

DH/SDH/CHC Document Verification Checklist for LaQshya Certification			
Name of the facility as per State's Record: .			
List of Documents to be submitted:			
S. No.	Documents	Status of submission (Y/N)	Remarks (if any)
1.	Filled application form along with the Hospital data sheet	Y/N	
2.	Scores of last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken	Y/N	
3.	Latest Labour Room Checklist validated by SQAU	Y/N	
4.	Latest Maternity-OT Assessment Checklist validated by SQAU	Y/N	
5.	Quality Policy and Quality objectives of LR & Maternity OT	Y/N	
6.	Standard operating procedures for Labour Room and Maternity OT	Y/N	
7.	Facility level indicators for last three months	Y/N	
8.	OSCE Report of assessment done in last one Year	Y/N	
9.	Official order for Quality circle formation in LR and Maternity OT	Y/N	
10.	Documents in respect of 6 Rapid improvement events	Y/N	
11.	Documents supporting District and state mentoring team visits and hand holding	Y/N	