment to be continued. (7) Communicate with the family about progress and treatment plan of the baby	
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 of baby before any clinical procedure		OB/SI	Identification tags are used for new-borns	
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 treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet	
		Parent/ attendants are encouraged to provide basic care to the newborn		PI/SI	Breastfeeding, KMC, cleaning of baby can be undertaken by trained parent/attendant under the supervision of doctor/ nurse	
ME E4.3	There is established procedure of new-born 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	
		Hand over is given bed side		SI/RR	(1) Handover is given during the shift change explaining the condition, care provided and any specific care if required. (2) Check SBAR (situation, background, assessment and recommendation) protocols are followed	
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	Vitals are monitored for stable & critical patients and recorded periodically		RR/SI	Check for TPR chart, Phototherapy chart, any other vital required is monitored	
Standard E6	The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.					
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check prescriptions are not written with brand name	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	Essential newborn care, Newborn Resuscitation, management of hypothermia. LBW, Fluid management, hypoglycaemia, neonatal jaundice, ETAT etc	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per protocols and &Check for 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	High alert drugs are identified in the department.		SI/OB	Electrolytes like Potassium chloride, Hydrocortisone, Phenobarbitone etc. as applicable	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		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 nurses and doctor. A system of independent double check before administration, Error prone medical abbreviations are avoided	
ME E7.2	Medication orders are written legibly and adequately	There is a process to ensure that right doses of drugs are given only		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided	
		Every Medical advice and procedure are accompanied with date, time and signature		RR	Verify case sheets of sample basis	
		Check for the writing to ensure that it is comprehensible by the clinical staff		RR/SI	Verify case sheets of sample basis	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with leftover content intended to be used later on .In multi dose vials, needle is not left in the septum	
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available in SNCU and its reporting is in practice.	
ME E7.4	There is a system to ensure right medicine is given to right new-born	Fluid, drug & dosages are calculated according to body weight		SI/RR	Check for calculation chart	
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff is competent for fluid calculation.	
		Check Nursing staff is aware 7 R's of Medication and follows them		SI/OB	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation	
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage					
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	New-born progress is recorded as per defined assessment schedule		RR	Check BHT is updated following each reassessment	
ME E8.2	All treatment plan prescription/orders are recorded in the new-born records.	Treatment plan are written on BHT and all drugs are written legibly in case sheet.		RR	(1) Check Medication order, treatment plan, lab investigation & nursing charts are recorded adequately (2) Check change in treatment plan is also mentioned in case new born condition deteriorate	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME E8.3	Care provided to each new-born's recorded in the new-born 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	Resuscitation, suctioning, phototherapy etc	
ME E8.5	Adequate forms and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for neonatal case record sheet, Treatment continuation sheet, monitoring sheet, referral form, discharge form, discharge card, normographs, new born examination from head to toe for common birth defects etc. Check standardized forms & formats are being used	
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, Diet register, Linen register, Drug indent register etc	
		All register/records are identified and numbered		RR	Check records are numbered and labelled legibly	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB/ RR	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only	
Standard E9	The facility has defined and established procedures for discharge of patient.					
ME E9.1	Discharge is done after assessing new-born readiness	NBSU has established criteria for discharge of the new-born		SI/RR	(1) Baby is maintaining normal body temperature (in room temperature/when cared by the mother) (2) Baby not requiring IV fluids/ medications (3) Baby is accepting breastfeeds/assisted feeds well and gaining weight for 3 consecutive days (4) IV antibiotic therapy has been completed (5) Baby admitted for neonatal jaundice and has completed treatment with phototherapy. Check criteria is followed to discharge the baby from NBSU	
		Assessment is done before discharging new-born		SI/RR	Complete assessment of baby's condition is done before the discharge	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Discharge is done by a responsible and qualified doctor		SI/RR	(1) Preferably Paediatrician. Or Doctor on duty in consultation with paediatrician (2) Treating doctor is consulted/ informed before discharge of patients	
		New-born/ attendants are consulted before discharge		PI/SI	Time of discharge is communicated to patient in prior	
ME E9.2	Case summary and follow-up instructions are provided at time of discharge	Discharge summary adequately mentions patient clinical condition, treatment given and follow up		RR/PI	See for discharge summary, referral slip provided.	
		Discharge summary is give to patients going in LAMA/Referral patient		SI/RR	(1) Check Birth weight, discharge weight, length and head circumference are mentioned in the discharge summary. (2) Check Baby have received the following vaccines- BCG, zero dose OPV (can be given till 14th day of life) and birth dose of hepatitis B (within 24 hours of birth).	
		There is procedure for clinical follow up of the new born by local CHW (Community health care worker)/ASHA		RR/SI	NBSU has system in place to send communication to CHW/ASHA regarding discharge of baby from NBSU	
ME E9.3	Counselling services are provided as during discharges wherever required	Parent/attendants are trained & confident to provide care after discharge		PI/SI	Training has been given for nutrition, immunisation, understanding baby cues and danger signs. Ask parent / attendant if they have been trained	
		Check with mother/ attendant the key points explained during counselling		PI	Breastfeed infant exclusively, keep infant warm, keep cord clean and dry, importance and correct method of handwashing & danger signs*. (*Danger signs: Refusal to feed; Fast or difficult breathing, Cold or Hot to touch, jaundice involving palms and soles Pallor/Cyanosis, Abdominal distension, Abnormal movements, Bleeding from any site or Diarrhoea with blood in stool)	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc.	Declaration is taken from parent's/ guardian of the LAMA patient		RR/SI		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
Standard E10	The facility has defined and established procedures for Emergency Services and Disaster Management					
ME E10.1	There is procedure for receiving and triage of patients	Triaging of new born as per guidelines		SI/RR	Staff competent for sorting& prioritizing the newborn's management i.e. EPN (Emergency sign, priority sign & non urgent sign)	
		Check staff receiving the newborn are aware of Emergency clinical signs		SI	(1) Low body temperature (Temp.<35.5 °C) (2)Not breathing at all "OR" gasping respiration (3) Severe respiratory distress (4) Central cyanosis (5) Shock (6) Convulsions/ Unconsciousness	
		Staff is aware of common action for Management of emergency signs in newborn		SI	1. Maintain temperature. Keep the newborn under a radiant warmer. Remove cold or wet clothing. 2. Position and clear airway, if required. 3. Oxygen: Check oxygen saturation using pulse oximeter. Maintain SpO2 between 91-95%. Give oxygen to newborns with saturation value of 90 or less. 4. Prevent and Treat hypoglycaemia: Check blood glucose. If hypoglycaemic (blood glucose <45 mg/dl), give 2 ml/kg body weight of 10% Dextrose, through IV route and start GIR @6mg/kg/min. If blood glucose cannot be checked quickly, assume the baby to be hypoglycaemic and administer IV glucose. If an IV line cannot be established quickly, provide 2 ml/kg body weight of 10% glucose or expressed breast milk through a nasogastric tube. 5. Refer all newborns with emergency signs after stabilization. 6. Give fluids if newborn is not able to feed. 7. Give pre-referral dose of antibiotics before referral i.e. ampicillin and gentamicin	
ME E10.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/ RR		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME E10.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	NBSU has provision of Ambulances to refer the case to higher centre		SI/RR	The transport vehicle is provided free of cost through the National/State Ambulance Service.	
		Ambulance has provision/ method for maintenance of Warm chain while referring baby to higher centre		SI/RR/ OB	Ambulance/transport vehicle have adequate arrangement for : (1) Suction pump- manual/ electric(2) Flow-meter with humidifier(3) Oxygen cylinder (4)Stethoscope (5)Laryngoscope& ET Tubes (2.5,3 & 3.5) (6)IV fluid stand/hook(7) Glucometer (8) Pulse oximeter with neonatal probes (9) Gloves, surgical masks, hand rub (10) Self-inflating silicone bags (250 and 500mL) (11) Ventilation mask (12) Mucous sucker (13) 5-10 mL Syringes, needles (14) Intracath- 24 G (15) Thermometer (16) Naso-gastric tube (17) Adhesive plaster	
		Transfer of patient in Ambulance /patient transport vehicle is accompanied by trained medical Practitioner		SI/RR/ OB	Check Constant vigilance (maintaining TOPS_ temp. oxygen, perfusion & sugar) during journey.	
		NBSU has system to periodic check of ambulances/transport vehicle by driver/ paramedic staff and counter checked by NBSU staff		SI/RR	Check if NBSU staff checks ambulance preparedness in terms of necessary equipment, drugs that may be required in transit	
Standard E12	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.					
ME E12.5	There is established procedure for transfusion of blood	Patient's identification is confirmed & Consent is taken before transfusion		RR		
		Protocol of blood transfusion is monitored & regulated		RR/ SI	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person	
		Blood transfusion note is written in patient records		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME E12.6.	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR/ SI	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction	
Standard E15	The facility has defined and established procedures for end of life care and death					
ME E15.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure which respects sensitivities & sentiments to communicate death to parents/guardian		SI/ PI		
		SNCU has system for conducting grievance counselling of parents in case of newborns' mortality		SI/ PI/ OB	Bad news/adverse event/ poor prognosis are disclosed in quite & private setting	
ME E15.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per new born death review guidelines		RR	New born death are recorded as per CDR guideline. Death note including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	
ME E15.3	The facility has standard operating procedure for end of life support	Parents/ guardians are informed clearly about the deterioration in health condition of Patients		SI/RR/ PI	(1) Provide clear & honest information in supporting & caring manner (2) Avoid negative comments about parents, referring physician. (3) There is a procedure to allow parents to observe patient in last hours	
Standard E19	The facility has established procedures for care of new born, infant and child as per guidelines					
ME E 19.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child	
ME E 19.2	Triage, assessment & management of newborns having emergency sign are done as per guidelines	Rapid assessment of sick neonates is done for prioritizing management in NBSU		SI/RR	Staff is aware of Triage or sorting categories to prioritize management i.e. EPN (Emergency sign, priority sign & non urgent sign)	
		Staff is aware of emergency signs in Sick new born & action required		SI/RR	(1) Hypothermia temp.< 35.5 °C, (2) Apnoea or gasping breathing, Severe respiratory distress rate > 70/min , severe retraction, grunt, (3) Central cyanosis, shock, cold periphery, CFT>3 sec, weak or fast pulse, (4) coma, convulsion &encephalopathy. Action: Urgent intervention, Stabilize and refer to SNCU	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Staff is aware of priority signs in Sick new born & action required		SI/RR	(1) Weight less than 1800 g (tiny neonates) or >3800g. (2) Temp. 36.5 °C -35.5 °C, (3) Lethargy/irritable/restless/jittery (4) refusal to feed (5) respiratory distress rate > 60, no or minimal retraction, (6) abdominal distention, (7) severe jaundice appear in <24hrs/ stains palms and soles/lasts >2 weeks, severe pallor, (8) bleeding from any site, (9) congenital malformation, Action: immediate assessment, attended on priority & need to be admitted in NBSU or referred to SNCU	
		Staff is aware of non urgent signs in Sick new born & action required		SI/RR	(1) Minor birth trauma, (2) superficial infection, (3) minor malformation, (4) possetting, (5) transitional stools, (6) jaundice. Action- Assess & treat as per neonate's requirement	
		Staff is aware of Management of emergency conditions		SI/RR	Check for Temp., Airway breathing, circulation, coma or conversation, Severe dehydration & hypoglycaemia (1) Cold to touch (Abdomen): Re warm under radiant warmer (Put the baby skin to skin if warmer is not available), assess the temp every half an hour (2) Apnoea or gasping breathing : Manage airway, administer Positive pressure ventilation with bag & mask (3) Central cyanosis or Severe respiratory distress, lower chest drawing, grunting &, give oxygen, monitor oxygen saturation with pulse oximeter (3) Capillary filling time >3, weak or fast pulse>160: Give 10ml/kg normal saline over 20- 30 min, repeat the bolus, if circulation does not improve, (4) Convulsion: Manage airway, check & correct hypoglycaemia, if convulsion continue give IV calcium, if convulsion still continue give anticonvulsant. (5) Diarrhoea plus any two sign (a) Lethargy (b) Sunken eyes (c) Very slow skin pinch - Insert IV line & began giving fluids rapidly, make sure neonate is warm Refer after administering pre referral dose of antibiotics IV fluid or oxygen as required	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Staff is able to demonstrate the steps of positive pressure Ventilation using self inflating bag		SI/RR	<p>(1) Place the newborn on a firm, flat surface with head in the neutral position and place the face mask covering the chin, mouth and nose, but not the eyes.</p> <p>(2) Stand at the head end of the newborn and squeeze the bag 40- 60 times per minute using the dominant hand.</p> <p>(3) Look for chest rise and check for effective PPV.</p>	
		Staff is aware of indications of Effective PPV		SI/ RR	<p>Check for heart rate after 30 seconds of effective ventilation:</p> <p>a. If the heart rate is above 60 beats per minute (bpm), continue PPV.</p> <p>- Ventilate for 30 seconds and check HR and breathing. If HR is more than 100 bpm, stop PPV and determine if the newborn is breathing spontaneously: (If the respiratory efforts are good and rate is normal (40 to 60 breaths per minute), stop ventilating;_</p> <p>-If the newborn is gasping or not breathing, or the respiratory rate is less than 20 breaths per minute, continue ventilating. Monitor heart rate and breathing every 30 seconds during bag and mask ventilation.</p> <p>- If the newborn is not breathing regularly after 2 minutes of ventilation: (Insert an Oro-gastric tube to empty the stomach of air and secretions; Continue ventilation with oxygen)</p> <p>b. If heart rate is less than 60 bpm, initiate chest compressions along with PPV. Rate is 90 chest compressions, coordinated with 30 breaths per min (ratio 3:1), three compressions and one breath to be delivered in 2 seconds. After one minute of coordinated chest compression with PPV, monitor HR.</p> <p>- If HR continues to be less than 60 bpm, administer inj. Adrenaline and continue chest compression with ventilation.- Arrange for referral</p>	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check staff is competent to manage newborn presenting with shock		SI/ RR	Maintain temperature, airway, oxygen saturation(91-95%), and glucose levels: Give IV fluid bolus 10 mL/kg normal saline over 20-30 minutes. Repeat bolus, if circulation does not improve. (1)Administer IV fluids in superficial distal veins over dorsum of hands or feet are preferred. (2) Fluid administered using a micro drip set or an infusion pump. Each mL of micro drip set equals 60 micro drops; thus, the amount of fluid required in mL/hour equals number of drops per minute. Monitor the baby for : Heart rate [decrease in heart rate by at least 10 beats per minute] • Respiratory Rate (normalization of RR) • Capillary refill time (Improvement of CRT) • Oxygen saturation (Improvement in SpO2)	
		Check staff is able to identify the signs of overhydration		SI/ RR	(1) Puffiness of eyes (2)Weight gain (3) Increasing liver size on per abdomen examination	
		Check staff is competent to manage new born presenting with Convulsions/ Unconsciousness		SI/ RR	Maintain temperature, airway, oxygen saturation (91-95%), and glucose level. (1) Check glucose levels; if blood glucose <45mg/dl, then treat with 10% dextrose . (2) Give IV 10% Calcium gluconate at 2ml/kg (in equal dilution with distilled water), slowly over 5-10 minutes under cardiac monitoring. (3) If seizure persists, start Injection Phenobarbitone 20mg/kg loading dose (diluted with normal saline) over 20 minutes prior to referral. (4) For newborns with signs of serious bacterial infection or sepsis, give first dose of antibiotic before referral.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check staff is competent to manage newborn presenting with hypoglycaemia		SI/ RR	<p>a. If blood Sugar >45mg: Give breastfeed/20-30ml EBM/ top feed, continue feeding and ensure 6 hourly blood sugar estimation.</p> <p>b. If blood glucose <45mg/dl by glucometer (if possible get confirmation done by plasma blood sugar levels), give treatment.</p> <p>-Asymptomatic newborn: Provide one oral feed (direct breastfeed or EBM 20ml by spoon).</p> <p>Assess blood sugar after an hour, if blood sugar remains below 45mg/dl, treat with IV dextrose as for symptomatic newborn</p> <p>-Symptomatic newborn (lethargy, limpness, sweating, respiratory distress, apnoea etc.): Give a bolus of 10% Dextrose @2ml/kg slowly over a minute (If IV access is difficult, give the same amount through OG tube) and follow by Dextrose infusion @6mg/kg/min.</p> <p>Start infusion of dextrose containing fluid at the daily maintenance volume according to the baby's age so as to provide a glucose infusion rate (GIR) of 6 mg/kg/min.</p> <p>- Repeat blood glucose after half an hour. Refer to SNCU</p>	
ME E19.3	Management of Low birth weight newborns is done as per guidelines	Staff is competent of management protocols of babies < 1800 gm (34 weeks)		SI/RR	<p>Use of Overhead radiant warmer or incubator to keep baby warm. Regular monitoring of axillary temp at least once every 6-8 hrs.</p> <p>Planning the nutrition and fluids of babies considering type of feeding, quantity, frequency and modality of feeding.</p>	
		Staff is competent of frequency & type of feeding to LBW		SI/RR	<p>LBW babies should be fed with mother's milk every 2 hrs and the amount to be fed should be calculated according to the weight and day of life. Breast milk is the ideal feed for all infants.</p> <p>Minimum enteral feeds: Small volume of expressed mother's breastmilk orogastric is given to stable babies (1200- 1800gm).</p>	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check feeding initiation protocol for stable babies is followed		OB/RR	Charts reflecting baby's weight, mode of feeding and age of baby is available & followed	
		Check staff is aware of fluid management in small & sick newborns who can not be given enteral feed		SI/ RR	Check charts for daily fluid requirement of neonate (ml/kg/day) _ (based on Birth weight) & days of life is followed	
		Check total daily requirement is estimated as per guidelines		SI/RR	Check quantity given is monitored & charted	
		Check staff skill for various techniques/modes of feeding to LBW		SI/RR	<p>Techniques: Minimum entral feeds : Small volume of expressed breastmilk i.e. 12 to 24 ml/kg/day given every 1-3 hours delivered intra gastric.</p> <p>Non nutritive sucking: In premature or small babies - to develop sucking behaviour & improve digestion of feed</p> <p>Gavage feeds: Using feeding catheter - baby is fed with 10 ml syringe (without plunger) attached toward outer end of tube & milk is allowed to trickle by gravity. The baby should be placed in left lateral position for 15-20min to avoid regurgitation.</p> <p>Katori Spoon Feed: Feeding with spoon or paladai, specially neonates with gestation of 30-32 weeks or more are in position to swallow. Take required amount of expressed breast milk in katori, place the baby in semi upright posture. Fill the spoon with milk, a little short of brim, place it at lips of the baby and let the milk flow into babies mouth slowly, the baby will actively swallow the milk</p>	
		Check staff is aware of type of fluids administer to newborns		SI/RR	<p>During the first 2 days of life, give 10% dextrose as IV infusion.</p> <p>After the first 2 days of life, use IV dextrose with low sodium, such as Isolyte P.</p>	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check staff is competent in IV fluid administration & fluid requirement calculation		SI/ RR	<p>(1) Use syringe infusion pump or paediatric microdrip infusion set to administer IV fluids in newborns.</p> <p>(2) Calculate the drip rate: first calculate the total fluid requirement per day and divide by 24. This will give the estimate of fluids in ml per hour which can be set on the syringe infusion pump. In microdrip set, 1 ml=60 micro drops. The number of drops per minute is equal to ml of fluid per hour. So if a baby needs 5 ml/hour, then set the drop rate at 5 drops per minute).</p> <p>(3) Record the drip rate and volume infused every hour in the case sheet.</p> <p>(4) Weigh the infant daily. Watch for weight loss/gain and urine output and increase/reduce IV fluids accordingly.</p> <p>(5) Check IV catheter site for signs of leakage, swelling or redness.</p> <p>(6) Introduce breastfeeding or milk feeding by orogastric tube as soon as safe</p>	
		Staff is following IV fluid to feeding transition protocols		SI/ RR	<p>(1) Whenever baby is shifted from IV fluids to enteral feeds, the initial volume should be 12-24 mL/kg/day.</p> <p>(2) Increase the amount of enteral feeds to 20-30ml/kg/day, signifying that smaller increments are to be done in smaller babies.</p> <p>(3) The volume of enteral feeds introduced should be subtracted from total fluid requirement per day. Give rest as IV fluids. The total daily fluid requirements is to be met from feeds and fluids.</p> <p>(4) IV fluids can be omitted when the baby is able to consume feeds equal to two-thirds of total fluid requirement. When the baby is not on breastfeeding, put baby on the empty breast (after milk expression), before every feed to help promote lactation and enable the baby to learn how to suck (non-nutritive sucking). weight gain for consecutive days.</p>	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Staff is competent to manage apnoea in very small babies		SI/ RR	<p>If there is slow breathing with prolonged intermittent pauses (lasting >20 seconds) with or without central cyanosis or bradycardia, it means newborn has apnoea.</p> <ul style="list-style-type: none"> • Monitor all small babies for occurrence of apnoea. • If the newborn stops breathing, stimulate the newborn to breathe by rubbing the newborn's back. • If the newborn does not begin to breathe by tactile stimulation, resuscitate the newborn using a bag and mask. • In addition, maintain temperature, oxygen saturation and glucose levels. • If the apnoeic episodes become more frequent, refer the baby to SNCU for further management 	
		Check precautions are taken to protect LBW baby from hypothermia		SI/RR	Heat loss is minimized by kangaroo-care and a cap on the head and socks on the feet	
		Staff is aware of assessment & grading of hypothermia		SI/RR	<p>Normal Axillary temp- 36.5 -37.5 °C Cold Stress- 36.4- 36 °C Moderate Hypothermia- 35.9- 32 °C Severe Hypothermia- <32 °C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch.</p>	
		Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia		SI/ RR	<p>LBW, preterm babies, hypoglycemia, sclerema, and internal bleeding</p> <p>Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/apnoea etc</p>	
		Staff is aware of management of mild hypothermia (temp <35.5- 36.4 °C)		SI/RR	<p>(1) Provide KMC to re warm baby with mild hypothermia or warm the room using radiant heater or other heating devices if KMC is not possible.</p> <p>(2) Cover adequately & ensure to replace cold clothes with warm clothes</p> <p>(3) Keep room warm (26-28 °C) & draught free</p> <p>(4) Continue breastfeeding</p> <p>(5) Monitor temp. & capillary filling time during re warming. Watch for apnoea and hypoglycaemia.</p> <p>(6) Monitor axillary temp every 1/2hr till it reaches 36.5 °C, then hourly for next 4 hrs, 2 hrly for 12 hrs thereafter 3 hrly as routine</p>	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Staff is aware of management of severe hypothermia (temp <35.5 °C)		SI/RR	Remove cold clothes from baby and replace with warm clothes Place under radiant warmer or one may use room heater or other means to warm baby monitor temp every 15-30 min, monitor BP, HR, temp & glucose as needed. Additional - Start IV 10% dextrose, if perfusion is poor, give 10ml/kg of ringer lactate or normal saline. Give Vit K -1mg I/M & provide oxygen & monitor SpO2. Assess for sepsis	
		Staff is able to demonstrate the process of Kangaroo mother care Protocols		SI	Counsel the mother and take consent for initiating KMC. Give mother/care taker front open loose shirt or blouse Guide the mother/ care taker to sit in semi reclining position on chair or bed Unbutton top 2-3 buttons and slip baby with only napkin, socks and cap on, into shirt Ensure skin to skin contact b/w baby and care taker Baby should be in frog like position with head turned to one side and placed between mother's breast Tie a string at belt level to prevent the baby from slipping down Cover mother and baby dyad with woollen or sheet Encourage frequent breastfeeding	
		Check nutritional supplements are started in all LBW babies once baby start accepting full oral feed		SI/ RR	Vitamin D: All LBW infants, who are exclusively breastfed should receive 400 IU daily of vitamin D. The supplementation should continue until one year of age. Multivitamin drops with zinc: All LBW infants, who are exclusively breastfed should receive 1 ml/day from 2 weeks of age, till 40 weeks. Calcium and phosphorous: All very low birth weight babies (birth weight < 1500 gms) should receive elemental calcium and phosphorous at 120-160 mg/Kg/day and 60-80 mg/Kg/day, respectively. Iron: Elemental iron supplementation at 2 mg/Kg/day started at 2 weeks in <1500 grams	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME E19.4	Management of neonatal jaundice and sepsis is done as per guidelines	Staff is aware of identification features & management of physiological Jaundice		SI/ RR	(1) Icterus appears after 24-36 hours, peaks around 4-5th day (term), 7th day (LBW) (2) Serum bilirubin generally does not rise above 15 mg/dl in term and 12 mg/dl in preterm babies (3) Skin and eyes yellow, but none of the signs of abnormal jaundice Management: A baby with physiological jaundice can be sent home on exclusive breastfeeding. The baby should be re-assessed for any fresh symptoms or progression of jaundice, after 48 hours of discharge.	
		Staff is aware of identification features & management of pathological (abnormal) Jaundice		SI/ RR	(1) Starting on the first day of life (2) Lasting > 14 days in term and > 21 days in preterm infants (3) Severe jaundice: palms and soles of the infant are yellow	
		Clinical assessment of severity of Jaundiced neonate is done as per Kramer's criteria		SI/RR	Kramer's criteria: Jaundice limited to face: Serum Bilirubin- about 6mg/dl, Jaundice extended to trunk- 9mg/dl. Extended to abdomen-12mg/dl. Extended to legs -15mg/dl & Extended to feet & hand-19-20mg/dl.	
		Staff is aware of investigation to be done to guide the management		SI/RR	1. Total serum bilirubin. Plotting of values on AAP charts on bilirubin nomogram 2. Look for any associated risk factor like: Sepsis, asphyxia or haemolysis if suspected) - relevant investigations	
		Management of Jaundice is done as per protocols		SI/RR	Management directed toward reducing level of bilirubin & preventing CNS toxicity. Prevention of hyperbilirubinemia: by early & frequent feeding Reduction of bilirubin: Achieved by phototherapy and /or exchange transfusion	
		Staff is aware of when to start the phototherapy & how long it need to be continues		SI/RR	Phototherapy should be initiated (after sending blood sample for TSB), if: • Jaundice appears on day 1 • Jaundice is severe i.e. involving palms and soles • S. Bilirubin level is in phototherapy range as per American Academy of Paediatrics (AAP) charts. Continue phototherapy until the serum bilirubin level is 2-3 mg lower than the phototherapy range	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Normogram is used to imitate phototherapy & exchange transfusion		SI/RR	Check normogram is available & practiced for new born more than 35 week	
		Guidelines for phototherapy is readily available and being followed		SI/RR	For new born <35 week. Check the availability of comparative charts reflecting body weight, Serum bilirubin level (to state phototherapy) & Serum bilirubin Level (to refer the baby for exchange transfusion)	
		Staff is aware of precautions to be taken while giving phototherapy to baby		SI/RR	Baby should be naked eyes & genitals should be covered. New born should be kept at distance of more than 15-30 cm below light source. Frequent feeding every 2 hours & change in posture is promoted, once under phototherapy serum bilirubin must be monitored every 12 hrs or earlier if required	
		Check baby is monitored through out the phototherapy		SI/RR	Check the records baby's temperature is measured every 4 hourly to monitor for hypo/hyperthermia Check weight is taken daily Frequent breast feeding Increase in allowance for fluid, (if there is any evidence of dehydration) Position is changed frequently, after each feed (Low birth weight babies can have their socks, caps and mittens on, while under phototherapy)	
		Check the availability & use of fluxmeter		SI/RR	Use Fluxmeter to check for and ensure optimal irradiance.	
		Staff is aware of common side effects of phototherapy		SI/RR	1. Transient maculopapular rash on the trunk 2. Hyperthermia/ Hypothermia 3. Increased insensible water loss and dehydration 4. Loose stools 5. Bronzing of the skin	
		Staff is competent to identify when to refer the baby to higher centre		SI/RR	1. Serum bilirubin increasing despite phototherapy 2. Neurological signs are developed 3. Requiring exchange transfusion 4. Jaundice persisting after three weeks and/or associated with clay coloured stools	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Staff is aware of classification of neonatal sepsis		SI	Early onset sepsis (EOS): where sign & symptoms of sepsis appear within 72 hrs of birth due to pathogens in maternal genital tract or delivery area, respiratory distress due to congenital pneumonia. Late onset of Sepsis (LOS): where sign appear after 72 hrs of age due to pathogens from hospital or community. LO is commonly presented as Septicaemia, pneumonia, or meningitis	
		Staff is competent to identify the signs of neonatal sepsis		SI	(1) Clinical picture is highly variable. Signs & symptoms are minimal, subtle or non specific. (2) Clinical manifestation of neonatal sepsis : Lethargy, refuse to suckle, poor cry or high pitched cry or excessive cry, comatose, abd. Distension, diarrhoea, vomiting, hypothermia, poor perfusion, sclera, poor weight gain, shock, bleeding, renal failure, cyanosis, tachypnoea, chest retraction, grunt, apnoea, fever, seizures, neck retraction, bulging fontanel etc.	
		Staff is competent to identify clinical manifestation of meningitis		SI	Fever, seizures, blank look, high pitched cry or excessive crying/irritability, neck retraction & bulging fontanel	
		Laboratory investigations are performed to confirm neonatal sepsis		SI/RR	Indirect method: Leukopenia (TLC< 5000/cu mm), Neutropenia (ANC< 1800/cu mm), Immature neutrophil to total neutrophil ratio (>0.2), Micro ESR(>15mm 1st hour) positive C Protein. Any of the 2 or more test come positive indicate sepsis.	
		Supportive care is provided to manage new borns		SI/RR	Maintain TABC Ensure SPO2 -91-95% Maintain normothermia & normoglycemia Administer inj vit K 1mg IV, if there is active bleeding from any site Avoid enteral feed if hemodynamically compromised, give maintenance IV fluids (start orogastric feed as hemodynamically stable) Refer for exchange transfusion if there is sclerema	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Appropriate antibiotics are given according to age and weight of the baby		SI/ RR	Correct dose and frequency is given as per antibiotic therapy of neonatal sepsis Antibiotic therapy should cover the common bacteria viz, E .coli, Staphylococcus aureus and Klebsiella Pneumonia Every new born unit must have its own antibiotic policy based on profile of pathogen & local sensitivity pattern	
		Staff administer antibiotic as per protocols for confirmed Sepsis		SI/RR	1. Give Injection ampicillin and gentamicin, as first line of treatment. 2. Give cloxacillin (if available) instead of ampicillin, if there are extensive skin pustules or abscesses, as these might be signs of Staphylococcus infection. 3. Antibiotics should be given slowly, after dissolving in 5-10 ml fluid using a micro drip set or infusion pump. 4. Never mix two antibiotics in same syringe. 5. Baby who is being treated with antibiotics but fails to improve by 48-72 hours of admission :Refer to SNCU	
		Check algorithm & treatment charts for management of neonatal sepsis is available & practices		SI/RR	Antibiotic schedule & dosage including frequency, route and duration is available for neonatal sepsis & used	
		Staff provide antibiotic as per protocols for confirmed meningitis		SI/RR	Check availability charts for prescribing antibiotics for meningitis. Check charts reflect following information: Weight <2kg Inj Cefotaxime- 12 hrly (0-7 days of age) or 8 hrly (>7days of age), IV, for 3 weeks Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks Weight >2kg Inj Cefotaxime- 8 hrly (0-7 days of age) or 6 hrly (>7days of age), IV, for 3 weeks Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks.	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check staff is competent in treatment of local bacterial infections		SI/RR	1. If the umbilicus is red or draining pus; or if skin pustules are present, give oral antibiotic at treat at home. 2. Give oral amoxicillin twice daily for 5 days in cases with local bacterial infection	
		Staff is aware of when to refer the baby		SI/RR	(1) Any neonate with emergency signs or sepsis, who is being treated with antibiotics but fails to improve by 48-72 hours of admission, (2) Baby require exchange transfusion (& transfusion facility is not available	
ME E19.8	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	NBSU promotes initiation of breastfeeding within half an hour after birth		PI/ SI	Check with mother when she has provided breastmilk to baby after delivery	
		Check colostrum is given to baby & staff is aware of its importance		SI	Women produce colostrum in first few days after delivery. It is thick yellowish in colour & contain antibodies, white blood cells and other anti infective proteins. Importance: Help to fight diseases that baby is likely to be exposed after delivery. Help to clear baby's gut of meconium. Clear bilirubin from the gut & also help to prevent hyperbilirubinemia	
		No ghuttin, gripe water , honey or any other milk is given to baby		OB/PI	Usually reduce intake of breastmilk	
		NBSU ensures exclusive breastfeeding to babies during their stay in NBSU unless clinically indicated		PI/SI	(1) Check with mother how frequently she breastfed her admitted baby (At least 8 times per day (EBM or DHM) (2) No formula feeding unless prescribed by doctor	
		Check process in place to assess the milk intake among admitted babies		SI/PI	(1) By counting no. of wet diapers per day (6-8 time/day) (2) Weight gain (20-30 gm a day in 1st 3-4 months after regaining birthweight (3) Check records are maintained to monitor intake of babies	
		Staff is aware & practice assisted feeding techniques for babies unable to take feed		SI/RR	Gavage feeding, katori-spoon feeding /paladai feeding/ gastric tube	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Check NBSU provide assistance in positioning & attaching the baby to mother's breast		SI/PI	Check with mother if she has been taught/ guided to position & attach the baby	
		Check staff & mothers are aware of signs of proper position		SI/PI	(1) Baby's body is well supported (2) The head, neck & body of baby are kept in same plane (3) Entire body of baby faces the mother (4) Baby's abdomen touches mother's abdomen	
		Check staff & mothers are aware of signs of proper attachment		SI/PI	(1) Baby's mouth is wide open (2) lower lip turned outwards (3) Baby's chin turned mother's breast (4) Majority of areola is inside the baby's mouth	
		Check poster of proper positioning & attachment is displayed in Breastfeeding area in NBSU		RR	Poster explain Signs of proper positioning, attachment and suckling. Also explain disadvantages of not following proper positioning & attachment	
		Staff is aware of breastfeeding problems & its management		SI/PI	(1) Inverted/flat nipples - Treatment- A 20ml plastic syringe can be used to draw out nipple gently (2) Sore nipple, due to incorrect attachment or frequent washing with soap & water or pulling the baby off while he is still sucking- Treatment- Correct positioning & attachment. Apply hind milk after feed & nipple should be aired, to allow healing in between feeds. In case of fungal infection suspected- refer to specialist or provide anti fungal medication (3) Breast engorgement- Treatment - Ensuring early & frequent feeding & correct attachment. Apply local warm water packs & analgesics (paracetamol) . Milk should be gently expressed to soften the breast. (4) Breast abscess- treatment- treated with analgesics & antibiotics. The abscess is to incised & drained. (5) Reduced milk supply: if baby is not gaining weight- Ask mother to feed more frequently especially during night. Make sure proper attachment & back massage is useful for stimulating lactation	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		SNCU provides extra support to establish breastfeeding in mother's having pre term & LBW babies		SI/PI	(1) NBSU ensures mother has begin the expression of milk within 6 hrs of delivery. (2) Encourage the mother's to repeat expression of milk 8-10 times per day to maintain flow of production & to feed the baby (3) The baby should put in breast every 2-3 hrs for feeding or non nutritive suckling (NNS)	
		Check mother is encouraged to visit, touch and care her baby		SI/PI	Ask mother how often she visits her baby in SNCU	
		Check mothers are encouraged to learn milk expression		SI/PI	Both manual and through breast pump. Check instruction are displayed in milk expression room. Functional electrical pumps are available	
		NBSU has provision to collection, & storage breast milk		SI/OB	(1) Check availability of milk expression room & refrigerator to store milk (2) Unique ID of baby, date of expression of milk etc are mentioned in EBM	
		Expressed milk is stored at recommended temperature		SI/OB	EBM can be kept at room temp for 8 hours & in refrigerator for 24 hrs	
		NBSU promote feeding of breastmilk for sick and small new borns		PI/RR	Check Bed head tickets whether mother milk or milk substitute is prescribed for admitted new born. Give non compliance if milk substitute is prescribed (until clinically indicated)	
		Check breastfeeding policy is displayed		RR/ SI	Mentioning 10 steps of successful breastfeeding. Check Staff is able to explain at least 3 components of breastfeeding policy	
ME 19.9	The facility provides services as per Rashtriya Bal Swasthya Karykram	NBSU has functional referral linkage with DEIC		SI/RR	For developmental/ interventional facilities	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
	Area of Concern - F Infection Control					
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection					
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab 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. HAI reporting formats are available. Staff Know whom to report & action are taken on feed back.	
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc	
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 for Staff as well as mothers/care givers visiting regularly	
		Check each person enter NBSU after hand washing & gowning		OB		
ME F1.6	The facility has defined and established antibiotic policy	Check if 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 with running Water Facility at Point of Use		OB	At least 1 wash basin for every 5 beds	
		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	
		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	
		Separate Handwashing facilities are available for parent/ attendant		OB/SI	Only parents who follow the hygiene practices are allowed to provide care to their sick newborn	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME F2.2	The facility staff is trained in correct hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	(1) Ask for demonstration (2) Staff aware of when to wash hands	
		Check each person enter NBSU after hand washing & gowning		OB/ PI	Ask for demonstration - mothers/guardian are aware Steps of HW.	
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Mothers are aware of importance of washing hands. Washing hands after using the toilet/ changing diapers and before feeding children.	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB		
		Procedure for proper cleaning of site with antiseptics		OB/SI	e.g. 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	Handwashing b/w each patient & change of gloves	
		Availability of Mask caps & shoe cover		OB/SI		
		Availability of gown/ Apron & mask		OB/SI	Staff, visitors and parent/ attendants	
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 & other PPEs		SI/ OB	Ask for demonstration.	
		Mothers/parents are allowed to enter NBSU after gowning only		SI/ OB		
Standard F4	The facility has standard procedures for processing of equipment and instruments					
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure 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 1% Chlorine solution)	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
		Cleaning of instruments		SI/OB	(1) Cleaning is done with detergent and running water after decontamination (2) Cleaning of nasal prongs (used on newborn for oxygen therapy) twice daily with saline water (to avoid plugging by mucous or secretions)	
		Proper handling of Soiled and infected linen		SI/OB	No sorting, Rinsing or sluicing at Point of use/Patient care area	
		Staff know how to make chlorine solution		SI/OB	Staff is trained for preparing cleaning solution as per standard procedure	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Disinfection of instruments is done as per protocols		SI/OB	Achieve within 20 min contact period with 2% glutaraldehyde	
		Disinfection of individual items & utensils is done before use		SI/OB	(1) Individual item like stethoscope, thermometer, measuring taps, probe should be done with 70% isopropyl alcohol daily or whenever used for another baby. (2) Cup spoon and paladai are boiled for at least 15 min before use /after every feed	
		Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/Chemical Sterilization	
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time	
		Chemical sterilization of instruments/equipment is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization (4 hrs contact period), also how long the glutaraldehyde is active once prepared	
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment	
		Autoclaved dressing material & linen are used for NBSU		OB/SI		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
Standard F5	Physical layout and environmental control of the new-born care areas ensures infection prevention					
ME F5.1	Layout of the department is conducive for the infection control practices	Floors and wall surfaces of NBSU are easily cleanable		OB		
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of new-born care areas	Availability of disinfectant as per requirement		OB/SI / RR	Chlorine solution, Glutaraldehyde, carbolic acid	
		Availability of cleaning agent as per requirement		OB/SI / RR	Hospital grade phenyl, disinfectant, detergent solution, Lysol 5% or 3% phenol	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of new-born care areas	Spill management protocols are implemented		SI/RR	Check availability of Spill management kit, staff is trained for managing small & large spills, check protocols are displayed	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out. Use of three bucket system for mopping.	
		Cleaning equipment like broom are not used in patient care areas		OB/SI	Any cleaning equipment or activity leading to dispersion of dust particles in air should be avoided	
		External foot wares are restricted		OB	Check foot ware are changed before entry in NBSU	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	Check babies with diarrhoea, pyoderma, or any other contagious disease should not be admitted inside NBSU	
ME F5.5	The facility ensures air quality of high risk area	NBSU has system to maintain ventilation and its environment should be dust free		OB	Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.					
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB		
		Availability of Non chlorinated plastic colour coded plastic bags		OB		
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI		
		Segregation of infected plastic waste in red bin		OB		
		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 functional needle cutter & Puncture proof container		OB	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station	
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		OB	Bins should not be filled more than 2/3 of its capacity	
		Disinfection of liquid waste before disposal		SI/OB		
		Transportation of bio medical waste is done in close container/trolley		OB/SI		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
	Area of Concern - G Quality Management					
Standard G1	The facility has established organizational framework for quality improvement					
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined	
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done monthly		RR	Check minutes of meeting and monthly measurement & reporting of indicators	
Standard G2	The facility has established system for patient and employee satisfaction					
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR		
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		RR		
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		RR		
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.					
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system of daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Findings /instructions during the visit are recorded	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	1.Daily checklist has been prepared and is filled daily to monitor the preparedness and cleanliness 2. Staff is designated and trained for filling and monitoring of this checklist.	
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.					
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of services has been prepared and is formally approved	
		Current version of SOP are available with process owner		OB/RR	Check current version is available	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME G4.2	Standard Operating Procedures adequately describes process and procedures	NBSU has documented procedure for ensuring patients' rights including consent, privacy, confidentiality & entitlement		RR	Review the SOP has adequately cover procedure for taking consent, maintenance of privacy, confidentiality & entitlements	
		NBSU has documented breastfeeding policy		RR	Review the SOP has adequately explaining implementation of 10 steps of breastfeeding	
		NBSU has documented procedure for safety & risk management		RR	Check availability of risk management record/register to identify risk & action taken to address them	
		NBSU has documented procedure for support services & facility management.		RR	Documented procedure for preventive- break down maintenance and calibration of equipment, Maintenance of infrastructure, inventory management & storage, retaining ,retrieval of NBSU records	
		NBSU has documented procedure for general patient care processes		RR	Availability of documented criteria & procedure for triage, admission, training and engagement of parent-attendants in care provision, assessment & re assessment, follow up, referral & discharge of the patient	
		NBSU has documented procedure for specific processes to the department		RR	SNCU has documented procedure for key clinical processes including resuscitation, thermoregulation of new born, drugs,intravenous,and fluid management of new born	
		NBSU has documented procedure for infection control & bio medical waste management		RR	Check availability of documented procedure for infection control practices& BMW	
		NBSU has documented procedure for quality management & improvement		RR	Check availability of documented procedure for departmental quality activities viz: nomination of department Nodal officer, internal assessments, audits, patient satisfaction survey, internal & external quality assurance processes,	
		NBSU has documented procedure for data collection, analysis & use for improvement		RR	Check availability of documented departmental Data set needs to be measured monthly & procedure for their collection, analysis & improvement	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check if staff are aware of relevant part of SOPs		SI		
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed & used		OB/ SI	Grading and management of hypothermia, Expression of milk, Monitoring of babies receiving I/V, Precaution for phototherapy, Management of Hypoglycaemia, housekeeping protocols, Administration of commonly used drugs (pre referral dose of antibiotics, preparation of glucose infusions @6mg/kg/min for neonate >-1500gm using mixture of D10& D25 vol (ml. kg.d),doses of phenobarbitone etc), assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc.	
Standard G5	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit					
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment is done at least quarterly	
ME G5.2	The facility conducts the periodic prescription/ medical/death audits	New born/Child Death audit is conducted		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
		Medical audit is conducted		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
		Referral audit is conducted		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Checkpoints having partial and Non Compliances are listed	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism	

