



NOTICE

Sub: Inputs on Draft of Standards and Measurable Elements of updated National Quality Assurance Standards (NQAS)

Ensuring Quality in delivery health care services is important for improving the health status of the population. For meeting the requirements, the MoHFW launched the National Quality Assurance Framework & Standards (NQAS) for District Hospital (DH) in 2013.

After the launch of Pradhan Mantri National Dialysis Programme, current NQAS standards are revised as per the programme guidelines and a new checklist of Dialysis department has been added with the current department list of District Hospital Checklist.

Therefore, an Expert Group was constituted for the review of draft of revised Standards and Measurable Elements of NQAS and the group had its meeting on 04th September 2023 at NHSRC.

After the consultation, final draft of the Standards and Measurable Elements of National Quality Assurance Standards are being shared in the public domain for inputs.

Inputs if any may please mailed at dr.annapoornakn@nhsrcindia.org by 22.12.2023 5:00 PM

December 04, 2023

**Standards and Measurable Elements under National Quality Assurance Standards for
District Hospitals**

| | Area of Concern A- Service Provision |
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| Standard A1. | Facility Provides Curative Services |
| ME A1.1. | The facility provides General Medicine services |
| ME A1.2. | The facility provides General Surgery services |
| ME A1.3. | The facility provides Obstetrics & Gynaecology Services |
| ME A1.4. | The facility provides paediatric services |
| ME A1.5. | The facility provides Ophthalmology Services |
| ME A1.6. | The facility provides ENT Services |
| ME A1.7. | The facility provides Orthopaedics Services |
| ME A1.8. | The facility provides Skin & VD Services |
| ME A1.9. | The facility provides Psychiatry Services |
| ME A1.10. | The facility provides Dental Treatment Services |
| ME A1.11. | The facility provides AYUSH Services |
| ME A1.12. | The facility provides Physiotherapy Services |
| ME A1.13. | The facility provides services for OPD procedures |
| ME A1.14. | Services are available for the time period as mandated |
| ME A1.15. | The facility provides services for Super specialties, as mandated |
| ME A1.16. | The facility provides Accident & Emergency Services |
| ME A1.17. | The facility provides Intensive care Services |
| ME A1.18. | The facility provides Blood bank & transfusion services |
| ME A1.19. | The facility provides the dialysis services |
| Standard A2 | Facility provides RMNCHA Services |
| ME A2.1 | The facility provides Reproductive health Services |
| ME A2.2 | The facility provides Maternal health Services |
| ME A2.3 | The facility provides Newborn health Services |
| ME A2.4 | The facility provides Child health Services |
| ME A2.5 | The facility provides Adolescent health Services |
| Standard A3. | Facility Provides diagnostic Services |
| ME A3.1. | The facility provides Radiology Services |
| ME A3.2. | The facility Provides Laboratory Services |
| ME A3.3. | The facility provides other diagnostic services, as mandated |
| Standard A4 | Facility provides services as mandated in National Health Programmes/ State Scheme |
| ME A4.1 | The facility provides services under National Vector Borne Disease Control Programme as per guidelines |
| ME A4.2 | The facility provides services under national tuberculosis elimination programme as per guidelines. |
| ME A4.3 | The facility provides services under National Leprosy Eradication Programme as per guidelines |
| ME A4.4 | The facility provides services under National AIDS Control Programme as per guidelines |

