NQAS SCORE CARD - HOSPITAL

Version: DH/NQAS 2020 Revision-00

| | rtment wise) | Score Card (Depa | Hospital | | |
|-------------------|----------------------|------------------|-----------------------|----------|----------------------|
| | Paediatrics OPD | Maternity Ward | Labour Room | OPD | Accident & Emergency |
| Hospital Score | 100% | 100% | 100% | 100% | 100% |
| | M- OT | от | NRC | SNCU | Paediatrics Ward |
| #REF! | 100% | 100% | #REF! | 100% | 100% |
| LaQshya MusQan | Lab | Blood Bank | IPD | ICU | PP Unit |
| Score Score | 100% | 100% | 100% | 100% | #REF! |
| | Haemodialysis Centre | Mortuary | Auxiliary | Pharmacy | Radiology |
| 100% #DEEL | 100% | 100% | 100% | 100% | 100% |
| 100% #REF! | 1 | n | General Administratio | | 1 |
| | | | 100% | | |

| HOSPITAL (| HOSPITAL QUALITY SCORE CARD AREA OF CONCERN WISE | | | | | | | | | |
|-------------------|--|--------------------|---------|--|--|--|--|--|--|--|
| Service Provision | Service Provision Patient Rights Inputs Support Services | | | | | | | | | |
| #REF! | #REF! | #REF! | #REF! | | | | | | | |
| | Hospi | tal Score | | | | | | | | |
| | #REF! | | | | | | | | | |
| Clinical Services | Infection Control | Quality Management | Outcome | | | | | | | |
| #REF! | | | | | | | | | | |

| MUSQAN QUALITY SCORE CARD AREA OF CONCERN WISE | | | | | | | | |
|--|-------------------|--------------------|---------|--|--|--|--|--|
| Service Provision Patient Rights Inputs Support Services | | | | | | | | |
| #REF! #REF! #REF! #RE | | | | | | | | |
| | Hospital | Score | | | | | | |
| | #RE | F! | | | | | | |
| Clinical Services | Infection Control | Quality Management | Outcome | | | | | |
| #REF! | #REF! | #REF! | #REF! | | | | | |

| Reference No | Area of Concern & Standards | NQAS Score | LaQshya Score | MusQan Score | |
|--------------|-----------------------------|------------|---------------|--------------|--|
|--------------|-----------------------------|------------|---------------|--------------|--|

| | Area of Concern A- Service Provision | | | |
|---------------|--|-------|------|-------|
| Standard A1. | Facility Provides Curative Services | #REF! | 100% | #REF! |
| Standard A2 | Facility provides RMNCHA Services | #REF! | 100% | #REF! |
| Standard A3. | Facility Provides diagnostic Services | #REF! | 100% | #REF! |
| Standard A4 | Facility provides services as mandated in National Health Programmes/ State Scheme | 100% | NA | 100% |
| Standard A5. | Facility provides support services | #REF! | NA | #REF! |
| Standard A6. | Health services provided at the facility are appropriate to community needs. | #REF! | NA | #REF! |
| | Area of Concern B- Patient Rights | | | |
| Standard B1. | Facility provides the information to care seekers, attendants & community about the available services and their modalities | #REF! | 100% | #REF! |
| 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. | #REF! | 100% | #REF! |
| Standard B3. | Facility maintains the privacy, confidentiality & Dignity of patient, and has a system for guarding patients related information | #REF! | 100% | #REF! |
| 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. | #REF! | 100% | #REF! |
| Standard B5. | Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services. | #REF! | 100% | #REF! |
| Standard B6 | Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities | 100% | NA | 100% |
| | Area of Concern C - Inputs | | | |
| Standard C1. | The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms | #REF! | 100% | #REF! |
| Standard C2. | The facility ensures the physical safety of the infrastructure. | #REF! | 100% | #REF! |
| Standard C3. | The facility has established Programme for fire safety and other disaster | #REF! | 100% | #REF! |
| Standard C4. | The facility has adequate qualified and trained staff, required for providing the assured services to the current case load | #REF! | 100% | #REF! |
| Standard C5. | Facility provides drugs and consumables required for assured list of services. | #REF! | 100% | #REF! |
| Standard C6. | The facility has equipment & instruments required for assured list of services. | #REF! | 100% | #REF! |
| Standard C7 | Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff | #REF! | 100% | #REF! |
| | Area of Concern D- Support Services | | | |
| Standard D1. | The facility has established Programme for inspection, testing and maintenance and calibration of Equipment. | #REF! | 100% | #REF! |
| Standard D2. | The facility has defined procedures for storage, inventory management and dispensing of medicines and consumables in pharmacy and patient care areas | #REF! | 100% | #REF! |
| Standard D3. | The facility provides safe, secure and comfortable environment to staff, patients and visitors. | #REF! | 100% | #REF! |
| Standard D4. | The facility has established Programme for maintenance and upkeep of the facility | #REF! | 100% | #REF! |