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report	
Standard G6	The facility has defined and established Quality Policy & Quality Objectives					
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of Quality Policy and objectives		SI/RR	Interview with staff for their awareness. Check if Quality Policy is displayed prominently in local language at Key Points	
Standard G7	Facility seeks continually improvement by practicing Quality method and tools.					
ME G7.1	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.	
		Process Mapping		SI/RR		
ME G7.2	Facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used	
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	Percentage of low birth weight babies		RR	No. of low birth weight babies (< 2500 gm but not < 1800 gm)	
		Bed Occupancy Rate		RR		
		Male: Female LAMA ratio		RR		
		No. of FPC sessions conducted in a month		RR	FPC register	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark					
ME H2.1	Facility measures efficiency Indicators on monthly basis	Percentage of very low birth weight babies survived		RR	No. of very low birth weight babies (< 1200 gm)/No. of Low birth+ Very low birth babies	
		Down time Critical Equipment		RR		
		Referral Rate		RR		
		Survival rate		RR	Discharge rate	
		Average waiting time for initiation of treatment		RR		

Reference no.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of verification	Remarks
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 newborn deaths among inborn weighting 2500gm or more		RR		
		Recovery rate		RR		
		Antibiotic use rate		RR		
		Average length of stay		RR		
		Percentage of newborn survived following Resuscitation		RR		
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR		
		Parent/care giver Satisfaction Score		RR		

**National Quality Assurance Standards
and Assessment Tools for
District Hospitals**

MusQan

District Hospitals

Checklist for Paediatric Outdoor Patient Department

Assessment Summary			
Name of the Hospital :			Date of Assessment :
Names of Assessors :			Names of Assesses :
Type of Assessment (Internal/External) :			Action plan Submission Date :
OPD Score Card			
Area of Concern Wise Score			MusQan OPD Score
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		
Major Gaps Observed			
1			
2			
3			
4			
5			
Strengths / Good Practices			
1			
2			
3			
4			
5			
Recommendations/ Opportunities for Improvement			
1			
2			
3			
4			
5			
Signature of Assessors :			
Date :			