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| ME A4.5 | The facility provides services under National Programme for Prevention and control of Blindness as per guidelines |
| ME A4.6 | The facility provides services under Mental Health Programme as per guidelines |
| ME A4.7 | The facility provides services under National Programme for the health care of the elderly as per guidelines |
| ME A4.8 | The facility provides services under National Programme for Non-Communicable Diseases as per guidelines |
| ME A4.9 | The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines |
| ME A4.10 | The facility provide services under National health Programme for deafness |
| ME A4.11 | The facility provides services as per State specific health programmes |
| ME A 4.12 | The facility provided services as per Rashtriya bal swasthya Karykram |
| ME A4.13 | The facility provides services as Pradhan Mantri National Dialysis Programme (PMNDP) |
| ME A4.14 | The facility provides services as per National Viral Hepatitis Program |
| ME A4.15 | The facility provide services under National Programme for palliative care |
| ME A4.16 | The facility provide services under Anaemia Mukh Bharat including Sick Cell Anaemia Elimination Programme |
| Standard A5. | Facility provides support services |
| ME A5.1 | The facility provides dietary services |
| ME A5.2 | The facility provides laundry services |
| ME A5.3. | The facility provides security services |
| ME A5.4 | The facility provides housekeeping services |
| ME A5.5 | The facility ensures maintenance services |
| ME A5.6 | The facility provides pharmacy services |
| ME A5.7. | The facility has services of medical record department |
| ME A5.8 | The facility provides mortuary services |
| Standard A6. | Health services provided at the facility are appropriate to community needs. |
| ME A6.1. | The facility provides curatives & preventive services for the health problems and diseases, prevalent locally. |
| ME A6.2 | There is process for consulting community/ or their representatives when planning or revising scope of services of the facility |
| Area of Concern B- Patient Rights | |
| Standard B1. | Facility provides the information to care seekers, attendants & community about the available services and their modalities |
| ME B1.1. | The facility has uniform and user-friendly signage system |
| ME B1.2. | The facility displays the services and entitlements available in its departments |
| ME B1.3 | The facility has established citizen charter, which is followed at all levels |

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| ME B1.4 | User charges are displayed and communicated to patients effectively |
| ME B1.5 | Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches |
| ME B1.6. | Information is available in local language and easy to understand |
| ME B1.7. | The facility provides information to patients and visitor through an exclusive set-up. |
| ME B1.8 | The facility ensures access to clinical records of patients to entitled personnel |
| Standard B2. | Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons. |
| ME B2.1. | Services are provided in manner that are sensitive to gender |
| ME B2.2 | Religious and cultural preferences of patients and attendants are taken into consideration while delivering services |
| ME B2.3. | Access to facility is provided without any physical barrier & and friendly to people with disabilities |
| ME B2.4. | There is no discrimination on basis of social and economic status of the patients |
| ME B2.5 | There is affirmative actions to ensure that vulnerable sections can access services |
| Standard B3. | Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information |
| ME B3.1. | Adequate visual privacy is provided at every point of care |
| ME B3.2. | Confidentiality of patients records and clinical information is maintained |
| ME B3.3. | The facility ensures the behaviours of staff is dignified and respectful, while delivering the services |
| ME B3.4. | The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups |
| Standard B4. | Facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitate informed decision making patient. |
| ME B4.1. | There is established procedures for taking informed consent before treatment and procedures |
| ME B4.2. | Patient is informed about his/her rights and responsibilities |
| ME B4.3. | Staff are aware of Patients rights responsibilities |
| ME B4.4. | Information about the treatment is shared with patients or attendants, regularly |
| ME B4.5. | The facility has defined and established grievance redressal system in place |
| Standard B5. | Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services. |

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| ME B5.1 | The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes |
| ME B5.2. | The facility ensures that drugs prescribed are available at Pharmacy and wards |
| ME B5.3. | It is ensured that facilities for the prescribed investigations are available at the facility |
| ME B5.4. | The facility provide free of cost treatment to Below poverty line patients without administrative hassles |
| ME B5.5. | The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients |
| ME B5.6 | The facility ensure implementation of health insurance schemes as per National /state scheme |
| Standard B6 | Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities |
| ME B6.1 | Ethical norms and code of conduct for medical and paramedical staff have been established. |
| ME B6.2 | The Facility staff is aware of code of conduct established |
| ME B6.3 | The Facility has an established procedure for entertaining representatives of drug companies and suppliers |
| ME B6.4 | The Facility has an established procedure for medical examination and treatment of individual under judicial or police detention as per prevalent law and government directions |
| ME B6.5 | There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization |
| ME B6.6 | There is an established procedure for 'end-of-life' care |
| ME B 6.7 | There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific c treatment |
| ME B6.8 | There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research |
| ME B6.9 | There is an established procedure to issue of medical certificates and other certificates |
| ME B6.10 | There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services |
| ME B6.11 | An updated copy of code of ethics under Indian Medical council act is available with the facility |
| ME B6.12 | Facility has established a framework for identifying, receiving, and resolving ethical dilemmas' in a time-bound manner through ethical committee |
| | 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 |