| Standard D5. | The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms | #REF! | 100% | #REF! |
| StandardD6 | Dietary services are available as per service provision and nutritional requirement of the patients. | #REF! | NA | #REF! |
| Standard D7. | The facility ensures clean linen to the patients | #REF! | 100% | #REF! |
| Standard D8 | The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability. | 100% | NA | NA |
| Standard D9 | Hospital has defined and established procedures for Financial Management | 100% | NA | NA |
| Standard D10. | Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government | #REF! | NA | #REF! |
| Standard D11. | Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures. | #REF! | 100% | #REF! |
| Standard D12 | Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations | #REF! | NA | #REF! |
| | Area of Concern E- Clinical Services | | | |

| Standard E2.The facility has defined and established procedures for clinical assessment, reassessment and treatment plan preparation.#REF!100%#Standard E3.Facility has defined and established procedures for continuity of care of patient and referral#REF!100%#Standard E4.The facility has defined and established procedures for nursing care#REF!100%#Standard E5.Facility has a procedure to identify high risk and vulnerable patients.#REF!100%#Standard E6.Facility ensures rationale prescribing and use of medicines#REF!100%#Standard E7.Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage#REF!100%#Standard E8.Facility has defined and established procedures for discharge of patient.#REF!100%#Standard E9.The facility has defined and established procedures for intensive care.100%#Standard E10.The facility has defined and established procedures for Emergency Services and Disaster Management#REF!100%# | #REF! #REF! #REF! #REF! #REF! #REF! #REF! 100% #REF! #REF! #REF! |
|--|--|
| NoteNoteNoteNoteStandard E3.Facility has defined and established procedures for continuity of care of patient and referral#REF!100%#Standard E4.The facility has defined and established procedures for nursing care#REF!100%#Standard E5.Facility has a procedure to identify high risk and vulnerable patients.#REF!100%#Standard E6.Facility ensures rationale prescribing and use of medicines#REF!100%#Standard E7.Facility has defined procedures for safe drug administration#REF!100%#Standard E8.Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage#REF!100%#Standard E9.The facility has defined and established procedures for intensive care.100%MA1Standard E10.The facility has defined and established procedures for Emergency Services and Disaster Management#REF!100%# | #REF! #REF! #REF! #REF! #REF! #REF! 100% #REF! |
| Standard E4.The facility has defined and established procedures for nursing care#REF!100%#Standard E5.Facility has a procedure to identify high risk and vulnerable patients.#REF!100%#Standard E6.Facility ensures rationale prescribing and use of medicines#REF!100%#Standard E7.Facility has defined procedures for safe drug administration#REF!100%#Standard E8.Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage#REF!100%#Standard E9.The facility has defined and established procedures for discharge of patient.#REF!NA#Standard E10.The facility has defined and established procedures for intensive care.100%NA1Standard E11.The facility has defined and established procedures for Emergency Services and Disaster Management#REF!100%# | #REF! #REF! #REF! #REF! #REF! 100% #REF! |
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| Standard E11. The facility has defined and established procedures for Emergency Services and Disaster Management #REF! 100% # | #REF! |
| | |
| | HDEEL |
| Standard E12. The facility has defined and established procedures of diagnostic services #REF! 100% # | HNLF: |
| Standard E13. The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion. #REF! 100% # | #REF! |
| Standard E14 Facility has established procedures for Anaesthetic Services #REF! 100% | NA |
| Standard E15. Facility has defined and established procedures of Operation theatre services #REF! 100% | NA |
| Standard E16. The facility has defined and established procedures for the management of death & bodies of deceased patients #REF! 100% 1 | 100% |
| Standard E17 Facility has established procedures for Antenatal care as per guidelines #REF! NA | NA |
| Standard E18 Facility has established procedures for Intranatal care as per guidelines 100% 100% | NA |
| Standard E19 Facility has established procedures for postnatal care as per guidelines 100% 100% | NA |
| Standard E20 The facility has established procedures for care of new born, infant and child as per guidelines #REF! NA # | #REF! |
| Standard E21 Facility has established procedures for abortion and family planning as per government guidelines and law #REF! NA | NA |
| Standard E22 Facility provides Adolescent Reproductive and Sexual Health services as per guidelines #REF! NA | NA |