MusQan

Checklist for Paediatric OPD

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility Provides Curative Services					
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic		SI/OB	(1) Dedicated Paediatric Clinic for diagnosis and treatment for common childhood ailments (2) Screening for admission (3) Follow up for care & care after discharge	
		Availability of services for early identification and intervention of 4 D's		SI/OB	Established linkage with DEIC (inhouse or referral)	
ME A1.5	The facility provides Ophthalmology Services	Availability of functional Ophthalmology Clinic		SI/OB	1. Ophthalmology Clinic providing Paediatrics consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	
ME A1.6	The facility provides ENT Services	Availability of Functional ENT Clinic		SI/OB	1. ENT clinic providing paediatrics consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	
		Availability of OPD ENT procedures		SI/OB	1. Check records no. of paediatric cases seen in past three months 2. Foreign Body Removal (Ear and Nose), Stitching of CLW's, Dressings, Syringing of Ear, Chemical Cauterization (Nose & Ear), Eustachian Tube Function Test, Vestibular Function Test etc.	
ME A1.7	The facility provides Orthopaedics Services	Availability of Functional Orthopaedic Clinic		SI/OB	1. Orthopaedic Clinic providing Paediatric consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	
		Availability of OPD Orthopaedic procedure		SI/OB	1. Check records for no. of paediatric cases seen in past three months 2. Plaster room procedure	
ME A1.8	The facility provides Skin & VD Services	Availability of functional Skin & VD Clinic		SI/OB	1. Skin & VD Clinic providing consultation paediatric services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME A1.10	The facility provides Dental Treatment Services	Availability of functional Dental Clinic		SI/OB	1. Dental Clinic providing consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	
		Availability of OPD Dental procedure		SI/OB	1. Check records for no. of paediatric cases seen in past three months 2. Accompanied by dental lab. Extraction, scaling, tooth extraction, denture and Restoration.	
ME A1.11	The facility provides AYUSH Services	Availability of Functional Ayush clinic		SI/OB	1. AYUSH Clinic providing Paediatrics consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	
ME A1.12	The facility provides Physiotherapy Services	Availability of Functional Physiotherapy Unit		SI/OB	1. Physiotherapy Clinic providing Paediatric consultation services (shared with main hospital) 2. Check records for no. of paediatric cases seen in past three months	
ME A1.13	The facility provides services for OPD procedures	Availability of Dressing facilities at OPD		SI/OB		
		Availability of Injection room facilities at OPD		SI/OB		
ME A1.14	Services are available for the time period as mandated	Check OPD Services are available atleast for 6 hours		SI/RR		
		Check emergency services are provided to paediatric cases even after OPD hrs		SI/RR	(1) Functional linkage with SNCU for all newborns (upto 28 days) (2) Functional linkage with emergency department for paediatric triage - assessment & stabilization	
ME A1.16	The facility provides Accident & Emergency Services	Availability of services for ETAT		SI/OB	Linkage with emergency department and inpatient services	
		Availability of services for sexually assaulted child		SI/OB	Provide first aid services , medical treatment & inform the police	
Standard A2	Facility provides RMNCHA Services					
ME A2.3	The facility provides Newborn health Services	Availability of immunization services		SI/OB	Availability of Functional immunization clinic	
ME A2.4	The facility provides Child health Services	Availability of Functional IYCF clinic		SI/OB	Assessment of physical growth & immunisation status and age-appropriate nutritional counselling services	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of promotion services of overall growth and development of children		SI/OB	Provision of health education, health & nutrition counselling	
Standard A3	Facility Provides diagnostic Services					
ME A3.1	The facility provides Radiology Services	Availability of Functional Radiology Services		SI/OB	Hassle free diagnostic services are available for paediatric cases	
ME A3.2	The facility Provides Laboratory Services	Availability of functional laboratory services		SI/OB	Availability of a dedicated Lab technician for sample collection of paediatric cases	
Standard A4	Facility provides services as mandated in national Health Programs/ state scheme					
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Screening and early detection of 4 Ds		SI/RR	Linkage with lower facilities, MMU, school health programme for management of 4 D's	
		Availability of DEIC		SI/RR	Facility for Occupational therapy & Physical therapy, Psychological services, Cognition services, Audiology, Speech-language pathology, vision, etc	
Standard A5	Facility provides support services					
ME A5.3	The facility provides security services	Availability of security services		SI/OB	Dedicated staff for paediatric OPD	
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	Dedicated staff for paediatric OPD	
ME A5.6	The facility provides pharmacy services	Availability of drug storage and dispensing services		SI/OB	Dedicated drug dispensing counter for paediatric OPD	
Standard A6	Health services provided at the facility are appropriate to community needs.					
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Special Clinics are available for local prevalent diseases/ endemics		SI/OB	Ask for the specific local health problems/ diseases .i.e. arsenic poisoning, endosulfane, hameophilia, Acute encephalitis Syndrome (AES) in children, followup for Birth defects etc.	
Area of Concern - B Patient Rights						
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities					
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental & directional signages		OB	1. Numbering, main department and internal sectional signage are placed. 2. Directional signages are available clearly indicating the paediatric OPD and its ancillary areas vis a vis counselling room, immunization room, breastfeeding corner, lab etc.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Display of layout/floor directory		OB	The layout should indicate the paediatric services vis a vis examination room, consultation room, immunisation, IYCF counselling, drugs dispensing, lab, imaging, emergency, SNCU, paediatric wards etc very clearly	
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	1. List of available Paediatric OPD Clinic/s 2. Timing for OPD (opening and closing) 3. Important numbers like ambulance ,blood bank etc 4. Turn around time for investigation, 5. grievance re addressal are displayed	
		Names of doctor on duty is displayed and updated		OB	Name of doctor, Nurse and Counsellor on duty are displayed and updated.	
		Entitlement under JSSK , RBSK, PMJAY and other schemes are displayed		OB	Relevant national or state guidelines are followed for provision of diagnostics, drugs, treatment of children.	
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter in OPD complex		OB	Check Citizen charter is shared with main OPD complex, it includes information on: 1. Services available at the facility 2. Timings of different services available 3. Rights of Patients 4. Responsibilities of Patients and Visitors 5. Beds available 6. Complaints and Grievances Mechanism 7. Mention of Services available on payment if any 8. Help desk number 9. Cycle time for Critical Processes	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	User charges if any, are displayed and communicated to parent-attendants.	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breastfeeding, Immunization schedule, Management of diarrhoea using Zn & ORS, SAANS campaign, nutrition requirement of children , KMC and hand washing etc	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Education material for counselling are available in Counselling room		OB	Education material, job aids, dolls, mama's breasts model etc are available for lactation and nutrition counselling	
		No display of poster/ placards/ pamphlets/ videos in any part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as mentioned under IMS Act		OB	Check in Immunization, paediatric OPDs, waiting areas etc.	
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in Immunization, paediatric OPDs , waiting areas etc. 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.	
		No information, counselling and educational material is provided to mothers and families on Formula Feed		OB	During counselling Mothers and families has been specially educated about ill effects of breast milk substitutes.	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information are available in local language	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB/SI	Enquiry /help desk is available with staff fluent in local language and well versed with hospital layout and processes	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	OPD slip with UID 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 manner that are sensitive to gender	Availability of Breast feeding corner		OB	Safe, secure, clean, calm environment and privacy is maintained for breastfeeding	
		Availability of female staff if a male doctor examines a female patient		OB	1. Due care is taken in examining older female child (she should be examined in the presence of a parent/ relative or a female staff. 2. Examination of mother for lactation support is also provided ensuring complete privacy and dignity	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Separate toilets for male and female		OB	Separate toilets for parent accompanying the children/ attendant	
ME B2.3	Access to facility is provided without any physical barrier and friendly to people with disabilities	Dedicated registration counter for paediatric cases		OB	Facility takes effort to ensure hassle free registration. Have dedicated counter/ separate counter in centralized OPD registration (provision of dedicated que for school going children)	
		Registration to drug processes are hassle free.		OB	Check computerised registration, token system for queuing and patient calling system with electronic display are available to systematise outpatient consultation.	
		Availability of Wheel chair or stretcher for easy Access to the OPD		OB	Dedicated wheelchair / stretchers are available for paediatric patients.	
		Availability of ramps with railing		OB	At least 120 cm width, gradient not steeper than 1:12	
		There is no chaos and over crowding in the OPD		OB	Preferably have digital public calling system for patients	
		Availability of differently abled toilet		OB	Wide , placed at lower level, supported with bars & door of toilet is opening outside	
		Availability of children friendly toilet		OB	Children friendly- two WC and a washbasin should be reserved for children visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).	
Standard B3	Facility maintains the privacy, confidentiality & dignity of patient and related information.					
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ curtain at Examination Area		OB	Curtain/screen are available in examination area	
		Availability of screen/ curtain at breastfeeding corner		OB	(1) Secondary curtain/ screen is used to create a visual barrier in breastfeeding area (2) Curtains/frosted glasses at windows for maintaining privacy	
		One Patient is seen at a time in clinics		OB	Only patient and the parent-attendant are permitted inside the clinic	
		Privacy at the counselling room is maintained		OB	Privacy (verbal and visual) of mother/parent is ensured while providing counselling services	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME B3.2	Confidentiality of patients records and clinical information is maintained	Records are placed at secure place beyond access to general staff and visitor		SI/OB	1. No information regarding patient/parent identity is displayed 2. Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language for patient or parent-attendant	
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 health conditions having social stigma are maintained		PI/OB	Check if HIV/leprosy/abuse cases etc is not explicitly written on case sheets/slips and avoiding any means by which they can be identified in public	
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.					
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent is taken from parent/guardian before any investigation		RR /PI	Explained about the whole process	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.		OB	Patient's rights & responsibilities are displayed (may be shared with main hospital)	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Parent- attendant is informed about the clinical condition and treatment been provided		PI	Ask parent attendants/ guardians about what they have been communicated about the clinical condition and treatment plan .	
		Pre and Post procedure counselling is given		PI/RR	Parent attendant/guardians are counselled before conducting a test, imaging, immunisation or any procedure. Ask parents if they have been counselled about the process and requirement.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
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	check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution	
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.					
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free OPD Consultation		PI/SI	For JSSK, RBSK, PMJAY entitlement or any relevant national and state guideline	
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	Ask parent attendants/ guardians if they purchased any drug/consumable from outside	
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	Ask parent attendants/ guardians if they got any diagnostic investigation done from outside	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free OPD Consultation for BPL patients		PI/RR		
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/RR		
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		RR/PI	1. Check for policy 2. Who can issue certificates 3. Formats which shall used 4. Record keeping of issued certificate procedures for issuing duplicate certificates 5. Check turn around time to issue certificate	
		Check hospital has documented policy for issuing disability certificates under RBSK		RR/PI	1. Check for policy 2. Who can issue certificates 3. Formats which shall used 4. Record keeping of issued certificate procedures for issuing duplicate certificates 5. Check turn around time to issue certificate	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
	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	Clinic has adequate space for consultation and examination		OB	a. Adequate Space in Clinic, ample space to seat 4-5 people b. The room has handwashing facility.	
		Availability of adequate waiting area		OB	a. Waiting area has adequate space and is adjacent or close to the paediatric clinic b. check ambience of the waiting area is child friendly vis a vis cartoon/animals/flowers painting on the wall, child play zone with safe toys, puzzles, blocks, stacking bottle tops and swings.	
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement in waiting area		OB	a. As per average OPD at peak time b. separate, movable, safe and comfortable chairs for children are available	
		Availability of sub waiting for separate clinics		OB	Separate seating arrangement for immunisation , IYCF Counselling centre, etc.	
		Availability of Drinking water		OB	See if water cooler is easily accessible to the visitors	
		Functional toilets with running water and flush are available		OB	Two WC and a washbasin should be reserved for children visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps).	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated examination area is provided with each clinics		OB	Examination table along with foot steps	
		Demarcated area for the assessment and examination of medico-legal cases		OB	Such as rape/sexual assault survivors in OPD / Linkage with emergency	
		Demarcated dressing area /room & injection room		OB	Can be shared with main OPD	
		Dedicated IYCF Counselling Centre		OB	Check availability of IYCF room	
		Dedicated immunization room for children		OB		
		OPD has separate entry and exit from IPD and Emergency		OB		
		Availability of clean and dirty utility room		OB		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Demarcated Drug dispensing counter for paediatric patients		OB	Separate pharmacy/ Separate dispensing counter at OPD pharmacy	
		Check paediatric complex/services are away from isolation and restricted areas		OB	TB clinic, isolation room, radiology etc.	
		Demarcated trolley/ wheelchair bay		OB	Available separately for children	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors at OPD are broad enough to manage stretcher and trolleys		OB	Corridor should be wide enough so that 2 stretchers can pass simultaneously	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services in clinics		OB	Check availability of functional telephone and intercom connections	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services		OB	Layout of OPD shall follow functional flow of the patients, e.g.: Enquiry Registration Waiting-Sub-waiting Clinic Dressing room/Injection Room/ immunisation Diagnostics (lab/X-ray) Pharmacy Exit	
		All clinics and related auxiliary services are co located in one functional area		OB	Paediatric OPD clinic, emergency, immunisation room, IYCF counselling centre, Pharmacy/drug dispensing counter and any other	
Standard C2	The facility ensures the physical safety of the infrastructure.					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires		OB	a. Switch Boards other electrical installations are intact. B. Check adequate power outlets have been provided as per requirement of electric appliances and c. Electrical points are out of reach of children / covered	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the department is non slippery and even		OB		
		Paediatric OPD is safe and secure		OB	Open spaces are properly secured to prevent fall and injury	
		Windows have grills and wire meshwork		OB		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard C3	The facility has established Programme for fire safety and other disaster					
ME C3.1	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire		OB	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points.	
ME C3.2	The facility has adequate fire fighting Equipment	OPD 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 as well as due date for next refilling is clearly mentioned.	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)	
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 paediatric specialist at OPD time		OB/RR	a. As per patient load b. 1 for every 50-60 cases; c. Check for specialist are available at scheduled time	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor		OB/RR	a. As per patient load b. Trained in paediatric care	
		Availability of Dentist		OB/RR	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	a. As per patient load At Injection room, OPD Clinics, immunisation room, IYCF Counselling room DEIC as Per Requirement	
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of paramedical staff		OB/SI	1 with each doctor where children are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged. Check dedicated staff is also available with IYCF counselling centre	
		Availability of staff for lab		SI/RR	A dedicated Lab technician for sample collection of paediatric cases	
		Availability of Nutrition Counsellor		SI/RR	A Nutrition Counsellor/ IYCF counsellor is appointed to manage this centre and is available for fixed hours (coinciding with timing of outpatient services) to counsel and address referral cases.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of technician/ Assistant		SI/RR	Audiometrician, Ophthalmic assistant, Dental technician (As per patient load & Shared with main hospital) a. Check services are available for paediatric cases, b. Check record how many paediatric cases have availed services in last three months	
		Availability of Physiotherapist & rehabilitation therapist		SI/RR	a. Check services are available for paediatric cases, b. Check record how many paediatric cases have availed services in last three months (As per patient load & Shared with main hospital)	
		Availability of dedicated staff for DEIC as per RBSK guideline		SI/RR	Availability of dedicated staff under RBSK: 1. Paediatrician 2. Medical Officer 3. Dentist 4. Physiotherapist / Occupational therapist / Early Interventionist with Physiotherapy/Occupational therapy background 5. Clinical Psychologist/ Rehabilitation Psychologist 6. Paediatric Optometrist 7. Paediatric Audiologist & Speech pathologist / Early Interventionist with Paediatric Audiology & Speech pathology background 8. Special Educator 9. Lab Technician 10. Dental Technician 11. Manager 12. DEO 13. Counsellor	
ME C4.5	The facility has adequate support / general staff	Availability of house keeping staff & security guards		SI/RR	Dedicated for paediatric opd	
		Availability of registration clerks as per load		SI/RR	Dedicated for paediatric opd	
Standard C5	Facility provides drugs and consumables required for assured list of services.					
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of injectables at injection room		OB/RR	ARV & TT	
		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	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Antiseptic lotion		OB/RR	As per State EDL	
		Dressing material		OB/RR	As per State EDL	
		IV fluids		OB/RR	As per State EDL	
		Eye and ENT drops		OB/RR	As per State EDL	
		Anti allergic		OB/RR	As per State EDL	
		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	
		Other drugs and materials		OB/RR	As per State EDL	
		Availability of vaccine as per National Immunization Program		OB/RR	As per Immunization schedule	
ME C5.2	The departments have adequate consumables at point of use	Availability of disposables at dressing room and clinics		OB/RR	Examination gloves, Syringes, Dressing material, suturing material etc.	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained at immunization room		OB/RR	AEFI Kit - 1 mL ampoule of adrenaline (1:1000) – 3 nos., 1 mL tuberculin syringes / 40 unit insulin syringes without fixed needles, 24/25 G needles of 1 inch length, Swabs. New-born resuscitation kit - Suction catheter (5F, 6F, 8F, 10F), bag and mask, laryngoscope, endotracheal tubes (2.5, 3, 3.5, 4 and stylets, umbilical catheters, three way stop check	
		Emergency Drug Tray is maintained at injection cum treatment room in OPD			Normal Saline (NS), Glucose 25%, Ringer Lactate (RL), Dextrose 5%, Potassium Chloride, Calcium Gluconate, Sodium Bicarbonate, Inj Pheniramine, Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate, Inj Phenobarbitone, Inj Phenytoin, Inj Diazepam, Inj Midazolam, Salbutamol Respiratory, Ipratropium Respirator solution for use in nebulizer, Inj Dopamine, I.V Infusion set, I.V Cannula (20G/22G/24G/26G) & Nasal Cannula (Infant, Child, Adult) & oxygen	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
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/RR	Non-invasive blood pressure monitoring (Paediatric and adult cuffs) -1 each, thermometer, Weighing scales (digital) for infants and children (1 each), stethoscope (paediatric), Stadiometer, Infant meter , Measuring tape	
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional equipment & Instruments for paediatric clinic		OB/RR	Spatula (disposable) -multiple torch Stethoscope (paediatric) Otoscope Resuscitation kit Direct Ophthalmoscope Paediatric Auroscope Ear speculum Magnifying glass Knee hammer	
		Availability of functional equipment & Instruments for IYCF nutrition counselling		OB/RR	Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) MUAC tapes, Mother Child Protection Card, Dolls and breast models (such as for demonstrating expression of breastmilk), Steel bowl, spoon	
		Availability of functional Equipment/Instruments for emergency Procedures		OB/RR	Self-inflating bags & mask with oxygen reservoir: newborn (250 ml), infant (500) & paediatric (750 mL), Newborn, Infant, child masks (00,0,1,2), Oxygen concentrator (if assured power supply) or oxygen cylinder (as backup) with regulator, pressure gauge and flow meter, Suction pumps (electric & foot operated), Nebuliser, Infusion pump, Laryngoscope handle and blades: curved 2,3; straight 1,2; handle 0 size, Pulse oximeter (adult / paediatric probes), Noninvasive blood pressure monitoring (infant, child cuffs)	
		Availability of functional Equipment/Instruments for Orthopaedic Procedures		OB	X ray view box, Equipment for plaster room - Traction etc.	
		Availability of functional Instruments / Equipment for Ophthalmic Procedures		OB	Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of Instruments/ Equipment Procedures for ENT procedures		OB	Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument Set	
		Availability of functional Instruments/ Equipment for Dental Procedures		OB	Dental chair, Air rotor, Endodontic set, Extraction forceps	
		Availability of functional Equipment/Instruments for Physiotherapy Procedures		OB	Traction, Short Wave Diathermy, Exercise table etc.	
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 maintenance of cold chain		OB	Deep freezer and ILR , insulated carrier boxes with ice packs	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & disinfection		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush	
		Availability of equipment for sterilization		OB	Autoclave	
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Spot light, electrical fixture for equipment, X ray view box	
		Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard, wheelchair, trolley, Almirah/ wall mounted cabinets (for storage of consumables, records) etc.	
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	Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management & Infection control and hand hygiene, Patient safety	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Training on IYCF		SI/RR	Especially for lactation failure or breast problems like engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV positive mothers. At least two service providers trained in advanced lactation management and IYCF counselling skills should be available to deal with difficult and referred cases.	
		Training for RBSK		SI/RR	screening, diagnosis , management and referral	
		Training on F-IMNCI		SI/RR	Emergency triage, Resuscitation, monitoring & stabilization	
		Training on Quality Management		SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of checklist for quality improvement	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Check facility has system of on job monitoring and training		SI/RR	Check supervisors make periodic rounds of department and monitor that staff is working according to the imparted training. Also staff is provided on job training wherever there is still 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 equipment are covered under AMC including preventive maintenance		SI/RR	1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC.	
		There is system of timely corrective break down maintenance of the equipment		SI/RR	1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown.	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	1.BP apparatus, thermometers, weighing scale etc. are calibrated. 2.Check for calibration records and next due date	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas					
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is process for indenting consumables and drugs in injection/ dressing and immunisation room		SI/RR	1. Requisition are timely placed (check with registers) 2. Monthly vaccine utilization including wastage report is updated 3. Stock level are daily updated	
		Check drugs are available in paediatric doses/ formulation		OB/RR		
		Forecasting of drugs and consumables is done scientifically based on consumption and disease load		RR/SI	Staff is trained to forecast the requirement using scientific system	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in emergency tray and drugs dispensing counter and are labelled		OB	1. Check drugs and consumables are kept at allocated space in emergency tray and drugs dispensing counter 2. Drug shelves are labelled. 3. Look alike and sound alike drugs are kept separately 4. EARLY EXPIRY FIRST OUT (EEFO) is practised	
		Vaccine are kept at recommended temperature at immunization room		OB	1. Daily cleanliness of cold chain equipment; 2. Twice daily temperature recording	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry & near expiry dates for injectables are maintained at injection and immunization room		OB/RR	Records for expiry and near expiry drugs are maintained for stored drugs	
		Expiry & near expiry dates are maintained at emergency drug tray and drug dispensing counter		OB/RR	Expiry dates against drugs are mentioned at emergency drug tray and drug dispensing counter	
		No expired drug found		OB/RR	At drug dispensing counter and emergency tray	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	Minimum reorder level is defined and buffer stock is kept	
		Department maintains stock and expenditure register of drugs and consumables		SI/RR	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is no stock out of vital and essential drugs		SI/RR	There is procedure for replenishing drugs in emergency tray and drug dispensing counter	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME D2.7	There is 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	1. Check for temperature charts are maintained and updated periodically 2. Refrigerators meant for storing drugs should not be used for storing other items such as eatables	
		Cold chain is maintained at immunization room		OB/RR	Check for four conditioned Ice packs are placed in Carrier Box, DPT, DT, TT and Hep B Vaccines are not kept in direct contact of Frozen Ice line	
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.					
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination in clinics & procedure area		OB	Examination table, Dressing room, injection room, circulation area, counselling room, immunization room, drugs dispensing counter and waiting area	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed at a time in clinic		OB/SI	1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time	
		Limited number of attendant/ relatives are allowed with patient		OB/SI	As per hospital policy	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in clinics & waiting areas		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement	
ME D3.4	The facility has security system in place at patient care areas	Hospital has sound security system to manage overcrowding in OPD		OB/SI	1. Dedicated security guards. 2. Functional CCTV at all entrance, all exit and circulation areas (may be shared with main hospital)	
ME D3.5	The facility has established measure 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 & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered, painted & building are white washed in uniform colour		OB	1. Building is painted/ whitewashed in uniform colour 2. Paediatric OPD is easy to identify	
		Ambience of paediatric OPD is bright and child friendly		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks, patient care and circulation areas are Clean		OB	1. All area are clean with no dirt, grease, littering and cobwebs. 2. Surface of furniture and fixtures are clean 3. Cleanliness and maintenance of child zone including their swings and toys is ensured	
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern	
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	
		Patients Examination couch / beds are intact and painted		OB	Mattresses are intact and clean	
ME D4.4	Hospital maintains the open area and landscaping of them	Gardens and child zone are well maintained		OB	1. No overgrown bushes /trees 2. Bushes / trees are shaped as animal/birds/child friendly topiaries	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material lying in the OPD		OB	Check if any obsolete article including equipment, instrument, records, drugs and consumables	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	(1) No lizard, cockroach, mosquito, flies, rats, bird nest etc. (2) Anti Termite treatment on wooden items on defined intervals	
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 portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI		
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OPD		OB/SI	1. Check for availability of power backup 2. Uninterrupted power supply for cold chain maintenance	
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	All children below two years are directed from outpatients to the counselling centre for assessment of physical growth & immunisation status (if not already done in the Paediatric Clinic) and age-appropriate counselling services	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard D7	The facility ensures clean linen to the patients					
ME D7.1	The facility has adequate sets of linen	Availability of linen in examination area		OB/RR	1. Adequate linen is available in examination area. 2. Child friendly bright coloured and soft linen is used	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Cleanliness & Quantity of washed linen is checked.		OB/RR	(1) A person is dedicated for management of OPD laundry. (2) Records are maintained	
Standard D10	Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government					
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	IMS Act 2003		OB/ RR	1. Check staff is able to explain the key messages of IMS Act (At-least 3 messages) (a) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (b) prohibition of providing free samples and gifts to pregnant women or mother, (c) prohibit donation of free or subsided free samples, (d) prohibit any contact of manufacturer or distributor with staff 2. Hoarding describing the provision of IMS act is displayed in the facility	
		Protection of children from Sexual offenses Act 2012 & guidelines 2013		OB/ RR	Check staff is aware of key points of medical examination of sexually assaulted child (1) Take written Consent from parents / guardian (2) Document the question asked (3) Ensure adequate privacy (4) Ask the child whom they would like to accompany them during physical examination (5) If child resist, examination may be deferred (6) If the victim is girl child assessment shall be conducted by women doctor	
		Code of Medical ethics 2002		OB/ RR		
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		PI		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.					
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 of recording time of reporting and relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department		SI		
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy	
Standard D12	Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations					
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/Laundry/ Security/Maintenance) provided are done by designated in-house staff	
Area of Concern - E Clinical Services						
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.					
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated during process of registration & admission		RR	Check for patient demographics like baby Name, father's/ mother's name , age, Sex, Chief complaint, etc. are clearly recorded	
		Patients are directed to relevant clinic by registration clerk		PI/SI	Registration clerk are well versed with hospital processes and lay out	
		Registration clerk is aware of categories of the patient exempted from user charges		SI/RR	JSSK, RBSK , ABPMJAY , BPL or any other state specific schemes	
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/ attendant as per his/her turn on the basis of "first come first examine" basis. However, in case of emergency out of turn consultation is provided.	
		Patient History is taken and recorded		RR	Check OPD records for the same	
		Physical Examination is done and recorded wherever required		OB/RR	Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket	
		Check OPD records for the treatment plan		OB/RR	Check treatment plan and confirmed diagnosis is recorded	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		No Patient is Consulted in Standing Position		OB	Proper seating arrangement for the patient and parent-attendant is there. Care is provided in a dignified way.	
		Clinical staff is not engaged in administrative work		OB/SI	During OPD hours clinical staff is not engaged in other administrative tasks	
ME E1.3	There is established procedure for admission of patients	There is establish procedure for admission through OPD		SI/RR	Check the linkage between OPD, emergency and IPD services. Staff is aware about linkage and no time is wasted in the admission process.	
		There is establish procedure for day care admission		SI/RR	Patients requiring day care services receive the care hassle free	
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.					
ME E2.1	There is established procedure for initial assessment of patients	There is screening clinic for initial assessment of the patients		OB	Initial screening is done for all paediatric patients. They are weighed & weight is correctly recorded, immunisation status is checked, children < five years are screened for SAM using MUAC and those with emergency and priority signs are triaged.	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	Procedure for follow up of patients		OB/RR	1. Patients (inborn and out born) are followed up for nutritional status and the completion of the treatment & immunisation. 2. Provisioning for follow up at lower level healthcare facilities vis a vis CHC, PHC and HWC. 3. Provisioning for tele consultation (give compliance if state does not have telemedicine facility)	
Standard E3	Facility has defined and established procedures for continuity of care of patient and referral					
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	Check the established procedure for intradepartmental refer to other specialist if required	
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.	Facility has defined criteria for referral		SI/RR	1. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the higher and lower centre for treatment/follow up	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Facility has functional referral linkages to higher facilities		SI/RR	1. Details of Referral linkages are clearly displayed in OPD 2. Verify with referral records that reasons for referral were clearly mentioned and rational. 3. Referral is authorized by paediatrician or Medical officer on duty after ascertaining that case can not be managed at the facility.	
		Facility has functional referral linkages to lower facilities		SI/RR	Referral linkage to lower down facility for the compliance of the treatment and further follow up.	
		There is a system of follow up of referred patients		RR/PI	1. Check referral out record is maintained 2. Check randomly with the referred cases (contact them) for completion of treatment or follow up.	
		ICTC has functional Linkages with ART and state reference Labs		RR/SI		
ME E3.4	Facility is connected to medical colleges through telemedicine services	Telemedicine service are used for consultation		RR/SI	1. Telemedicine services are available on a fixed day for paediatric cases (for both old and new cases) 2. There is a system in place to give the prior appointment	
		Patient records are maintained for the cases availing the telemedicine services		RR/PI	Check the records for completion.	
Standard E5	Facility has a procedure to identify high risk and vulnerable patients.					
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable cases are identified and safe care is given		SI/RR/ OB	1. Paediatric cases who are left unattended, orphan/lawaaris are identified and care is provided 2. Police is informed in such cases 3. Appropriate arrangement is made with local NGOs etc.	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis		OB/SI	In case of emergency out of turn consultation is provided.	
Standard E6	Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.					
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and slip are written in generic name only	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		A copy of Prescription is kept with the facility		RR	Check records	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	STG for management of pneumonia, AEFI management , management of diarrhoea, new-born resuscitation etc. are available and are followed	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check OPD slips that drugs are prescribed as per STG	
		Check of drug formulary is available		SI/OB	(1) Check On duty doctor is aware of status of drugs available in pharmacy. (2) Updated list of available drugs is provided by pharmacy	
Standard E7	Facility has defined procedures for safe drug administration					
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	Verify with prescriptions/OPD slips on sample basis	
		Check for the writing, It is comprehensible by the concerned staff		RR/SI	Verify with prescriptions/OPD slips on sample basis	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported		RR/SI	1. Check availability of formats for reporting and 2. Monthly reporting (nil reporting too)	
		Any adverse event following immunisation is recorded and reported		RR/SI	1. Check availability of formats for reporting and 2. Monthly reporting (nil reporting too)	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings.		SI/PI	Drugs and dosages are well explained by the doctor/nurses or pharmacists	
		Check drugs are not given in hand		PI/RR	(1) Check drugs are given in envelop (2) Check envelopes are patient friendly having representation of morning, afternoon evening. (3) Check representations are ticked as per prescription for better understanding	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard E8	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	Patient History, Chief Complaint and Examination Diagnosis/ Provisional Diagnosis is recorded in OPD slip		RR	Check prescriptions/OPD slips for completion of records	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan and follow up is written		RR/PI	1. Detailed treatment and follow up plan is written and is also explained to the parent-attendant 2. Check with parent/guardian are able to explain information received from doctor	
ME E8.4	Procedures performed are written on patients records	Any dressing/injection, other procedure recorded in the OPD slip		RR	Details are written and is also explained to the parent-attendant	
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/SI	Check availability of OPD slip, investigation requisition slip, investigation reporting format	
ME E8.6	Register/records are maintained as per guidelines	OPD records are maintained		OB/RR	OPD register, immunisation records, counselling register, Injection room register etc	
		All register/records are identified and numbered		OB/RR	Check the facility has quality management system in place	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records		OB/SI	(1) Facility ensure safe keeping and easy retrieval of the OPD registers, OPD tickets (as per state guidelines). (2) Electronic patient recording system is available	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management					
ME E11.1	There is procedure for Receiving and triage of patients	Emergency & OPD has established & implemented system for sorting of the paediatric patients		SI/OB	A. EMERGENCY SIGNS -who require immediate emergency treatment. B. PRIORITY SIGNS- indicating that they should be given priority in the queue, so that they can rapidly be assessed and treated without delay. C. NON-URGENT cases- children can wait their turn in the queue for assessment and treatment.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Triage area is earmarked		OB	(1) Check triage protocols are displayed (2) All children attending an emergency/OPD are visually assessed immediately (within 30sec) upon arrival by paramedics /support staff positioned in the emergency and in OPD (3) Triage is completed within 15 minutes of arrival or registration by a competent and appropriately trained nurse or doctor & receive an initial triage assessment	
		Check the procedure is established to identify children with emergency signs in OPD queue		SI/OB	Quickly be directed to a place where treatment can be provided immediately, e.g. the emergency room or ward equipped ETAT /SNCU	
		Responsibility of receiving & shifting the patient is defined		SI/OB	All staff such as gatemen, record clerks, cleaners, janitors who have early patient contact are trained in triage for emergency signs and know where to send children for immediate management.	
ME E11.2	Emergency protocols are defined and implemented	Emergency protocols for management of paediatric conditions are available		SI/RR	(1) Protocols for management of trauma, surgical, orthopaedics, poisoning, drowning , dyspnoea, unconscious, shock & burn (2) Drug dosage charts are available	
		Check physician follows clinical protocols		SI/RR	As per disease condition	
		All the emergency paediatric cases are closely monitored		SI/RR	(1) Ensure vitals are stable and the child is in no immediate danger of deteriorating. (2) The paediatrician on call assess the child before the transfer is made. to ward/ HDU/referred	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		No patient is transferred to ward/ HDU without primary management & stabilization		PI/RR	Check emergency department is conducting initial assessment - provide primary treatment, not only registering the patient & transferring	
		Staff follows stabilisation protocols		SI/RR	Stabilisation include some or all: (1) Securing the airway. (2) Establishing secure venous access. Correcting poor perfusion and acidaemia. (3) Obtaining a full history. (4) Carrying out a full physical examination. (5) Performing baseline investigations, e.g.; a chest X-ray, electrolytes or glucose. (6) Performing acute 'aetiological' investigations, e.g.; blood culture before giving antibiotics. (7) Initial treatment of the causative pathology, e.g.; bronchodilators for asthma and antibiotics for sepsis. (8) Deciding on the location of continuing care. (9) Arranging transfer to an appropriate unit (like paediatric ward) or health facility.	
		Check availability of protocols /guidelines for collection of forensic evidences in case of sexual assault/rape		SI/RR	(1) Check staff is aware & follow the protocols. (2) Sexual assault forensic evidence kit is available (3) Check provisioning of ECP (pubertal child) prophylaxis against STI, HIV etc (4) Counselling service are available for victim	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	1. Role and responsibilities of staff in disaster is defined 2. Mock drills have been conducted 3. Assembly point and exit points are defined	
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	1. Preferably a personnel has been dedicated for sample collection from Paediatric OPD 2. Labelling is done correctly 3. Pre testing instructions are given properly to the parent-attendant	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME E12.3	There are established procedures for Post-testing Activities	Clinics are provided with the critical value of different tests		SI/RR	1. Reporting mechanism is explained to the parent-attendant; the process should be hassle free 2. Values are displayed in the consultation room. 3. Staff is aware normal reference values 4. System in place for urgent reporting of critical cases	
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines					
ME E20.1	The facility provides immunization services as per guidelines	Availability of diluents for Reconstitution of measles vaccine		RR/SI	Use diluent provided by the manufacturer with the vaccine	
		Recommended temperature of diluents is insured before reconstitution		RR/SI	Check diluents are kept under cold chain at least for 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack	
		Reconstituted vaccines are not used after recommended time		RR/SI	Ask staff about when Rotavirus vaccine, BCG, Measles/MR and JE vaccine are constituted and till when these are valid for use. Should not be used beyond 4 hours after reconstitution.	
		Time of opening/ Reconstitution of vial is recorded		RR	Check for records	
		Staff checks VVM level before using vaccines		SI	Ask staff how to check VVM level and how to identify discard point	
		Staff is aware of how check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, TT, HepB, PCV and Penta vaccines Shake Test is not applicable for IPV	
		Staff is aware of applicability of OVP vaccines		SI	DPT, TT, Hep B, OPV, Hib containing pentavalent vaccine (Penta), PCV and injectable inactivated poliovirus vaccine (IPV).	
		Discarded vaccines are kept separately		SI/OB	Check for no expired, frozen or with VVM beyond the discard point vaccine stored in cold chain	
		Check for DPT, TT, IPV, HepB, PCV and Penta vaccines vials are not kept in direct contact of ice pack		SI/OB		
		AD syringes are available as per requirement		SI/OB	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff knows correct use AD syringe		SI	Ask for demonstration, How to peel, how to remove air bubble and injection site	
		Check for AD syringes are not reused		OB		
		Check for injection site is not cleaned with spirit before administering vaccine dose			Cleaning of injection site with spirit swab is not recommended	
		Vaccine recipient is asked to stay for half an hour after vaccination		OB/PI	To observe any Adverse effect following immunization	
		Check the availability of anaphylaxis kit		OB	Kit constitute of job-aid, dose chart for adrenaline as per age (1 ml ampoule -3 no.), Tuberculin syringe (1ml-3 no.), 24H/25G needle- 3 no, swabs-3 no. updated contact information of DIO, local ambulance services and adrenaline administration record slip.	
		Check adrenaline is not expired in kit		OB	Give non compliance if kit is not available	
		Check person responsible for notifying & reporting of the AEFI is identified		OB	Ask the staff regarding the responsibility for notifying and reporting the AEFI	
		Process of reporting and route is communicated to all concerned		OB	Ask staff to whom the cases are reported & how	
		Reporting of AEFI cases is ensured by ANM/ Staff nurse/ person providing immunization		SI/RR	1. Verify weekly report of AEFI cases. 2. Nil reporting in case of no AEFI case. 3. Verify HMIS report of previous months	
		Antipyretic medicines available		SI/RR	Paracetamol Syrup	
		Availability of Immunization card		SI/RR	Immunisation card is available and updated	
		Counselling on side effects and follow up visits done		SI/RR		
		Staff is aware of minor and serious adverse events (AEFI)		SI		
		Staff knows what to do in case of anaphylaxis		SI		
ME E20.7	Management of children presenting with fever, cough or respiratory distress is done as per guidelines	Staff is able to identify the babies with respiratory distress		SI/RR	(1) RR >60 breaths per min (2) Severe chest in drawing (3) Grunting (4) Apnoea or gasping	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of common causes of respiratory distress in new-born		SI/RR	(1) Pre Term : RDS, Congenital pneumonia, hypothermia & hypoglycaemia (2) Term: Transient tachypnoea of new-born (TTNB), meconium aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Tracheo - esophageal fistula, B/L choanal atresia (4) other causes: Congenital heart disease, acidosis, inborn errors of metabolism	
		Staff is aware of sign & symptoms of severe pneumonia in children 2 month to 5 yrs.		SI/RR	Cough or difficulty in breathing in children with at least one of the following condition : (1) Central Cyanosis or oxygen saturation <90% (2) Severe respiratory distress (laboured or very fast breathing (RR<70 per minute) or severe lower chest indrawing or head nodding or stridor or grunting) (3) Sign of pneumonia with general danger sign (inability to breastfed or lethargy or reduced level of consciousness or convulsions)	
		Staff is aware of assessment & grading of hypothermia		SI/RR	Normal Axillary temp- 36.5 -37.5 °C Cold Stress- 36.4- 36 °C Moderate Hypothermia- 35.9- 32 °C Severe Hypothermia- <32 °C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch.	
		Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia		SI/RR	LBW, preterm babies, hypoglycemia, sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/apnoea etc	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of common causes of hyperthermia		SI	(1) Sepsis (2) Env't. too hot for baby (3) Wrapping the baby in too many layers of clothes, esp. in hot humid climate (4) Keeping new-born close to heater/hot water bottle (5) Leaving the under heating devices i.e. radiant warmer, incubator, phototherapy that is not functioning properly and/to not check regularly	
		Staff is aware of management protocols for hyperthermic babies		SI/RR	Examine every hyperthermic baby for infection (1) If temp. is above 39 °C, the neonate should be undressed and sponged with tepid water at app. 35 °C until temperature is below 38 °C (2) If temp. is 37.5- 39 °C- Undressing & exposing to room temp is usually all that is necessary. (3) If due too env't. temperature: move baby into colder environment & using loose & light clothes. (4) If due to device- remove the baby from source of heat (5) Give frequent breastfeeds to replace fluids. if the baby cannot breastfeed, give EBM. If does not tolerate feeds, IV fluids may be given (6) Measures the temp. hourly till it become normal	
		Staff is aware of the therapeutic doses of Vitamin D and Calcium Supplementation		SI/RR	1. For neonates and infants till 1 year of age, daily 2000 IU of vitamin D with 500 mg of calcium for a 3-month period is recommended. At the end of 3 months, response to treatment should be reassessed 2. From one year onwards till 18 years of age, 3000-6000 IU/day of vitamin D along with calcium intake of 600-800 mg/day is recommended for a minimum of 3 months. 3. Staff is aware of side-effects of excessive administration of Vitamin - D can lead to hypervitaminosis, particularly in infants.	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		SI/RR	Screening is done and the cases are referred to NRC for appropriate treatment	
		All the children reporting to healthcare facility for any illness are routinely assessed for anaemia		SI/RR	All the clinically suspected anaemic children (reported for any illness) undergo Hb estimation All the children referred from field due to palmer pallor- undergo HB level estimation before initiation of treatment.	
		Staff is aware of categorise of anaemia on basis of HB level among the children		SI/RR	Among children between 6 month and 5 yrs.) >11 gm/dl- No anaemia 10-10.9 gm/dl- Mild anaemia 7-9.9gm/dl-Moderate anaemia <7gm/dl- Severe Anaemia Among children between 5 yrs-10 yrs. 11-11.4 gm/dl- Mild anaemia 8-10.9 gm/dl- Moderate anaemia <8 gm/dl- Severe anaemia	
		Staff is aware of management of anaemia on basis of Hb		SI/RR	No anaemia-20 mg of elemental iron in 100 mcg folic acid in biweekly regimen Mild & Moderate Anaemia-3mg of iron/kg/day for two months- follow up every 14 days, HB estimation after 2 months. After completion of treatment of anaemia and documenting Hb level >11 gm/dl, the IFA supplementation to be resumed.	
		Staff is aware of dose of IFA syrup for anaemic children (6 months-5 years)		SI/RR	6-12 month (6-10 kg)-1 ml of IFA syrup, once a day 1yr -3 yrs. (10-14 kg)-1.5 ml of IFA syrup, once a day 3 yrs - 5 yrs (14-19 yrs)-2ml of IFA syrup, once a day	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.)		SI/RR	H/O- Duration of symptoms, Usual diet (before the current illness), Family circumstances (to understand the child's social background), Prolonged fever, Worm infestation, Bleeding from any site, Any lumps in the body, Previous blood transfusions and Similar illness in the family (siblings) Examination for- Severe palmar pallor, Skin bleeds (petechial and/or purpuric spots), Lymphadenopathy, Hepato-splenomegaly, Signs of heart failure (gallop rhythm, raised JVP, respiratory distress, basal crepitations) Investigation- Full blood count and examination of a thin film for cell morphology, Blood films for malaria parasites, Stool examination for ova, cyst and occult blood	
		Staff is aware of indications for blood transfusion due severe anaemia		SI/RR	All children with Hb 4 gm/dl, Children with Hb 4-6 gm/dl with any of the following: - Dehydration - Shock - Impaired consciousness - Heart failure - Deep and laboured breathing - Very high parasitaemia (>10% of RBC)	
ME E20.9	Management of children presenting diarrhoea is done per guidelines	Check for adherence to clinical protocols		SI/RR	1. Give ORS to all children with Diarrhoea 2. Give Zinc for 14 days, even if diarrhoea stops	
		Check parents are guided for diarrhoea management		SI/RR	1. Continue feeding, including breast feeding in those children who are being breastfed 2. Make a habit of regular hand washing with soap 3. Use clean drinking water	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Availability of ORT corner		SI/RR	Check ORS is freshly prepared. Mother's are counselled to prepare ORS	
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Availability of services for Assessment of physical growth & development of children attending OPD		SI/RR	Maintenance and updating of growth chart	
		Communication and counselling on optimal infant & young child feeding practices		SI/RR	1. Facility supports mothers to maintain breastfeeding and manage its common difficulties 2. Awareness is generated for exclusive breastfeeding till 6 months of age 3. Awareness is generated for complementary feeding from 6 months of age till two years of age	
		Communication and counselling of mothers with less breast milk & sick babies on optimal feeding practices		SI/RR	One to one counselling session should be conducted with the mother/caregiver for children born prematurely or with low birth weight, undernourished children, adopted baby, twins and babies born to HIV positive mothers, of mothers producing less milk. Also ensure follow up visits to the facility/ referral centre	
		Check staff is aware and follow the protocol for management of cracked nipples and engorged breast		SI/RR	(1) Cracked Nipples- Apply hind milk 2. Engorged breast- encourage the mother to let baby suck without causing too much discomfort. Putting a warm compress on the breast may relieve breast engorgement	
		Check staff is aware and follow the protocol for management of abscess and inverted nipple		SI/RR	(1) If an abscess is suspected in one breast, advise the mother to continue feeding from the other breast & refer for consultation (2) Inverted/flat nipple- corrected using syringe	
		Breast milk substitutes are not promoted for newborn or infant unless medically indicated		SI/RR	Ask Parents about the counselling	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Advise & prescription is given for micronutrient supplements (Vitamin A and iron syrup)		SI/RR		
ME E20.11	The facility provide services under Rashtriya Bal Swasthya Karyakram (RBSK)	Screening of newborns		SI/RR	(1) All newborns delivered at the District Hospital or from outside but admitted in SNCU, postnatal and children wards irrespective of their sickness are screened for hearing, vision, congenital heart disease. (2) In case DEIC is not associated with the facility-appropriate linkage is established for the screening, diagnosis and treatment.	
		Providing referral services to children for confirmation of diagnosis and treatment		SI/RR	Screened cases are referred to DIEC or tertiary care centre for diagnosis and treatment.	
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 & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Handwashing and infection control audits are done at periodic intervals	
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	Antibiotic policy is available and staff is aware about it	
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	Availability of handwash basin with running water facility at Point of Use		OB/SI	1. Check for availability of wash basin & running water at the point of use. 2. Ask Staff about regularity of water supply.	
		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	
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language	
		Handwashing Station is as per specification		OB	Availability of taps & Hand washing sink which is wide and deep enough to prevent splashing and retention of water	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME F2.2	Staff is trained and adhere to standard hand washing practices	Staff is aware of when and how to handwash		SI/OB	Ask for demonstration of 6 steps of Hand washing and knowledge among staff about moments of handwash	
ME F2.3	Facility ensures standard practices and materials for antiseptics	Availability and Use of Antiseptic Solution		OB		
Standard F3	Facility ensures standard practices and materials for Personal protection					
ME F3.1	Facility ensures adequate personal protection equipment as per requirements	Availability of PPE (Gloves, mask, apron & caps)		OB/SI / RR	1.Check if staff is using PPEs. 2. Ask staff if they have adequate supply. 3. Verify with the stock/ Expenditure register	
ME F3.2	Staff is adhere 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 and masks		SI/OB		
Standard F4	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 Procedural surfaces		SI/OB	Ask staff about how they decontaminate the procedural surface like Examination table, Patients Beds Stretcher/Trolleys etc. (Wiping with 1% Chlorine solution)	
		Cleaning of instruments		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	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		RR/SI	1. Check staff about temperature, pressure and time for autoclaving. 2. Check staff about method, concentration and contact time required for chemical sterilization. 3.Check records	
		There is a procedure to ensure the traceability of sterilized packs &their storage		OB/SI	1. Sterile packs are kept in dry, clean, dust free, moist free environment 2. separate from unsterilised items- no mixing with unsterile items	
		Autoclaved dressing material is used		OB/SI		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
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	General patient flow doesn't pass through paediatric OPD	
		Clinics for infectious diseases are located away from main traffic		OB	Preferably away from main OPD with independent access, with no access through paediatric OPD	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade disinfectant	
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Check availability of Spill management kit ,staff is trained for managing small & large spills, check protocols are displayed	
		Cleaning of patient care area with detergent solution		SI/RR	Three bucket system is followed	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping is followed. Staff is trained for preparing cleaning solution as per standard procedure. Cleaning equipment like broom are not used in patient care areas	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.					
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB		
		Availability of Non chlorinated plastic, colour coded plastic bags		OB		
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI		
		Segregation of infected plastic waste in red bin		OB/SI		
		Display of work instructions for segregation and handling of Biomedical waste		OB		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		There is no mixing of infectious and general waste		OB		
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters and puncture proof box		OB	Check if needle cutter has been used or just lying idle, it should be available near the point of generation like nursing station	
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in condition of needle stick injury. 2. Ask if PEP is available. Where it is stored and who is in-charge of that. 3. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled & staff is aware of when to empty the bin		SI/OB	Bins should not be filled more than 2/3 of its capacity	
		Transportation of bio medical waste is done in close container/trolley		SI/OB		
		Staff aware of mercury spill management		SI/RR	Check whether department is replacing mercury products with digital products (Aspire for mercury free)	
	Area of Concern - G Quality Management					
Standard G1	The facility has established organizational framework for quality improvement					
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined	
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done regularly		SI/RR	Check minutes of meeting and monthly measurement & reporting of indicators	
Standard G2	Facility has established system for patient and employee satisfaction					
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client satisfaction survey is done on monthly basis		SI/RR	Survey is done amongst parents/guardians	
ME G2.2	Facility analyses the patient feed back and do root cause analysis	Analysis of low performing attributes is undertaken		SI/RR		
ME G2.3	Facility prepares the action plans for the areas of low satisfaction	Action plan is prepared and improvement activities are undertaken		SI/RR		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
Standard G3	Facility have established internal and external quality assurance programs wherever it is critical to quality.					
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is a system of daily round by matron/ hospital manager/ hospital superintendent for monitoring of services		SI/RR	Findings /instructions during the visit are recorded and actions are taken	
ME G3.3	Facility has established system for use of checklists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	1.Daily checklist has been prepared and filled daily to monitor the cleanliness of Paediatric OPD/unit. 2. Staff is designated and trained for filling and monitoring using the checklist.	
Standard G4	Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.					
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of OPD services has been prepared and is formally approved	
		Current version of SOP are available with process owner		OB/RR	Check current version is available with all staff of Paediatric OPD	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Paediatric OPD has documented procedure for Registration and patient calling system		RR	Review the SOP for procedure being followed for registration of cases. Paediatric cases should be registered on priority. It is preferable to have separate counter for paediatric cases .	
		Paediatric OPD has documented procedure for receiving of patient in clinic		RR	Review the SOP for receiving the patient in clinic . OPD must be equipped to handle emergency cases, in- case a patient seeking emergency care reaches OPD , the triage and transfer process is defined and implemented	
		Paediatric OPD has documented process for consultation		RR	Review the process for consultation including examination process, counselling etc.	
		Paediatric OPD has documented procedure for investigation		RR/PI	Review the SOP for procedure for conducting investigation. A specific lab personnel is designated for collection of blood samples in children. All other investigations are facilitated and are made hassle free	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Paediatric OPD has documented procedure for prescription and drug dispensing		RR/PI	1. Review the SOP for procedure for legible and rational prescription writing. 2. For drug dispensing, a separate pharmacy or a Drug Dispensing Counter for children is made functional. 3. Pharmacists/nurse explain the drug dosage and route clearly to the parents/guardians (ask patients)	
		Paediatric OPD has documented procedure for nursing process in OPD including initial investigation		RR	Review the SOP for procedure for initial assessment of children (weighed & weight correctly recorded, immunisation status, children < five years are screened for SAM using MUAC, and those with emergency and priority signs are triaged).	
		Paediatric OPD has documented procedure for patient privacy and confidentiality		RR	Review the SOP for ensuring Privacy and confidentiality.	
		Paediatric OPD has documented procedure for data collection , analysis and undertaking improvement activities		RR	Review SOP for various processes which circle undertakes to measure quality of service (client satisfaction form, checklists, audits, performance indicators etc.), analysis of the data, identification of low attributes, Root cause analysis and improvement activities using PDCA methodology	
		Paediatric OPD has documented procedure for support services and facility management		RR	Review the SOP for process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management	
		Paediatric OPD has documented procedure for infection control and biomedical waste management		RR	Review SOP for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices	
		Paediatric OPD has established & documented policy for IYCF		RR	Check breastfeeding policy is part of or linked with IYCF policy	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Paediatric OPD has documented procedure for safety & risk management		RR	1. Check the availability of updated risk management framework 2. Check the components of physical, fire, operational and patient safety are covered 3. Review the updated mitigation plan	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR		
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Relevant protocols are displayed like management of pneumonia, Summary of the 10 steps to successful breastfeeding is displayed, lactation position and milk expression protocol are displayed in breastfeeding corner and OPD	
Standard G 5	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	Critical processes are identified and mapped. Value and non value adding processes/ activities are listed.	
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. MUDAS in terms of waste, delays, waiting, motion, over processing , over production etc are identified	
ME G5.3	Facility takes corrective action to improve the processes	Processes are improved and implemented		SI/RR	Check the non value adding activities are removed and processes are made lean. Improvement is sustained over a period of time	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit					
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan, schedule and filled checklists. Internal assessment should be done at least quarterly	
ME G6.2	The facility conducts the periodic prescription/ medical/ death audits	There is procedure to conduct Prescription audit		RR/SI	Check for -valid sample size , data is analysed , poor performing attributes are identified and improvement initiatives are undertaken	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Checkpoints having partial and Non Compliances are listed	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism	
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have taken to close the identified gap. Check Quality Improvement (PDCA) project are done to close the gaps. Check QI projects reports and sustainability of the actions over period of time	
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them					
ME G7.4	Facility has de defined quality objectives to achieve mission and quality policy	Check SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues . 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	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 are used		SI/OB	PDCA & 5S	
ME G8.2	Facility uses tools for quality improvement in services	7 basic tools of Quality are used for quality improvement in Paed. OPD		SI/RR	Minimum 2 applicable tools are used	
Standards 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 processes should be done using pre define criteria at least once in three month.	
Area of Concern - H Outcome						
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks					
ME H1.1	Facility measures productivity Indicators on monthly basis	Number of cases in paediatric OPD per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Number of follow-up cases per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)	
		Immunization OPD per month		RR		
		Number of cases screened under RBSK per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)	
		Proportion of cases being given IYCF counselling per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)	
		Proportion of cases being referred per month		RR	Total and age group wise (neonate, 1 month to 6 months, 6months to 1 year, 1 -2 year , 2 - 5 years)	
		No. of cases disease wise		RR	Diarrhoea, pneumonia, fever etc.	
		Proportion of cases being referred disease wise		RR	Diarrhoea, pneumonia, fever etc.	
		Proportion of BPL patients		RR		
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark					
ME H2.1	Facility measures efficiency Indicators on monthly basis	Paediatric OPD per Doctor		RR		
		No. of Stock out days for essential medicines		RR	check for pharmacy/drug dispensing counter dedicated to paediatric OPD	
		Drop out rate for Pentavalent vaccination		RR		
		IYCF counselling sessions per counsellor		RR		
		No. of paediatric Cases seen per paediatrician		RR		
Standard H3	The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark					
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	No. of needle stick injuries reported		RR		
		Percentage of AEFI cases reported		RR		
		Consultation time at Clinic		RR	Time motion study	
		Number of children with diarrhoea treated with ORS and Zinc		RR		
		Number of anaemia cases treated successfully		RR		

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification	Remarks
		Number of children with Pneumonia treated		RR		
		Proportion of cases requiring DEIC services out of screened		RR		
		Percentage of children on exclusive breastfeeding attending OPD		RR	up to 6 months of age	
		Number of children with severe & moderate anaemia treated		RR		
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score		RR	Parent- attendant group only	
		Waiting time at nutrition counselling centre		RR		
		Waiting time at paediatric clinic		RR		
		Waiting time at drug dispensing counter dedicated for paediatric OPD		RR		
		Waiting time at registration counter		RR		
		Average door to drug time		RR		

MusQan

District Hospitals

Checklist for Special Newborn Care Unit (SNCU)

Assessment Summary			
Name of the Hospital :		Date of Assessment :	
Names of Assessors :		Names of Assesses :	
Type of Assessment (Internal/External) :		Action plan Submission Date :	
SNCU Score Card			
Area of Concern Wise Score			MusQan SNCU Score
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		
Major Gaps Observed			
1			
2			
3			
4			
5			
Strengths / Good Practices			
1			
2			
3			
4			
5			
Recommendations/ Opportunities for Improvement			
1			
2			
3			
4			
5			
Signature of Assessors :			
Date :			

