

DH/SDH: Document Verification Checklist-LaQshya
(To be submitted along with the application)

	Name of the facility as per State's Record	
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List of Documents to be submitted- LaQshya

S. No.	Name of the Documents	Status of submission
1.	Filled application form along with the Hospital data sheet.	Yes/No
2.	Names of the Department to be assessed	LR/MOT/Both
3.	Latest LR Assessment Checklist validated by SQAU	Yes/No
4.	Latest OT Assessment Checklist validated by SQAU	Yes/No
5.	Standard Operating Procedures for LR & OT	Yes/No
6.	Facility Level Indicators for last three months	Yes/No
7.	OSCE report of assessment done in last one year.	Yes/No
8.	Total no. Of Copy of Hospital Wide Policies/ Procedures. (Government Order/ Single Pager Policy / Procedures)	13
8.1	Vision, Mission, Values, Strategic Plan and Quality Policy	Yes/No
8.2	Condemnation Policy	Yes/No
8.3	Antibiotic policy	Yes/No
8.4	End of Life care policy	Yes/No
8.5	Social, Culture and Religious Equality policy	Yes/No
8.6	Privacy, Dignity and confidentiality policy of patient	Yes/No
8.7	Consent policy	Yes/No
8.8	Prescription by Generic Name policy	Yes/No

8.9	Adverse Event reporting policy	Yes/No
8.10	Referral policy	Yes/No
8.11	Policy for timely reimbursement of entitlements and compensation.	Yes/No
8.12	Grievance Redressal policy	Yes/No
8.13	Free treatment to BPL patient's procedure/ policy	Yes/No
9.	Prescription/Medical Audit Analysis with Corrective and Preventive Action (CAPA)	Yes/No
10.	Scores of Last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken	Yes/No
11.	Evidence for compliance against Statutory/ Regulatory Compliance:	
11.1	Authorization for handling Bio Medical Waste from Pollution Control Board (mandatory)	Yes/No
11.2	NoC from Fire Safety.	Yes/No
11.3	Certificate of inspection of electrical installation. (mandatory for SNCU)	Yes/No
11.4	Licence for operating lift (wherever applicable)	Yes/No
11.5	AERB authorization for X-ray, mobile X-ray, OPG, Dental X-ray (if applicable)	Yes/No/NA
11.6	Licence of Blood Bank (if applicable)	Yes/No/NA
11.7	Copy of registration under PCPNDT Act (if applicable)	Yes/No/NA
12.	Compliance evidences (Photos) – LaQshya	
12.1	Images of LR and OT (<i>Fifteen Images Only</i>) <ul style="list-style-type: none"> a. Trays, medicines, crash cart etc. b. Display of Work Instructions. c. Autoclaving Area. d. Waste Disposal in LR/ OT. e. Departmental picture. 	Yes/No
12.2	Filled consent Images (<i>Two Images each – total ten Images</i>) <ul style="list-style-type: none"> a. Pre- anesthesia consent. b. LR consent. c. Consent for surgical procedures. d. Blood transfusion. e. Policy for Free of Cost Treatment. 	Yes/No
12.3	Filled Case record snap shots	Yes/No
12.4	Referral Slip/ Record to higher centre and follow up of last patients in three months. (<i>Four Images Only</i>)	Yes/No

12.5	Restricted area signages (<i>Two Images only</i>).	Yes/No
12.6	Facility level signages – Name of facility, patient charter, departmental / directional signages. (<i>Five pictures only</i>)	Yes/No
12.7	Bio Medical Waste images of Onsite segregation, transportation of waste from Onsite to Common storage area, Sharp pits (If applicable, log book of waste generated. (<i>Five images only</i>)	Yes/No/NA
12.8	Sterilization record of sterile equipments/ instruments. (<i>Two images only</i>)	Yes/No
12.9	Display of Work Instruction – AMTSL/ Management of Complications/ Management of New born (<i>Four Images Only</i>)	Yes/No
12.10	Display of User Charges & Entitlements (Two Images Only)	Yes/No