| Standard E23 Facility provides National health program as per operational/Clinical Guidelines 100% NA 1 | 100% |
| Standard E24 The facility has defined and established procedure for Haemodialysis Services 100% NA | NA |
| 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 #REF! 100% # | #REF! |
| Standard F2. Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis #REF! 100% # | #REF! |
| Standard F3. Facility ensures standard practices and materials for Personal protection #REF! 100% # | #REF! |
| Standard F4. Facility has standard Procedures for processing of equipment and instruments #REF! 100% # | #REF! |
| | #REF! |
| Standard F6. Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous #REF! 100% # | #REF! |
| Area of Concern G- Quality Control | |
| Standard G1 The facility has established organizational framework for quality improvement #REF! 100% # | #REF! |
| Standard G2 Facility has established system for patient and employee satisfaction #REF! 100% # | #REF! |
| Standard G3. Facility have established internal and external quality assurance programs wherever it is critical to quality. #REF! 100% # | #REF! |
| support services. | #REF! |
| | #REF! |
| | #REF! |
| | #REF! |
| | NA |
| | #REF! |
| Standard G10. The facility has established clinical Governance framework to improve quality and safety of clinical care processes #REF! 100% # | #REF! |

| | Area of Concern H- Outcome | | | |
|---------------|---|-------|------|-------|
| Standard H1. | The facility measures Productivity Indicators and ensures compliance with State/National benchmarks | #REF! | 100% | #REF! |
| Standard H2 . | The facility measures Efficiency Indicators and ensure to reach State/National Benchmark | #REF! | 100% | #REF! |
| Standard H3. | The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark | #REF! | 100% | #REF! |
| Standard H4. | The facility measures Service Quality Indicators and endeavours to reach State/National benchmark | #REF! | 100% | #REF! |

| | | National Quality Assurance Sta | ndards for D | istrict Hospitals | i | Version: DH/NQAS-2020/00 |
|-----------------|--|---|--------------|----------------------|---|--------------------------|
| | | Checklist for Accide | - | | | 1 |
| Name of the Ho | ospital | | Assessment | t Summary | Date of Assessment | |
| Names of Asses | sors | | | | Names of Assessee | |
| Type of Assessr | nent (Internal/External) | | dant Q. Eman | | Action plan Submission Date | |
| | Are | ea of Concern wise Score | ient & Emerg | gency Score Car | Accident & Emergency S | Score |
| A | Service Provision | 100% | | | | |
| В | Patient Rights | 100% | | | | |
| с | Inputs | 100% | i | | | |
| D | Support Services | 100% | | | 100% | |
| E | Clinical Services | 100% | | | 10076 | |
| F | Infection Control | 100% | | | | |
| G | Quality Management | 100% | | | | |
| н | Outcome | 100% | | | | |
| | Major Gaps Observed | | | | | |
| 1 | | | | | | |
| 2 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | Strengths / Good Practices | | | | | |
| 1 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | Recommendations/ Opportunit | ies for Improvement | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 4 | | | | | | |
| 5 | | | | | | |
| | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | | |
| Reference No. | Measurable Element | Checkpoint | Compliance | Assessment Method | Means of Verification | Remarks |
| | | | | EMERGENCY | 1 | |
| | | | | ncern - A Service F | | |
| Standard A1. | | | Facility Pr | ovides Curative S | | |
| ME A1.1. | | Availability of Emergency Medical Procedures | 2 | SI/OB | Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolemic Shock , Dyspnoea, Unconscious Patients | |
| | Surgery services | Availability of Emergency Surgical Procedures | 2 | SI/OB | Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns | |
| | The facility provides paediatrics services The facility provides | Availability of emergency Paediatric procedures Availability of Emergency | 2 | SI/OB | ARI, Diarrhoeal diseases, Hypothermia, PEM,resustication | |
| | Ophthalmology Services | Ophthalmology procedures | 2 | SI/OB | Foreign body and injuries | |
| WE AI.6. | Services | Availability of Emergency ENT procedures | 2 | SI/OB | Epitasis, foreign body | |
| IVIE A1.7. | Orthopaedics Services | Availability of Emergency Orthopaedic procedures | 2 | SI/OB | Fracture, RTA, Poly trauma | |
| IVIE A1.9. | Services | Availability of Emergency Psychiatric procedures | 2 | SI/OB | Conversion Reactions, other Psychiatric emergencies Hysteria, mania, psychosis | |
| ME A1.13. | The facility provides services for OPD procedures | Availability of Dressing room facility | 2 | SI/OB | Drainage, dressing, suturing | |
| | | Availability of injection room facilities | 2 | SI/OB | Injection room facility with ARV, ASV and emergency drugs | |