MusQan

Checklist for SNCU

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Area of Concern - A Service Provision						
Standard A2	Facility provides RMNCHA Services					
ME A2.3	The Facility provides Newborn health Services	Management of low birth weight infants <1800 gm and preterm		SI/RR		
		Prevention of infection including management of newborn sepsis		SI/RR		
		Management of Neonatal Jaundice		SI/RR	Phototherapy for new born	
		Management of Neonatal Asphyxia		SI/RR		
		Emergency Management of Newborn Illnesses		SI/RR	ETAT, Resuscitation	
		Management of Hypothermia		SI/RR	Maintenance of Warmth, Breast feeding/feeding support and Kangaroo Mother care (KMC)	
		Lactation support & Management Services		SI/RR/ OB	Counselling, Storage, promotion & support for optimal feeding practices	
		Provision for follow up of high risk babies discharged from the SNCU `		SI/RR/ OB	(1) On fixed Day- for routine examination i.e. anthropometry, growth, developmental screening (2) Valid referral linkage inhouse or with higher centre equipped with developmental/ interventional facilities	
Standard A3	Facility Provides diagnostic Services					
ME A3.2	The Facility Provides Laboratory Services	SNCU has side lab / Linkage for laboratory investigation.		SI/OB	(1) Serum bilirubin, Plasma glucose, Serum creatinine, Complete Blood count, Platelet, C reactive protein, Prothrombin time, Blood gas analysis with PH measurement analysis, Serum Creatinine (2) Check availability of services specially at night.	
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Identification of the New born for Birth Defects & referral for management		SI/RR	(1) Neural tube defects, down's syndrome, cleft lip & palate, developmental dysplasia of hip, Club foot, congenital cataract, deafness, heart diseases, retinopathy of prematurity, Linkage with DEIC for rehabilitative care (2) All the birth defects are identified and complete accurate records are uploaded SEAR-NBBD database (online)	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
	Area of Concern - B Patient Rights					
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities					
ME B1.1	The facility has uniform and user-friendly signages system	Availability of departmental signages		OB	(1) Numbering, main department and internal sectional signage, Restricted area signage displayed. (2) Directional signages are given from the entry of the facility	
ME B1.2	The facility displays the services and entitlements available in its departments	Necessary Information regarding services provided is displayed		OB	(1) Name of doctor and Nurse on duty are displayed and updated. (2) Contact details of referral transport / ambulance displayed. (3) Entitlements under JSSK, RBSK, or any relevant scheme are displayed	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother / relatives		OB	Display of pictorial information/ chart regarding expression of milk/ techniques for assisted, feeding, KMC, complimentary feeding, Nutrition requirement of children, hand washing & Breastfeeding policy etc.	
		Parents/family attendants are educated for providing care to their admitted sick newborn		PI/OB	As per family participatory care guidelines	
		Counselling aids are available for education of parents/ guardian		OB	Audio Visual Films, Scrolls, Job Aids, mama's breast model etc are available to provide counselling for lactation, nutrition	
		No display of poster/ placards/ pamphlets/ videos in any part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as mentioned under IMS Act		OB	Check in Immunization, paediatric OPDs , waiting areas/ outside SNCU etc.	
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in SNCU Complex including waiting areas 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		No information, counselling and educational material is provided to mothers and families on Formula Feed		OB	During counselling Mothers and families are specially educated about ill effects of breast milk substitutes.	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information for patients/ visitors are available in local language	
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.					
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained in breast feeding and KMC room/area		OB	(1) Screens / Partition has been provided between mothers (2) Visual privacy is maintained in milk expression area	
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	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without written permission of parents & appropriate hospital authorities	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	Check staff is not providing care in undignified manner such as yelling, scolding, shouting and using abusive language to mother in SNCU and MNCU	
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.					
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	SNCU has system in place to take informed consent from parent/ guardian/ relative whenever required		SI/RR	Check BHT/ patient file General Consent from is taken & signed	
ME B4.2	Patient is informed about his/her rights and responsibilities	Check mothers of inborn and outborn baby have been allotted space to stay especially in case of long stay of sick newborn.			Also check provision for their stay and diet	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	SNCU has system in place to involve patient /relatives in decision making as per Family Participatory guidelines		PI	Check parents/ relatives of admitted baby is communicated about newborn condition, treatment plan and any changes at least once in day	
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	Check the completeness of the Grievance redressal mechanism, from complaint registration till its resolution	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.					
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Check all services including drugs, consumables, diagnostics and blood are provided free of cost		PI/SI	Ask mother or attendants if they have paid for any services or any informal fees given to service providers	
		Availability of free transport services		PI/SI	Availability of Free drop back, availability of Free referral vehicle/Ambulance services	
		Availability of free stay & Diet to mother		PI/SI	Check with mother about stay facility (specially mother of outborn newborn) Check with mother if she is getting adequate meal at least 3 times	
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	Ask parent attendants/guardians if they purchased any drug/consumable from outside	
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	Ask parent attendants/guardians if they got any diagnostic investigation done from outside	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	System of reimbursement exist in case any expenditure incurred in the treatment		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 in SNCU without cluttering		OB	(1) Floor area of 50 sq. ft per bed is required for patient care area with additional 50 sq. ft for ancillary area. (2) Additional space is required for step down area. (3)Space between 2 adjacent beds in SNCU should be 4 ft. Space between wall and beds is 2 ft	
		Adequate space in MNCU as per the load		OB	As per MNCU guideline	
ME C1.2	Patient amenities are provide as per patient load	Availability adequate waiting area for patient relatives		OB	Waiting areas are along with toilet, Drinking water, seating arrangement, TV for entertainment & Health Promotion activities, Tea/coffee vending machine	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of space for mothers of admitted sick newborn to stay		OB	Check availability of beds, bathing facility, toilets and diet supply	
		SNCU has earmarked triage area		OB	Demarcated reception and resuscitation area	
		SNCU has newborn care area		OB	To accommodate at least 20 radiant warmer, separate outborn may not required if strict asepsis is followed	
		SNCU has designated area for infected cases as isolation ward		OB	(1) Varicella, Diarrhoea (2) Strict asepsis protocol are followed	
		Clean area for mixing intravenous fluids and Medications/ fluid preparation area		OB	Area is clean & entry to area is restricted	
		SNCU has a designated follow-up area		OB	For counselling during discharge and imparting FPC training	
		Mother's area for expression of breast milk/ Breast feeding, gowning area & Handwashing area		OB	SNCU has system in place to call mother's of baby for feeding	
		SNCU Complex has designated space for MNCU		OB	(1) Part of SNCU complex/ Area in close proximity (2) Check Stepdown and KMC unit amalgamated as part of MNCU	
		MNCU has a treatment cum examination area		OB	To perform routine activities and keep equipment	
		Dedicated space for support services		OB	Autoclaving room, washing area, change room & Dirty Utility , Dining area	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Demarcated ancillary area		OB	Doctors duty room Unit stores & Side Lab	
		Availability of adequate circulation area for easy movement		OB		
ME C1.5	The facility has infrastructure for intramural and extramural communication	Check availability of buffer zone beyond the door of SNCU		OB	Check entry is restricted - visitors are not allowed without permission	
		Availability of functional telephone and Intercom Services		OB		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C1.6	Service counters are available as per patient load	Availability of adequate patient care units as per case load		OB		
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Check maternity complex & SNCU is in close proximity		OB	SNCU is easily accessible from labour room, maternity ward and obstetric OT	
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services.	
Standard C2	Facility ensures the physical safety of the infrastructure.					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	SNCU does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact	
		SNCU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer		OB/RR	SNCU has system for power audit of unit at defined intervals and records of same is maintained	
		10 central Voltage stabilize outlets are available with each warmer in main SNCU, Step down area and triage room		OB/RR	50% of each should be 5amp and 50% should be 15 amp to handle load of equipment	
		SNCU has earthing system available		OB/RR	(1) SNCU has three phased stabilized power supply to protect the equipment from electrical damage. (2) Wall mounted digital display is available in SNCU to show earth to neutral voltage. (3) Earth resistance should be measured twice in a year and logged. Normal range 3-5 V (if exceed to report immediately)	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the SNCU are non slippery and even		OB	The floor of the SNCU complex is made of anti-skid material.	
		Windows/ ventilators if any are intact and sealed		OB		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard C3	Facility has established program for fire safety and other disaster					
ME C3.1	The facility has plan for prevention of fire	SNCU has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points & policy to evacuate SNCU in case of fire	
ME C3.2	The facility has adequate fire fighting Equipment	SNCU has installed fire Extinguisher that is either Class A , Class B, C type or ABC type		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned	
		SNCU has provision of Smoke and heat detector & fire alarm		OB	SNCU has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic fire extinguisher	
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	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) &PASS (Pull, Aim, Squeeze & Sweep)	
Standard C4	Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load					
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of fulltime Paediatrician		OB/RR	At least one paediatrician/ FBNC trained medical officer per shift	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	3 per shift	
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability technician for side lab		OB/SI	1 technician (if side lab is available). Give full compliance if there is functional linkage with Hospital's lab and lab tech is available at night even	
ME C4.5	The facility has adequate support / general staff	Availability of SNCU support staff		SI/RR	Availability of sanitary staff and ayahs, Security staff & data entry operator	
Standard C5	Facility provides drugs and consumables required for assured list of services.					
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Antibiotics		OB/RR	Ampicillin, Cefotaxime, Gentamycin, Amikacin, Piperacillin, Meropenem	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Availability of antiepileptic drugs (AEDs)			Lorazepam, Phenytoin and Phenobarbitone	
		Availability of analgesics and antipyretics		OB/RR	Paracetamol	
		Availability of IV Fluids & drugs for electrolyte imbalance		OB/RR	5%, 10%, 25% Dextrose Normal saline, Inj. Potassium Chloride 15%, Isolyte-P, distilled water. Inj. Calcium Gluconate 10%	
		Availability of Supplements		OB/RR	Vit D, Calcium, Phosphorus, multivitamin & iron	
ME C5.2	The departments have adequate consumables at point of use	Availability of consumables for new born care		OB/RR	Gauze piece and cotton swabs, Diapers, Baby ID tag, cord clamp, mucus sucker, Gauze piece and cotton swabs.	
		Availability of syringes and IV Sets /tubes		OB/RR	Neoflon 24 G , micro drip infusion set with &without burette, BT set, Suction catheter, PT tube, feeding tube, pedia drip set	
		Availability of consumables for mother/family attendant		OB/RR	Gowns (disposable / autoclavable) while entering inside SNCU and also while providing KMC	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	Inj. Adrenaline (1:10000) Inj. Naloxone Sodium Bicarbonate Injection Aminophylline Phenobarbitone (Injection + oral) Injection Hydrocortisone, Inj. Dexamethasone, Inj. Phenytoin, Vit K, Caffeine citrate	
Standard C6	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	Multipara monitor, Thermometer, Weighing scale, pulse oximeter, Stethoscope (binaural, neonate),stethoscope (paediatric), Infantometer, Measuring tape, fluxmeter	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments for side laboratory		OB	Availability of services in side lab; Micro hematocrit, Multistix, Bilirubinometer, Microscope, Dextrometer, Glucometer, test stripes, 26 gauge needle or lancet, alcohol for skin preparation	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Functional Critical care equipment for Resuscitation.		OB	Infusion pumps, Oxygen cylinder/central line/Oxygen concentrator, oxygen hood, Self inflating Bag and masks (Size 00, 0 & 1) 250 ml & 500 ml, laryngoscope (with 0 & 1 size straight blades) , ET tubes, suction machine	
		Functional Patient care units		OB	20 Radiant warmers -servo controlled with oxygen & suction and 6 phototherapy machine	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of neonatal transport equipment		OB	Transport incubator with temp probes, digital thermometer, oxygen cylinder with flowmeters, oxygen tubing adapter, oxygen hood, neonatal size masks & cannula, resuscitation bags, nasal prong, endotracheal tubes, mucus suction trap, feeding tube, infusion pump etc	
		Availability of equipment for cleaning, washing sterilization and disinfection		OB	Buckets for mopping, Separate mops for ward and circulation area, duster, waste trolley, Deck brush, washing machine, Autoclave	
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of furniture & fixture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, furniture at breast feeding room, X ray view box.	
Standard C7	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff					
ME C7.1	Criteria for Competence assessment are defined for clinical and Para clinical staff	Check parameters for assessing skills and proficiency of clinical staff has been defined		SI/RR	Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff.	
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	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C7.9	The Staff is provided training as per defined core competencies and training plan	Facility based New Born Care (FBNC) training		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU -4 days class room training followed by 14 days observership at recognized collaborating centre	
		NRP module training for updated protocols of neonatal resuscitation		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU	
		ETAT training		SI/RR	All the staff working in SNCU	
		Training on IYCF		SI/RR	Especially for lactation failure or breast problems like engorgement, mastitis etc, and provide special counselling to mothers with less breast milk, low birth weight babies, sick new-born, undernourished children, adopted baby, twins and babies born to HIV positive mothers. At least two service providers trained in advanced lactation management and IYCF counselling skills should be available to deal with difficult and referred cases.	
		Biomedical Waste Management& Infection control and hand hygiene, Patient safety		SI/RR	Check training records	
		Training on Quality Management		SI/RR	Triage, Quality Assessment & action planning, PDCA, 5S & use of checklist for quality improvement	
ME C7.10	There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision	Check facility has system of on job monitoring and training		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 is still gaps	
		SNCU staff is provided with refresher training		SI/RR	Check with training records the SNCU staff have been provided refresher training at least once in every 12 month on care of normal and sick newborn at time of birth & beyond & Breast feeding support	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Nursing staff is skilled to train parent-attendants for providing care to the sick newborn		SI/ PI	As per family participatory care guidelines	
	Area of Concern - D Support Services					
Standard D1	Facility has established program for inspection, testing and maintenance and calibration of equipment.					
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Radiant warmer, Phototherapy units suction machine, Oxygen concentrator, pulse oximeter/ Multipara monitor	
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check for breakdown & Maintenance record in the log book Back up for critical equipment. Label Defective/ Out of order equipment and stored appropriately until it has been repaired.	
		Staff is skilled for cleaning, inspection & trouble shooting of the equipment malfunction		SI/RR	(1) Staff is trained for use, preventive maintenance and trouble shooting of equipment such as radiant warmers, infusion pump, oxygen concentrator, bag & mask, weighting machine, phototherapy unit. (2) There is procedure to check timely replacement of lights in Phototherapy unit.	
		Check the skill of staff for maintenance & trouble shooting of oxygen concentrator		SI/ OB	Maintenance- Coarse filter- Ensure it is dust free & wash daily Zeolite granule- change after 20,000 hrs Bacterial filter- change every yr. Trouble Shooting- Machine is too noisy- May be coarse filter is blocked- wash filter daily. Machine or room gets heated- Machine is near wall- Keep away from wall or outside the room for free circulation of air Yellow light is not going off- desired oxygen conc. is not reached- may be due to high humidity or flow rate is more, so decrease flow rate. Compressor heats up- Malfunctioning of compressor- Look at fan, it may be jammed, & hence need repair. If central oxygen supply is used - Check staff is aware of it maintenance & trouble shooting	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check the skill of staff for maintenance & trouble shooting of phototherapy units		SI/RR	Low irradiance : Due to tubes old, flickering, black ends, bulbs covered with dust or dirty reflectors	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	(1) BP apparatus, thermometers, weighing scale, radiant warmer etc are calibrated . (2) Check for records /calibration stickers. (3) There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due.	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipment are readily available with SNCU staff.		OB/SI	Check operating and trouble shooting instructions of equipment are available in SNCU	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas					
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed well before reaching the stock out level. Check with stock and indent registers.	
		Drugs are indented & supplied in Paediatric dosages only		OB/ RR/SI	Check drugs are available in paediatric doses/formulation	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	Check drugs and consumables are kept at allocated space in Crash cart/ Drug trolleys and are labelled. Look alike and sound alike drugs are kept separately	
		Empty and filled cylinders are labelled and updated		OB	Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry & near expiry dates are maintained for emergency drug tray and drug stored at department		OB/RR	Records for expiry and near expiry drugs are maintained for emergency drug tray and drug stored at department	
		No expiry drug found		OB/RR	In SNCU sub store as well as drug/emergency trays	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	At least once in a week-minimum buffer stock is maintained. Minimum stock and reorder level are calculated based on consumption in a week accordingly	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Department maintained stock and expenditure register of drugs and consumables		RR	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	There is no stock out of drugs and Procedure for replenishing drug in place	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing drugs should not be used for storing other items such as eatables	
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.					
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination patient care unit & nursing station		OB	200 Lux at the plane of infant bed, adjustable Ambient lightening at least 50 to more than 600 Lux. Illumination level at nursing station- 150-300 Lux Light source is glare free or veiling reflections	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visitor policy is defined & implemented		OB/SI	(1) One trained female family member allowed to stay with the new born in step down after undertaking all universal precaution measures like bathing, wearing gowns, mask, head cap etc. (2) Entry to SNCU is restricted, (3) Visiting hour are fixed and practiced	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	SNCU has system to control temperature and humidity and record of same is maintained		SI/RR	Temperature inside main SNCU should be maintained at (28+/- 2 °C), round O clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained	
		SNCU has procedure to check the temperature of radiant warmer ,phototherapy units, baby incubators etc.		SI/RR	Each equipment used should have servo controlled devices for heat control with cut off to limit increase in temperature of radiant warmers beyond a certain temperature or warning mechanism for sounding alert/alarm when temp increases beyond certain limits	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		SNCU has system to control & monitor sound level		SI/RR	Control the sound producing activities and gadgets (like telephone sounds, staff area and equipment). Should not keep beeping at high volume (Not more than 45 db and peak intensity should not be more than 80 db)	
		SNCU has system of switching off light when not performing any activity /at night		OB		
ME D3.4	The facility has security system in place at patient care areas	New born identification band and foot prints are used		OB/RR	There is procedure for handing over the baby to mother/father/Legal Guardian	
		Check security arrangement at SNCU are robust		OB	Restriction Signage, security guard in each shift, functional CCTV camera, define & practice procedure for handing over the baby to mother/father	
ME D3.5	The facility has established measure 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 & Interior of the facility building is maintained appropriately	Interior & exterior of patient care areas are plastered & painted & building are white washed in uniform colour		OB	Wall and Ceiling of SNCU is painted and made of white wall tiles, with seamless joint, and extending up to the ceiling.	
ME D4.2	Patient care areas are clean and hygienic	Walls & sinks are cleaned as per schedule		OB	(1) At least once a day (2) With hospital grade disinfectant	
		Mopping of SNCU is done as per schedule		OB/ RR	(1) At least 3 times in a day	
		Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean	
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern has been provided.	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	Check for patient care as well as auxiliary areas	
		Window panes , doors and other fixtures are intact		OB		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the SNCU		OB	Check for any obsolete article including equipment, instrument, records, drugs and consumables	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	No lizard, cockroach, mosquito, flies, rats, bird nest etc.	
Standard D5	The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms					
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of 24X7 Running water & hot water facility.	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	Check for 24X7 availability of power backup including Dedicated UPS and emergency light	
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen and vacuum supply		OB		
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.					
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done specially for mother of admitted baby		RR/SI		
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	(1) Check diet is provided to all mothers (both inborn or outborn babies) (2) Check that all items fixed in diet menu is provided	
Standard D7	The facility ensures clean linen to the patients					
ME D7.1	The facility has adequate sets of linen	SNCU has facility to provide sufficient and clean linen for each parent-attendant		OB/RR	Check linen is clean, stains free & not torn.	
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		SI/RR	Quantity of linen is checked before sending it to laundry. Cleanliness & Quantity of linen is checked received from laundry. Records are maintained	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check dedicated closed bin is kept for storage of dirty linen			Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed & handed over	
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.					
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	(1) Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) (2) Check FPC roster of nurses for providing training to Parent/ attendant	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital administration or state policy. Check SNCU doctors and nurses follow the dress code	
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 for contract management for 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 & patient demographic records are generated during process of registration & admission		RR	Check for that patient UID & demographics like Name, age, Sex, Chief complaint, etc. are recorded	
ME E1.3	There is established procedure for admission of patients	Admission criteria for SNCU is defined & followed		SI/RR	Baby weight <1800 or more >4 Kg, gestation- <34 weeks, perinatal asphyxia, apnoea, refusal to feed, respiratory distress(Rate >60/min, severe jaundice, hypothermia <35.4 deg C & hyperthermia >37.5 deg C, central cyanosis, shock (CFT>3 sec) bleeding, abdominal distension, diarrhoea & major malformation	
		There is no delay in admission of patient		SI/RR/ OB	Time of admission is recorded in patient record, Admission is done by written order of a qualified doctor	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure to cope with surplus patient load		OB/SI		
Standard E2	The facility has defined and established procedures for clinical assessment and reassessment of the patients.					
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	Check availability & use of assessment criteria like triage of sick new born, Kramer's criteria for assessment of Jaundice, Silverman Anderson Score for assessment of severity of respiratory distress and Ballard score for assessing gestation of new born etc.	
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR	Check bed head ticket	
		Initial assessment and treatment is provided immediately		RR/SI	Initial assessment is documented preferably within 2 hours	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients & critical patients		RR/OB	There is fix schedule of reassessment as per protocols. Reassessment finding are recorded in BHT	
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral					
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of taking over of new born from labour , OT/ Ward to SNCU		RR/SI	Check continuity of care is maintained while transferring/ hand overing the patient	
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/ higher facilities to assure the continuity of care.	Check pre referral stabilization is done		SI/ RR/ OB	(1) Check baby is stabilized w.r.t Temp. (skin to skin care-cover the baby- Transport incubator), Oxygenation: Airway & breathing, perfusion (HR, CRT temp), Sugar. (2) Check 1st dose of antibiotics -inj Ampicillin & gentamicin is given. Also, Vit K is given if not administrated earlier	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Patient referred with referral slip		RR/SI	(1) A referral slip/ Discharge card is provide to patient when referred to another health care facility. (2) Referral slip includes demographic details, History of patient, examination findings, management done, drugs administered, any procedure done, reason for referral, (3) Detail of referral centre including whom to contact and signature of approving medical officer	
		Reason for referral is clearly stated and referral is written by authorized competent person (Paediatrician or Medical Officer on duty)		RR/ SI	(1) Verify with referral records that reasons for referral were clearly mentioned (2) SNCU staff confirms the suitability of referral with higher centres to ascertain that case can be managed at higher centre and will not require further referrals	
		Advance communication is done with higher centre & Referral vehicle is being arranged		SI/PI/ RR	(1) Check SNCU staff facilitates arrangement of ambulance for transferring the patient to higher centre. (2) Patient attendant are not asked to arrange vehicle by their own (3) Check if SNCU staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be required in transit	
		Referral checklist & Referral in/ Out register is maintained for all referred cases		SI/RR	(1) Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral (2) Check referral records has information regarding advance communication, transport arrangement, accompanying care provider, reason for referral, time taken for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		There is a system of follow up of referred patients		SI/RR	(1) Check that SNCU staff take follow up of referred cases for timely arrival and appropriate care provided at higher centre. (2) Outcome and deficiencies if any should be recorded in referral out register & analysed for improvement	
		Facility has functional referral linkages to lower facilities		SI/RR	(1) Check for referral cards filled from lower facilities (2) CHW of nearby PHC/HWC is informed about discharge for follow ups	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	Check community health worker is assigned for the follow-up post discharge	
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 of baby before any clinical procedure		OB/SI	Identification tags are used for new-borns	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.	
		There is a process to ensue the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet	
		Parent/ attendants are encouraged to provide basic care to the newborn		PI/SI	Breastfeeding, KMC, cleaning of baby can be undertaken by trained parent/attendant under the supervision of doctor/ nurse	
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	
		Hand over is given bed side		SI/RR	(1) Handover is given during the shift change explaining the condition, care provided and any specific care if required. (2) Check SBAR (situation, background, assessment and recommendation) protocols are followed	
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	Vital are monitored for stable & critical patients and recorded periodically		RR/SI	Check for TPR chart, Phototherapy chart, any other vital required is monitored	

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Standard E5	The facility has a procedure to identify high risk and vulnerable patients.					
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Measures are taken to protect new born from any harm		OB/SI	Check the measure taken to prevent new born theft/ swapping ,baby fall, baby charring, adverse drug events etc	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	New born with emergency & priority signs assessed & immediate treatment is given	
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 ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check prescriptions are not written with brand name	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	Essential newborn care, Newborn Resuscitation, management of hypothermia. LBW, Fluid management, hypoglycaemia, neonatal jaundice, ETAT etc	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per protocols and &Check for 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 (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Dopamine, dobutamine, Hydrocortisone, Phenytoin, Phenobarbitone, Adrenergic agonist, Opioids, Anti thrombolytic agent 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 nurses and doctor.	
ME E7.2	Medication orders are written legibly and adequately	There is process to ensure that right doses of drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided	
		Every Medical advice and procedure is accompanied with date, time and signature		RR	Verify case sheets of sample basis	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check for the writing, It comprehensible by the clinical staff		RR/SI	Verify case sheets of sample basis	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with leftover content intended to be used later on .In multi dose vials, needle is not left in the septum	
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available in SNCU and its reporting is in practice.	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid, drug & dosages are calculated according to body weight		SI/RR	Check for calculation chart	
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it	
		Check Nursing staff is aware 7 R's of Medication and follows them		SI/OB	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation	
Standard E8	The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage					
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	New born's progress is recorded as per defined assessment schedule		RR	Check BHT is updated following each reassessment	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan are written on BHT and all drugs are written legibly in case sheet.		RR	(1) Check Medication order, treatment plan, lab investigation & nursing charts are recorded adequately (2) Check change in treatment plan is also mentioned in case new born's condition deteriorate	
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	Resuscitation, blood transfusion, suctioning, phototherapy etc	

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ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for neonatal case sheet, Treatment Charts, TPR Chart , Intake Output Chart, Investigation sheet, Community follow up card, BHT/ newborn case record , treatment continuation sheet, Discharge card, normographs, congenital anomaly if any. etc Check forms & formats are being used	
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, Diet register, Linen register, Drug indent register etc	
		All register/records are identified and numbered		RR	Check records are numbered and labelled legibly	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only	
Standard E9	The facility has defined and established procedures for discharge of patient.					
ME E9.1	Discharge is done after assessing patient readiness	SNCU has established criteria to transfer to step down / MNCU		SI/RR	Criteria for transfer to step down: Respiratory distress improves & do not require oxygen supplementation, babies on antibiotics for completion of therapy, LBW who otherwise stable, babies with Jaundice who otherwise stable.	
		High risk identification checklist is available & filled at time of discharge		SI/RR	Checklist having information regarding babies birth weight, gestational age, perinatal asphyxia, small for date, hypoglycaemia, neonatal seizures, sepsis with meningitis, shock requiring vasopressor support, total serum bilirubin in exchange range, suboptimal home environment etc.	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		SNCU has established criteria for discharge		SI/RR	Criteria for transfer to home: Primary illness is resolved, baby maintain temp without radiant warmer, baby is accepting mothers milk, documented weight gain for consecutive 3 days, & wt. is more than 1.5 Kg, baby haemodynamically stable (normal CFT and strong peripheral pulses)	
		Discharge is done by a responsible and qualified doctor after assessment		SI/RR	Discharge is done in consultation with treating doctor	
		New-born/ attendants are consulted before discharge		PI/SI	Time of discharge is communicated to patient in prior	
		Follow up plan for assessment & specific interventions is scheduled after discharge of high risk babies		RR/SI	Check suggested schedule along with follow up protocols is available & used	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patient clinical condition, treatment given and follow up		RR/PI	See for discharge summary, referral slip provided.	
		Discharge summary is give to patients going in LAMA/Referral patient		SI/RR		
		There is procedure for clinical follow up of the new born by local CHW (Community health care worker)/ASHA		RR/SI	SNCU has system in place to send communication to CHW/ ASHA regarding discharge of baby from SNCU	
ME E9.3	Counselling services are provided as during discharges wherever required	Parent/attendants are trained & confident to provide care after discharge		PI/SI	Training has been given for nutrition, immunisation, understanding baby cues and addressing the issues. Ask parent /attendant if they have been trained	
		Check with mother/ attendant the key points explained during counselling		PI	Breastfeed infant exclusively, keep infant warm, keep cord clean and dry, importance and correct method of handwashing & danger signs*. (*Danger signs: Refusal to feed; Fast or difficult breathing, Cold or Hot to touch, jaundice involving palms and soles Pallor/Cyanosis, Abdominal distension, Abnormal movements, Bleeding from any site or Diarrhoea with blood in stool)	

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ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from parent's/ guardian of the LAMA patient		RR/SI		
Standard E10	The facility has defined and established procedures for intensive care.					
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal	Criteria are defined for endotracheal intubation		RR/SI	(1) To suction trachea in presence of meconium when newborn is not vigorous (2) if positive pressure ventilation is not resulting into adequate clinical improvement (3)To improve efficacy of ventilation after several minutes of bag & mask ventilation or ineffective bag & mask ventilation (4)To facilitate chest compressions and ventilation and to maximize the efficiency of each ventilation (5) for special cases like giving endotracheal medication & suspected diaphragmatic hernia	
		Staff is trained for intubating newborn		SI/OB	Ask for demonstration Steps to follow : (1) Stabilize the new born's head in sniffing position, deliver free flow of oxygen during procedure (2) Slide laryngoscope over right side of tongue, pushing the tongue to left side of mouth & advancing the blade until the tip lies beyond the base of the tongue. (3) Lift the blade slightly, raise entire blade not just tip (4) Look for landmarks, vocal cords should appear as vertical stripes of each side of glottis or inverted 'v' (5) Suction if required for visualization (6) Insert the tube into right side of mouth with the curve of the tube lying in horizontal plane (7) If cords are closed, wait them to open. Insert the tip of endotracheal tube until vocal cord guide is at the level of cords (8) Hold the tube firmly against the babies palate while removing laryngoscope	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of indications of correct placement of endotracheal tube		SI/OB	(1) Improved vital signs (2) Breath sounds over both lung fields (3) No gastric distention (4) Vapours in tube during exhalation (5) Chest movement in each breath (6) Direct visualization of tube passing between vocal cords	
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management					
ME E11.2	Emergency protocols are defined and implemented	Staff is aware of process & steps for emergency management of sick neonate		SI/RR	(1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and non urgent. (2) After identification of emergency & prioritize sign-prompt emergency treatment is to be given to stabilize.	
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 are defined Mock drills have conducted from time to time	
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	SNCU has provision of Ambulances to refer the case to higher centre		SI/RR	Check ambulance/ vehicle used for neonatal transport have following requirements: (1) Secure fixation for transport incubator (2) Secure fastening of other equipment (e.g. Monitoring equipment) (3) Independent power source to supplement equipment batteries to ensure uninterrupted operation of the equipment	
		Ambulance has provision/ method for maintenance of Warm chain while referring baby to higher centre		SI/RR	Ambulance/transport vehicle have adequate arrangement for Oxygen therapy, mechanical ventilation, resuscitation/ essential supplies kit and emergency drug kit	
		Transfer of patient in Ambulance /patient transport vehicle is accompanied by trained medical Practitioner		SI/RR	Check Constant vigilance (maintaining TOPS_ temp. oxygen, perfusion & sugar) during journey.	
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	Protocols are defined & followed for sample collection. Also check procedure to transfer to lab (if need to send to inhouse/outsource lab.)	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E12.3	There are established procedures for Post-testing Activities	SNCU has defined critical values of various lab test		SI/RR	(1) Critical values are defined and intimated timely to treat medical officer (2) List of Normal reference ranges as per available in NRC	
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	Patient's identification is confirmed & Consent is taken before transfusion		RR		
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person	
		Blood transfusion note is written in patient records		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet	
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction	
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	SNCU has system for conducting grievance counselling of parents in case of newborns' mortality		SI	Bad news/adverse event/ poor prognosis are disclosed in quite & private setting	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per new born death review guidelines		RR	New born death are recorded as per CDR guideline. Death note including efforts done for resuscitation is noted in patient record. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	
ME E16.3	The facility has standard operating procedure for end of life support	Parents/ guardians are informed clearly about the deterioration in health condition of Patients		SI/RR	(1) Provide clear & honest information in supporting & caring manner (2) Avoid negative comments about parents, referring physician. (3) There is a procedure to allow parents to observe patient in last hours	

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ME E16.4	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law	Parent's consent is taken if autopsy required		PI/ SI/ RR	Check there is process to call parents after a month to explain findings of autopsy & if required to discuss the possibility of the problem occurring in next baby.	
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines					
ME E20.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child	
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Rapid assessment of sick neonates is done for prioritizing management in SNCU		SI/RR	Staff is aware of Triage or sorting categories to prioritize management i.e EPN (Emergency sign, priority sign & non urgent sign)	
		Staff is aware of emergency signs in Sick new born & action required		SI/RR	(1) Hypothermia temp. < 35.5 °C, (2) Apnoea or gasping breathing, Severe respiratory distress rate > 70/min , severe retraction, grunt, (3) Central cyanosis, shock, cold periphery, CFT>3 sec, weak or fast pulse, (4) coma, convulsion &encephalopathy. Action: Urgent intervention, Stabilize and admit in SNCU	
		Staff is aware of priority signs in Sick new born & action required		SI/RR	(1) Weight less than 1800 g (tiny neonates) or >3800g. (2) Temp. 36.5 °C -35.5 °C, (3) Lethargy/irritable/restless/ jittery (4) refusal to feed (5) respiratory distress rate > 60, no or minimal retraction, (6) abdominal distention,(7) severe jaundice appear in <24hrs/ stains palms and soles/lasts >2 weeks, severe pallor, (8) bleeding from any site, (9) congenital malformation, Action: immediate assessment, attended on priority & need to be admitted in SNCU	
		Staff is aware of non urgent signs signs in Sick new born & action required		SI/RR	(1)Minor birth trauma, (2) superficial infection, (3) minor malformation, (4) possetting, (5) transitional stools, (6) jaundice. Action Assess & treat as per neonate's requirement	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is competent in Management of emergency signs		SI/RR	<p>Check for Temp., Airway breathing, circulation, coma or convulsion, Severe dehydration & hypoglycemia</p> <p>(1) Cold to touch (Abdomen): Re warm under radiant warmer, assess the temp every half an hour</p> <p>(2) Apnoea or gasping breathing : Manage airway, administer Positive pressure ventilation with bag & mask</p> <p>(3) Central cyanosis or Severe respiratory distress, lower chest drawing, grunting & ,give oxygen, monitor oxygen saturation with pulse oximeter</p> <p>(3) Capillary filling time >3, weak or fast pulse >160: Give 10ml/kg normal saline over 20- 30 min, repeat the bolus, if circulation doesnot improve,</p> <p>(4) Convulsion: Manage airway, check & correct hypoglycaemia, if convulsion continue give IV calcium, if convulsion still continue give anticonvulsant.</p> <p>(5) Diarrhoea plus any two sign (a) Lethargy (b) Sunken eyes (c) Very slow skin pinch - Insert IV line & began giving fluids rapidly, make sure neonate is warm</p>	
		Staff is able to demonstrate steps of newborn resuscitation		SI/RR	<p>(1) Provide the warmth, Position the head & clear the air way, suction first mouth & then nose, Reposition & stimulate breathing, Evaluate respiration, heart rate & oxygenation. (2) If still not breathing, use correct size mask, ensure proper seal, squeeze 2-3 times & observe the chest rise, if chest rise is adequate, ventilate for 30 sec & re assess, if chest rise is not adequate, take step to improve ventilation. (3) Assess heart rate after 30 sec of ventilation, if less than 100/min & not breathing well, continue ventilation with oxygen.</p>	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E20.3	Management of Low birth weight new-borns including pre term and Small for gestational age as per guidelines	Staff is able to identify Low birth weight newborn		SI/RR	Newborn baby can be LBW : (1) Preterm(<37 weeks) & (2) SGA (if the weight is below the 10 percentile on the chart gestational age. LBWs can be identified from LMP, USG (first trimester) & Expended Ballard score (EBS) and other physical maturity signs like skin, ear cartilage, breast nodule, sole creases and external genitalia	
		Staff is aware of clinical presentation of LBW		SI	Feeding problem, asphyxia, hypothermia, RDS, Apnoeic spells, Intraventricular haemorrhage, hypoglycaemia, hyperbilirubinemia, infection and retinopathy of prematurity (ROP) etc.	
		Staff is aware of management protocols of babies < 1800 gm (34 weeks)		SI/RR	Use of Overhead radiant warmer or incubator to keep baby warm. Regular monitoring of axillary temp at least once every 6-8hrs. Planning the nutrition and fluids of babies considering type of feeding, quantity, frequency and modality of feeding	
		Staff is aware of frequency & type of feeding to LBW		SI/RR	LBW babies should fed with mother's milk every 2 hrs. starting immediately after birth. Ensure LBW babies receive 'hind milk'. Multi fortified breast milk should be given to pre term <32 weeks / 1500 gm, who fail to gain weight despite of breastfeeding Minimum enteral feeds : Small volume of expressed breastmilk i.e. 12 to 24 ml/kg/day given every 1-3 hours delivered intra gastric.	
		Check staff is aware of importance of hind milk		SI	Comes towards end of feed, rich in fat content and provide more energy. LBW babies with poor weight gain may fed with expressed hind milk.	
		Check guidelines for mode and quantity of providing fluids and feeds to babies is available & followed		SI/RR	Guidelines for modes requirements (i.e. Based on Birth weight in gm and age (weeks). Guidelines for fluid requirement of neonate (ml/kg/day) _ (based on Birth weight)	
		Check total daily requirement is estimated as per guidelines		SI/RR	Check quantity given is monitored & charted	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check staff skill for various techniques/modes of feeding to LBW		SI/RR	<p>Techniques: Minimum entral feeds : Small volume of expressed breastmilk i.e. 12 to 24 ml/kg/day given every 1-3 hours delivered intra gastric.</p> <p>Non nutritive sucking: In premature or small babies - to develop sucking behaviour & improve digestion of feed</p> <p>Gavage feeds: Using feeding catheter - baby is fed with 10 ml syringe (without plunger) attached toward outer end of tube & milk is allowed to trickle by gravity. The baby should be placed in left lateral position for 15-20min to avoid regurgitation.</p> <p>Katori Spoon Feed: Feeding with spoon or paladai, specially neonates with gestation of 30-32 weeks or more are in position to swallow. Take required amount of expressed breast milk in katori, place the baby in semi upright posture. Fill the spoon with milk, a little short of brim, place it at lips of the baby and let the milk flow into babies mouth slowly, the baby will actively swallow the milk</p>	
		Check fluid and nutritional supplementation is fulfilled as per requirement			<p>Fluid requirement: First day of fluid requirement range from 60-80 ml/kg.</p> <p>Daily increment - approx. 15ml/kg till 150ml/kg is reached.</p> <p>Nutritional Supplementation_</p> <p>Vit K : All LBW<1000gm - receive 0.5 mg IM of Vit K at birth & all other 1mg IM.</p> <p>All LBW who are exclusively breastfed should receive 400IU daily of vit K from first day of life to once baby start accepting full feeds & supplementation will continue until 6 month. 800-1000IU for small babies (<1500gm)</p> <p>Multivitamin drops: 0.3 ml/day from 2 week of age</p> <p>All LBW receive calcium and phosphorus at 120-140 mg/kg/day & 60-90 mg/kg/day respectively. & continue till 40wk post conceptual</p> <p>Iron Supplementation_</p> <p>2-3mg/kg/day at 6-8 wks. and as early as 2wks in <1500gm</p>	

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		Check the records to monitor intake & output to prevent fluid overload		SI/RR	(1) IV-fluids are given are compared with prescribed volume & recorded in fluid monitoring chart every 2 hrly. (2) Measure blood glucose every 6-8hrs and take action for low (<45mg/dl) or high (150mg/dl) blood glucose (3) Daily monitoring : of weight, urine output, frequency of passage of urine, sign of overhydration.	
		Staff infusion site is inspected frequently		SI	If there is redness and swelling seen at any time stop the infusion remove the cannula and establish new IV line in d/f vein	
		Check Growth is monitored in LBW babies		SI/RR	Babies checked for weight (daily), head circumference(weekly) and length (fort-nightly). Fenton's growth chart is used for pre term babies. WHO growth chart is used from corrected age of 40 weeks	
		Precautions are taken to protect LBW baby from hypothermia		SI/RR	Heat loss is minimized by kangaroo-care and a cap on the head and socks on the feet	
		Staff is aware of assessment & grading of hypothermia		SI/RR	Normal Axillary temp- 36.5 -37.5 °C Cold Stress- 36.4- 36 °C Moderate Hypothermia- 35.9- 32 °C Severe Hypothermia- <32 °C. Assessment through Axillary temp., Skin temperature (using radiant warmer probe) and Human touch.	
		Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia		SI	LBW, preterm babies, hypoglycemia, sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/ apnoea etc	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of management of mild hypothermia (temp <35.5- 36.4 °C)		SI/RR	<p>(1) Provide KMC to re warm baby with mild hypothermia or warm the room using radiant heater or other heating devices if KMC is not possible.</p> <p>(2) Cover adequately & ensure to replace cold clothes with warm clothes</p> <p>(3) Keep room warm (26-28 °C) & draught free</p> <p>(4) Continue breastfeeding</p> <p>(5) Monitor temp . & capillary filling time during re earning. Watch for apnoea and hypoglycaemia .</p> <p>(6) Monitor axillary temp every 1/2hr till it reaches 36.5 °C, then hourly for next 4 hrs, 2 hrly for 12 hrs thereafter 3 hrly as routine</p>	
		Staff is aware of management of severe hypothermia (temp <35.5 °C)		SI/RR	<p>Remove cold clothes from baby and replace with warm clothes</p> <p>Place under radiant warmer or one may use room heater or other means to warm baby</p> <p>monitor temp every 15-30 min, monitor BP, HR, temp & glucose as needed.</p> <p>Additional - Start IV 10% dextrose, if perfusion is poor, give 10ml/kg of ringer lactate or normal saline. Give Vit K -1mg I/M & provide oxygen & monitor SPO2.</p> <p>Assess for sepsis</p>	

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		Staff is able to demonstrate the process of Kangaroo mother care Protocols		SI	<p>Counsel the mother and take consent for initiating KMC.</p> <p>Give mother/ care taker front open loose shirt or blouse</p> <p>Guide the mother/ care taker to sit in semi reclining position on chair or bed</p> <p>Unbutton top 2-3 buttons and slip baby with only napkin, socks and cap on, into shirt</p> <p>Ensure skin to skin contact b/w baby and care taker</p> <p>Baby should be in frog like position with head turned to one side and placed between mother's breast</p> <p>Tie a string at belt level to prevent the baby from slipping down</p> <p>Cover mother and baby dyad with woollen or sheet</p> <p>Encourage frequent breastfeeding</p>	
		Staff is able to access the clinical definition and symptoms of hypoglycaemia in new-borns		SI	<p>Blood glucose level less than 45mg/dl in all new-borns</p> <p>Symptoms of hypoglycaemia:</p> <ol style="list-style-type: none"> (1) Jitteriness, irritability (2) Lethargy, limpness (3) Weak or high pitched cry (4) Poor feeding, vomiting (5) Tachycardia (>180/min) (6) Sweating (7) Hypothermia (8) Poor respiratory effort or apnoea, tachypnoea (9) Cyanosis (10) Seizures or coma 	
		Staff is skilled for technique of estimating blood sugar using reagent strips in neonates		SI	<p>Common site- Heel.</p> <ol style="list-style-type: none"> (1) Ensure heel is not cold. Heel can be warmed by holding it in hand for few minutes (2) Prepare the site with 70% Isopropyl alcohol. Allow to dry. (3) Make needle stick puncture of posterolateral aspect of heel & avoid making deep puncture. (4) Follow instructions on reagent strip bottle for obtaining blood sample analysis. (5) If blood glucose is low send blood sample to lab for confirmation 	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is competent in management of hypoglycaemia		SI/RR	<p>(1) Establish IV line, infuse bolus of 2ml/kg body weight of 10% dextrose over 1min.</p> <p>(2) If an IV line can not be established quickly, give 2ml/kg body weight of 10% dextrose orogastric tube</p> <p>(3) Start infusion of dextrose containing fluid at daily maintenance volume acc. to baby's age so as to provide a glucose infusion rate (GIR) of 6mg/kg/min</p> <p>(4) If glucose remain below 45mg/dl GIR is increased in steps of 2mg/kg/min to max. of 12mg/kg/min</p> <p>(5) Check blood glucose 30 min after starting the infusion of glucose or any GIR. if blood glucose is above 45mg/dl, continue glucose infusion at this rate and recheck blood glucose 1hr later. With 2 blood glucose values in normal range, the frequency of glucose monitoring is reduced to 6 hrly.</p> <p>(6) If blood glucose is less than 25mg/dl, repeat the bolus of dextrose and GIR as needed.</p> <p>(7) if the blood glucose b/w 25-45mg/dl, do not give dextrose bolus but increase GIR. The upper conc. of dextrose sol. which can be infused safely through peripheral vein is 15%. Conc. higher than this necessitate central line placement & referral</p>	
		Staff is aware of frequency of blood glucose measurement after blood glucose return to normal		SI/RR	<p>(1) Every 8 hrs as long as baby require IV fluid.</p> <p>If the baby is no longer required or is not receiving IV fluid, measure blood glucose every 12 hrs for 24 hrs</p>	