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| ME C1.2. | Patient amenities are provide as per patient load |
| ME C1.3. | Departments have layout and demarcated areas as per functions |
| ME C1.4. | The facility has adequate circulation area and open spaces according to need and local law |
| ME C1.5. | The facility has infrastructure for intramural and extramural communication |
| ME C1.6. | Service counters are available as per patient load |
| ME C1.7. | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) |
| Standard C2. | The facility ensures the physical safety of the infrastructure. |
| ME C2.1 | The facility ensures the seismic safety of the infrastructure |
| ME C2.2 | The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board |
| ME C2.3. | The facility ensures safety of electrical establishment |
| ME C2.4. | Physical condition of buildings are safe for providing patient care |
| Standard C3. | The facility has established Programme for fire safety and other disaster |
| ME C3.1. | The facility has plan for prevention of fire |
| ME C3.2. | The facility has adequate fire fighting Equipment |
| ME C3.3. | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation |
| Standard C4. | The facility has adequate qualified and trained staff, required for providing the assured services to the current case load |
| ME C4.1. | The facility has adequate specialist doctors as per service provision |
| ME C4.2. | The facility has adequate general duty doctors as per service provision and work load |
| ME C4.3. | The facility has adequate nursing staff as per service provision and work load |
| ME C4.4. | The facility has adequate technicians/paramedics as per requirement |
| ME C4.5. | The facility has adequate support / general staff |
| ME C4.6 | The facility has established procedure for credentialing & privileging patient care satff. |
| 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 |
| ME C5.2. | The departments have adequate consumables at point of use |
| ME C5.3. | Emergency drug trays are maintained at every point of care, where ever it may be needed |
| Standard C6. | The facility has equipment & instruments required for assured list of services. |
| ME C6.1. | Availability of equipment & instruments for examination & monitoring of patients |
| ME C6.2. | Availability of equipment & instruments for treatment procedures, being undertaken in the facility |

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| ME C6.3. | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility |
| ME C6.4. | Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients |
| ME C6.5. | Availability of Equipment for Storage |
| ME C6.6 | Availability of functional equipment and instruments for support services |
| ME C6.7. | Departments have patient furniture and fixtures as per load and service provision |
| Standard C7 | Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff |
| ME C7.1 | Criteria for Competence assessment are defined for clinical and Para clinical staff |
| ME C7.2 | Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year |
| ME C7.3 | Criteria for performance evaluation clinical and Para clinical staff are defined |
| ME C7.4 | Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year |
| ME C7.5 | Criteria for performance evaluation of support and administrative staff are defined |
| ME C7.6 | Performance evaluation of support and administration staff is done on predefined criteria at least once in a year |
| ME C7.7 | Competence assessment and performance assessment includes contractual, empanelled, and outsourced staff |
| ME C7.8 | Training needs are identified based on competence assessment and performance evaluation and facility prepares the training plan |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan |
| ME C7.10 | There is established procedure for utilization of skills gained through trainings by on -job supportive supervision |
| ME C7.11 | Feedback is provided to the staff on their competence assessment and performance evaluation |
| Area of Concern D- Support Services | |
| Standard D1. | The facility has established Programme for inspection, testing and maintenance and calibration of Equipment. |
| ME D1.1. | The facility has established system for maintenance of critical Equipment |
| ME D1.2. | The facility has established procedure for internal and external calibration of measuring Equipment |
| ME D1.3. | Operating and maintenance instructions are available with the users of equipment |
| Standard D2. | The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas |

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| ME D2.1 | There is established procedure for forecasting and indenting drugs and consumables |
| ME D2.2 | The facility has establish procedure for procurement of drugs |
| ME D2.3. | The facility ensures proper storage of drugs and consumables |
| ME D2.4. | The facility ensures management of expiry and near expiry drugs |
| ME D2.5. | The facility has established procedure for inventory management techniques |
| ME D2.6. | There is a procedure for periodically replenishing the drugs in patient care areas |
| ME D2.7. | There is process for storage of vaccines and other drugs, requiring controlled temperature |
| ME D2.8. | There is a procedure for secure storage of narcotic and psychotropic drugs |
| Standard D3. | The facility provides safe, secure and comfortable environment to staff, patients and visitors. |
| ME D3.1. | The facility provides adequate illumination level at patient care areas |
| ME D3.2. | The facility has provision of restriction of visitors in patient areas |
| ME D3.3 | The facility ensures safe and comfortable environment for patients and service providers |
| ME D3.4. | The facility has security system in place at patient care areas |
| ME D3.5 | The facility has established measure for safety and security of female staff |
| Standard D4. | The facility has established Programme for maintenance and upkeep of the facility |
| ME D4.1 | Exterior of the facility building is maintained appropriately |
| ME D4.2. | Patient care areas are clean and hygienic |
| ME D4.3. | Hospital infrastructure is adequately maintained |
| ME D4.4 | Hospital maintains the open area and landscaping of them |
| ME D4.5. | The facility has policy of removal of condemned junk material |
| ME D4.6 | The facility has established procedures for pest, rodent and animal control |
| Standard D5. | The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms |
| ME D5.1. | The facility has adequate arrangement storage and supply for portable water in all functional areas |
| ME D5.2. | The facility ensures adequate power backup in all patient care areas as per load |
| ME D5.3. | Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply |
| ME D5.4 | The facility has adeqaute arrangement for uninterrupted supply of RO water for dialysis unit |
| StandardD6 | 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 |

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| ME D6.2 | The facility provides diets according to nutritional requirements of the patients |
| ME D6.3 | Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients |
| Standard D7. | The facility ensures clean linen to the patients |
| ME D7.1. | The facility has adequate availability of linen for meeting its need. |
| ME D7.2. | The facility has established procedures for changing of linen in patient care areas |
| ME D7.3 | The facility has standard procedures for handling , collection, transportation and washing of linen |
| Standard D8 | The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability. |
| ME D8.1 | The facility has established procedures for management of activities of Rogi Kalyan Samitis |
| ME D8.2 | The facility has established procedures for community based monitoring of its services |
| Standard D9 | Hospital has defined and established procedures for Financial Management |
| ME D9.1 | The facility ensures the proper utilization of fund provided to it |
| ME D9.2 | The facility ensures proper planning and requisition of resources based on its need |
| Standard D10. | 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 |
| ME D10.2 | Updated copies of relevant laws, regulations and government orders are available at the facility |
| ME D10.3. | The facility ensure relevant processes are in compliance with statutory requirement |
| 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 |
| ME D11.2. | The facility has a established procedure for duty roster and deputation to different departments |
| ME D11.3. | The facility ensures the adherence to dress code as mandated by its administration / the health department |
| 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 |
| ME D12.2 | There is a system of periodic review of quality of out sourced services |