| ME A1.14. | Services are available for the time period as mandated | 24X7 availability of dedicated emergency Services | 2 | SI/RR | | |

| ME A1.16. | The facility provides Accident & Emergency Services | Availability of Emergency procedures | 2 | SI/OB | Defibrillation, CPR, Mobilization, Chest Tube, Intubations, Tracheotomy, Mechanical | |
|---|---|--|---|--|--|---------------------------------|
| Standard A2 | | | Facility pr | ovides RMNCHA | Ventilation Services | |
| ME A2.2 | The facility provides Maternal health Services | Availability of Emergency Gynaecology procedure | 2 | SI/OB | (a) Primary management of Severe pelvic pain, severe vaginal bleeding, vulvar abscesses & toxic shock syndrome etc. (b) Emergency laparotomy - Due to uterine perforation, septic abortion, pelvic abscess, ectopic pregnancy | |
| ME A2.4 | The facility provides Child health Services | Triage and emergency management of paediatric cases | 2 | SI/OB | | |
| Standard A3 | The facility provides Radiology | Availability / Linkage to X-ray & USG | - | <mark>ovides diagnostic</mark> | Services | |
| ME A3.1. | Services | services | 2 | SI/OB/RR | | |
| | | Radiology Services are functional 24X7 | 2 | SI/OB | Check services are functional at night | |
| ME A3.2. | The facility Provides Laboratory Services | Availability of Emergency diagnostic tests 24x7 | 2 | SI/OB | HB%, CPC, Blood Sugar, RDK, Urine Protein, Electrolyte (Na+K) | |
| ME A3.3. | The facility provides other diagnostic services, as mandated | Availability of Functional ECG Services | 2 | SI/OB | | |
| Standard A4 | | Facility provid | les services as ma | indated in national He | alth Programs/ state scheme | |
| ME A4.8 | The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines | Availability emergency services cardiovascular diseases & cerebro vascular attack | 2 | SI/OB | Acute chest pain, Acute /chronic hypertension, pulmonary oedema, congestive cardiac failure & acute arrhythmias | |
| Standard A5. | The facility provides security | | | <mark>provides support s</mark> | services | |
| ME A5.3. | services | Availability of Required Security gaur | 2 | SI/OB | | |
| ME A5.7. Standard A6. | The facility has services of medical record department | Availability of Medico-legal record services | 2 | SI/OB | opriate to community needs. | |
| Stanuaru Ab. | The facility provides curatives | | iovided at the | e lacinty are appr | | |
| ME A6.1. | The facility provides curatives & preventive services for the health problems and diseases, prevalent locally. | Availability of specific procedures for local prevalent emergencies | 2 | SI/OB | Ask for the specific local health frequent emergencies. See if emergency is ready for it or not. | |
| Standard B1. | Faci | lity provides the information to care | | Concern - B Patier | it Rights ity about the available services and their modalit | ties |
| ME B1.1. | The facility has uniform and user-friendly signage system | Availability departmental signage's . | 2 | ОВ | Emergency department board is prominently displayed with facility of illumination in night. | |
| | | Availability of Directional Signage's. | 2 | ОВ | Direction is displayed from main gate to direct. | |
| ME B1.2. | The facility displays the | List of services including | | | | |
| | services and entitlements available in its departments | emergencies that are managed at the facility | 2 | OB | | |
| | | emergencies that are managed at | 2 | OB OB | | |
| | | emergencies that are managed at the facility Names of doctor and nursing staff | | | | |
| ME B1.6. | available in its departments Information is available in local language and easy to understand | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and | 2 | OB | | |
| | available in its departments | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank, police and referral centres displayed Signage's and information are | 2 | OB | Enquiry services may be provided by registration clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter | |
| ME B1.6. ME B1.7. ME B1.8 | available in its departments | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient | 2 2 2 2 2 2 2 | OB OB OB RR/OB | clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter | |
| ME B1.6. ME B1.7. | available in its departments | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient anner that is sensitive to gender, relig | 2 2 2 2 2 2 2 | OB OB OB RR/OB | clerk/Nurse in a small set up. For large and busy emergency departments there should be | ić, cultural or social reasons. |
| ME B1.6. ME B1.7. ME B1.8 | available in its departments Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set- up. The facility ensures access to clinical records of patients to entitled personnel Services are delivered in a mature | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient anner that is sensitive to gender, relig Separate room for examination of rape victims | 2 2 2 2 2 2 2 | OB OB OB RR/OB | clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter | ic, cultural or social reasons. |