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		Charts/guidelines are readily available & followed in SNCU for estimating glucose infusion rates in neonates		SI/RR	Infusion rates with birth weight more than or equal to 1500gm using Mixture of D10 & D25. Infuse ion rates with birth weight less than 1500 gm using mixture of D10 & D25	
		Discharge & follow up protocols are followed LBW babies		SI/RR	(1) Consistently demonstrate weight again for 3 consecutive days (2) Mother should be confident in feeding the neonate (3) The required nutritional supplements started (4)BCG, Hep. B and OPV is given to baby (5) Methods of temperature regulation viz. KMC and other skills are taught to mother and adequately practices in hospital (6) Mother/parents are available to identify danger sign	
		Check important information like ROP screening and hearing evaluation is given to parents/mother of LBW babies		SI/RR	LBW (32 weeks/<1500gm) are advised for ROP screening at 1 month of postnatal age and hearing evaluation at 40 weeks corrected gestational age	
ME E20.4	Management of neonatal asphyxia is done as per guidelines	Staff is aware of clinical presentation of asphyxia		SI	Asphyxiated babies evolve neurological manifestation viz seizures, hypotonia, come or Hypoxic ischemic encephalopathy (HIE) within 72 hrs of life Evidence of multi organ system dysfunction (manifested as difficult breathing or renal failure or feeding intolerance or hepatic dysfunction or haematological abnormalities) in immediate neonatal period	
		Grading of hypoxic ischaemic encephalopathy (HIE) is done & recorded on case sheet		SI/RR	Using Levene's grading HIE - assessment of consciousness, tone, seizure activities and autonomic disturbances like sucking & respiration - Severity is decided. Check sequential grading is done every 8-12 hrs to assess the progression of HIE	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Initial stabilization & management of asphyxia cases is done as per protocols		SI/RR	(1) Maintenance of temperature (keep the baby under radiant warmer & temp is maintained at normal range) perfusion, ventilation (monitoring of oxygen saturation- SPO2 maintained b/w 90-94%) and normal Metabolic state including glucose, calcium and acid base balance (IV fluids, enteral feeding, glucose monitoring, management of hypocalcaemia & administration of vit K 1mg IM) (2) Early detection & management of complications must be done to prevent extension of cerebral injury	
		Clinical monitoring or bedside tests of asphyxiated babies is performed		SI/RR	(1) Levene's staging for neurological status (2) Downe's Score for respiratory status (3) Cardiovascular status- i.e. heart rate, colour, CRT, peripheral pulses, non-invasive BP (4) Abdominal circumferences- to rule out ileus (5) Urine output - to check for serum electrolytes, blood urea & serum creatinine (6) Monitoring of Blood sugar	
		Clinical monitoring is performed & updated in case sheet at defined intervals		SI/RR	(1) Levene's staging -every 8 hrs (2) Downe's Score -every 2-3 hrs (3) Cardiovascular status- i.e. heart rate, colour, CRT, peripheral pulses, non-invasive BP (4) Abdominal circumferences- to rule out ileus (5) Urine output - measured daily- should not be <1ml/kg/hr (6) Monitoring of Blood sugar every 6-8hrs during the first 24 hrs	
		Staff is aware of two major clinical manifestation results due to asphyxia		SI	(1) Neonatal Shock (2) Neonatal Seizures	
		Staff is skilled to identify shock		SI	(1) Unexplained Tachycardia- (HR>160/min) (2) Capillary refill time (CRT)- >3 seconds	

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		Staff is aware of technique to check CRT & its interpretation		SI/RR	Gentle pressure is applied by the tip of finger on central part of the body such as chest for 3-5 seconds by slowly counting from 1 to 5. this result in to blanching and area refill & it become pink after the tip of finger is lifted. Normal CRP is <3 sec. A prolonged CRT indicates poor circulation and tissue perfusion.	
		Staff is skilled to manage neonatal shock		SI/RR	(1) Supportive Care : (a) Maintain TBAC (b) Hypoxia: Maintain SPO2- 90-94% (c) Hypoglycaemia- Maintain normal blood glucose- (>45 mg/dl) (d) Hypothermia- Maintain temp _ 36.5-37.5 °C (2) Fluid resuscitation: infuse fluid bolus of 10ml/kg or normal saline over 20-30 min. (3) Administration of Inotropes	
		Staff is competent to assess improvement		SI/RR	Check: (1) Improvement in CRT (2) Decrease in heart rate by at least 10 beats/min. (3) Improvement in pulse volume and an increase in urine output over next 4-6 hrs (is sign of improvement)	
		Staff is competent to identify when to start vasopressors		SI/RR	If signs for poor perfusion persists despite 2 fluid boluses- Start vasopressor along with supportive care. Most commonly used vasopressor in neonates is dopamine	
		Staff is aware of dose of dopamine		SI/RR	(1) Starting dose- 5-10 microgram/kg/min (2) If no improvement occurs- the dose can be increased by increments of 5 microgram/kg/min every 20-30 min to max of 20microgram/kg/min	
		Staff is aware of next line of treatment if shock persists after max dose of dopamine		SI/RR	Dobutamine - Dose same as dopamine Hydrocortisone -1mg/kg of hydrocortisone can be given as initial dose and then depending upon response , it can be given 8-12 hrly in dose of 1mg/kg/dose for 2-3 days	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of further line of treatment in case baby is unresponsive to shock		SI/RR	(1) Consider blood transfusion if Hb< 12gm% (2) Consider referral after stabilization of temperature, oxygenation and blood glucose	
		Staff is aware of therapeutic end points for babies suffering from neonatal shock		SI/RR	CRT <3 sec, Normal Heart rate, normal pulse, warm extremities, normal BP and urine output >1ml/kg/hr	
		Staff is competent in method of weaning from inotropes		SI/RR	Once hypotension improves (BP normal for 4-6hrs) & tissue perfusion improves, inotropes should be tapered slowly @5microgm/kg/min every 1-2 hrly provided neonate maintain the list of therapeutic end point	
		Staff is aware of causes of neonatal Seizures		SI	Asphyxia (Most common), birth injuries, meningitis, intracranial bleeding or due to metabolic problems like hypoglycaemia, hypocalcaemia, and hypo or hypernatremia	
		Staff knows d/f in spasm due to tetanus and jitteriness		SI	Spasm due to tetanus: Appear after 48 hrs, Involuntary contraction of muscles, fists often persistently and tightly clenched, Trismus opisthotonos, triggered by touch, light & sound and Baby is conscious throughout, often crying with pain. Jitteriness: Provoked by stimulus, abolished by restraining, Not associated with autonomic changes, examination of neonatal is normal b/w seizure episodes & EEG is normal	
		Staff is aware of diagnostic approach for seizure		SI	In sick babies: blood glucose, serum ionized calcium, serum sodium & Sepsis screen. Detailed history is taken and examination is done after initial acute management to determine the underlying cause.	

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		Staff is skilled to provide treatment of neonate with seizures		SI/RR	<p>1st Step: Resuscitate if needed : In thermoneutral environment ensure TABC. Start oxygen if required IV access should be secured and blood sample drawn for blood count, blood sugar, serum calcium & electrolytes</p> <p>Step 2: If blood sugar less than 45mg/dl correct hypoglycaemia by a bolus of 2ml/kg 10% dextrose followed by maintenance infusion of 6-8 mg/kg/min</p> <p>3rd step: Estimate calcium levels. Consider giving 10% calcium gluconate 2ml/kg IV over 5-10min</p> <p>4th Step: Anti convulsant drug (ACD); ACD given if seizures persists even after correction of hypoglycaemia and hypocalcaemia</p>	
		Staff is aware of 1st and 2nd line ACD along with their doses		SI/RR	<p>1st Line ACD: Inj Phenobarbitone 20mg/kg IV over 20min. If baby has no further seizures don't start maintenance. If seizures persists after initial phenobarbitone infusion, administer boluses of 5mg/kg upto 40 mg/kg.</p> <p>2nd Line ACD: Inj Phenytoin or Fosphenytoin 20mg/kg IV over 20 min if seizures are not controlled with Phenobarbitone. Assess seizures control after the infusion. If seizures persists then Lorazepam 0.05- 0.10 mg/kg IV may be infused. Once the seizures are controlled, start maintenance dose of 3-4mg/kg day after 12 hrs of loading dose of phenobarbitone and phenytoin</p>	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of therapeutic action for neonate with seizures		SI/RR	(1) Transient metabolic problem i.e. hypoglycaemia, hypocalcaemia, dyselectrolytemia- Treat the cause, stop ACD immediately if started (2) Seizures controlled with 1st bolus of phenobarbitone- No maintenance ACD, observe for 48 hrs if seizures re occur (3) Seizures controlled with multiple dose of phenobarbitone- Start maintenance dose phenobarbitone. Stop once seizure free for 48hrs (4) Difficult to control seizures- Stop Phenytoin if seizures free for 48 hrs, continue maintenance dose phenobarbitone, Assess neurological status : if normal- Stop phenobarbitone, If abnormal -may continue oral maintenance phenobarbitone	
		Staff is competent to identify conditions when to refer the neonatal asphyxia cases to higher centre		SI/RR	(1) when baby need respiratory support - as PPV required for 5min or longer (2) Onset of seizures within 12 hrs- refractory seizures (uncontrolled with phenobarbitone & phenytoin) (3) Severe HIE & unable to restore oral feeds within 1 week- (4) Shock unresponsive to vasopressor	
		Post discharge & follow up advice is given as per protocols		SI/RR	To attend follow up clinic for monitoring of their growth & development and to identify post asphyxia sequelae and development delays	
ME E 20.5	Management of sepsis is done as per guidelines	Staff is aware of classification of neonatal sepsis		SI	Early onset sepsis (EOS): where sign & symptoms of sepsis appear within 72 hrs of birth due to pathogens in maternal genital tract or delivery area, respiratory distress due to congenital pneumonia. Late onset of Sepsis (LOS): where sign appear after 72 hrs of age due to pathogens from hospital or community. LO is commonly presented as Septicaemia, pneumonia, or meningitis	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of signs of neonatal sepsis		SI	(1) Clinical picture is highly variable. Sign & symptom are minimal, subtle or non specific. (2) Clinical manifestation of neonatal sepsis : Lethargy, refuse to suckle, poor cry or high pitched cry or excessive cry, comatose, abd. Distension, diarrhoea, vomiting, hypothermia, poor perfusion, sclera, poor weight gain, shock, bleeding, renal failure, cyanosis, tachypnoea, chest retraction, grunt, apnoea, fever, seizures, neck retraction, bulging fontanel etc.	
		Staff is competent to identify clinical manifestation of meningitis		SI	fever, seizures, blank look, high pitched cry or excessive crying/irritability, neck retraction & bulging fontanel	
		Laboratory investigations are performed to confirm neonatal sepsis		SI/RR	Direct method: Isolation of micro-organism from blood, CSF, urine or pus. Indirect method: Leukopenia (TLC < 5000/cu mm), Neutropenia (ANC < 1800/cu mm), Immature neutrophil to total neutrophil ratio (>0.2), Micro ESR(>15mm 1st hour) positive C Protein. Any of the 2 or more test come positive indicate sepsis. Lumber puncture : must be performed in all cases with late onset of sepsis	
		Supportive care is provided to manage new borns		SI/RR	Maintain TABC Ensure SPO2 -90-94% Maintain normoglycemia Administer inj vit K 1mg IV, if there is active bleeding from any site Avoid enteral feed if hemodynamically compromised & start feed as hemodynamically stable. Consider exchange transfusion if there is sclerema	
		Appropriate antibiotics are given according to age and weight of the baby		SI/ RR	Correct dose and frequency is given as per antibiotic therapy of neonatal sepsis Antibiotic therapy should cover the common bacteria viz, E .coli, Staphylococcus aureus and Klebsiella Pneumonia Every new born unit must have its own antibiotic policy based on profile of pathogen & local sensitivity pattern	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff administer antibiotic as per protocols for confirmed Sepsis		SI/RR	1. Give Injection ampicillin and gentamicin, as first line of treatment. 2. Give cloxacillin (if available) instead of ampicillin, if there are extensive skin pustules or abscesses, as these might be signs of Staphylococcus infection. 3. Antibiotics should be given slowly, after dissolving in 5-10 ml fluid using a microdrip set or infusion pump. 4. Never mix two antibiotics in same syringe.	
		Check algorithm & treatment charts for management of neonatal sepsis is available & practices		SI/RR	Antibiotic schedule & dosage including frequency, route and duration is available & used	
		Staff provide antibiotic as per protocols for confirmed meningitis		SI/RR	Check availability charts for prescribing antibiotics for meningitis. Check charts reflect following information: Weight <2kg Inj Cefotaxime- 12 hrly (0-7 days of age) or 8 hrly (>7days of age), IV, for 3 weeks Inj Amikacin-24 hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks Weight >2kg Inj Cefotaxime- 8 hrly (0-7 days of age) or 6 hrly (>7days of age), IV, for 3 weeks Inj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks. 2nd line treatment: Inj Meropenem- 8 hrly (0-7 days of age) or 8 hrly (>7days of age), IV, for 3 weeks nj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of age), IV, for 3 weeks.	
		The response to treatment is monitored		SI/RR	Empirical upgradation can be considered if there is no clinical improvement by 48hrs of institution of antibiotic or there is sign of deterioration	

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		Staff assess the clinical presentation of possible serious bacterial infection among children of 0-59 days		SI/RR	Pneumonia in 0-59 days children - difficult to diagnose as per clinical conditions Possible serious bacterial infections can be pneumonia, septicaemia, or meningitis. Essential Features: (1) Baby not able to feed or (2) Convulsion or (3) Fast breathing (RR-> 60/min) or (4) Severe chest indrawing or (5) Axillary temp > or equal to 37.5 OC (or feel hot to touch) (6) or Axillary tem <35.5 OC (or feel cold to touch) or movement only when stimulated or no movement at all	
		Management of Possible serious bacterial infections		SI/RR	Hospitalise, Maintain nutrition & hydration, Give Oxygen (if SpO2 <90), Check availability charts for prescribing antibiotics for serious bacterial infections. Check dose, duration, frequency is given as per indicated	
		Staff is competent to identify conditions that do not require antibiotic for management		SI	Meconium strained amniotic fluid, meconium aspiration syndrome, Mild respiratory distress, perinatal asphyxia, Asymptomatic neonates with present of 1-2 risk factors of EOS, jaundice and prematurity	
		Staff is competent to identify when to refer the baby		SI/RR	If condition worsen or no improvement after 48hrs (1) Respiratory failure requiring mechanical ventilation (2) Unresponsive shock (3) Persistent convulsions (4) DIC (5) Baby require exchange transfusion (& facility is not available	
ME E20.6	Management of jaundice is done as per guidelines	Staff is aware of alert sign of neonatal pathological jaundice		SI	Clinical Jaundice in first 24 hrs of life or Total serum bilirubin (TSB) increasing by 5mg/dl/day or 0.5mg/dl/hr or TSB >15mg/dl to Conjugated serum bilirubin >2mg/dl or clinical jaundice persisting for > 14 days in term and > 21 days in preterm infants	
		Staff is aware of causes of onset of Jaundice within 24 hrs of age		SI	(1) Haemolytic disease of newborn: RH, ABO and minor group incompatibility,(2) Infection: Intrauterine viral-bacterial, malaria (3) G6PD deficiency	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of causes of onset of Jaundice after 24 hrs of age		S	Physiological, Polycythaemia, Concealed haemorrhage, Sepsis, neonatal hepatitis, metabolic disorder	
		Clinical assessment of severity of Jaundiced neonate is done as per Kramer's criteria		SI/RR	Kramer's criteria: Jaundice limited to face: Serum Bilirubin- about 6mg/dl, Jaundice extended to trunk- 9mg/dl, Extended to abdomen-12mg/dl. Extended to legs -15mg/dl & Extended to feet & hand-19-20mg/dl	
		Staff is aware of features of acute bilirubin encephalopathy		SI	Hypotonia, lethargy, high pitched cry, poor suck, hypertonia of external muscles, irritability, fever, seizures, opisthotonus, shrill cry, apnoea, coma	
		Staff is aware of Jaundice evaluation protocols		SI	Blood sample is taken for TSB estimation. Plotting of values on AAP charts on bilirubin nomogram	
		Management of Jaundice is done as per protocols		SI/RR	Management directed toward reducing level of bilirubin & preventing CNS toxicity. Prevention of hyperbilirubinemia: by early & frequent feeding Reduction of bilirubin: Achieved by phototherapy and /or exchange transfusion	
		Normogram is used to imitate phototherapy & exchange transfusion		SI/RR	Check normogram is available & practiced for new born more than 35 week	
		Guidelines for phototherapy & exchange transfusion is readily available and being followed		SI/RR	For new born <35 week	
		Staff is aware of precautions to be taken while giving phototherapy to baby		SI/RR	Baby should be naked eyes & genitals should be covered. New born should be kept at distance of more than 45 cm below light source. Frequent feeding every 2 hours 7 change in posture is promoted, once under phototherapy serum bilirubin must be monitored every 12 hrs or earlier if required	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check baby is monitored through out the phototherapy		RR/SI	Check the records baby's temperature is measured every 4 hourly to monitor for hypo/hyperthermia Check weight is taken daily Frequent breast feeding Increase in allowance for fluid, (if there is any evidence of dehydration) Position is changed frequently, after each feed (Low birth weight babies can have their socks, caps and mittens on, while under phototherapy)	
		Check the availability & use of fluxmeter		RR	Use Fluxmeter to check for and ensure optimal irradiance in phototherapy units	
ME E20.7	Management of children presenting with fever, cough or respiratory distress is done as per guidelines	Staff is aware of common causes of hyperthermia		SI	(1) Sepsis (2) Env't. too hot for baby (3) Wrapping the baby in too many layers of clothes, esp. in hot humid climate (4) Keeping newborn close to heater/hot water bottle (5) Leaving the under heating devices i.e. radiant warmer, incubator, phototherapy that is not functioning properly and/or not check regularly	
		Staff is aware and follow management protocols of hyperthermia		SI	Examine every hyperthermic baby for infection (1) If temp. is above 39 °C, the neonate should be undressed and sponged with tepid water at app. 35 °C until temperature is below 38 °C (2) If temp. is 37.5- 39 °C Undressing & exposing to room temp is usually all that is necessary. (3) If due too env't. temperature: move baby to colder environment & using loose & light clothes. (4) If due to device- remove the baby from source of heat (5) Give frequent breastfeeds to replace fluids. if the baby cannot breastfeed, give EBM. If does not tolerate feeds, IV fluids may be given (6) Measures the temp. hourly till it become normal	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is able to identify the babies with respiratory distress		SI/RR	(1) RR >60 breaths per min (2) Severe chest in drawing (3) Grunting (4) Apnoea or gasping	
		Staff is aware of common causes of respiratory distress in newborn		SI	(1) Pre Term : RDS, Congenital pneumonia, hypothermia & hypoglycaemia (2) Term: Transient tachypnoea of newborn (TTNB), meconium aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Trachea - esophageal fistula, B/L choanal atresia (4) other causes: Congenital heart disease, acidosis, inborn errors of metabolism	
		Detailed antenatal & perinatal history is taken based on causes of respiratory distress & recorded		SI/RR	H/O gestation, onset of distress, previous preterm babies with RDS, antenatal steroid prophylaxis, rupture of membranes >24 hrs, intrapartum fever, meconium asphyxia, maternal diabetes mellitus, poor feeding, lethargy, convulsion, h/o excessive frothing	
		Objective assessment of severity of respiratory distress is done & recorded		SI/RR	Using Downe's score and status is recorded in BHT	
		Staff is aware of parameters & interpretation of Downe's Score		SI/RR	Parameter: RR, Cyanosis, Air entry, Grunt and retraction. Score 1-6= RDS Score >6- Impending respiratory failure	
		Detailed examination of babies representing with RDS is done and recorded		SI/RR	(1) Severity of RDS- Assessed by Downe Score (2) Neurological status: Activity or altered sensorium (3) CRT (4) Hepatomegaly (5) Central Cyanosis or low oxygen saturation (6) Features of sepsis (7) Evidences of malformation	
		Staff is competent to identify conditions when to order chest X ray		SI	(1) All babies with moderate to severe respiratory distress- to identify underlying causes (2) Babies with mild respiratory distress observed for few hrs- if distress does not settle in 4-6 hrs or baby continues to need supplementary oxygen	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff follow support management protocols for all sick newborn		SI/RR	(1) Maintain body temp. (2) Give Oxygen with oxygen hood or nasal prongs to achieve appropriate oxygen saturation. Titrate oxygen delivery, targeting oxygen saturation of 90-94% (3) EBM by gavage feeding (4) Give IV fluids if baby does not accept Breast feed (5) Maintain blood glucose, if low treat hypoglycaemia	
		Staff is competent in management of apnoeic baby		SI/RR	(a) Maintain temperature (b) Stimulate to breathe by rubbing the back or flicking the sole. If does not begin to breathe, provide PPV with bag & mask immediately (c) Check blood glucose (d) Administer caffeine citrate/Aminophylline if baby is pre term with no other evident cause of apnoea (d) If apnoeic spells are recurrent, obtain sepsis screen along with blood culture and initiate treatment for sepsis	
		Staff is competent in specific management of moderate to severe respiratory distress		SI/RR	Start nasal CPAP and/or organize transfer for assisted ventilation	
		Staff is aware of duration to administer antibiotics		SI/RR	(1) If baby show clinical improvement- sepsis screen is negative and blood culture is sterile stop antibiotic after 48 hrs (2) if baby show clinical improvement but sepsis screen is positive & culture is negative give antibiotic for 5-7days (3) If culture is positive for Gram positive cocci (GPC) give antibiotic for 7 -10days & for Gram negative bacilli (GNB) for 10-14 days Antibiotic may be modified based in clinical response and blood culture sensitivity pattern	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is skilled to provide oxygen therapy		SI/RR	(1) Pulse oximeter is used to check oxygen saturation -should be maintained b/w 90-94% (2) Saturation below 90% should be treated using oxygen supplementation. Ensure at NO TIME babies under supplemental oxygen should have oxygen saturation above 95% (3) Nasal prongs & head box is used to deliver oxygen. Adjust flow of oxygen 0.5-2.0 L/min with Nasal prongs to achieve target saturation. Adjust the flow of oxygen (3-5L/min) to achieve desired oxygen saturation	
		Staff is competent in oxygen weaning protocols		SI/RR	Once baby's oxygen saturation on pulse oximeter is 90-94%, gradually wean oxygen. Reduce the oxygen flow rate by 1/2litre/min every few minutes to observe the oxygen saturation. If oxygen saturation remain in normal range gradually remove oxygen.	
		Staff is competent to identify when to refer the baby		SI/RR	(1) If baby with breathing difficulty needs CPAP or mechanical ventilation (2) persistent central cyanosis or low oxygen saturation despite oxygen supplementation (3) Repeated apnoeic spells Always stabilize before referral & transport	
		Discharge & follow up advice is given as per protocols		PI/RR	Babies with respiratory distress should be seen 48hrs after discharge, either at hospital or during home visit by ASHA. Counselling of parents for exclusive breastfeeding, temp maintenance and immunization Should be done	
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	SNCU promotes initiation of breastfeeding within half an hour after birth		PI/ SI	Check with mother when she has provided breastmilk to baby after delivery	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check colostrum is given to baby & staff is aware of its importance		SI	Women produce colostrum in first few days after delivery. It is thick yellowish in colour & contain antibodies, white blood cells and other anti infective proteins. Importance: Help to fight diseases that baby is likely to be exposed after delivery. Help to clear baby's gut of meconium. Clear bilirubin from the gut & also help to prevent hyperbilirubinemia	
		No ghutti, gripe water, honey or any other milk is given to baby		OB/PI		
		SNCU ensures exclusive breastfeeding to babies during their stay in SNCU unless clinically indicated		PI/SI	(1) Check with mother how frequently she breastfed her admitted baby (At least 8 times per day (EBM or DHM) (2) No formula feeding unless prescribed by doctor	
		Check process in place to assess the milk intake among admitted babies		SI/PI	(1) By counting no. of wet diapers per day (6-8 time/day) (2) Weight gain (20-30 gm a day in 1st 3-4 months after regaining birthweight	
		Check records are maintained to monitor intake of babies		SI/RR		
		Staff is aware & practice assisted feeding techniques for babies unable to take feed		SI/RR	Gavage feeding, katori-spoon feeding /paladai feeding/ gastric tube	
		Check SNCU provide assistance in positioning & attaching the baby to mother's breast		SI/PI	Check with mother if she has been taught/ guided to position & attach the baby	
		Check staff& mothers are aware of signs of proper position		SI/PI	(1) Baby's body is well supported (2) The head, neck & body of baby are kept in same plane (3) Entire body of baby faces the mother (4) Baby's abdomen touches mother's abdomen	
		Check staff & mothers are aware of signs of proper attachment		SI/PI	(1) Baby's mouth is wide open (2) lower lip turned outwards (3) Baby's chin turned towards mother's breast (4) Majority of areola is inside the baby's mouth	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check poster of proper positioning & attachment is displayed in Breastfeeding area in SNCU		RR	Poster explain Signs of proper positioning, attachment and suckling. Also explain disadvantages of not following proper positioning & attachment	
		Staff is aware of breastfeeding problems & its management		SI/PI	(1) Inverted/flat nipples - Treatment- A 20ml plastic syringe can be used to draw out nipple gently (2) Sore nipple, due to incorrect attachment or frequent wasing with soap & water or pulling the baby off while he is still sucking- Treatment- Correct positioning & attachment. Apply hind milk after feed & nipple should be aired, to allow healing in between feeds. In case of fungal infection suspected- refer to specialist or provide anti fungal medication (3) Breast engorgement- Treatment - Ensuring early & frequent feeding & correct attachment. Apply local warm water packs & analgesics (paracetamol) . Milk should be gently expressed to soften the breast. (4) Breast abscess- treatment- treated with analgesics & antibiotics. The abscess is to incised & drained. (5) Reduced milk supply: if baby is not gaining weight- Ask mother to feed more frequently especially during night. Make sure proper attachment & back massage is useful for stimulating lactation	
		SNCU provides extra support to establish breastfeeding in mother's having pre term & LBW babies		SI/PI	(1) SNCU ensures mother has begin the expression of milk within 6 hrs of delivery. (2) Encourage the mother's to repeat expression of milk 8-10 times per day to maintain flow of production & to feed the baby (3) The baby should put in breast every 2-3 hrs for feeding or non nutritive suckling (NNS) (4) SNCU ensures preterm milk is given to pre term babies	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check mother is encouraged to visit, touch and care her baby		SI/PI	Ask mother how often she visits her baby in SNCU	
		Check mothers are encouraged to learn milk expression		SI/PI	Both manual and through breast pump. Check instructions are displayed in milk expression room. Functional electrical pumps are available	
		SNCU has provision to collection, & storage breast milk		SI/OB	Check availability of milk expression room & refrigerator to store milk	
		SNCU has system to label & identify the expressed milk or milk received from CLMC		SI/OB	(1) Unique ID of baby, date of expression of milk or Date & time of opening the DHM bottle	
		Expressed milk/ DHM is stored at recommended temperature		SI/OB	Milk is immediately transferred to a refrigerator at the temperature of +2 °C to +4 °C for storage. EBM can be kept at room temp for 8 hours & in refrigerator for 24 hrs	
		SNCU promote feeding of breastmilk for pre term, low birth & sick new born		PI/RR	Check Bed head tickets whether mother milk or milk substitute is prescribed for admitted new born. Give non compliance if milk substitute is prescribed (untill clinically indicated)	
		Check breastfeeding policy is displayed		RR	Mentioning 10 steps of successful breastfeeding. Check Staff is able to explain at least 3 components of breastfeeding policy	
		Check SNCU promotes breastfeeding during follow up visits		RR/OB	(1) Exclusive during 6 months (2) initiate complementary feeding after 6 months & (3) continue breastfeeding up to 2 yrs. and beyond	
		Check SNCU has linkage with Comprehensive lactation management centre		SI/PI	Inhouse or outsourced for ensuring breastmilk to the babies	
ME E20.11	The facility provides services as per Rashtriya Bal Swasthya Karykram	SNCU has functional referral linkage with DEIC		SI/RR	(1) Inhouse or at higher centre (2) For developmental/ interventional facilities	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
	Area of Concern - F Infection Control					
Standard F1	The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection					
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab 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. HAI reporting formats are available. Staff Know whom to report & action are taken on feed back.	
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc	
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 for Staff as well as mothers/care givers visiting regularly	
		Check each person enter SNCU after hand washing & gowning		OB		
ME F1.6	The facility has defined and established antibiotic policy	Check doctors are aware of Hospital Antibiotic Policy		SI/RR		
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis					
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	At least 1 wash basin for every 5 beds	
		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	
		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	
		Separate Handwashing facilities are available for parent/ attendant		OB/SI	Only parents who follow the hygiene practices are allowed to provide care to their sick newborn	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
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	(1) Ask for demonstration (2) Staff aware of when to hand wash	
		Check each person enter SNCU after hand washing & gowning		OB/ PI	Ask for demonstration - mothers/guardian aware Steps of HW.	
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding children.	
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	Handwashing b/w each patient & change of gloves	
		Availability of Mask caps & shoe cover		OB/SI		
		Availability of gown/ Apron & mask		OB/SI	Staff, visitors and parent/ attendants	
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 & other PPEs		SI	Ask for demonstration.	
		Mother's/parents are allowed to entre SNCU after gowning only		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 1% Chlorine solution	
		Cleaning of instruments		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 know how to make chlorine solution		SI/OB	Staff is trained for preparing cleaning solution as per standard procedure	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ new-born care area	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Disinfection of instruments is done as per protocols		SI/OB	Achieve within 20 min contact period with 2% glutaraldehyde	
		Disinfection of individual items & utensils is done before use		SI/OB	(1) Individual item like stethoscope, thermometer measuring taps, probe should be done with 70% isopropyl alcohol daily or whenever used for another baby. (2) Cup spoon and paladai are boiled for at least 15 min before use /after every feed	
		Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/Chemical Sterilization	
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time	
		Chemical sterilization of instruments/equipment is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization(4hrs contact period), also how long the glutaraldehyde is active once prepared	
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment	
		Autoclaved dressing material & linen are used for SNCU		OB/SI		
Standard F5	Physical layout and environmental control of the patient care areas ensures infection prevention					
ME F5.1	Functional area of the department are arranged to ensure infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	Facility layout ensures separation of general traffic from patient traffic	
		There is separation between in born and out born unit		OB		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Entry in SNCU is restricted			Check there is no overcrowding inside the SNCU. Hospital staff without having a valid reason are not allowed in SNCU	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde etc	
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant, detergent solution, Lysol 5% or 3% phenol	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Check availability of Spill management kit, staff is trained for managing small & large spills, check protocols are displayed	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out. Use of three bucket system for mopping.	
		Cleaning equipment like broom are not used in patient care areas		OB/SI	Any cleaning equipment or activity leading to dispersion of dust particles in air should be avoided	
		External foot wares are restricted		OB	Check foot ware are changed before entry in SNCU	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	Check babies with diarrhoea, pyoderma, or any other contagious disease should not be admitted inside SNCU	
ME F5.5	The facility ensures air quality of high risk area	SNCU has system to maintain ventilation and its environment should be dust free		OB	Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.					
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Availability of Non chlorinated plastic colour coded plastic bags		OB		
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI		
		Segregation of infected plastic waste in red bin		OB		
		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 functional needle cutter & Puncture proof container		OB	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station	
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI	Bins should not be filled more than 2/3 of its capacity	
		Disinfection of liquid waste before disposal		SI/OB		
		Transportation of bio medical waste is done in close container/trolley		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	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined	
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done monthly		RR	Check minutes of meeting and monthly measurement & reporting of indicators	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard G2	The facility has established system for patient and employee satisfaction					
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR		
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		RR		
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		RR		
Standard G3	The facility have established internal and external quality assurance Programmes wherever it is critical to quality.					
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Findings /instructions during the visit are recorded	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	1.Daily checklist has been prepared and is filled daily to monitor the preparedness and cleanliness 2. Staff is designated and trained for filling and monitoring of this checklist.	
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.					
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of services has been prepared and is formally approved	
		Current version of SOP are available with process owner		OB/RR	Check current version is available	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SNCU has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement		RR	Review the SOP has adequately cover procedure for taking consent, maintenance of privacy, confidentiality & entitlements	
		SNCU has documented breastfeeding policy		RR	Review the SOP has adequately explaining implementation of 10 steps of breastfeeding	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		SNCU has documented procedure for safety & risk management		RR	Check availability of risk management record/register to identify risk & action taken to address them	
		SNCU has documented procedure for support services & facility management.		RR	Documented procedure for preventive- break down maintenance and calibration of equipment, Maintenance of infrastructure, inventory management & storage, retaining, retrieval of SNCU records	
		SNCU has documented procedure for general patient care processes		RR	Availability of documented criteria & procedure for triage, admission, training and engagement of parent-attendants in care provision, assessment & re assessment, referral & discharge of the patient	
		SNCU has documented procedure for specific processes to the department		RR	SNCU has documented procedure for key clinical processes including resuscitation, thermoregulation of new born, ,drugs,intravenous,and fluid management and nutrition management of new born	
		SNCU has documented procedure for infection control & bio medical waste management		RR	Check availability of documented procedure for infection control practices& BMW	
		SNCU has documented procedure for quality management & improvement		RR	Check availability of documented procedure for departmental quality activities viz: nomination of department Nodal officer, internal assessments, audits, patient satisfaction survey, internal & external quality assurance processes,	
		SNCU has documented procedure for data collection, analysis & use for improvement		RR	Check availability of documented departmental Data set need to be measured monthly & procedure for their collection, analysis & improvement	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is a aware of relevant part of SOPs		SI/RR		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	WI for phototherapy, Grading and management of hypothermia, Expression of milk, KMC, Management of hypoglycaemia, housekeeping protocols, Administration of commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc	
Standard G 5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages					
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes, where there is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are wasted, delays occur, and no value is added to the service	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	Check the improvement is sustained	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit					
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment is done at least quarterly	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	New born/Child Death audit is conducted		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
		Medical audit is conducted		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
		Referral audit is conducted		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Checkpoints having partial and Non Compliances are listed	

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism	
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report	
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them					
ME G7.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
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	
		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	
Standards 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 define criteria at least once in three month.	
Area of Concern - H Outcome						
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks					
ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of babies weighting less than 1800gm are admitted to SNCU		RR	No. of babies weighting less than 1800gm admitted / Total admission in SNCU in Month	
		Bed Occupancy Rate		RR		

Reference	ME Statement	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Proportion of female babies admitted		RR		
		No. of FPC sessions conducted in a month		RR	FPC register	
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark					
ME H2.1	Facility measures efficiency Indicators on monthly basis	Percentage of very low birth weight babies survived		RR	No. of very low birth weight babies (< 1200 gm)/No. of Low birth+ Very low birth babies	
		Down time Critical Equipment		RR		
		Referral Rate		RR		
		Survival rate		RR	Discharge rate	
		Average waiting time for initiation of treatment		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 newborn deaths among inborn weighting 2500gm or more		RR		
		Percentage of newborn deaths among out-born weighting 1200 to 1800g		RR		
		Recovery rate		RR		
		Antibiotic use rate		RR		
		Average length of stay		RR		
		Percentage of newborn survived following Resuscitation		RR		
		Adverse events are reported		RR	Baby theft, wrong drug administration, needle stick injury, absconding patients etc	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR		
		Parent/ care giver Satisfaction Score		RR		

MusQan

District Hospitals

Checklist for Paediatrics Ward

Assessment Summary			
Name of the Hospital :		Date of Assessment :	
Names of Assessors :		Names of Assesses :	
Type of Assessment (Internal/External) :		Action plan Submission Date :	
Paediatrics Ward Score Card			
Area of Concern Wise Score			MusQan Paediatrics Ward Score
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		
Major Gaps Observed			
1			
2			
3			
4			
5			
Strengths / Good Practices			
1			
2			
3			
4			
5			
Recommendations/ Opportunities for Improvement			
1			
2			
3			
4			
5			
Signature of Assessors :			
Date :			