| | Area of Concern E- Clinical Services |
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| Standard E1. | The facility has defined procedures for registration, consultation and admission of patients. |
| ME E1.1. | The facility has established procedure for registration of patients |
| ME E1.2 | The facility has a established procedure for OPD consultation |
| ME E1.3. | There is established procedure for admission of patients |
| ME E1.4. | There is established procedure for managing patients, in case beds are not available at the facility |
| Standard E2. | The facility has defined and established procedures for clinical assessment, reassessment and preparation of the treatment plan. |
| ME E2.1. | There is established procedure for initial assessment of patients |
| ME E2.2. | There is established procedure for follow-up/ reassessment of Patients |
| ME E2.3 | There is established procedure to plan and deliver appropriate treatment or care to individual as per the needs to achieve best possible results |
| 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 |
| ME E3.2. | Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. |
| ME E3.3. | A person is identified for care during all steps of care |
| ME E3.4 | Facility is connected to medical colleges through telemedicine services |
| Standard E4. | The facility has defined and established procedures for nursing care |
| ME E4.1. | Procedure for identification of patients is established at the facility |
| ME E4.2. | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility |
| ME E4.3. | There is established procedure of patient hand over, whenever staff duty change happens |
| ME E4.4. | Nursing records are maintained |
| ME E4.5. | There is procedure for periodic monitoring of patients |
| Standard E5. | Facility has a procedure to identify high risk and vulnerable patients. |
| ME E5.1. | The facility identifies vulnerable patients and ensure their safe care |
| ME E5.2. | The facility identifies high risk patients and ensure their care, as per their need |
| Standard E6. | Facility ensures rationale prescribing and use of medicines |
| ME E6.1. | Facility ensured that drugs are prescribed in generic name only |
| ME E6.2. | There is procedure of rational use of drugs |

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| ME E6.3 | There are procedures defined for medication review and optimization |
| Standard E7. | Facility has defined procedures for safe drug administration |
| ME E7.1. | There is process for identifying and cautious administration of high alert drugs |
| ME E7.2. | Medication orders are written legibly and adequately |
| ME E7.3. | There is a procedure to check drug before administration/ dispensing |
| ME E7.4. | There is a system to ensure right medicine is given to right patient |
| ME E7.5. | Patient is counselled for self drug administration |
| Standard E8. | 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 |
| ME E8.2. | All treatment plan prescription/orders are recorded in the patient records. |
| ME E8.3. | Care provided to each patient is recorded in the patient records |
| ME E8.4. | Procedures performed are written on patients records |
| ME E8.5. | Adequate form and formats are available at point of use |
| ME E8.6. | Register/records are maintained as per guidelines |
| ME E8.7. | The facility ensures safe and adequate storage and retrieval of medical records |
| Standard E9. | The facility has defined and established procedures for discharge of patient. |
| ME E9.1. | Discharge is done after assessing patient readiness |
| ME E9.2. | Case summary and follow-up instructions are provided at the discharge |
| ME E9.3. | Counselling services are provided as during discharges wherever required |
| Standard E10. | The facility has defined and established procedures for intensive care. |
| ME E10.1. | The facility has established procedure for shifting the patient to step-down/ward based on explicit assessment criteria |
| ME E10.2. | The facility has defined and established procedure for intensive care |
| ME E10.3. | The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal |
| Standard E11. | The facility has defined and established procedures for Emergency Services and Disaster Management |
| ME E11.1. | There is procedure for Receiving and triage of patients |
| ME E11.2. | Emergency protocols are defined and implemented |
| ME E11.3. | The facility has disaster management plan in place |

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| ME E11.4. | The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement |
| ME E11.5. | There is procedure for handling medico legal cases |
| Standard E12. | The facility has defined and established procedures of diagnostic services |
| ME E12.1. | There are established procedures for Pre-testing Activities |
| ME E12.2. | There are established procedures for testing Activities |
| ME E12.3. | There are established procedures for Post-testing Activities |
| Standard E13. | The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion. |
| ME E13.1 | Blood bank has defined and implemented donor selection criteria |
| ME E13.2 | There is established procedure for the collection of blood |
| ME E13.3 | There is established procedure for the testing of blood |
| ME E13.4 | There is established procedure for preparation of blood component |
| ME E13.5. | There is establish procedure for labelling and identification of blood and its product |
| ME E13.6 | There is established procedure for storage of blood |
| ME E13.7 | There is established the compatibility testing |
| ME E13.8 | There is established procedure for issuing blood |
| ME E13.9 | There is established procedure for transfusion of blood |
| ME E13.10 | There is a established procedure for monitoring and reporting Transfusion complication |
| Standard E14 | Facility has established procedures for Anaesthetic Services |
| ME E14.1 | Facility has established procedures for Pre Anaesthetic Check up and medical records |
| ME E14.2 | Facility has established procedures for monitoring during anaesthesia and maintenance of records |
| ME E14.3 | Facility has established procedures for Post Anaesthesia care |
| Standard E15. | Facility has defined and established procedures of Operation theatre services |
| ME E15.1. | Facility has established procedures OT Scheduling |
| ME E15.2 | Facility has established procedures for Preoperative care |
| ME E15.3 | Facility has established procedures for Surgical Safety |
| ME E15.4 | Facility has established procedures for Post operative care |
| Standard E16. | The facility has defined and established procedures for the management of death & bodies of deceased patients |
| ME E16.1. | Death of admitted patient is adequately recorded and communicated |
| ME E16.2. | The facility has standard procedures for handling the death in the hospital |
| ME E16.3 | The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law |
| Standard E17 | Facility has established procedures for Antenatal care as per guidelines |