| ME B1.6. ME B1.7. ME B1.8 Standard B2. | available in its departments Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set- up. The facility ensures access to clinical records of patients to entitled personnel Services are delivered in a ma Services are provided in manner that are sensitive to | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank, police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient anner that is sensitive to gender, relig Separate room for examination of | 2 2 2 2 2 2 2 ious, and cult | OB OB OB OB RR/OB ural needs, and t | clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter | ic, cultural or social reasons. |
| ME B1.6. ME B1.7. ME B1.8 Standard B2. | available in its departments Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set- up. The facility ensures access to clinical records of patients to entitled personnel Services are delivered in a ma Services are provided in manner that are sensitive to | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient anner that is sensitive to gender, relig Separate room for examination of rape victims Availability of sexual assault forensic | 2 2 2 2 2 2 ious, and cult 2 | OB OB OB RR/OB ural needs, and t OB | clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter | ic, cultural or social reasons. |
| ME B1.6. ME B1.7. ME B1.8 Standard B2. | available in its departments Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set- up. The facility ensures access to clinical records of patients to entitled personnel Services are delivered in a ma Services are provided in manner that are sensitive to | emergencies that are managed at the facility Names of doctor and nursing staff on duty are displayed and updated Important numbers including ambulance, blood bank , police and referral centres displayed Signage's and information are available in local language Enquiry services are available 24X7. Treatment note/discharge note is given to patient anner that is sensitive to gender, relig Separate room for examination of rape victims Availability of sexual assault forensic evidence kit Availability of protocols /guidelines for collection of forensic evidence in | 2 2 2 2 2 2 ious, and cult 2 2 2 | OB OB OB RR/OB ural needs, and t OB OB | clerk/Nurse in a small set up. For large and busy emergency departments there should be dedicated enquiry counter | ic, cultural or social reasons. |

| | at | 1 | | | | |
|---|--|--|---|---|---|------------------------------|
| | | Separate toilets for male and females | 2 | SI/OB | | |
| ME B2.3. | Access to facility is provided without any physical barrier & and friendly to people with disabilities | Availability of Wheel chair/ stretcher for emergency | 2 | ОВ | | |
| | | Emergency is located at ground floor (perefebly) with barrier free acess | 2 | OB | | |
| | | Ambulance has direct access to the receiving/triage area of the emergency. | 2 | OB | No vehicle parked on the way /in front of emergency entrance. Access road to emergency is wide enough for streamline moment of emergency | |
| | | Availability of specially abled friendly toilet | 2 | ОВ | | |
| Standard B3. | Faci | | ality & Dignity | of patient, and h | as a system for guarding patients related informat | tion |
| ME B3.1. | Adequate visual privacy is provided at every point of care | Screens provided at emergency | 2 | ОВ | At the examination and procedure area. | |
| ME B3.2. | Confidentiality of patients records and clinical information is maintained | Confidentiality of patient record maintained | 2 | SI/OB | No information regarding patient / parent identity is displayed Records are not shared with anybody without written permission of parents & appropriate hospital authorities | |
| | | MLC cases are kept in secure place beyond access of general public | 2 | SI/OB | | |
| ME B3.3. | and respectful, while delivering | Behaviour of staff is empathetic and courteous | 2 | OB/PI | | |
| ME B3.4. | the services The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups | Privacy and confidentiality of HIV, Rape, suicidal cases, domestic violence and psychotic cases | 2 | SI/OB | | |
| Standard B4. | | blished procedures for informing pation | | | on, and involving them in treatment planning, and | facilitate informed decision |
| | There is established | | | making patient. | 1 | |
| ME B4.1. | procedures for taking informed consent before treatment and | Consent is taken for invasive emergency procedures | 2 | SI/RR | | |
| | procedures | | | | | |
| ME B4.2. | procedures Patient is informed about his/her rights and responsibilities | Display of patient rights and responsibilities. | 2 | OB | | |
| ME B4.2. ME B4.3. | Patient is informed about his/her rights and | | 2 | OB SI | | |