MusQan

Checklist for Paediatrics Ward

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Area of Concern - A Service Provision						
Standard A1	The facility provides Curative Services					
ME A1.4	The facility provides Paediatric Services	Availability of dedicated paediatric ward		SI/OB	(1) Assessment, investigation & treatment of admitted sick children. (2) Monitoring and supportive care for sick children (3) Early identification & referral of children at higher centre (for services not covered under the scope of DH) Give non compliance if paediatric care is given in general male/ female ward	
		Availability of diarrhoea treatment unit		SI/OB	(1) Assessment for dehydration (2) Management according to degree of dehydration (3) Rational use of drugs in children with diarrhoea/ dysentery (4) Counselling on feeding, danger signs, prevention of diarrhoea	
		Availability of isolation rooms		SI/OB	Segregation and management of children with infectious diseases (source isolation)	
ME A1.14	Services are available for the time period as mandated	Availability of nursing care service 24*7		SI/PI		
ME A1.17	The facility provides Intensive care Services	Availability of High dependency unit		SI/OB	(1) Close, monitoring and treatment to children who have potential to be physiologically unstable (2) Management of children requiring constant oxygen therapy, cardiorespiratory monitoring, inotropic support. (3) Hospital has established linkage for referral and management with tertiary care unit (Paediatric Intensive Care Unit; PICU) if the condition of child deteriorates	
ME A1.18	The facility provides Blood bank & transfusion services	Availability of blood transfusion services		SI/RR		
Standard A2	The facility provides RMNCHA Services					
ME A2.4	The facility provides Child health Services	Indoor Management of Acute respiratory infections		SI/RR	ARI/Bronchitis, Asthmatics, Pneumonia	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Indoor Management of Severe Diarrhoea		SI/RR	Severe dehydration & shock	
		Indoor Management of childhood illness		SI/RR	Meningitis, Liver diseases, convulsions disorders, childhood malignancies, vision & hearing impairment, severe anaemia, Goitre, Pyrexia of unknown reason.	
		Indoor Management of Severe Acute Malnutrition		SI/RR	Including vitamin & micronutrient deficiency	
		Management of bones & joints conditions		SI/RR	Subluxation of elbow, Rickets, Developmental dysplasia of hip, open & close reduction of bones	
		Management of emergency conditions in children		SI/RR	Accidental poisoning, Comma, convulsions, stings, bites, poisoning, paediatric surgical conditions	
Standard A3	The facility Provides diagnostic Services					
ME A3.1	The facility provides Radiology Services	Availability of X ray services		OB/RR	(1) Check for functional X ray services for indoor patients (2) Check services are available at night (3) Check records no. of paediatric cases seen in past three months to avail X-Ray services for Chest, Skull, Spine, Abdomen, bones & Dental etc	
		Availability of USG services		OB/RR	(1) Check for functional USG services (2) Check records no. of paediatric cases seen in past three months to avail USG services (3) Availability of USG services for neonatal head- using probe for anterior fontanel to check oedema	
ME A3.2	The facility Provides Laboratory Services	Availability of laboratory services		RR/OB	Complete blood profile, CSF analysis, urine & stool analysis (Routine & Microscopy), sickle cell anaemia, thalassemia, culture sensitivity, Wilda ,Elisa, RA factor, LFT, KFT, serum electrolyte, serum calcium, serum bilirubin, BUN, Elisa for TB, Immunoglobulin profile, Clotting time etc.	
ME A3.3	The facility provides other diagnostic services, as mandated	Availability of services for Lumber puncture & funduscopy		RR/SI		

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard A4	The facility provides services as mandated in national Health Programmes/ state scheme					
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Indoor management of Vector Borne Diseases		SI/RR	Indoor management of malaria, Chikungunya in endemic areas. Check the records for management of cases in last one year	
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Indoor management of paediatric tuberculosis		SI/RR		
ME A4.12	The facility provides services as per Rashtriya Bal Swasthya Karykram	Availability of management services of 4 D's (Defects at birth, Deficiencies, Childhood diseases, Developmental delays & Disabilities)		SI/RR	1. Linkages with DEIC for rehabilitative care 2. Management of developmental dysplasia of hip, congenital cataract, severe anaemia, Goitre, skin conditions, Otitis Media, convulsions, vision impairment, hearing impairment, club foot	
Standard A5	The facility provides support services					
ME A5.1	The facility provides dietary services	Availability of dietary services		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 functional security services		SI/OB		
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	including waste disposal	
ME A5.7	The facility has services of medical record department	Availability of services for maintenance & storage of clinical records		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	Acute encephalitis Syndrome (AES), endosulfane, arsenic poisoning ,haemophilia etc in children. Give full compliance if no such disease exist in area	
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 &directional signage		OB	Numbering, main department and internal sectional signage. Directional signages are given from the entry of the facility	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Visiting hours and visitor policy are displayed, Entitlement under RBSK, PMJAY or any state specific scheme are displayed,	
		Necessary Information regarding services provided is displayed		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport / ambulance displayed	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	User charges if any, are displayed and communicated to parent-attendants.	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, immunization schedule, Management of diarrhoea using Zn & ORS, Pneumonia prevention, nutrition requirement of children, hand washing, Eat Healthy & Eat safe etc	
		No display of poster/ placards/ pamphlets/ videos in any part of the Health facility for the promotion of breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	Check Paediatric ward, HDU, waiting areas etc.	
		No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under IMS Act		OB	1. Check in paediatric wards , waiting areas, HDU etc. 2. Check staff is not using pen, note pad, pen stand etc. which have logos of companies' producing breast milk substitute etc.	
		No information, counselling and educational material is provided to mothers and families on Formula Feed		PI/SI	During counselling Mothers and families has been specially educated about ill effects of breast milk substitutes/ formula feed	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information for patients/ visitors are available in local language	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	Check discharge summary provides 1. Information on follow up 2. Diet to be followed at home 3. Contact number for emergency 4. Collaboration for community based care	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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 manner that are sensitive to gender	Cots in Paed .ward are large enough for stay of mother with child		OB	Check Paediatric size cots are not used, As mother/ care giver has to stay along with baby through out the treatment days	
		Availability of Breast feeding corner		OB	Check availability of demarcated area for breastfeeding corner along with curtains for privacy & seating arrangement	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair /stretcher for easy access to paed. Ward		OB		
		Availability of ramps and railing		OB	If not located on the ground floor availability of the ramp / lift If ramp is available check it is at least 120 cm width, gradient not steeper than 1:12	
		Availability of disable friendly toilet		OB	Wide, placed at lower level, supported with bars & door of toilet is opening outside	
		Availability of children friendly toilet		OB	Children friendly- low WC seats; washbasins at appropriate height, lever operated taps	
ME B2.4	There is no discrimination on basis of social and economic status of the patients	Check care to child is not denied or deferred due to religion, caste, ethnicity, language, paying capacity, educational level & disease conditions		OB/PI		
Standard B3	The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.					
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at examination room /area		OB	Bracket screen	
		Availability of screen/ curtain at breastfeeding corner		OB	(1) Secondary curtain/ screen is used to create a visual barrier in breastfeeding area	
		Curtains / frosted glass have been provided at windows		OB	Check all the windows are fitted with frosted glass or curtains have been provided	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without permission of parents & appropriate hospital authorities	
		No information regarding patient's identity and details are unnecessary displayed on records		SI/OB	Specially HIV or any such cases	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check that staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language etc	
		Child is not left unattended or ignored during care		OB/PI	Check that children are left alone at any point of care. Either HCW or their parents/guardian are available with them	
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 child is not disclosed except to staff that is directly involved in care		PI/ OB	Check if HIV status is not displayed / written at bed side or records etc	
Standard B4	The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making					
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Paed. ward has system in place to take informed consent from patient relative whenever required		PI/RR	Check General Consent is taken in case sheet	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Parents/ relatives are communicated about child condition to at least once in day		PI	Check parents/ relatives of admitted baby is communicated about child condition, treatment plan and any changes at least once in day	
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 addressal and whom to contact is displayed		OB	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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	Indoor treatment is free		PI/SI	For RBSK, PMJAY or any state specific scheme patient	
		Availability of free blood, diagnostic & drugs		PI/SI	For JSSK, RBSK patient etc	
		Availability of free transport services		PI/SI	Availability of Free referral vehicle/Ambulance services.	
		Availability of free stay & Diet		PI/SI	(1) For both parent-attendant & Child (2) Availability two meals per paediatric bed per shift (breakfast, lunch & dinner).	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI		
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI		
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/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 in wards as per patient load		OB	(1) Check there is no cluttering of beds (2) The space between 2 rows of beds is 5 feet and space between two beds 3.5-4.00 feet. Clearance of bedhead from the wall is 1 feet and 2 feet from the opposite bed.	
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available		OB	1 Water Closet for every 6 Indoor beds & 2 washbasin up to 24 persons	
		Functional bathroom with running water are available		OB	1 bathroom for every 6 indoor beds	
		Availability of potable drinking water		OB	In paediatric ward /in its vicinity	
		TV for entertainment and health promotion		OB		

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Availability of sitting arrangement for patient attendant		OB	Availability shaded waiting area for attendant with functional toilet & hand washing facility	
		Availability of bedside lockers & call bell		OB	Switches for all beds with indicator lights and location indicator in the nurses' duty station specially if cubicle arrangement is followed	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of dedicated nursing station		OB		
		Demarcated area for Examination & Treatment		OB		
		Availability of Diarrhoea treatment unit		OB	In the ward area, preferably adjacent to paediatric ward or in emergency area	
		Availability of isolation room		SI/OB	Separate room/s, preferably close to paediatric ward	
		Designated of play room / area		OB		
		Availability of Doctor's & nurses Duty room		OB		
		Availability of ancillary area		OB	Stores, dirty utility areas	
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		OB	of both staff and equipment	
		Corridors are wide enough for patient, visitor and trolley/ equipment movement		OB	Corridor should be 3 meters wide	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB		
ME C1.6	Service counters are available as per patient load	Availability of IPD beds as per case load		OB	(1) 8-10% of hospital beds are allocated for paediatric ward	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Location of nursing station & patient beds enables easy & direct observation of patient		OB		
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services.	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard C2	The facility ensures the physical safety of the infrastructure.					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured	
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board	Check functional lift is available		OB	(1) Ward located preferably close to the lift. Give full compliance if ward is at ground floor	
ME C2.3	The facility ensures safety of electrical establishment	Paediatric building does not have temporary connections and loosely hanging wires		OB	a. Switch Boards other electrical installations are intact. B. Check adequate power outlets have been provided as per requirement of electric appliances and c. Electrical points are out of reach of children/ covered	
ME C2.4	Physical condition of buildings are safe for providing patient care	Check physical infrastructure of the paediatric ward is safe & secure for children		OB	1. Windows have grills and wire meshwork 2. Paediatric wards are non-slippery and even 3. Open spaces are properly secured to prevent fall and injury	
Standard C3	The facility has established Programme for fire safety and other disaster					
ME C3.1	The facility has plan for prevention of fire	Paediatric ward has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points .	
ME C3.2	The facility has adequate fire fighting Equipment	Paediatric ward has installed fire Extinguisher that is either 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	
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	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard C4	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load					
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Paediatrician		OB/RR	Check for on call during evening and night shifts also.	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctor		OB/RR	Trained for managing paediatric cases & providing paediatric care	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of nursing staff		OB/RR	As per patient load (One nurse for 4-6 functional beds)	
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant & security guard		SI/RR	Availability of mamta/ ayahs, Sanitary worker & security guard	
Standard C5	The facility provides drugs and consumables required for assured services.					
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of antibiotics		OB/RR	Ampicillin, Gentamicin, Cefotaxime, Ceftriaxone, benzyl penicillin, cloxacillin, cephalosporin, ciprofloxacin cotrimoxazole, Doxycycline, Metronidazole, Albendazole	
		Availability of oral drugs		OB/RR	Syrup Chloroquine, artesunate (Anti malarial drugs), Paracetamol, Vitamin A, IFA tablets, Salbutamol, Frusemide tablets, Anti TB drugs, Iron syrup, adrenaline, calcium gluconate, digoxin, Mannitol, Nebuliser solution of salbutamol	
		Availability of parental drugs		OB/RR	Ringer's lactate, normal saline, glucose 5%, 10 % & 25%, corticosteroid IV, Furosemide IV, diazepam IM/ IV, cephalosporins IV, Calcium gluconate, Vit K, Potassium chloride, Sodium bicarbonate, Magnesium sulphate inj, Antihistaminic inj, Ranitidine inj.	
ME C5.2	The departments have adequate consumables at point of use	Consumables for Paediatric ward		OB/RR	Plastic / disposable syringes IV cannulas (22G and 24G) Scalp vein set No. 22 and 24 IV infusion sets (micro infusion), infusion pump for drip, simple rubber catheter, Nasal prongs, masks	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Resuscitation consumables		OB/RR	Nasogastric tube (8,10,12FG) Suction catheter (6,8,10 FG) Uncuffed tracheal tube (all sizes) Oropharyngeal airway, self inflating bags for resuscitation 250&500ml	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose 5%,Potassium Chloride,Calcium Gluconate,Sodium Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj Phenytoin,Inj Diazepam,Inj Midazolam,Salbutamol Respiratory,Ipratropium Respirator solution for use in nebulizer,Inj Dopamine,I.V Infusion set,I.V Cannula (20G/22G/24G/26G) & Nasal Cannula(Infant, Child, Adult) & oxygen	
Standard C6	The facility has equipment & instruments required for assured list of services.					
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments for examination & Monitoring		OB	Weighing machine(infant & adult), Stadiometer for height, Infantometer for length, paediatric & adult stethoscope, plus oximeter. BP apparatus with paediatric cuff, multipara monitor, Thermometer, torch ,	
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument for treatment & procedures		OB	Nebulizer, spacer with mask for administration of metered doses, otoscope, ophthalmoscope, dressing tray, nebulizer	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, Urine Dipsticks, RDT for malaria, Typhoid, Dengue & portable x ray (may be shared with main hospital)	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes), Laryngoscope, Suction machines Oxygen supply, ET tube (different sizes)	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning & disinfection		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 patient beds with attachments & accessories		OB	Prop up facility Hospital graded mattress, Bed side locker , IVstand, Bed pan, bed rail	
		Availability of Fixtures		OB	Electrical fixture for equipment like suction, X ray view box, cool white fluorescent light/ CFL or LED ,	
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, Call bell	
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 de	
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 child Care		OB/RR	Infant and young Child Feeding (IYCF) practices, ETAT, FIMNCI, Immunization, Effective communication skills	
		Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management& Infection control and hand hygiene, Patient safety	
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C7.10	There is established procedure for utilization of skills gained through trainings by on-job supportive supervision	Check facility has system of on job monitoring and training		SI/RR	1. Check supervisors make periodic rounds of department and monitor that staff is working according to the training imparted. 2. Also staff is provided with on job training wherever there is still 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 equipment are covered under AMC including preventive maintenance		SI/RR	Weighting machine, Infantometer, suction machine etc	
		There is system of timely corrective break down maintenance of the equipment		SI/RR	(1) Check log book is maintained & it shows time taken to repair equipment. (2) Backup of critical equipment such as suction machine, nebuliser & pulse oximeter is available (3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	BP apparatus, thermometers weighting scale etc. are calibrated. Check for calibration stickers & records	
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	1. Stock is updated on defined intervals 2. Requisition are timely placed based on consumption pattern	
		Drugs are intended in Paediatric dosages/ formulations only		OB/RR		
		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	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB		

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Empty and filled cylinders are labelled & kept separately		OB	1. Flow meter, humidifier, cylinder keys & updated data sheet is available with in use of cylinders.	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry and near expiry dates of drugs are maintained for drug stored in department & emergency drug tray		OB/RR	Records for expiry and near expiry drugs are maintained for drug stored in department & emergency drug tray	
		No expired drug found		OB/RR	Check drug sub store & emergency tray	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in paediatric ward		SI/RR	Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	Check stock and expenditure register is adequately maintained	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is no stock out of vital and essential drugs		SI/RR	There is procedure for replenishing drugs in emergency tray and sub stores maintained in department	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing drugs should not be used for storing eatables	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Check narcotic and psychotropic drugs are kept in lock & key		OB/RR		
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.					
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate illumination at nursing station & patient care areas		OB	150 Lux at patient bedside along with Provision of natural light. Illumination of 100 Lux in ward. Illumination level at nursing station- 150-300 Lux.	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visitor policy is defined & implemented		OB/PI	(1) Only one female/ family members allowed to stay with the child, Visiting hour are fixed and practiced, (2) There is no overcrowding in the ward	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area nursing station/duty room		PI/OB	Room kept between 25 - 30 C (to the extent possible) Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement	
		Safe measures used for re-warming children		SI/OB	Check availability of Blankets to cover the children/ functional room heaters	
		Side railings has been provided to prevent fall of patient		OB		
ME D3.4	The facility has security system in place at patient care areas	Identification band for all children		OB	1. Identification band for all children admitted in Paediatric ward 2. Identification band specially for children below 5 years and their parent / attendant	
		Security arrangement in Paediatric Ward		OB/SI	Functional CCTV is installed (may be shared with main hospital)	
ME D3.5	The facility has established measure 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 & Interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	Check building is plastered, painted/ whitewashed in uniform colour	
		Interior walls of ward are brightly painted and decorated		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks, patient care and circulation areas are Clean		OB	1. All area are clean with no dirt,grease,littering and cobwebs. 2. Surface of furniture and fixtures are clean 3. Cleanliness and maintenance of child zone including their swings and toys is ensured	
		Toilets are clean with functional flush and running water		OB	Check toilet seats, floors, basins etc are clean and water supply with functional cistern	
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	
		Patients beds are intact and painted		OB	Mattresses are Intact and clean	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward		OB	Check if any obsolete article including equipment, instrument, records, drugs and consumables	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	(1) No lizard, cockroach, mosquito, flies, rats, bird nest etc. (2) Anti Termite treatment on wooden items on defined intervals	
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 portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Check for round the clock piped water supply with overhead tank	
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	Check availability of power back with 1-2 outlets connected to generator supply, check for functional UPS / emergency lights	
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 all children done specially high risk cases		RR/SI	1. Check nutritional Assessment is done to provide age appropriate diet by dietician/ nutrition counsellor / doctor. 2. Special nutritional advice is given for cases like diarrhoea, mild under nutrition & disease conditions / specific food intolerance etc 3. Check caregiver/ mother of all children below two years are directed to the counselling centre for breastfeeding & age-appropriate counselling.	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check the procedure for requisition of different type of diet from ward to kitchen		OB/RR	(1) Check dietary requirement of children of various ages are taken into consideration in menu/ diet chart of the hospital (2) Check the menu includes choices that are appropriate to the different cultural needs of children and their families	
		Check for the adequacy and frequency of diet as per nutritional requirement		OB/PI	Ask attendant/ patient whether they are satisfied with the Quality & quality of food provided	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Check facility provide diet for child parents/ guardian staying along with baby		PI/RR	Check for Two meals / paediatric bed/ shift is ordered	
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	Check paediatric ward is not supplied with the same food as adults		PI/SI	Give non compliance if same adult food is provided to children in paediatric ward	
		Check standard procedures are followed for transportation & distribution of diet		RR/SI	1. Check food is transported in covered trolley from kitchen/pantry to ward, 2. Food is distributed away from clinical area, 3. Distribution staff adhere to their PPE 4. Check utensil provided are not broken & chipped off. 5. Check the condition of trolley whether it is clean and free from pests. 6. Check the frequency and method of cleaning of food trolley from inside.	
Standard D7	The facility ensures clean linen to the patients					
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	Check adequate availability of Blankets, draw sheet, bed sheets, pillow with pillow cover and mackintosh.	
		Child friendly bright coloured and soft linen is used		OB/RR	Check linen used in paediatric ward is having cartoon characters/ animals/ plants/ jungle themes etc.	
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		PI/RR	Ask parents whether the linen is changed as soon as it gets soiled	
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	1. Check linen is clean, stains free & not torn, 2. Check what action is taken in case the linen is torn/ still stained/ unclean.	
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 different activities	Availability of valid No objection Certificate from fire safety authority		RR	Shared with main hospital building	
		Availability of authorization for handling Bio Medical waste from pollution control board		RR	Shared with main hospital building	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Availability of certificate of inspection of electrical installation		RR	Shared with main hospital building	
		Availability of licence for operating lift		RR	Shared with main hospital building	
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	IMS Act 2003		OB/ RR	1. Check staff is able to explain the key messages of IMS Act (Atleast 3 messages) (a) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (b) prohibition of providing free samples and gifts to pregnant women or mother, (c) prohibit donation of free or subsidised free samples, (d) prohibit any contact of manufacturer or distributor with staff 2. Hoarding describing the provision of IMS act is displayed in the facility	
		Protection of children from Sexual offenses Act 2012 & guidelines 2013		OB/ RR	Check staff is aware of key points of medical examination of sexually assaulted child (1) Take written Consent- Either child/ parents (2) Document the question asked (3) Ensure adequate privacy (4) Ask the child whom they would like to accompany them during physical examination (5) If child resist, examination may be deferred (6) If the victim is girl child assessment shall be conducted by women doctor	
		Code of Medical ethics 2002		OB/ RR		
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		PI		
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.					
ME D11.1	The facility has established job description as per govt guidelines	Job description is defined and communicated to all concerned staff		RR	Regular + contractual	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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)	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	As per hospital dress code	
Standard D12	The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations					
ME D12.2	There is a system of periodic review of quality of out sourced 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. Check the penalty clause if no services / non satisfactory services are provided	
	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 & admission		RR	Check for that patient demographics like Name, age, Sex, UID Chief complaint, etc. are recorded in admission records	
ME E1.3	There is established procedure for admission of patients	There is established criteria for admission		SI/RR	Check the criteria is defined for admission based on age, clinical sign & symptoms, patient condition, etc & followed	
		There is no delay in treatment because of admission process		SI/RR/ OB	Admission is done by written order of a qualified doctor. Time of admission is recorded in patient record.	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure to cope with surplus patient load		OB/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed	
Standard E2	Facility has defined and established procedures for clinical assessment and reassessment of the patients.					
ME E2.1	There is established procedure for initial assessment of patients	Criteria for initial assessment is defined & practiced		RR/SI	(1) Check process of initial assessment, triage, identification of emergency, priority & non urgent signs are defined & followed. (2) Check time for initial assessment done is recorded in BHT	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR	Check BHT :- 1. General condition including vital signs are documented 2. Patient H/O is taken & documented 3. Provisional diagnosis is made & written 4. Initial treatment to start is recorded	
		Initial assessment and treatment is provided immediately		RR/SI	Initial assessment is documented preferably within 2 hours	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable & critical patient		RR/OB	Check BHT for adherence on frequency of assessment	
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	Check process followed to transfer/ handover the patient to & from OT, HDU, NRC, emergency etc	
		There is a procedure for consultation of the patient to other specialist with in the hospital		RR/SI	Check the process followed in case child require referral to any speciality including DEIC	
		Paediatric ward/ emergency has established criteria for discharge/ transfer to High dependency unit		RR/SI	Children requiring close supervision, monitoring & supervision, significant potential for physiologically unstable, management of children requiring consent oxygen supply, cardio respiratory monitoring, inotropic support etc	
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	A referral slip/card is provide to patient when referred to another health care facility. Check reason for referral are clearly mentioned.	
		Advance communication is done with higher centre		RR/SI	1. Referral vehicle is arranged 2. Referral in and out register is maintained	
		There is a system of follow up of referred patients		SI/RR	Referred paediatric cases are followed up for appropriate care, completion of treatment & outcome	
		Facility has functional referral linkages with lower facilities		RR	(1) Check for referral cards filled from lower facilities (2) ANM of nearby PHC/ HWC is informed about discharge follow ups	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		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	(1) Identification tags are used for children less than 5 yrs. (2) There is system in place to identify the patient before drug administration or performing any clinical procedure	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check treatment chart are updated and drugs given are marked in. Co relate it with drugs and doses prescribed. Dispensing feed, time of oral drugs, supervision of intravenous fluids etc is recorded	
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	(1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within defined time period	
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	
		Hand over is given bed side		SI/RR	Check staff follows SBAR protocol (situation, background, assessment and recommendation)	
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 for stable & critical patients are monitored and recorded periodically		RR/SI	Check for TPR chart, I/O chart, any other vital required is monitored viz lower chest indrawing, coma score or level of consciousness [AVPU: [Alert, Responding to voice, responding to pain, unconscious], temperature and body weight	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.					
ME E5.1	The facility identifies vulnerable patients and ensure 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 ,baby fall, adverse events following drugs/vaccine etc.	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	Triage is done and provide emergency treatment keeping in mind the ABCD steps: Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration.	
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 ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and discharge slip are written in generic name only.	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	STG for Management of Pneumonia, Diarrhoea, ARI/ Bronchitis Asthmatic, Severe acute malnutrition, vitamin deficiencies and micronutrient deficiencies, Haematological Disorders, Poisoning, Sting, Bites, Paediatric Surgical Emergencies, Liver Disorders etc	
		Check staff is aware of the drug regimen and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols & Check for rational use of antibiotics	
		Availability of drug formulary		SI/OB	Staff is aware of formulary	
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 & primaquine not to be given to infants 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 nurses and doctor.	
ME E7.2	Medication orders are written legibly and adequately	There is process to ensure that right doses of drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided	
		Every Medical advice and procedure is accompanied with date, time and signature		RR	Verify case sheets of sample basis	
		Check medication orders are legible & easily comprehensible by the clinical staff		RR/SI	Verify case sheets of sample basis	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported		RR/SI	Check 1. Staff is aware of ADR 2. Check for availability of ADR formats 3. Check when is the last ADR reported /Nil reporting	
ME E7.4	There is a system to ensure right medicine is given to right patient	IV Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart	
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it	
		Administration of medicines done after ensuring 6 R's		SI/OB	Check Staff follows 6 R's practice Right patient, Right drugs, Right route, Right time, Right Dosage and after administration, Right documentation.	
ME E7.5	Patient is counselled for self drug administration	Patient attendant's are advice by doctor/nurse about the dosages and timings .		PI/SI	Dose & advice is described in vernacular. It is not given directly in hand of relative/ patient	
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	Check at least 2 times/ day notes are recorded in case sheet	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Check treatment is prescribed in Case records and nursing records (Medication orders, treatment plan, lab investigations)	
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 /register	
ME E8.4	Procedures performed are written on patients records	Procedures performed are written on patients records		RR	1. Procedures performed (If any) are well explained prior to the patient attendant like ryles tube insertion/ drainage bag maintenance/ nebulization/ Resuscitation, blood transfusion etc 2. Procedure performed viz. Nebulization, Resuscitation, blood transfusion etc are documented	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E8.5	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet available as per state guidelines		RR/OB	TPR chart, IO chart, Growth chart, BHT, continuation sheet, Discharge card, Facility specific child death review format - 1. Check for adequate availability of the forms 2. Check for completeness in the filled forms	
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, Patient Attendant record that is staying with the patient, Handover register etc	
		All register/records are identified and numbered		RR	Unique identification number is given & staff is able to retrieve previous register/ records	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only	
Standard E9	The facility has defined and established procedures for discharge of patient.					
ME E9.1	Discharge is done after assessing patient readiness	Paed. HDU has established criteria to transfer to step down		SI/RR	Criteria for transfer to step down: Respiratory distress improves, babies on antibiotics for completion of therapy, children who are otherwise stable.	
		Paediatric ward has established criteria for discharge		SI/RR	Primary illness is resolved, All infections and other medical complications have been treated, baby maintain temp, baby is accepting mothers milk/feed, Child is provided with micronutrients Immunization is updated etc	
		Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor		SI/RR	Discharge is done in consultation with treating doctor	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Patient / attendants are consulted before discharge		PI/SI	Time of discharge is communicated to patient in prior	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patients clinical condition, treatment given, Nutritional status and follow up		RR/PI	See for discharge summary, referral slip provided.	
		Discharge summary is give to all patients		SI/RR	Including LAMA/Referral patient	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	Advice includes the information about the nearest health centre for further follow up. Counsel mother for treatment, follow up, feeding, discharge timings are explained prior	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/PI		
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management					
ME E11.2	Emergency protocols are defined and implemented	Staff is aware of process & steps for emergency management of sick children		SI/RR	(1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and non urgent. (2) After identification of emergency & priotize sign-prompt emergency treatment is to be given to stabilize before transfer to ward/HDU or refer	
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 are defined Mock drills have conducted from time to time	
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	Protocols are defined & followed for sample collection & transfer timely from ward to lab for testing	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	(1) Critical values are defined and intimated timely to treating medical officer (2) List of Normal reference ranges are available in Paed. Ward	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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	Patient's identification is confirmed & Consent is taken before transfusion		RR	Check whether staff follows the protocol for patient identification and cross validates it with written advice	
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person	
		Blood transfusion note is written in patient records		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet	
		Paediatric blood transfusion bags are used for transfusion		RR	Check for adequate availability and utilization of paediatric blood bags	
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction	
Standard E15	The facility has defined and established procedures of Operation theatre services					
ME E15.2	The facility has established procedures for Preoperative care	Patient evaluation before surgery is coordinated and recorded		RR/SI	Vitals, Patients fasting status etc. is managed & informed to OT.	
ME E15.4	The facility has established procedures for Post operative care	Staff is aware of the care protocol of children returned back from surgery		SI/RR	1. Staff frequently assess the surgical site in case of any redness & discharge, the case in charge is informed immediately. 2. Staff counsel the mother on the techniques of feeding infant post surgery 3. Diet - Soft, mashed diet to be provided to children post surgery. Do not give hard, crunchy foods In cases of cleft lip and cleft palate: General & Specific care directed by Orthodontics viz. Mouth care is maintained post surgery use gauze lock and mouthwash for cleaning. Don't use brush for 3 weeks. Use the arm string/ restrain to avoid thumb/ finger sucking etc	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard E16	Facility has defined and established procedures for end of life care and death					
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decently communicate death to relatives		SI	Bad news/adverse event/poor prognosis are disclosed in quite & private setting	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death note is written as per child death review guidelines		RR	Child death are recorded as per CDR guideline. Death note including efforts done for resuscitation. Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible	
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines					
ME E20.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child	
ME E20.2	Triage, Assessment & Management of new-borns, infant & children having emergency signs are done as per guidelines	Triage of sick children is done as per protocols		SI/RR	Screening of sick child is done to prioritize management as per classification : Emergency sign, priority sign & non urgent sign. All emergency & priority sign are stabilize and child is referred to HDU / higher centre for management	
		Staff is aware of emergency signs in Sick child		SI/RR	Obstructed or absent breathing, severe respiratory distress, central cyanosis, signs of shock (cold hands, capillary refill time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure),coma, convulsions signs of severe dehydration in a child with diarrhoea	
		Staff is aware of priority signs in Sick child		SI/RR	Tiny infant: any sick child aged < 2 months, Temperature: child is very hot, Trauma or other urgent surgical condition, severe Pallor , Poisoning ,severe Pain ,Respiratory distress, Restless, continuously irritable or lethargic, visible severe wasting, Oedema of both feet & major burn	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Assessment & Management of airway due to breathing obstructions/failure		SI/RR	Assess airway & breathing- severe respiratory distress, central cyanosis & obstructed/absent breathing (any of sign positive)- Check (1) if foreign body aspirated. Manage airway in choking child. Check staff is aware of management of choking child, by back slap, chest thrust (infant) back blow (child >1 yr.) (2) If no foreign body is aspirated -Manage air way, give oxygen & keep child warm. Proceed for full investigation & treatment	
		Assessment & management of hypoxaemia		SI/RR	(1) Early signs confusion, restlessness & shortness of breath. (2) Determine oxygen level using pulse oximeter. (3) Oxygen supplementation - when child is in respiratory distress & SpO2 is <90%. Child with emergency signs but with out respiratory distress receive oxygen therapy- if SpO2 is <94%. (4) Investigate for underlying cause - viz. Asthma, Pneumonia, Anaemia, ARDS etc	
		Assessment & management of circulation failure cases		SI/RR	Cold body with capillary refill longer than 3 sec/ fast & weak pulse. Any sign positive. Check for any bleeding, give oxygen & keep child warm. If malnourishment seen: child is lethargic /unconscious- Insert IV line & Give IV glucose, if child is not lethargic & unconscious- give glucose orally/nasogastric tube, proceed for full investigation & further treatment.	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Management of coma/convulsion in children		SI/RR	Coma/convulsion: Manage the airway, if convulsing, give diazepam rectally, Position the child (if head & neck trauma is suspected), give IV glucose	
ME E20.7	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Management of Child with Bronchial Asthma		SI/RR	<p>Initial Treatment</p> <p>Salbutamol inhalation 2.5 mg/ dose (5 mg/ml solution), by nebuliser every 20 minutes x 3 / Salbutamol inhalation by MDI- Spacer</p> <p>4 puffs (100mcg/puff) at 2-3 min interval. This course is repeated every 20 minutes x3 / Inj Adrenaline 0.01 ml/kg (maximum of 0.3 ml) of 1:1000 solution subcutaneous every 20 minutes x 3</p> <p>In case of Moderate to Severe attack Additional -</p> <p>Oxygen Start Steroids; Prednisolone 2mg/kg/day in divided doses</p> <p>Reassess 30-60 mins If not improve -</p> <p>Continue bronchodilator 1-2 hly and Ipratropium 8hly; Continue steroids, Give one dose of Mag. Sulph, /aminophylline</p>	
		Staff is aware of sign & symptoms of severe pneumonia in children 2 month to 5 yrs.		SI/RR	<p>Cough or difficulty in breathing in children with at least one of the following condition :</p> <p>(1) Central Cyanosis or oxygen saturation <90%</p> <p>(2) Severe respiratory distress (laboured or very fast breathing (RR<70 per minute) or severe lower chest indrawing or head nodding or stridor or grunting)</p> <p>(3) Sign of pneumonia with general danger sign (inability to breastfed or lethargy or reduced level of consciousness or convulsions)</p>	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Management of Severe pneumonia in children 2 months to 5 yrs.		SI/RR	<p>Antibiotics: Ampicillin 50mg/kg or Benzyl penicillin 50,000U/Kg IM or IV every 6 hrs.</p> <p>Gentamicin 7.5 mg/Kg IM or IV once in a day</p> <p>Give Cloxacillin or Amoxicillin+ clavulanic acid if Staphylococcal infection is suspected (presence of skin pustules or boil)</p> <p>Give Ceftriaxone with vancomycin in case of septic shock)</p> <p>If child does not show signs of improvement with in 48hrs, switch to Gentamicin 7.5 mg/Kg IV once in a day combined with Ceftriaxone 100mg/kg IV divided in to 2 doses or cloxacillin 50mg/kg IV 8 hrly.</p> <p>Shift to oral dose as soon as child is able to take it orally, except those with shock or complicated pneumonia where longer parenteral therapy is advised.</p> <p>Duration_ Clinical response with in 48 hrs- 7 days</p> <p>Clinical response after 48 hrs- 10days</p>	
		Staff is aware of Oxygen therapy given for severe pneumonia in children 2 months to 5 yrs.		SI/RR	<p>Oxygen saturation <90% - give oxygen to all children or <94% with other emergency sign like shock etc.)</p> <p>Use nasal prongs as preferred method of oxygen delivery to young infant.</p> <p>Use pulse oximeter to guide the oxygen therapy (keep oxygen saturation >90%). If pulse oximeter is not available- continue the oxygen until clinical sign of hypoxia (inability to breastfed or breathing rate > or equal to 70/min) are no longer present.</p>	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Management of child presenting with severe anaemia		SI/RR	Give a blood transfusion to: all children with an EVF 12% or Hb 4 g/dl & less severely anaemic children (EVF > 12–15%; Hb 4–5 g/dl) with any of the condition: shock, impaired consciousness, respiratory acidosis (deep, laboured breathing), heart failure, very high parasitaemia (> 20% of red cells parasitized). Give 10 ml/kg packed cells or 20 ml/kg whole blood over 3–4 h. Check the respiratory rate and pulse rate every 15 min. If one of them rises, transfuse more slowly. If there is fluid overload, give IV furosemide (1–2 mg/kg) up to a maximum total of 20 mg. Give a daily iron–folate tablet or iron syrup for 14 days	
		Staff is aware of indications for blood transfusion in severe anaemia		SI/RR	All children with Hb 4 gm/dl, Children with Hb 4–6 gm/dl with any of the following: – Dehydration – Shock – Impaired consciousness – Heart failure – Deep and laboured breathing – Very high parasitaemia (>10% of RBC)	
		Staff is aware of blood transfusion protocols		SI/RR	If packed cells are available, give 10 ml/kg over 3–4 hours preferably. If not, give whole blood 20 ml/kg over 3–4 hours.	
		Management of children with seizures		SI/RR	(1) Children presenting with acute seizures IV diazepam or IV lorazepam may be used. In case, IV access is not available non-parenteral routes of administration of benzodiazepines is used. Options include rectal diazepam, oral or intranasal midazolam and rectal or intranasal lorazepam. (2) In children with established status epilepticus, i.e. seizures persisting after two doses of benzodiazepines, IV valproate, IV phenobarbital or IV phenytoin can be used, with appropriate monitoring. (3) Check continuous anticonvulsant medications (phenobarbital or valproate) is not used for febrile seizures.	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines	Management of child presented in shock with severe malnourishment		RR	<p>(1) Insert IV lin, weight the child, give IV fluid 15ml/kg over 1 hr.</p> <p>Use one of the following solutions : – Ringer's lactate with 5% glucose (dextrose); – Half-strength Darrow's solution with 5% glucose (dextrose); – 0.45% NaCl plus 5% glucose (dextrose).</p> <p>(2) Measure the pulse rate, volume and breathing rate at every 5–10 min.</p> <p>(3) If there are signs of improvement (pulse rate falls, pulse volume increases or respiratory rate falls) and no evidence of pulmonary oedema – repeat IV infusion at 15 ml/kg over 1 h; then – switch to oral or nasogastric rehydration & initiate re-feeding with starter F-75./ If the child fails to improve after two IV boluses of 15 ml/kg, – give maintenance IV uid (4 ml/kg per h) initiate re-feeding with starter F-75 & start IV antibiotic treatment</p>	
ME E20.9	Management of children presenting diarrhoea is done per guidelines	Assessment & Management severe dehydration cases		SI/RR	<p>Diarrhoea plus two of signs are positive viz. lethargy, sunken eyes, very slow skin pinch & unable to drink or drink very less.</p> <p>if no severe malnutrition give fluids rapidly & start diarrhoea treatment.</p> <p>If severe malnourishment do not insert IV, proceed for full assessment & treatment.</p>	
		Treatment of child presenting with severe dehydration		SI/RR	<p>(1) Start IV fluids immediately. While the drip is being set up, give ORS solution if the child can drink.</p> <p>(2) Start isotonic solutions: Ringer's lactate solution and normal saline solution (0.9% NaCl) is given. Give 100 ml/kg of the chosen solution.</p> <p>If age <12 month: first give 30ml/kg in 1 hr & repeat if radial pulse is weak & then 70ml/kg in 5 hrs.</p> <p>If age is more than or equal to 12 month, first give 30ml/kg in 30min & repeat if radial pulse is weak & then 70ml/kg in 2.5 hrs)</p>	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of Care of children with Developmental Dysplasia of Hip		SI/RR	1. Management in child up to 4 months - Application of Pavlik Harness 2. Management of Child above 4 years - Closed Reduction and hip spica application 3. Follow-up with the patient referred back from tertiary hospitals 4. Frequent Skin care	
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Communication and counselling the mothers for exclusive breastfeeding up to 6 months		PI/OB	1. Staff support the mother by providing adequate privacy and explaining the benefits of exclusive breastfeeding 2. Staff is aware and follow the protocol for management of cracked nipples, inverted nipples engorged breast etc.	
		Staff counsel the mother for complementary feeding as per IYCF guidelines		PI/OB	Awareness is generated for complementary feeding from 6 months of age till two years of age	
		Communication and counselling on optimal infant & young child feeding practices for sick babies		PI/SI	For children born prematurely or with low birth weight, one to one counselling session should be conducted with the mother/caregiver and follow up visits to the centre requested.	
		Breast milk substitutes are not promoted for newborn or infant unless medically indicated		PI/OB	Ask Parents about the counselling	
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	Management of child presenting with uncomplicated malaria		SI/RR	For P. vivax, give a 3-day course of artemisinin-based combination therapy. For P. falciparum (with the exception of artesunate plus sulfadoxine-pyrimethamine) combined with primaquine at 0.25 mg base/kg, taken with food once daily for 14 days. Give oral chloroquine at a total dose of 25 mg base/kg, combined with primaquine.	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Admission criteria is defined for dengue cases		SI/RR	<p>1. Child having high fever, poor oral intake, or any danger signs (Bleeding, red spots or patches on the skin, bleeding from nose or gums, black-coloured stools, heavy menstruation/vaginal bleeding, Frequent vomiting, Severe abdominal pain, Drowsiness, mental confusion or seizures, pale, cold or clammy hands and feet, Difficulty in breathing)</p> <p>2 If platelet count < 100,000 /cu.mm or rapidly decreasing trend.</p> <p>3 If haematocrit is rising trend.</p>	
		Staff follows the management protocol for Dengue management.		SI/RR	<p>1. Encourage oral fluids. If not tolerated, start intravenous isotonic fluid therapy with or without dextrose at maintenance. Give only isotonic solutions. Start with 5 ml/kg/hour for 1–2 hours, then reduce by 2ml/kg/hour every 2 hours till 2ml/kg/hr provided there is clinical improvement and haematocrit is appropriately improving. IV fluids are usually required for 1-2 days.</p> <p>2. Reassess the clinical status and repeat the haematocrit after 2 hours. If the haematocrit remains the same, continue with the same rate for another 2–4 hours and reassess. If the vital signs/haematocrit is worsening increase the fluid rate and refer immediately.</p> <p>3. Switch to oral as soon as tolerated, total fluid therapy usually 24-48 hrs, titrated to adequate urine output.</p>	
		Staff frequently assess the child during the management		SI/RR	<p>1. Temperature, Pulse, blood pressure and respiration- every hour (or more often) until stable subsequently 2 hourly.</p> <p>2. Hourly fluid balance sheet recording the type of fluid and the rate and volume of its administration to evaluate the adequacy of fluid replacement.</p> <p>3. Chest X-ray, ultrasound abdomen, electrolytes 12-24 hrly as when clinically indicated</p>	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Discharge criteria is defined for dengue cases		SI/RR	1. Absence of fever for at least 24 hrs. 2. Return of appetite. 3. Clinical improvement. 4. Good urine output. 5. Stable haematocrit. 6. 2 days after recovery from shock 7. No respiratory distress from pleural effusion and ascites	
ME E23.11	The facility provide services under National viral Hepatitis Control Programme	Staff is aware of clinical presentation of Acute Hepatitis		SI/RR	Signs of Jaundice, unexplained weight loss, loss of appetite, fatigue etc Acute case - elevations in the concentration of alanine and aspartate aminotransferase levels (ALT and AST); values up to 1000 to 2000 international units/L are typically seen during the acute phase with ALT being higher than AST. Chronic is clinically salient	
		Staff is aware of the treatment regimen of HBV Chronic Infection		SI/RR	Entecavir (in children 2 years of age or older and weighing at least 10kg. the oral solution should be given to children with a body weight up to 30kg) Recommended once-daily dose of oral solution (mL) Body weight (kg) Treatment – naïve persons* 10 to 11 - 3 >11 to 14 - 4 >14 to 17 - 5 >17 to 20 - 6 >20 to 23 - 7 >23 to 26 - 8 >26 to 30 - 9 >30 to - 10mL (0.5 mg) / 0.5 mg tablet once daily Renal function should be monitored annually in persons on long-term tenofovir or entecavir therapy, and growth monitored carefully in children	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of the treatment regimen for HCV		SI/RR	Children with cirrhosis compensated- (pugh A) Sofosbuvir (400mg) + Velpatasvir (100mg) for 84 days(12 wks.) once a day. Children with cirrhosis (Pugh B and C) - decompensated- Sofosbuvir (400mg) + Velpatasvir (100mg) & Ribavirin (600-1200mg**) for 84 days(12 wks.) once a day Ribavirin based on body weight	
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	Infection control committee is in place		SI/RR	Shared with main hospital. Check paediatrician is part of the committee	
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	Swab are taken from infection prone surfaces such as examination tables, injection tray, isolation wards etc.	
ME F1.3	The facility measures hospital associated infection rates	There is procedure for collection & reporting of incidences of HAI cases		SI/RR	(1) Patients are observed for any sign and symptoms of HAI & reported (2) Check there are defined criteria and format for reporting HAI & staff is aware of it (3) Check there is system at place to collate & analyze the data & feed is given to departments	
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization & periodic checkup of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	(1) Hand washing and infection control audits done at periodic intervals (2) There is designated person for coordinating infection control activities	
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	(1) There is system for reporting Anti Microbial Resistance with in the facility (2) Policy Includes Rational Use of Antibiotics (3) Check facility measure antibiotic consumption rate & paediatric ward is aware of it	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics					
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water Facility at Point of Use		OB	1. Check for availability of wash basin near the point of use. 2. Check the regularity of water supply.	
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	1. Check for availability/ Ask staff if the supply is adequate and uninterrupted. 2. Availability of Alcohol based Hand rub	
		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 & Hand washing sink		OB	Check wash basin is wide and deep enough to prevent splashing and retention of water	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration & check staff awareness about when to wash the hands	
		Mothers are aware of importance of washing hands		SI/PI	Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding children.	
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Ask for demonstration	
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability Use of Antiseptic Solutions		OB		
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 PPE (Gloves, mask, apron & caps)		RR/SI	1.Check if staff is using PPEs. 2. Ask staff if they have adequate supply. 3. Verify with the stock/ Expenditure register	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable PPE		OB/SI	No reuse of gloves, Masks, caps and aprons etc.	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Compliance to correct method of wearing and removing the gloves & Other PPEs		SI	Ask for demonstration.	
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 examination and procedural surfaces		SI/OB	Ask staff how they decontaminate Examination table , Patients Beds Stretcher/Trolleys/ Examination table etc. (Wiping with 1% 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 1 % Chlorine Solution, Wiping with 1% Chlorine Solution or 70% Alcohol as applicable Contact time for decontamination of instruments	
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area	
		Cleaning of instruments		SI/OB	Cleaning is done with detergent and running water after decontamination	
		Staff know how to make chlorine solution		SI/OB		
		Toys washed regularly, and after each child uses		SI/OB	Check records for decontamination and washing of toys	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	1. Ask staff about temperature, pressure and time for autoclaving. 2. Ask staff about method, concentration and contact time required for chemical sterilization. 3. Check records	
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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 & cleaning as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid	
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade disinfectant & detergent solution	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	1. Check availability of Spill management kit, 2. Staff is trained for managing small & large spills , 3. Check protocols are displayed	
		Cleaning of patient care area with detergent solution		SI/RR	Three bucket system is followed	
		Standard practice of mopping and scrubbing are followed		OB/SI	1. Unidirectional mopping from inside out is followed. 2. Staff is trained for preparing cleaning solution as per standard procedure. 3. Cleaning equipment like broom are not used in patient care areas	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed		OB/SI	1. Check there is a separate area for infectious patients like chicken pox, measles, diarrhoea cases . 2. Check staff is aware of barrier and reverse barrier nursing Give non compliance if Diarrhoea or infectious disease cases are kept in corridors or with general patients	
Standard F6	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.					
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB		
		Availability of Non chlorinated colour coded plastic bags		OB		
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI		