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| ME E17.1 | There is an established procedure for Registration and follow up of pregnant women. |
| ME E17.2 | There is an established procedure for History taking, Physical examination, and counselling for each antenatal visit. |
| ME E17.3 | Facility ensures availability of diagnostic and drugs during antenatal care of pregnant women |
| ME E17.4 | There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services. |
| ME E17.5 | There is an established procedure for identification and management of moderate and severe anaemia |
| ME E17.6 | Counselling of pregnant women is done as per standard protocol and gestational age |
| Standard E18 | Facility has established procedures for Intranatal care as per guidelines |
| ME E18.1 | Facility staff adheres to standard procedures for management of second stage of labour. |
| ME E18.2 | Facility staff adheres to standard procedure for active management of third stage of labour |
| ME E18.3 | Facility staff adheres to standard procedures for routine care of new-born immediately after birth |
| ME E18.4 | There is an established procedure for assisted and C-section deliveries per scope of services. |
| ME E18.5 | Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia |
| ME E18.6 | Facility staff adheres to standard protocols for identification and management of PPH. |
| ME E18.7 | Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn |
| ME E18.8 | Facility staff adheres to standard protocol for identification and management of preterm delivery. |
| ME E18.9 | Staff identifies and manages infection in pregnant woman |
| ME E18.10 | There is Established protocol for newborn resuscitation is followed at the facility. |
| ME E18.11 | Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice |
| Standard E19 | Facility has established procedures for postnatal care as per guidelines |
| ME E19.1 | Facility staff adheres to protocol for assessment of condition of mother and baby and providing adequate postpartum care |
| ME E19.2 | Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding |
| ME E19.3 | Facility staff adheres to protocol for ensuring care of newborns with small size at birth |
| ME E 19.4 | The facility has established procedures for stabilization/treatment/referral of post natal complications |

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| ME E19.5 | The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols |
| ME E19.6 | There is established procedure for discharge and follow up of mother and newborn. |
| Standard E20 | The facility has established procedures for care of new born, infant and child as per guidelines |
| ME E20.1 | The facility provides immunization services as per guidelines |
| ME E20.2 | Triage, Assessment & Management of newborns having emergency signs are done as per guidelines |
| ME E20.3 | Management of Low birth weight newborns is done as per guidelines |
| ME E20.4 | Management of neonatal asphyxia is done as per guidelines |
| ME E20.5 | Management of neonatal sepsis is done as per guidelines |
| ME E20.6 | Management of children with Jaundice is done as per guidelines |
| ME E20.7 | Management of children presenting with fever, cough/ breathlessness is done as per guidelines |
| ME E20.8 | Management of children with severe acute malnutrition is done as per guideline |
| ME E20.9 | Management of children presenting diarrhoea is done per guidelines |
| ME E20.10 | The facility ensures optimal breast feeding practices for new born & infants as per guidelines |
| ME E20.11 | The facility provide services under Rashtriya Bal Swasthya Karyakram (RBSK) |
| Standard E21 | Facility has established procedures for abortion and family planning as per government guidelines and law |
| ME E21.1 | Family planning counselling services provided as per guidelines |
| ME E21.2 | Facility provides spacing method of family planning as per guideline |
| ME E21.3 | Facility provides limiting method of family planning as per guideline |
| ME E21.4 | Facility provide counselling services for abortion as per guideline |
| ME E21.5 | Facility provide abortion services for 1st trimester as per guideline |
| ME E21.6 | Facility provide abortion services for 2nd trimester as per guideline |
| Standard E22 | Facility provides Adolescent Reproductive and Sexual Health services as per guidelines |
| ME E22.1 | Facility provides Promotive ARSH Services |
| ME E22.2 | Facility provides Preventive ARSH Services |
| ME E22.3 | Facility Provides Curative ARSH Services |
| ME E22.4 | Facility Provides Referral Services for ARSH |
| Standard E23 | Facility provides National health program as per operational/Clinical Guidelines |
| ME E23.1 | Facility provides service under National Vector Borne Disease Control Program as per guidelines |
| ME E23.2 | Facility provides service under National TB Elimination Program as per guidelines |
| ME E23.3 | Facility provides service under National Leprosy Eradication Program as per guidelines |