| | Patient is informed about his/her rights and responsibilities Staff are aware of Patients | responsibilities. Staff is aware about patient rights | | | Ask patients about what they have been communicated about the treatment plan | |
| ME B4.3. ME B4.4. ME B4.5. | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed | 2 2 2 | SI PI OB | communicated about the treatment plan | |
| ME B4.3. ME B4.4. | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed | 2 2 2 | SI PI OB | | ervices. |
| ME B4.3. ME B4.4. ME B4.5. | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed | 2 2 2 | SI PI OB | communicated about the treatment plan | ervices. |
| ME B4.3. ME B4.4. ME B4.5. Standard B5. | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed ensures that there are no financial ba Emergency services are free for all including pregnant woman, neonate | 2 2 2 rrier to access | SI PI OB | communicated about the treatment plan | ervices. |
| ME B4.3. ME B4.4. ME B4.5. Standard B5. ME B5.1 | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed ensures that there are no financial ba Emergency services are free for all including pregnant woman, neonate and children Check that patient party has not spent on purchasing drugs or | 2 2 2 rrier to access 2 | SI PI OB s and that there is PI/SI | communicated about the treatment plan | ervices. |
| ME B4.3. ME B4.4. ME B4.5. Standard B5. ME B5.1 ME B5.2. | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed ensures that there are no financial ba Emergency services are free for all including pregnant woman, neonate and children Check that patient party has not spent on purchasing drugs or consumables from outside. DELETED | 2 2 2 rrier to acces 2 2 2 2 | SI PI OB and that there is PI/SI PI/SI | communicated about the treatment plan s financial protection given from cost of hospital se | ry as per the mandate |
| ME B4.3. ME B4.4. ME B4.5. Standard B5. ME B5.1 ME B5.2. ME B5.3. ME B5.4. | Patient is informed about his/her rights and responsibilities Staff are aware of Patients rights responsibilities Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance redressal system in place Facility The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility | responsibilities. Staff is aware about patient rights and responsibilities Patient is informed about her clinical condition and treatment been provided Availability of complaint box and display of process for grievance redressal and whom to contact is displayed ensures that there are no financial ba Emergency services are free for all including pregnant woman, neonate and children Check that patient party has not spent on purchasing drugs or consumables from outside. DELETED | 2 2 2 rrier to acces 2 2 2 2 | SI PI OB and that there is PI/SI PI/SI | communicated about the treatment plan | ry as per the mandate |

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| Market Procedure for platters in receive specifies or particular receive specifies of particular | | | Screening of the patient for pain | 2 | SI/RR | | |
| Sunder 0 be deline with an extreme of wice and wice an | ME B 6.7 | procedure for patients who wish to leave hospital against medical advice or refuse to | | | | patient/relative | |
| Mit C11 Operation of the electronic for accommonable of accommonable o | | | | Area | of Concern - C Ir | nputs | |
| Mit C1.1. Spice a per patient or word engines has descent watering area generations are company. has descent watering area per patient land Administry of def cancel watering area per patient land Administry of def cancel per patient land | Standard C1. | | The facility has infrastructure for deli | very of assure | ed services, and a | wailable infrastructure meets the prevalent norms | |
| NC 112Query amonitor or profectional | ME C1.1. | space as per patient or work | | 2 | ОВ | 1000 square meters per 100 patient daily loads | |
| Million apper patient load in the working area Cite Out Availability of dor.thow load Availability of dor.thow load 00 Image: Cite Me Cit.3 Operationed have load of an availability of dor.thow load 2 00 Image: Cite Me Cit.3 Operationed framework load Operationed framework load 2 00 Image: Cite Me Cit.3 Operationed framework load Operationed framework load 2 00 Image: Cite Me Cit.3 Operationed framework load Operationed framework load 2 00 Image: Cite Me Cit.3 Operationed framework load Operationed framework load 2 00 Image: Cite Image: Cite Me Cit.4 Operationed framework load 2 00 Image: Cite Image: Cite Image: Cite Me Cit.4 Operationed framework load 2 00 Image: Cite Image: Cite Image: Cite Me Cit.4 Operationed framework load 2 00 Image: Cite Image: Cite Image: Cite Me Cit.4 Operationed framework load 2 00 Image: Cite Image: Cite Image: Cite Me Cit.4 Operationed framework load 2 00 Image: Cite Image: Cite < | | | Availability of adequate waiting area | 2 | ОВ | | |