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Segregation of infected plastic waste in red bin		OB		
		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 and puncture proof box		OB	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station	
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass	
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled & staff is aware of when to empty the bin		SI/OB	Bins should not be filled more than 2/3 of its capacity	
		Transportation of bio medical waste is done in close container/trolley		SI/OB		
		Staff aware of mercury spill management		SI/RR	Check whether department is replacing mercury products with digital products (Aspire for mercury free)	
	Area of Concern - G Quality Management					
Standard G1	The facility has established organizational framework for quality improvement					
ME G1.1	The facility has a quality team in place	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined	
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done regularly		SI/RR	Check minutes of meeting and monthly measurement & reporting of indicators	
Standard G2	The facility has established system for patient and employee satisfaction					
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client satisfaction survey is done on monthly basis		SI/RR	Feedback is taken from parents/guardians	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		SI/RR		
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		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 a system of daily round by matron/ hospital manager/ hospital superintendent for monitoring of services		SI/RR	Findings /instructions during the visit are recorded and actions are taken	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	1.Daily checklist has been prepared and filled daily to monitor the cleanliness of Paediatric unit. 2. Staff is designated and trained for filling and monitoring using the checklist.	
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.					
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of departmental services has been prepared and is formally approved	
		Current version of SOP are available with process owner		OB/RR	Check current version is available with the departmental staff	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented Procedure for receiving and initial assessment of the patient		RR	Review the SOP has adequately cover procedure for reception, triage initial assessment, admission & investigation of the patient	
		Department has documented procedure for reassessment of the patient as per clinical condition		RR	Review the SOP has adequately cover procedure for reassessment, follow up and referral of patient	
		Department has documented procedure for general patient care processes		RR	Review the SOP has adequately cover procedure of management of hypothermia, hypoglycaemia, dehydration, electrolyte imbalance, feeding recommendation as per IMNCI, micronutrient supplementation. SOP also cover protocols to be used for paediatric dose preparation as per defined criteria	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Department has documented procedure for specific processes to the department		RR	Department has documented procedure for emergency triage, assessment and treatment. Documented procedure for Management of fever, cough, breathlessness, pneumonia, diarrhoea and malnutrition, documented procedure for blood transfusion, documented procedure for requisition and reporting of diagnostics, documented procedure for end of life care	
		Department has documented procedure for support services & facility management.		RR	Review the SOP has adequately cover procedure of nutritional assessment & age appropriate diet, provision of micronutrient supplementation etc. SOP also covers support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management etc	
		Department has documented procedure for safety & risk management		RR	Check availability of risk management record/register to identify risk & action taken to mitigate them	
		Department has documented procedure for ensuring patients rights including consent, privacy confidentiality & entitlement		RR	Check availability of documented procedure for taking consent, maintenance of privacy during physical examination. Due care is taken in examining older female child (she should be examined in the presence of a relative or a female staff even if it is not a medico legal case), confidentiality & entitlements various Health Schemes	
		Department has documented procedure for infection control & bio medical waste management		RR	Review SOP adequately cover description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		Department has documented procedure for quality management & improvement		RR	Review SOP for procedure to constitute quality circles, their regular meetings, development of quality objectives, steps to be taken to achieve objectives and their monitoring & measurement mechanisms	
		Department has documented procedure for data collection, analysis & use for improvement		RR	1. Check the availability of updated risk management teamwork 2. Check the components of physical, fire, operational and patient safety are covered 3. Review the updated mitigation plan	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR		
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Child safety, formula for calculation of paediatric doses, CPR, nutritional requirements with growth charts, Appropriate feeding practices, Summary of the 10 steps of successful breastfeeding, lactation position and milk expression protocol, etc. are displayed	
Standard G 5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages					
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes are identified and mapped. Value and non value adding processes/ activities are listed.	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. MUDAS in terms of waste, delays, waiting, motion, over processing , over production etc are identified	
ME G5.3	The facility takes corrective action to improve the processes	Processes are improved & implemented		SI/RR	Check the non value adding activities are removed and processes are made lean. Improvement is sustained over a period of time	
Standard G6	The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit					
ME G6.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan, schedule and filled checklists. Internal assessment should be done at least quarterly	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Child Death Audit		RR/SI	1. Check CDR is done at defined intervals 2. Gaps are identified 3. Improvements are undertaken	
		There is a procedure to conduct medical & Referral Audit		RR/SI	Check for records referral audit is being done on regular basis , reasons for referral are identified and improvement initiatives are undertaken	
		There is procedure to conduct Prescription audit		RR/SI	Check for -valid sample size , data is analysed , poor performing attributes are identified and improvement initiatives are undertaken	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Check points having partial and Non Compliances are listed	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism.	
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have taken to close the identified gap. Check Quality Improvement (PDCA) project are done to close the gaps. Check QI projects reports and sustainability of the actions over period of time	
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them					
ME G7.4	Facility has de defined quality objectives to achieve mission and quality policy	Check SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectivities have been framed addressing key quality issues in department and for 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	

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
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 are used		SI/OB	PDCA & 5S	
		Advance quality improvement method are used		SI/OB	Six sigma, lean.	
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality are used for quality improvement in Paed. Ward		SI/RR	Minimum 2 applicable tools are used in department	
Standards 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 risks are 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	Total admissions		RR		
		Bed Occupancy Rate		RR		
		Proportion of admissions by gender		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	Referral Rate		RR		
		Discharge Rate		RR		
		Relapse rate		RR		
		Percentage of children with emergency signs received initial treatment in emergency		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		
		Case fatality rate in Paed. Ward		RR		

Reference No.	Measurable Element	Checkpoint	Compliance Full/Partial/No	Assessment Method	Means of verification	Remarks
		No of adverse events per thousand patients		RR		
		% of infants exclusively breastfed from admission to discharge		RR		
		No. of cases treated for severe Anaemia		RR		
		No. of cases treated for pneumonia with shock		RR		
		No. of cases treated for severe dehydration		RR		
		Percentage of viral hepatitis cases managed		RR		
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR		
		Parent/caregiver Satisfaction Score		RR	In Paed. Ward	

MusQan

District Hospitals

Checklist for Nutrition Rehabilitation Centre (NRC)

Assessment Summary			
Name of the Hospital :		Date of Assessment :	
Names of Assessors :		Names of Assesses :	
Type of Assessment (Internal/External) :		Action plan Submission Date :	
NRC Score Card			
Area of Concern Wise Score			MusQan NRC Score
A	Service Provision		
B	Patient Rights		
C	Inputs		
D	Support Services		
E	Clinical Services		
F	Infection Control		
G	Quality Management		
H	Outcome		
Major Gaps Observed			
1			
2			
3			
4			
5			
Strengths / Good Practices			
1			
2			
3			
4			
5			
Recommendations/ Opportunities for Improvement			
1			
2			
3			
4			
5			
Signature of Assessors :			
Date :			