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| ME E23.4 | Facility provides service under National AIDS Control program as per guidelines |
| ME E23.5 | Facility provides service under National program for control of Blindness as per guidelines |
| ME E23.6 | Facility provides service under Mental Health Program as per guidelines |
| ME E23.7 | Facility provides service under National programme for the health care of the elderly as per guidelines |
| ME E23.8 | Facility provides service under National Programme for Non-Communicable Diseases as per guidelines |
| ME E23.9 | Facility provide service for Integrated disease surveillance program |
| ME E23.10 | Facility provide services under National program for prevention and control of deafness |
| ME E 23.11 | The facility provide services under National viral Hepatitis Control Programme |
| ME E23.12 | Facility provide services under National program for palliative care |
| ME E23.13 | The facility provide services under Anaemia Mukh Bharat including Sick Cell Anaemia Elimination Programme |
| Standard E24 | The facility has defined and established procedure for Haemodialysis Services |
| ME E 24.1 | The facility has defined and established procedure for Pre Haemodialysis assessment |
| ME E 24.2 | The facility has defined and established procedure for care during Haemodialysis |
| ME E 24.3 | The facility has defined and established procedure for care after completion of Haemodialysis |
| Area of Concern F- Infection Control | |
| Standard F1. | Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection |
| ME F1.1 | Facility has functional infection control committee |
| ME F1.2. | Facility has provision for Passive and active culture surveillance of critical & high risk areas |
| ME F1.3 | Facility measures hospital associated infection rates |
| ME F1.4. | There is Provision of Periodic Medical Checkups and immunization of staff |
| ME F1.5. | Facility has established procedures for regular monitoring of infection control practices |
| ME F1.6 | Facility has defined and established antibiotic policy |
| 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 |
| ME F2.2. | Staff is trained and adhere to standard hand washing practices |
| ME F2.3. | Facility ensures standard practices and materials for antisepsis |
| Standard F3. | Facility ensures standard practices and materials for Personal protection |

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| ME F3.1. | Facility ensures adequate personal protection equipments as per requirements |
| ME F3.2. | Staff is adhere to standard personal protection practices |
| Standard F4. | Facility has standard Procedures for processing of equipments and instruments |
| ME F4.1. | Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas |
| ME F4.2. | Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments |
| 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 |
| ME F5.2. | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas |
| ME F5.3. | Facility ensures standard practices followed for cleaning and disinfection of patient care areas |
| ME F5.4. | Facility ensures segregation infectious patients |
| ME F5.5 | Facility ensures air quality of high risk area |
| 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 and on-site management of waste is carried out as per guidelines |
| ME F6.2. | Facility ensures management of sharps as per guidelines |
| ME F6.3. | Facility ensures transportation and disposal of waste as per guidelines |
| Area of Concern G- Quality Control | |
| Standard G1 | The facility has established organizational framework for quality improvement |
| ME G1.1 | The facility has a quality team in place |
| ME G1.2 | The facility reviews quality of its services at periodic intervals |
| Standard G2 | Facility has established system for patient and employee satisfaction |
| ME G2.1 | Patient Satisfaction surveys are conducted at periodic intervals |
| ME G2.2 | Facility analyses the patient feed back and do root cause analysis |
| ME G2.3 | Facility prepares the action plans for the areas, contributing to low satisfaction of patients |
| 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 |
| ME G3.2 | Facility has established external assurance programs at relevant departments |
| ME G3.3 | Facility has established system for use of check lists in different departments and services |