| ME C1.3 Description the New Low of any and analysis of functional fueling same and democrated areas as per functional fueling same as a constraint of relating sharing areas. 2 OB Image: Constraint of the cons | ME C1.2. | | | 2 | ОВ | | |
| Me C1.3. Departments have layout and functions Demarcated varies parts 2 0.8 Image: Control of Demarcated Varies pattering 2 0.8 | | | | | | | |
| Encions Encions Demarcated receiving /triage areas 2 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0 Image: Construct of deriving /triage areas 2 0.0 0.0< | | Departments have layout and | Availability of functional toilets | 2 | OB | | |
| Met 14. Demarcated Narsing Sation 2 0.8 Image: Control of Contr | ME C1.3. | demarcated areas as per | Demarcated trolley bay | 2 | OB | | |
| Image: Service Servic | | | | | | | |
| Minute Only of the second resultation area 2 OB Image: Control of the second resultation area/beds 2 OB Demarcated observation area/beds 2 OB OB Image: Control of the second resultation area/beds Demarcated resultation area/beds 2 OB OB Image: Control of the second resultation area/beds Demarcated resultation area/beds 2 OB OB Image: Control of the second resultation area/beds Demarcated areas for keeping dead 0 0 Separate room or linkage with mortuary/ Post monter room Demarcated areas for keeping dead 2 OB Separate room or linkage with mortuary/ Post morter room Interfactor of the second areas Dedicated Minor OT 2 OB All the future are movable to rearrange the different areas in case of mass consulty Dedicated Minor OT 2 OB OB Image: Control of the and diff youthing the area of consecond areas Dedicated Minor OT 2 OB OB Image: Control of the and diff youthing the area of consecond areas ME C1.5 The facility has adequate Corrifors at theregoeny are broad encode of the and diff youthing the of consecond areas 2 OB ME C1.6 Service counters are available of the reds for handling mass counsities at coll points 2 OB ME C1.7 The facilit | | | | | | | |
| Image: Second | | | | | | | |
| ME C1.4. Service counters are available communication sper patient for intersive monitoring 2 08 Image: content conten | | | | | | | |
| Image: Second | | | | | | | |
| index serious patient for intensive monitoring 2 08 separate room or linkage with mortuary/ Post morter room index Demarcated areas for keeping dead bodies. 2 08 separate room or linkage with mortuary/ Post morter room index Lay out is flexible 2 08 All the fixture and furniture are movable to rearrange the different areas in case of mass catality index Dedicated Minor OT 2 08 All the fixture and furniture are movable to rearrange the different areas in case of mass catality index Dedicated Minor OT 2 08 | | | | 2 | OB | | |
| Image: Second | | | serious patient for intensive monitoring | 2 | ОВ | | |
| Instruction Lay out is flexible 2 O.B rearrange the different areas in case of mass casulty Image: Comparison of the state state of the state of the state of the stat | | | | 2 | ОВ | mortem room | |
| ME C1.4. Service counters are availability of functional telephone and intrecom services are availability of buffer beds for handing mass causality and disaster load 2 OB 2.3 meter ME C1.4. Service counters are available Availability of functional telephone and intrecom services 2 OB 2.3 meter ME C1.5. The facility has infrastructure and transmitication services 2 OB 2.3 meter ME C1.6. Service counters are available Availability of functional telephone and intercom services 2 OB ME C1.6. Service counters are available Availability of buffer beds for handing mass causality and disaster 2 OB S% of the total beds ME C1.7. The facility and departments are planed to ensure structure follows the function of the hospital 2 OB Receiving/Triage-Resuscitation-observation beds-Procedures area. There is no crises cross ME C1.7. The facility and departments are glaned to ensure structure follows the function of the hospital 2 OB Entrance of Emergency should not be shared with OPD and IPD ME C1.7. Emergency has functional linkage with OPD and IPD 2 OB Entrance of Emergency should not be shared with OPD and IPD | | | Lay out is flexible | 2 | ОВ | rearrange the different areas in case of mass | |
| ME C1.4. The facility has adequate circulation area and open paces according to need and local law Corridors at Emergency are broad enough for easy moment of stretcher and trolley 2 0B 2-3 meter ME C1.4. The facility has infrastructure for intramural and extramural communication Availability of functional telephone and intercom Services 2 0B 2-3 meter ME C1.5. The facility has infrastructure for intramural and extramural communication Availability of functional telephone and intercom Services 2 0B 2-3 meter ME C1.6. Service counters are available as per patient load Availability of functional telephone per load 2 0B 5% of the total beds ME C1.7. The facility and departments are planned to ensure function of the hospital) Availability of Services. 2 0B Receiving/Triage-Resuscitation-observation beds- Procedures area. There is no crises cross ME C1.7. The facility and departments are planned to ensure function of the hospital) Separate entrance for emergency department 2 0B Entrance of Emergency should not be shared with OPD and IPD Emergency has functional linkage with Major OT, ICU and labour room , Indoors and laboratories 2 0B/S1 Entrance of Emergency should not be shared with OPD and IPD | | | Dedicated Minor OT | 2 | ОВ | | |