MusQan

Checklist for NRC

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Area of Concern - A Service Provision						
Standard A1	Facility Provides Curative Services					
ME A1.4	The facility provides paediatric services	Availability of functional NRC		SI/RR	1. Availability of indoor care and continuous monitoring services of the SAM child 2. Treatment of medical complications 3. Therapeutic feeding 4. Treatment and follow-up 5. Capacity building of mothers/other care givers for appropriate feeding, preparation of energy dense foods, hygiene & care practices Give non compliance, if the above services are provided in paediatric ward	
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24X7		SI/RR		
Standard A2	Facility provides RMNCHA Services					
ME A2.4	The facility provides child health Services	Management of hypoglycaemia as per the guideline		SI/RR		
		Management of hypothermia as per the guideline		SI/RR		
		Management of dehydration in the children with SAM, without shock as per the guideline		SI/RR		
		Management of SAM child with shock as per the guideline		SI/RR		
		Management of electrolyte imbalance		SI/RR		
		Management of infection is done as per the guideline.		SI/RR		
		Management of SAM children less than 6 month		SI/RR		
		Management of SAM in HIV exposed/HIV infected and TB infected children as per the guideline		SI/RR		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Provision of Therapeutic feeding as per guideline		SI/RR		
		Counselling services to mothers for IYCF practices		PI/SI	1. Exclusive Breastfeeding up to 6 months 2. Complementary feeding from six months	
Standard A3	Facility Provides diagnostic Services					
ME A3.2	The facility provides laboratory services	NRC has facility / linkage for laboratory investigation		SI/OB	Availability of lab services -inhouse/Outsourced. Blood glucose, Haemoglobin, Serum electrolyte, TLC, DLC, urine routine, urine culture, Mantoux test, HIV (after counselling) & any other	
Standard A5	Facility provides support services					
ME A5.1	The facility provides dietary services	Availability of functional nutritional services		SI/OB	Give non compliance if kitchen is not available in NRC	
ME A5.2	The facility provides laundry services	Availability/linkage for laundry services		SI/OB	Inhouse / Outsourced (Shared with main hospital)	
ME A5.3	The facility provides security services	Availability of security guard		SI/OB	Inhouse/outsourced (shared with main hospital)	
ME A5.7	The facility has services of medical record department	Availability of services for management of NRC records		SI/OB	Shared with main hospital	
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of services & investigation for local prevalent endemics		SI/ RR	Check for the specific local health problems/ diseases like coeliac disease and malaria etc. Check testing & management services are available. Give full compliance if no such issue exists	
	Area of Concern - B Patient Rights					
Standard B1	Facility provides the information to care seekers, attendants & community about the available services and their modalities					
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage		OB	Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility	
ME B1.2	The facility displays the services and entitlements available in its departments	Information regarding services are displayed		OB	Service available at NRC are displayed , Visiting hours and visitor policy are displayed, Contact information, Entitlement under JSSK and RBSK are displayed	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Necessary Information regarding services provided is displayed		OB	Name of doctor and Nurse on duty are displayed and updated. Contact details of referral transport / ambulance displayed	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother /care taker		OB	Display of pictorial information/ chart regarding expression of milk, management of SAM, Breastfeeding, kangaroo care, Preparation of appropriate feed, Hand hygiene	
		Counselling aids are available for education of the mother/care taker		OB	Flip charts, AV material etc.	
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	Check all information for patients/ visitors are available in local language	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		RR/OB	Check discharge summary provides 1. Information on follow up 2. Diet to be followed at home 3. Contact number for emergency 4. Collaboration for community based care	
Standard B2	Services are delivered in manners that are sensitive to gender, religious, social and cultural needs and there are no barrier on account of physical access, language, cultural or social status.					
ME B2.1	Services are provided in manner that are sensitive to gender	Cots in NRC are large enough for stay of mother with child		OB	Check Paediatric size cots are not used, As mother/ care giver has to stay along with baby through out the treatment days	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of Wheel chair /stretcher for easy Access to NRC		OB		
		Availability of ramps and railing		OB	If not located on the ground floor availability of the ramp / lift If ramp is available check it is atleast 120 cm width, gradient not steeper than 1:12	
		Availability of children friendly toilet		OB	Children friendly- low WC seats; washbasins at appropriate height, lever operated taps	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard B3	Facility maintains the privacy, confidentiality & Dignity of patient and related information.					
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained at breast feeding area / Corner		OB	1. Screens / curtains are provided at breastfeeding area/ corner 2. Check all the windows are fitted with frosted glass or curtains have been provided	
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	(1) Check records are not lying in open and there is designated space for keeping records with limited access. (2) Records are not shared with anybody without permission of parents & appropriate hospital authorities	
		No information regarding patient's identity and details are unnecessary displayed on records		SI/ OB	Specially HIV or any such cases	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	Check that staff is not providing care in undignified manner such as yelling, scolding , shouting, blaming and using abusive language etc	
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 neonate/ infant is not disclosed except to staff that is directly involved in care		PI/ OB	Check if HIV status is not displayed / written at bed side	
Standard B4	Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.					
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	NRC has system in place to take informed consent from patient relative whenever required		SI/RR	General Consent is taken before admission	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	NRC has system in place to provide communication of child condition to parents/ relatives at least once in day		PI	Check parents/ relatives of admitted baby is communicated about child condition, treatment plan and any changes at least once in day	
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and process for grievance re addressal is displayed		OB	Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard B5	Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.					
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Indoor treatment is provided free of cost		PI/SI		
		Availability of free blood, diagnostic & drugs		PI/SI		
		Availability of free stay & transport		PI/SI	Availability of Free referral vehicle/Ambulance services.	
		Availability of free stay & Diet		PI/SI	For both mother & baby	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI		
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI		
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/RR		
		NRC has system to provide Wage compensation to mother/ caregiver for the duration of the stay at NRC		PI/SI/RR	As per basic daily wages of the state	
Area of Concern - C Inputs						
Standard C1	The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms					
ME C1.1	Departments have adequate space as per patient or work load	NRC has adequate space as per guideline		OB	(1) Covered area for NRC should be about 150 sq. ft per bed with 30% of ancillary area. (2) Space between two beds should be at least 3.5- 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	
ME C1.2	Patient amenities are provided as per patient load	Functional toilets with running water and flush are available		OB		
		Availability of separate Bathing area and laundry area for mothers		OB	Dedicated attached Bathrooms and Toilets for Mothers	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Availability of sitting arrangement for patient attendant		OB		
		Availability of drinking water		OB	Drinking water Facility within / in close proximity to NRC	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of nursing station		OB	Location of nursing station and patients beds enables easy and direct observation of patients	
		Receiving room with examination area		OB		
		Clean area for mixing intravenous fluids and Medications/ fluid preparation area		OB		
		Availability of breast feeding corner/ Area for expression of breast milk		OB		
		NRC has designated play area and counselling room/ area in proximity to NRC ward		OB	Adequate space to play with toys, AV equipment	
		NRC has designated kitchen & food storage area		OB	Enough space for cooking, feeding and demonstration	
		Availability of dirty utility area		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		OB	of both staff and equipment	
		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	Check availability of functional telephone and intercom connections	
ME C1.6	Service counters are available as per patient load	Availability of adequate beds as per case load		OB	1. Check no two children are treated at one bed 2. Check for provision of extra beds to manage surplus 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)	Check NRC is in proximity with Paediatric/ inpatient facility		OB		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard C2	Facility ensures the physical safety of the infrastructure.					
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured	
ME C2.3	The facility ensures safety of electrical establishment	NRC does not have temporary connections and loosely hanging wires		OB	(1) Switch Boards other electrical installations are intact. (2) Check adequate power outlets have been provided as per requirement	
ME C2.4	Physical condition of buildings are safe for providing patient care	Check physical infrastructure of the NRC is safe & secure for children		OB	1. Windows have grills and wire meshwork 2. NRC are non-slippery and even 3. Open spaces are properly secured to prevent fall and injury	
		Floor, walls are easily cleanable and windows are covered with wire mesh		OB	Minimize the growth of microorganisms & Wire mesh to reduce the entry of mosquito and fly	
Standard C3	Facility has established program for fire safety and other disaster					
ME C3.1	The facility has plan for prevention of fire	NRC has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	Check the fire exits are clearly visible and routes to reach exit are clearly marked. Check there is no obstruction in the route of fire exits. Staff is aware of assembly points	
ME C3.2	The facility has adequate fire fighting Equipment	NRC has installed fire Extinguisher that is Class A , Class B, C type or ABC type		OB	Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned	
ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check for staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep)	
Standard C4	Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load					
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of Medical officer		OB/RR	Availability of 1 Medical officer per 10 bed	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Availability of 4 Nursing staff for 10 bedded NRC	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C4.5	The facility has adequate support / general staff	Availability of nutrition counsellor		SI/RR	Availability of 1 Nutrition Counsellor for 10 bedded NRC	
		Availability of support staff for NRC		SI/RR	1. Availability of one cook cum care taker. 2. Availability of 1 Medical Social Worker	
		Availability of house keeping staff & security guards		SI/RR	Availability of Sanitary worker & security guard	
Standard C5	Facility provides drugs and consumables required for assured list of services.					
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamicin, Inj. Cloxacillin,	
		Availability of analgesics and antipyretics		OB/RR	Paracetamol	
		Availability of IV Fluids		OB/RR	Ringer's lactate solution with 5% glucose, 0.45% (half normal) saline with 5% glucose, 0.9% saline (for soaking eye pads)	
		Availability of other drugs		OB/RR	Metronidazole, Tetracycline or Chloramphenicol eye drops, Atropine eye drops	
		Electrolyte and minerals		OB/RR	ORS, Potassium chloride, Magnesium chloride/sulphate, Iron syrup, multivitamin, folic acid, Vitamin A syrup, Zinc sulphate or dispersible Zinc tablets, Glucose (or sucrose)	
		Availability of drugs for management of SAM in HIV exposed		OB/RR	Antiretroviral drugs, cotrimoxazole prophylaxis	
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material		OB/RR	Gauze piece and cotton swabs.	
		Availability of syringes and IV Sets /tubes		OB/RR	Cannulas, IV sets, paediatric nasogastric tubes	
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug tray is maintained		OB/RR	Normal Saline (NS), Glucose 25%, Ringer Lactate (RL), Dextrose 5%, Potassium Chloride, Calcium Gluconate, Sodium Bicarbonate, ORS, Paracetamol, Inj Pheniramine, Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate, Inj Phenobarbitone, Inj Phenytoin, Inj Diazepam, Inj Midazolam, Salbutamol Respiratory, Ipratropium Respirator solution for use in nebulizer, Inj Dopamine, Third generation inj cephalosporin, I.V Infusion set, I.V Cannula (20G/22G/24G/26G) & Nasal Cannula (Infant, Child, Adult) & oxygen	
Standard C6	Facility has equipment & instruments required for assured list of services.					
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment & Instruments for examination & Monitoring		OB	Thermometers, Weighing scales(digital), Infantometer, Stadiometer,	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer	
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Infusion pumps, Oxygen cylinder, oxygen hood, Self inflating Bag and masks (Size 00, 0 & 1) 250 ml & 500 ml, laryngoscope (worth 0 & 1 size straight blades) , ET tubes, suction machine	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME C6.6	Availability of functional equipment and instruments for support services	Availability of kitchen equipment		OB	Cooking Gas, Dietary scales (to weigh to 5 gms.), Measuring jars, Electric Blender (or manual whisks), Water Filter, Refrigerator, Utensils (large containers, cooking utensils, feeding cups, saucers, spoons, jugs etc.)	
		Availability of equipment for cleaning & disinfection		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 patient beds with accessories		OB	Hospital graded mattress, Bed side locker, IV stand, Bed pan, bed rail	
		Availability of Fixtures		OB	Electrical fixture for equipment like suction, X ray view box	
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair.	
		Availability of toys		OB	Washable toys such as puzzles, blocks, stacking bottle tops etc	
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	Training on Facility based care of Severe acute malnutrition- Incremental & complementary to F-IMNCI		SI/RR	All medical officer & nurses	
		Training on IYCF		SI/RR	Nutrition councillor, Nursing staff & medical officer	
		Refresher training		SI/RR	All cadre	
		Training on Infection prevention & patient safety		SI/RR	Biomedical Waste Management& Infection control and hand hygiene, Patient safety	
		Training on Quality Management		SI/RR	Assessment, action planning, PDCA, 5S & use of checklist	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Area of Concern - D Support Services						
Standard D1	Facility has established program for inspection, testing and maintenance and calibration of equipment.					
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Weighting machine, Infantometer, suction machine etc	
		There is system of timely corrective break down maintenance of the equipment		SI/RR	Check staff is aware of Contact details of the agencies/ person responsible for maintenance	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	Weighting machine, Infantometer, thermometer etc. Check for calibration stickers/ records	
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas					
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables ,drugs and food material		SI/RR	(1) Stock level are daily updated (2) Requisition are timely placed based on consumption pattern	
		Drugs are intended in Paediatric dosages/ formulations only		OB/RR		
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 & kept separately		OB	Flow meter , humidifier, key & updated data sheet is available with in use cylinders	
		Food items are stored at recommended temperature		OB/RR		
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry and near expiry dates of drugs are maintained for drug stored in department & emergency drug tray		OB/RR	Records for expiry and near expiry drugs are maintained for drug stored in department & emergency drug tray	
		No expired drug found		OB/RR	Check drug sub store & emergency tray	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	. Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	Check stock and expenditure register is adequately maintained	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	There is no stock out of drugs	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically Refrigerators meant for storing drugs should not be used for storing eatables	
Standard D3	The facility provides safe, secure and comfortable environment to staff, patients and visitors.					
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station & patient care areas		OB		
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and practiced		OB/PI	There is no overcrowding in the NRC	
		There is no overcrowding in the wards during to visitors hours		OB		
		One female/ family members allowed to stay with the child		OB/SI		
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area & in nursing station/ duty room		PI/OB	Room kept between 25 - 30 C (to the extent possible). Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement	
		Safe measures used for re-warming children		SI/OB	Check availability of blankets to cover the children	
		Side railings has been provided to prevent fall of patient		OB		
		Adequate ventilation to be provided especially in the kitchen area.		OB		
ME D3.4	The facility has security system in place at patient care areas	NRC has system for using identification tags for babies		OB		
		Security arrangement in NRC		OB/SI	Functional CCTV is installed (may be shared with main hospital)	
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard D4	The facility has established Programme for maintenance and upkeep of the facility					
ME D4.1	Exterior & Interior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	Check Exterior is well plastered, painted/ whitewashed in uniform colour	
		Interior walls of NRC are brightly painted and decorated		OB	Check walls are painted with cartoon characters/ animals/ plants/ under water/ jungle themes etc	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean	
		Toilets & Bathrooms are clean		OB	Check toilet seats, floors, basins etc are clean and there is no foul smell in toilets & bathrooms	
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	
		Patients beds are intact and without rust and mattress are clean and intact		OB	Observe for any signs for rusting or accumulation of dirt/ grease/ encrusted body fluid	
ME D4.4	Hospital maintains the open area and landscaping of them	Open areas around NRC is well maintained		OB	There is no overgrown trees / plants/ Shrubs/ grass. Check trees/ plants have been trimmed regularly. Dry leaves & green waste is removed on daily basis	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the NRC		OB	Check of any obsolete article including equipment, instrument, records etc	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	No lizard, cockroach, mosquito, flies, rats, bird nest etc. in NRC	
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 portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Availability of 24X7 water. Check availability of hot water in bathrooms	
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	Check for 24X7 availability of power backup including dedicated UPS and emergency light	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard D6	Dietary services are available as per service provision and nutritional requirement of the patients.					
ME D6.1	The facility has provision of nutritional assessment of the patients	NRC has system in place to assess appetite of baby based on their nutritional needs		RR/SI/PI	Check appetite test for SAM baby is done as per standard guideline. Feed used for test : (1) For children, 7-12 months - Offer 30-35 ml/kg of catchup diet. if child takes more than 25 ml / kg then child should be considered to have good appetite (2) For children >12 months,- Locally prepared food may be offered (Roasted groundnuts 1000 gms, Milk powder 1200gms, Sugar 1120gms, coconut oil 600gms).	
		Staff is aware of pre requisite of appetite test		RR/SI/PI	(1) Do the test in a separate quiet area. (2) Explain to the mother/ caregiver how the test will be done. (3) Ensure mother/caregiver wash her hands. (4) Ensure mother sits comfortably with the child on her lap and offers therapeutic food. (5) The child should not have taken any food for the last 2 hrs. (6)The child must not be forced to take the food offered. When the child has finished, the amount taken is measured.	
		Reference value based on baby's body weight is readily available to pass the appetite test		RR/SI	Check reference value chart is available & staff is aware of it. Amount of local therapeutic feed that a child with SAM should take based on his body weight to pass the appetite test is- Less than 4 kg should consume 15 gms or more diet , 4-7 kg should consume 25 gms or more diet 7-10 kgs should consume 33 gms or more	
		NRC has system to assess feeding problems of child and provide individual counselling to mother		RR/SI/PI	Counselling is done by nutrition counsellor as per feeding recommendations of IMNCI guidelines	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		NRC has system to access requirement and dose of micronutrient of SAM children as per their age		RR/SI	As per standard protocols.	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Starter diet (F-75) is given to child just after admission.		RR/SI/ OB	Feeding should begin as soon as possible after admission with 'Starter diet' until the child is stabilized	
		Catch up diet (F-100) is started once child is clinically started		RR/SI/ OB	Catch up diet is started when child is clinically stable and can tolerate increased energy and protein intake .Quantity of catch up diet given is equal to Quantity of starter diet given in stabilization phase	
		Reference Charts are followed to decide volume of starter & catch up diet		RR/ SI	Check reference value chart is available based on weight of child. Check the BHT diet is planned & given as per protocols	
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	F-75 and F-100 made as per the guideline.		SI	F-75 and F-100 refers to the specific combination of calories proteins, electrolytes and minerals that is given to children with SAM	
		The cook prepare special diet for children under the supervision of the Nutrition counsellor.		SI		
		Check raw material is kept in closed air tight containers		OB		
		Check all perishable items are kept in refrigerator		OB		
		NRC has system to monitor the amount of food served to baby as per guideline		RR		
		NRC has system to monitor the amount of feed left over as per guideline		RR	Check any system to record left over feed	
Standard D7	The facility ensures clean linen to the patients					
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh	
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	Check extra sets are provided to the bed in case they get soiled	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
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	Linen is checked for stains as well as ensured it is not torn.	
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility	Updated copy of IMS Act is available		SI/ OB		
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	No information, counselling and educational material is provided to mothers and families on Formula Feed for children		PI	Check staff can explain at least 3 relevant components of IMS Act (1) Prohibition from any kind of promotion and advertisement of infant milk substitutes, (2) prohibition of providing free samples and gifts to pregnant women or mother, (3) prohibit donation of free or subsided free samples, (4) prohibit any contact of manufacturer or distributor with staff	
Standard D11	Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.					
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 system for recording time of reporting and relieving (Attendance register/ Biometrics etc)	
		There is designated in charge for department		SI		
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	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 for contract management for out sourced 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	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Area of Concern - E Clinical Services						
Standard E1	The facility has defined procedures for registration, consultation and admission of patients.					
ME E1.1	The facility has established procedure for registration of patients	Unique identification number & patient demographic records are generated		RR	Check for that patient demographics like Name, age, Sex, UID no. & Chief complaint, etc. are recorded during admission	
ME E1.3	There is established procedure for admission of patients	Admission criteria for NRC is defined & followed		SI/RR	<p>NRC has established criteria for admission:</p> <p>Children 6-59 months:</p> <p>Any of the following: MUAC <115mm with or without any grade of oedema or WFH < -3 SD with or without any grade of oedema or Bilateral pitting oedema +/- (children with oedema +++ always need inpatient care)</p> <p>WITH</p> <p>Any of the following complications: Anorexia (Loss of appetite), Fever (39 degree C) or Hypothermia (<35 C), Persistent vomiting, Severe dehydration, Not alert, very weak, apathetic, unconscious, convulsions Hypoglycaemia, Severe Anaemia (severe palmar pallor), Severe pneumonia, Extensive superficial infection</p> <p>Infants < 6 months</p> <p>Infant is too weak or feeble to suckle effectively (independently of his/her weight-for-length). or WfL (weight-for-length) < -3SD (in infants >45 cm) or Visible severe wasting in infants <45 cm or Presence of oedema both feet</p>	
		NRC has established criteria for re admission		SI/RR	Child previously discharged from in-patient care but meets admission criteria again.	
		NRC has established protocols for return after default		SI/RR	Child who returns after default (away from in-patient care for 2 consecutive days) and meets the admission criteria.	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		There is no delay in treatment because of admission process		SI/RR/OB	1. Admission is done by written order of a qualified doctor. 2. Time of admission is recorded in patient record. 3. There is no delay in transfer of patient to respective department once admission is confirmed	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Procedure cope with surplus patient load		OB/SI	1. Check for provision of extra beds 2. Check no two children are treated at one bed	
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	All the SAM children are screened to identify medical conditions and its severity. The finding of initial assessment are recorded	
		Patient History, Physical Examination & Provisional Diagnosis is done and recorded		RR/SI	Check bed head ticket H/O Recent intake of food and fluids, Usual diet, Breastfeeding, Duration and frequency of diarrhoea and vomiting, Type of diarrhoea (watery/ bloody), Chronic cough, Loss of appetite, Family circumstances, Contact with tuberculosis, Recent contact with measles, Known or suspected HIV infection & immunization is taken & recorded. Check details of : Shock (cold hands, slow capillary refill, weak and rapid pulse), Palmar pallor, Eye signs of vitamin A deficiency: Dry conjunctiva or cornea, Bitot's spots Corneal ulceration, Keratomalacia and Localizing signs of infection, including ear and throat infections, skin infection or pneumonia Mouth ulcers, Skin changes of kwashiorkor is seen & recorded	
		Initial assessment and treatment is provided immediately		RR/SI	Initial assessment is documented preferably within 2 hours	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment by Medical Officer/Nutrition Counsellor		RR/OB	Check BHT is updated after every reassessment	
Standard E3	The facility has defined and established procedures for continuity of care of patient and referral					
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		RR/SI	Check process followed to transfer/ handover the patient from emergency, OT, HDU, NRC etc & vice versa	
		Facility has established procedure for handing over of patients during departmental transfer		RR/ SI	Check the process followed in case child require referral to any speciality including DEIC	
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	A referral slip/ Discharge card is provide to patient when referred to another health care facility. Check reason for referral are clearly mentioned.	
		Advance communication is done with higher centre		RR/SI	1. Referral vehicle is arranged 2. Referral in and out register is maintained	
		There is a system of follow up of referred patients		SI/RR	Referred paediatric cases are followed up for appropriate care, completion of treatment & outcome	
		Facility has functional referral linkages to lower facilities		RR	(1) Check for referral cards filled from lower facilities. (2) ANM of nearby PHC/ HWC is informed about discharge for follow ups	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI		
Standard E4	The facility has defined and established procedures for nursing care					
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags are used for children less than 5 yrs.	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed. Dispensing feed, time of oral drugs, supervision of intravenous fluids etc is recorded	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		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	
		Hand over is given at bed side		RR	Hand over is given bed side and SBAR (situation, background, assessment and recommendation) protocols are followed	
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 for stable & critical patients are monitored and recorded periodically		RR/SI	Check for TPR chart, I/O chart, any other vital required is monitored.	
Standard E5	The facility has a procedure to identify high risk and vulnerable patients.					
ME E5.1	The facility identifies vulnerable patients and ensure 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 ,baby fall, adverse events following drugs/ vaccine etc	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	Triage is done and provide emergency treatment keeping in mind the ABCD steps: Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration.	
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 ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	Check all the drugs in case sheet and discharge slip are written in generic name only.	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	Protocols for management of hypoglycaemia, hypothermia, treatment of dehydration in children with SAM with or without shock, treatment of infection etc	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	Check BHT that drugs are prescribed as per treatment protocols & Check for rational use of antibiotics	
		Availability of drug formulary		SI/OB		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
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, 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.	
ME E7.2	Medication orders are written legibly and adequately	There is process to ensure that right doses of drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided	
		Every Medical advice and procedure is accompanied with date, time and signature		RR	Verify case sheets of sample basis	
		Check for the writing is comprehensible by the clinical staff		RR/SI	Verify case sheets of sample basis	
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check for any open single dose vial with left over content intended to be used later on. In multi dose vial needle is not left in the septum	
		Any adverse drug reaction is recorded and reported		RR/SI	Check if adverse drug reaction form is available and reporting is in practice	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart	
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it	
		Check Nursing staff is aware 7 Rs of Medication and follows them		SI/OB	Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation	
ME E7.5	Patient is counselled for self drug administration.	Mother is advice by doctor/ Pharmacist /nurse about the dosages and timings .		PI/SI	Dose & advice is described in vernacular. It is not given directly in hand of relative/ patient	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
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	Check BHT updated	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Verify treatment prescribed with 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 /register	
ME E8.4	Procedures performed are written on patients records	Procedure performed / Management steps are recorded in BHT		RR	10 Steps for management of SAM is recorded during Stabilization and rehabilitation phase	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for Treatment Charts, Community follow up card, BHT, continuation sheet, Discharge card Etc. 1. Check for adequate availability of the forms 2. Check for completeness in the filled forms	
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, Diet register, Linen register, Drug intend register etc	
		All register/records are identified and numbered		RR	Unique identification number is given & staff is able to retrieve previous register/ records	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	(1) Records of discharged cases are kept in MRD/ department sub store (2) Check records are retrieval in case of re admission (3) Copy of records is given to next kin only with permission from authorised staff only	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard E9	The facility has defined and established procedures for discharge of patient.					
ME E9.1	Discharge is done after assessing patient readiness	NRC has established criteria for discharge of the patient		SI/RR	Discharge infants and children when they gain 15% weight and there is no signs of illness	
		Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor		SI/RR	Based on discharge criteria: (1) Oedema has resolved (2) Child has achieved weight gain of > 15% and has satisfactory weight gain for 3 consecutive days (>5 gm/kg/day) (3) Child is eating an adequate amount of nutritious food that the mother can prepare at home (4) All infections and other medical complications have been treated (5) Child is provided with micronutrients Immunization is updated	
		Mother / attendants are consulted before discharge		PI/SI	Ensure that parent/caregiver understands the causes of malnutrition and how to prevent its recurrence	
		Staff is aware that helminthic infections treatment is given to all children before discharge		PI/ SI/ RR	1. Give a single dose of any one of the following anthelmintics orally: 200 mg. albendazole for children aged 12–23 months, 400 mg albendazole for children aged 24 months or more. 100 mg mebendazole twice daily for 3 days for children aged 24 months or more	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR/PI	See for discharge summary, referral slip provided.	
		Discharge summary is given to all patients		SI/RR	Including LAMA/Referral patient	
		Staff guides the parent for regular follow-up visits		SI/ RR	1. Regular check-ups should be made at 2 weeks in first month and then monthly thereafter until weight for height reaches -1 SD or above. 2. If a problem is detected or suspected, visit/s can be made earlier or more frequently until the problem is resolved.	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		There is procedure for clinical follow up of the child for assessment and monitoring of growth and development till the child recovers completely		RR/SI	(1) Check NRC has a complete list of PHCs, CHC, and Sub Centres/HWC in the catchment area. (2) Appropriate referral to local CHW (Community health care worker)/ASHA/AWW is established (3) Regular Follow up including enrolment of baby to Anganwadi centre a	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mothers/ caregiver before discharge		PI/SI	(1) Preparation and feeding the child, how to give prescribed medication, folic acid, vitamins and iron at home, how to give home treatment for diarrhoea, fever and acute respiratory infections. (2) Advice includes the information about the nearest health centre for further follow up. (3) Time of discharge is communicated to patient in prior. (4) Advice includes feeding recommendations as per IMNCI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA cases		RR/SI		
Standard E11	The facility has defined and established procedures for Emergency Services and Disaster Management					
ME E11.1	There is procedure for Receiving and triage of patients	Triaging of sick children is done as per protocols		SI/ OB	Staff practice of ETAT protocol - keeping in mind ABCD steps	
		Staff is skilled to provide basic life support to young infants and children		SI/ RR/ OB		
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 are defined Mock drills have conducted from time to time	
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	Protocols are defined & followed for sample collection & its transfer timely from NRC to lab for testing	
ME E12.3	There are established procedures for Post-testing Activities	NRC has critical values of various lab test		SI/RR	(1) Critical values are defined and intimated timely to treating medical officer (2) List of Normal reference ranges are available in NRC	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard E13	The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.					
ME E13.8	There is established procedure for issuing blood	Paediatric blood bags are available		RR/SI	If not available than how facility cope with it	
ME E13.9	There is established procedure for transfusion of blood	Patient's identification is confirmed & Consent is taken before transfusion		RR		
		Blood transfusion of SAM child is done as per standard Guideline		RR	Blood transfusion is required (1) Hb is less than 4 g/dl (2) or if there is respiratory distress and Hb is between 4 and 6 g/dl.	
		Protocol of blood transfusion is monitored & regulated		RR	Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person :Give (1) whole blood 10 ml/kg body weight slowly over 3 hours (2) furosemide 1 mg/kg IV at the start of the transfusion	
		Blood transfusion note is written in patient record		RR	Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet	
		Staff is aware of conditions in which blood transfusion is not done/ repeated		SI/RR	(1) Blood transfusion should not be started until the child has begun to gain weight.(2) Following the transfusion, if the Hb remains less than 4 g/dl or between 4 and 6 g/dl with continuing respiratory distress, DO NOT repeat the transfusion within 4 days	
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	Check - Staff is aware of the protocol to be followed in case of any transfusion reaction	
Standard E20	The facility has established procedures for care of new born, infant and child as per guidelines					
ME E20.1	The facility provides immunization services as per guidelines	Immunization services are provided as immunization schedule		SI/RR	Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E20.2	Triage, Assessment & Management of newborn having emergency signs are done as per guidelines	Triaging of sick SAM children is done based on emergency sign		SI/RR	Assess for Emergency signs 1. Airway and breathing- Not breathing, or central cyanosis or SRD 2. Circulation - Capillary refill > 3sec and weak fast pulse 3. Coma Convulsing 4. Severe dehydration with diarrhoea - Diarrhoea + lethargy, sunken eyes & very slow skin pinch	
		Management of sick SAM child is done based on emergency sign		SI/RR	1. Airway and breathing- Any sign positive- Provide basic life support, give oxygen, make sure child is warm, insert IV & begin fluids 2. Circulation -if positive- Apply pressure to stop bleeding if child is bleeding, give oxygen, make sure child is warm, insert IV & begin fluids. If Child is SAM (Age less than 2months) Give Glucose IV or orally or NG tube (depending up on condition)& proceed for full assessment 3. Coma Convulsing- if positive- Manage Airways- Position the child, check and correct hypothermia, If convulsions continue give IV calcium / anticonvulsant 4. Severe dehydration due to diarrhoea: Make sure head is warm, Insert IV line & give fluids. If age is less than 2 month - don ot start IV, proceed for full assessment	
		Staff is aware of the priority signs		SI/RR	Tiny baby (<2 months), Bleeding, Pallor (severe) Malnutrition: Visible severe wasting, Respiratory distress, Trauma or other urgent surgical condition, Oedema of both feet, Temperature <36.5 °C or > 38.5 °C, Restless, continuously irritable, or lethargy, Poisoning & Burns (major)	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME E20.8	Management of children with severe Acute Malnutrition is done as per guidelines	Staff is aware of Principles of Hospital based management		SI/RR	Management of SAM based in 3 Phases: (1) Stabilization Phase - Children without adequate appetite and/or medical complications are stabilized in IPD. Phase usually lasts for 1-2 days. Began the Starter diet & maintain electrolytic balance. Children must be carefully monitored for signs of overfeeding or over hydration. (2) Transition Phase- There is gradual transition from Starter diet to Catch up diet (F 100). (3) Rehabilitation Phase- Promote rapid weight gain, stimulate emotional and physical development. The child progresses when: S/he has reasonable appetite; finishes > 90% of the feed that is given, without a significant pause Major reduction or loss of oedema & No other medical problem	
		Staff is aware of 10 steps for management of SAM		SI	(1) Treat /Prevent Hypoglycaemia (2) treat and prevent Hypothermia (3) treat and prevent dehydration (4) Correct electrolyte imbalance (5) treat/ prevent infection (6) Correct micro nutrient deficiency (7) Start cautious diet (8) Achieve catch up growth (9) Provide sensory stimulation and emotional support (10) Prepare follow up after recovery	
		Staff is aware of treatment of dehydration in SAM children without shock		SI/ RR	(1) Give Oral rehydration- amount based on child's weight- every 30 min for 1st 2 hrs- 5ml/kg weight. Further, alternate hours for up to 10 hrs- 5ml/kg (Add 15ml of potassium chloride to 1l ORS) (2) Starter diet is given in alternate hours (e.g. 2, 4, 6) with reduced osmolarity ORS (e.g. 3, 5, 7) until the child is rehydrated. (3) Check Signs every half hour for the first two hours, then hourly: Respiratory rate, Pulse rate, Urine frequency, Stool or vomit frequency & Signs of hydration	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of sign of improved hydration & over hydration		SI/ RR	Signs of improved hydration: (any of 3) Child is no longer thirsty Child is less lethargic Slowing of respiratory and pulse rates from previous high rate Skin pinch is less slow Child has tears Sign of overhydration : Increased respiratory rate and pulse. Jugular veins engorged Puffiness of eye	
		Staff is aware of treatment of hypothermia		SI/ RR	(1) Assess- If axillary temp below- 35 °C or rectal temp is below 35.5 °C (2) Start feeding immediately(or start rehydration if needed). (3) Re-warm. Give skin to skin contact: kangaroo technique) and cover them, OR clothe the child including the head, cover with a warmed blanket and place a heater or lamp nearby. Remove wet clothing/bedding (4) Feed 2-hourly (12 feeds in 24 hours). (5) Treat hypoglycaemia, (6) Give 1st dose of antibiotics. (7) Take temp. every 2 hrs -stop re-warming when it rises above 36.50 °C	
		Staff is aware of treatment of hypoglycaemia		SI/ RR	(1) Estimate Blood Glucose levels (2) If Blood glucose is low (<54mg/dl) immediately give 50 ml bolus of 10% glucose or 10% sucrose (1 rounded teaspoon of sugar in 3½ tablespoons of water). If the child can drink, give the 50 ml bolus orally. If the child is alert but not drinking, give the 50 ml by NG tube. If the child is lethargic, unconscious, or convulsing, give 5 ml/kg body weight of sterile 10% glucose by IV, followed by 50 ml of 10% glucose or sucrose by NG tube. If the IV dose cannot be given immediately, give the NG dose first. (3) Start feeding with 'Starter diet' half an hour after giving glucose and give it every half-hour during the first 2 hours (4) Keep child warm (5) Administer antibiotics as hypoglycaemia may be due to underlying infection	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of correction of electrolyte imbalance		SI/ RR	(1) Give supplemental potassium at 3–4 meq/kg/day for at least 2 weeks. Potassium can be given as syrup potassium chloride; the most common preparation available has 20meq/15ml. It should be diluted with water. (2) On day 1, give 50% magnesium sulphate IM once (0.3 mL/kg) up to a maximum of 2 ml. Thereafter, give extra magnesium (0.4 – 0.6 mmol/kg/daily) orally. If oral commercial preparation is not available you can give injection magnesium sulphate (50%); 0.2–0.3 ml/kg orally as magnesium supplements mixed with feeds. Give magnesium supplements for 2 weeks. (3) Give food without added salt to avoid sodium overload.	
		Staff is aware of treatment of child having sign of shock and is lethargic or lost consciousness		SI/ RR	(1) Weight the child. (2) Give oxygen (3) Make sure child is warm (4) Insert IV line & draw blood for lab investigation (5) Give IV 10% glucose (5ml/kg) (6) Give IV 15ml/kg over 1 hr of either lactate in 5% dextrose or half normal saline with 5% glucose or ringer's lactate (7) Measure pulse & RR every 5-10 min (8) Sign for improvement - (PR & RR fall) - Repeat IV fluid 15ml/kg over 1hr then switch to oral or NG rehydration with ORS, 10ml/kg/hr up to 10hrs & initiate feeding with starter formula or If child fail to improve/ if the child condition deteriorate - Assume child is in septic shock- Give maintenance IV fluid (4ml/kg/hr), review antibiotic treatment, start dopamine & initiate re-feeding	
		Staff is aware of treatment protocols of infectious or other associated disease conditions		SI/RR	(1) If no complication - Give oral amoxicillin 15mg/kg -8 hrly for 5 days. If child has complications select antibiotic as per Standard protocols. (2) Associated diseases: viz Dermatitis, Parasitic worms, Continual diarrhoea, dysentery, meningitis and TB as per guideline	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of criteria for failure to respond to treatment and require referral		SI/RR	(1) Failure to regain appetite even after 4 days of treatment (2) Failure to lose oedema even after 4 days of treatment (3) Oedema still even after 10 days (4) Failure to gain at least 5 g/kg/day for 3 successive days after feeding freely on Catch-up diet.	
		Micronutrients supplementation is given to SAM children as per requirement		SI/ RR	<p>Vitamin A</p> <p>1. Vitamin A in a single dose is given to all SAM children unless there is evidence that child has received vitamin A dose in last 1 month; < 6 months - 50 000 IU, 6–12 months or if weight <8Kg- 100 000 IU, >12 months- 200 000 IU.</p> <p>2. Give same dose on Day 1, 2 and 14 if there is clinical evidence of vitamin A deficiency.</p> <p>Multivitamin Supplement</p> <p>1. Must contain vitamin A, C, D, E and B12 and not just vitamin B-complex):Twice Recommended Daily Allowance</p> <p>Folic Acid : 5mg on day 1, then 1mg/day</p> <p>Elemental Zinc: 2mg/ kg/day</p> <p>Copper: 0.3mg/kg/day</p> <p>Iron</p> <p>1. Start daily iron supplementation after two days of the child being on Catch up diet.</p> <p>2. Give elemental iron in the dose of 3 mg/kg/day in two divided doses, preferably between meals. (Do not give iron in stabilization phase.)</p>	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of age wise feeding recommendations as per IMNCI		SI/ RR	<p>(1) Up to 6 months- Exclusive Breastfeeding - at least 8 times in 24 hrs. Do not give any other foods or fluids</p> <p>(2) 6 to 12 months- Breastfeeding, Give at least one Katori (3 times/day if breastfeed is given & 5 times if breastfeed not given) mashed bread in sweetened undiluted milk or bread mixed with thick dal or khichari. Add ghee/oil & cooked vegetables in serving or Sevian/Dalia/halwa/kheer or mashed boiled potatoes. Also give banana/biscuit/cheeko/mango as snack</p> <p>(3) 12 month-2yrs- Breastfeed, offer food from family pot, give at least one & half Katori (5 times/day) mashed bread in sweetened undiluted milk or bread mixed with thick dal or khichari. Add ghee/oil & cooked vegetables in serving or Sevian/Dalia/halwa/kheer or mashed boiled potatoes. Also give banana/ biscuit/cheeko/mango as snack</p> <p>(4) 2 yrs. older- Give family food at 3 meals each day. Also twice daily give nutritious food between meal i.e. banana/ biscuit/cheeko/mango as snack</p>	
		Staff is aware of management of SAM children less than 6 months of age		SI/ RR	<p>1. Feed the infant with appropriate breastmilk/ feeds for initial recovery and metabolic stabilization.</p> <p>2. Wherever possible breastfeeding or expressed milk is preferred in place of Starter diet.</p> <p>3. For no breastfed babies, give Starter diet feed prepared without cereals.</p> <p>4. In the rehabilitation phase, provide support to mother to give frequent feeds and try to establish exclusive breast feeding. In artificially fed without any prospects of breastfeeds, the infant should be given diluted Catch-up diet. [Catch-up diet diluted by one third extra water to make volume 135 ml in place of 100 ml].</p> <p>5. On discharge the non-breastfed infants should be given locally available animal milk with cup and spoon.</p> <p>6. Relactation through Supplementary Suckling Technique - Supplementary Suckling Technique (SST) is a technique which can be used as a strategy to initiate relactation in mothers who have developed lactation failure.</p>	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Staff is aware of Management of SAM in HIV exposed/ HIV infected children and TB infected children		SI/ RR	1. Start the treatment atleast two weeks before the introduction of ART 2. Preferably antiretroviral treatment should be delayed until the recovery phase is well established. 3. Children with HIV should be given co-trimoxazole prophylaxis against pneumocystis pneumonia; amoxicillin should be given in addition to prophylactic doses of co-trimoxazole 4. Once SAM is being treated satisfactorily, treatment for HIV and/or TB (as indicated) should be started; 5. Cotrimoxazole prophylaxis is to be continued as per NACO guidelines.	
		Check there is structured play therapy for children		SI/RR	1. Emotional and physical stimulation is given to reduce the risk of permanent mental retardation and emotional impairment 2. Each play session should include language and motor activities, and activities with toys. 3. Promotion of physical activities among mobile children for development of essential motor skills & enhance growth	
ME E20.10	Facility ensures optimal breast feeding practices for new born & infants as per guidelines	Check mothers are providing exclusive breast milk atleast for six months		PI	Check mother's knowledge regarding importance of breast feeding	
		Counselling and supporting mother for alternate method of feeding in case of pre term /low birth/ baby unable to suck the breast		SI/PI/ RR	Expressed milk is given by spoon or cup or fed by gastric tube in adequate amounts according to age.	
		Babies intake is monitored and ensure adequate amount as per age and disease condition is provided		SI/RR	Frequent feeding at least 8 times per day including night feeding. Check monitoring checklist of feeding for LBW newborn	
		Check mothers is aware of complimentary feeding after six months up to 2 years		PI	Check mother's knowledge regarding importance of complimentary	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		HIV positive mothers are counselled for the options of baby feeding		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-up and immunization of staff	There is procedure for immunization & periodic check-up of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	(1) Hand washing and infection control audits done at periodic intervals for staff as well as mothers/care giver	
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 antiseptics					
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing with running Water facility at Point of Use		OB	Each unit should have at least 1 wash basin for every 5 beds	
		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	
		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 & Hand washing sink		OB	Check wash basin is wide and deep enough to prevent splashing and retention of water	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask for demonstration	
		Staff aware of when to hand wash		SI	5 moments of Hand hygiene	
		Mothers are aware of importance of washing hands			Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding children.	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Mothers/care giver adhere to hand washing practices with soap		PI/OB	Ask for demonstration	
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability Use of Antiseptic Solutions		OB		
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 PPE		OB/SI	Gloves, mask, apron & caps	
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 & Other PPEs		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 / Cots, Stretcher/Trolleys etc. (Wiping with 1% 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 1 % Chlorine Solution, Wiping with 1% Chlorine Solution or 70% Alcohol as applicable Contact time for decontamination of instruments	
		Cleaning of instruments		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 know how to make chlorine solution		SI/OB		
		Toys washed regularly, and after each child uses		SI/OB	Check for decontamination and washing of toys	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
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	Ask staff about temperature, pressure and time for autoclaving. Ask staff about method, concentration and contact time required for chemical sterilization	
		Staff is aware of storage time for autoclaved items		OB/SI	Check staff is aware of how long autoclaved items can be stored. Also, autoclaved items are stored in dry, clean, dust free, moist free environment	
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, Glutaraldehyde etc	
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution	
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Spill management protocols are implemented		SI/RR	Check availability of Spill management kit ,staff is trained for managing small & large spills , check protocols are displayed	
		Cleaning of patient care area with detergent solution		SI/RR		
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out. Staff is trained for preparing cleaning solution as per standard procedure. Cleaning equipment like broom are not used in patient care areas	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed		OB/SI	List of infectious diseases require special precaution and barrier nursing is defined	
Standard F6	Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.					
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB		
		Availability of Non chlorinated colour coded plastic bags		OB		
		Segregation of Anatomical and soiled waste in Yellow Bin		OB/SI		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Segregation of infected plastic waste in red bin		OB		
		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 functional needle cutters and puncture proof box		OB	(1) Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station	
		Availability of post exposure prophylaxis		OB/SI	1. Staff knows what to do in case of needle stick injury. 2. Staff is aware of whom to report 3. Check if any reporting has been done 4. Also check PEP issuance register	
		Glass sharps and metallic implants are disposed in Blue colour coded puncture proof box		OB	Includes used vials, slides and other broken infected glass	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	Bins should not be filled more than 2/3 of its capacity	
		Transportation of bio medical waste is done in close container/trolley		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	Quality circle has been constituted		SI/RR	1. Check if the quality circle has been constituted and is functional 2. Roles and Responsibility of team has been defined	
ME G1.2	The facility reviews quality of its services at periodic intervals	Review meetings are done monthly		RR	Check minutes of meeting and monthly measurement & reporting of indicators	
Standard G2	The facility has established system for patient and employee satisfaction					
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative / caregiver satisfaction survey done on monthly basis		RR		
ME G2.2	The facility analyses the patient feed back, and root-cause analysis	Analysis of low performing attributes is undertaken		RR		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients	Action plan is prepared and improvement activities are undertaken		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 a system of daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	Findings /instructions during the visit are recorded	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	1. Daily checklist has been prepared and is filled daily to monitor the preparedness and cleanliness. 2. Staff is designated and trained for filling and monitoring of this checklist.	
Standard G4	The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.					
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	Check that SOP for management of services has been prepared and is formally approved	
		Current version of SOP are available with process owner		OB/RR	Check current version is available	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented Procedure for receiving and initial assessment of the patient		RR	Review the SOP has adequately cover procedure for reception, triage initial assessment, admission & investigation of the patient	
		Department has documented procedure for reassessment of the patient as per clinical condition		RR	Review the SOP has adequately cover procedure for reassessment, follow up and referral of patient	
		Department has documented procedure for general patient care processes		RR	Review the SOP has adequately cover procedure of management of hypothermia, hypoglycaemia, dehydration, electrolyte imbalance, feeding recommendation as per IMNCI, micronutrient supplementation	
		Department has documented procedure for specific processes to the department		RR	Review the SOP has adequately cover procedure of management of SAM children with shock, infections , TB, HIV & any other disease	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
		Department has documented procedure for support services & facility management.		RR	Review the SOP has adequately cover procedure of nutritional assessment & use of starter & catch up diet, provision of micronutrient supplementation etc. SOP also covers support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management	
		Department has documented procedure for safety & risk management		RR	Review the SOP has adequately covers procedure for patient safety risk assessments & also mechanism defined to mitigate the identified risk	
		Department has documented procedure for Counselling of mothers/ care giver		RR	Review SOP has adequately covers the points to be discussed during mothers/ care giver counselling. It also covers mothers counselling for food preparation from local resources, feeding practices, importance of play with child, and maintenance of care & hygiene etc	
		Department has documented procedure for infection control & bio medical waste management		RR	Review SOP for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices	
		Department has documented procedure for quality management & improvement		RR	Review SOP for procedure to constitute quality circles, their regulate meetings, development of quality objectives, steps to be take to achieve objectives and their monitoring & measurement mechanisms	
		Department has documented procedure for data collection, analysis & use for improvement		RR	Review SOP for data collection through various activities viz. client satisfaction form, checklists, audits, performance indicators etc., analysis of the data, identification of low attributes, Root cause analysis and improvement activities using PDCA methodology	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check staff is aware of relevant part of SOPs		SI/RR		
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Appropriate feeding practices, Summary of the 10 steps of successful breastfeeding is displayed, lactation position and milk expression protocol, assessment and management protocols of sick SAM child, Management of hypoglycaemia, Management of Dehydration, housekeeping protocols, Administration of commonly used drugs, etc	
Standard G 5	The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages					
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	Critical processes , where there is some problem-delays, errors, cost, time, etc. and improvement will make our process effective and efficient	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	Non value adding activities are wastes. In these steps resources are wasted, delays occur, and no value is added to the service	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	Check the improvement is sustained	
Standard G6	The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit					
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Check for assessment records such as circular, assessment plan and filled checklists. Internal assessment is done at least quarterly	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct medical and Death audit		RR/SI	Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	Checkpoints having partial and Non Compliances are listed	

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	With details of action, responsibility, time line and Feedback mechanism	
ME G6.5	Planned actions are implemented through Quality improvement cycle (PDCA)	Check correction & corrective actions are taken		RR/SI	Check actions have been taken to close the gap. Can be in form of Action taken report or Quality Improvement (PDCA) project report	
Standard G7	The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them					
ME G7.4	Facility has de defined quality objectives to achieve mission and quality policy	Check if SMART Quality Objectives have framed		SI/RR	Check short term valid quality objectives have been framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound.	
ME G7.5	Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services	Check 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	
		Advance quality improvement method		SI/OB	Six sigma, lean.	
ME G8.2	The facility uses tools for quality improvement in services	7 basic tools of Quality		SI/RR	Minimum 2 applicable tools are used in each department	
Standards G10	Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan					
ME G10.6	Periodic assessment for Medication and Patient care safety risks is done as per defined criteria.	Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically		SI/RR	Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at least once in three month.	
Area of Concern - H Outcome						
Standard H1	The facility measures Productivity Indicators and ensures compliance with State/National benchmarks					
ME H1.1	Facility measures productivity Indicators on monthly basis	Total admissions		RR		
		Bed Occupancy Rate		RR		
		Proportion of admissions by gender		RR		

Reference no.	Measurable Elements	Checkpoint	Compliance/Full/Partial/No	Assessment Method	Means of verification	Remarks
Standard H2	The facility measures Efficiency Indicators and ensure to reach State/National Benchmark					
ME H2.1	Facility measures efficiency Indicators on monthly basis	Percentage of children achieved target weight gain		RR	15% weight gain	
		Down time Critical Equipment		RR		
		Bed Turnover Rate		RR		
		Referral Rate		RR		
		Discharge Rate		RR		
		Defaulter rate		RR	Acceptable-<15% Not Acceptable->25%	
		Relapse 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 in (weeks)		RR	Acceptable- 1-4 week Not Acceptable-<1 and >6	
		Death rate following discharge from NRC		RR	Acceptable- <5% Not Acceptable- >15%	
		Recovery rate		RR	Acceptable- >75% Not Acceptable- <50%	
		Adverse events are reported		RR	wrong drug administration, needle stick injury, absconding patients etc	
Standard H4	The facility measures Service Quality Indicators and endeavours to reach State/National benchmark					
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR		
		Parent/ care giver Satisfaction Score		RR		

List of Abbreviations

4 Ds	Defects, Deficiencies, Diseases, Developmental delays
5S	Sort, Set in Order, Shine, Standardize, Sustain
AAP	American Academy of Paediatrics
AD	auto – disable
AEDs	antiepileptic drugs
AEFI	Adverse Events Following Immunization
AES	Acute Encephalitis Syndrome
AMC	Annual Maintenance Contract
ANM	Auxiliary nurse midwife
ART	Antiretroviral Therapy
ARV	Antiretroviral drug
ASHA	Accredited Social Health Activist
AV	Audio Visual
AVPU	Alert, Responding to voice, responding to pain, unconscious
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BCC	Behaviour Change Communication
BCG	bacille Calmette-Guerin
BHT	Bed Head Ticket
BP	Blood Pressure
BPL	Below Poverty Line
BT set	Blood Transfusion Set
BUN	Blood Urea Nitrogen
CDR	Child Death Review
CHC	Community Health Centers
CHW	Community health care worker
CLMC	Comprehensive lactation management centre
CLW	Contused Lacerated Wound
CNS	Central Nervous System
CPAP	Continuous positive airway pressure therapy
CPR	Cardiopulmonary resuscitation
CRT	Capillary refill time
DEIC	District Early Intervention Center
DHM	Donated Human Milk
DIC	Disseminated intravascular coagulation

DIO	District Immunization Officer
DPT	Diphtheria-Pertussis-Tetanus vaccine
DT	Diphtheria and Tetanus
EBM	Expressed breast milk
EBS	Expended Ballard score
ECG	Electrocardiography
EDL	Essential Drugs List
EEFO	EARLY EXPIRY FIRST OUT
ENT	Ears, Nose and Throat
EOS	Early onset sepsis
EPN	Emergency sign, priority sign & non urgent sign
ESR	erythrocyte sedimentation rate
ET tube	Endotracheal tube
ETAT	Emergency Triage Assessment and Treatment
FBNC	Facility Based Newborn Care
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FPC	Family participatory care
GIR	glucose infusion rate
GOB	General order book
HAI	Hospital-Acquired Infection
HB	Hemoglobin concentration
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDU	High Dependency Units
HIE	Hypoxic ischemic encephalopathy
HIV	Human immunodeficiency virus
HR	Heart Rate
HWC	Health & Wellness Centre
I.V.	Intra Venous
ICTC	Integrated Counselling and Testing Centres
IEC	Information, Education and Communication
IFA	Iron and Folic acid
ILR	Ice Lined Refrigerator
IMS	Infant Milk Substitutes
IPD	Inpatient department
IPV	Injectable inactivated poliovirus vaccine

IYCF	Infant and Young Child Feeding
JE	Japanese Encephalitis
JSSK	Janani Shishu Suraksha Karyakaram
JVP	Jugular Venous Pressure
KFT	Kidney Function Test
KMC	Kangaroo Mother Care
LAMA	Left Against Medical Advice
LBW	Low birth weight
LFT	Liver Function Test
LMP	Last menstrual period
LOS	Late onset sepsis
MCP	Mother and Child Protection Card
MMU	Mobile Medical Unit
MNCU	Maternal Newborn Care Unit
MR	Measles - Rubella
MRD	Medical Record Department
MUAC	Mid-upper arm circumference
NG	Nasogastric tube
NGO	Non-governmental organisation
NNS	Non nutritive suckling
NRC	Nutrition Rehabilitation Center
NS	Normal Saline
OB	Observation
OPD	Out Patient Department
OPV	Oral poliovirus vaccines
ORS	Oral rehydration solutions
ORT	Oral rehydration therapy Corner
PASS	Pull, Aim, Squeeze & Sweep
PCV	Packed Cell Volume
PDCA	Plan-Do-Check-Act
PEP	Post-exposure prophylaxis
PH	Pulmonary Hypertension
PHC	Primary Health Centers
PI	Patient Interview
PMJAY	Pradhan Mantri Jan Arogya Yojana
PPE	Personal Protective Equipment

PPV	Positive pressure ventilation
RA factor	Rheumatoid Arthritis
RACE	Rescue, Alarm, Confine & Extinguish
RBC	Red Blood Cell Count
RBSK	Rashtriya Bal Swasthya Karyakram
RDS	Respiratory distress syndrome
RL	Ringer Lactate
RMNCHA	Reproductive, Maternal, Newborn Child & Adolescent Health
RR	Record Review
SAM	Severe Acute Malnutrition
SBAR	situation, background, assessment and recommendation
SI	Staff interview
SNCU	Special newborn care units
SOP	Standard operating procedure
STG	Standard Treatment Guidelines
TABC	Temperature, Airway, Breathing, and Circulation
TB	Tuberculosis
TBAC	Test of Basic Auditory Capabilities
TLC	Total Leukocyte Count
TOPS	Temperature, oxygen, perfusion & sugar
TPR	Temperature, Pulse, and Respiration
TSB	Total serum bilirubin
TT	Tetanus Toxoid
TTNB	Transient tachypnea of newborn
UID	Unique Identification numbers
UPS	uninterruptible power supply
USG	Ultrasound/Ultrasonography
VD	Veneral Disease
VVM	Vaccine Vial Monitor
WC	Wheelchair
WHO	World Health Organization
Zn	Zinc