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| ME G3.4 | Actions are planned to address gaps observed during quality assurance process |
| ME G3.5 | Planned actions are implemented through Quality Improvement Cycles (PDCA) |
| 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 |
| ME G4.2. | Standard Operating Procedures adequately describes process and procedures |
| ME G4.3. | Staff is trained and aware of the standard procedures written in SOPs |
| ME G4.4. | The facility ensures documented policies and procedures are appropriately approved and controlled |
| Standard G5. | 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 |
| ME G5.2. | Facility identifies non value adding activities / waste / redundant activities |
| ME G5.3 | Facility takes corrective action to improve the processes |
| Standard G6. | The facility has defined Mission, values, Quality policy and objectives, and prepares a strategic plan to achieve them |
| ME G6.1 | Facility has defined mission statement |
| ME G6.2 | Facility has defined core values of the organization |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy |
| ME G6.5 | Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives |
| Standard G7. | Facility seeks continually improvement by practicing Quality method and tools. |
| ME G7.1. | Facility uses method for quality improvement in services |
| ME G7.2. | Facility uses tools for quality improvement in services |
| Standard G8. | Facility has de defined, approved and communicated Risk Management framework for existing and potential risks. |
| ME G8.1 | Risk Management framework has been defined including context, scope, objectives and criteria |
| ME G8.2 | Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions |
| ME G8.3 | Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders |

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| ME G8.4 | A compressive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared |
| ME G8.5 | Modality for staff training on risk management is defined |
| ME G8.6 | Risk Management Framework is reviewed periodically |
| Standard G9 | Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan |
| ME G9.1 | Risk management plan has been prepared and approved by the designated authority and there is a system of its updating at least once in a year |
| ME G9.2 | Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders |
| ME G9.3 | Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders |
| ME G9.4 | Periodic assessment for Physical and Electrical risks is done as per defined criteria |
| ME G9.5 | Periodic assessment for potential disasters including re is done as per de defined criteria |
| ME G9.6 | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. |
| ME G9.7 | Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria |
| ME G9.8 | Risks identified are analyzed evaluated and rated for severity |
| ME G9.9 | Identified risks are treated based on severity and resources available |
| ME G9.10 | A risk register is maintained and updated regularly to risk records identify ed risks, there severity and action to be taken |
| Standard G10 | The facility has established clinical Governance framework to improve quality and safety of clinical care processes |
| ME G10.1 | The facility has defined clinical governance framework |
| ME G10.2 | Clinical Governance framework has been effectively communicated to all staff |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process |
| ME G10.6 | Governing body of healthcare facilities ensures accountability for clinical care provided |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care |
| 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 |

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| ME H1.2. | Facility endeavours to improve its productivity indicators to meet benchmarks |
| Standard H2 . | The facility measures Efficiency Indicators and ensure to reach State/National Benchmark |
| ME H2.1. | Facility measures efficiency Indicators on monthly basis |
| ME H2.2 | Facility endeavours to improve its efficiency indicators to meet benchmarks |
| Standard H3. | The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark |
| ME H3.1. | Facility measures Clinical Care & Safety Indicators on monthly basis |
| ME H3.2 | Facility endeavours to improve its clinical & safety indicators to meet benchmarks |
| Standard H4. | The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark |
| ME H4.1. | Facility measures Service Quality Indicators on monthly basis |
| ME H4.2 | Facility endeavours to improve its service Quality indicators to meet benchmarks |