| room 2 0.9 ME C1.4. The facility has adequate circulation area and open spaces according to need and couple for easy moment of tretcher and trolley 2 0.8 2-3 meter ME C1.5. The facility has infrastructure for intramural and extramural and intercon Services 2 0.8 2-3 meter ME C1.6. Service counters are available as per patient load Availability of functional telephone phone) 2 0.8 5% of the total beds ME C1.6. Service counters are available as per patient load Availability of ourfer beds for handling mass causality and disaster 2 0.8 5% of the total beds ME C1.7. The facility and departments are planned to ensure structure follows the function of the hospital) Undirectional flow of services. 2 0.8 Entrance of Emergency should not be shared with OPD and IPD ME C1.7. The facility and departments are planned to ensure structure follows the function of the hospital) Separate entrance for emergency department 2 0.8 Entrance of Emergency should not be shared with OPD and IPD ME C1.7. The facility and departments are planned to ensure structure follows the function of the hospital) Separate entrance for emergency department 2 0.8 Entrance of Emergency should not be shared with OPD and IPD ME C1.7. The facility and departments are planned to ensure structure follows the function of the hospital) Separate entranc | | | | 2 | ОВ | | |
| ME C1.4. circulation area and open spaces according to need and enough for easy moment of stretcher and trolley 2 0B 2-3 meter ME C1.5. The facility has infrastructure for intraural and extramual and extramual and extramual and intercom Services 2 0B 2-3 meter ME C1.6. The facility has infrastructure for intraural and extramual and extramual and extramual and extramual and extramual and intercom Services 2 0B 2-3 meter ME C1.6. Service counters are available as per patient load Availability of functional telephone phone phone 2 0B 5% of the total beds ME C1.7. The facility and departments are planned to ensure structure follows the functional flow of services. 2 0B Receiving/Triage-Resuscitation-observation beds-Procedures area. There is no crises cross ME C1.7. The facility and departments are planned to ensure structure follows the functional flow of services. 2 0B Receiving/Triage-Resuscitation-observation beds-Procedures area. There is no crises cross ME C1.7. Entrance of the hospital Separate entrance for emergency department function of the hospital 2 0B Entrance of Emergency should not be shared with OPD and IPD ME C1.7. Entrance of Emergency has functional linkage with Major OT, ICU and labour room , indoors and laboratories 2 0B Entrance | | | | 2 | OB | | |
| ME C1.5. for intramural and extramural communication Availability of functional felephone and intercom Services 2 OB ME C1.6. Service counters are available as per patient load The ambulance(s) has a proper communication system(at least cell phone) 2 OB 5% of the total beds ME C1.6. Service counters are available as per patient load Availability of buffer beds for handling mass causality and disaster 2 OB 5% of the total beds ME C1.7. The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) unidirectional flow of services. 2 OB Receiving/Triage-Resuscitation-observation beds- Procedures area. There is no crises cross ME C1.7. Separate entrance for emergency department 2 OB Entrance of Emergency should not be shared with OPD and IPD Emergency has functional linkage with Major OT, ICU and labour room, indoors and laboratories 2 OB/SI OB/SI | ME C1.4. | circulation area and open spaces according to need and | enough for easy moment of | 2 | ОВ | 2-3 meter | |
| Image: communication system(at least cell phone) 2 OB OB ME C1.6. Service counters are available as per patient load Availability of emergency beds as per load 2 OB 5% of the total beds Image: communication system(at least cell phone) ME C1.6. Service counters are available as per patient load Availability of buffer beds for handling mass causality and disaster 2 OB S% of the total beds Image: communication system(at least cell phone) Image: communication system(at least cell phone) 2 OB S% of the total beds Image: communication system(at least cell phone) Image: communication system(at least cell phone) 2 OB S% of the total beds Image: communication system(at least cell phone) Image: communication system(at least cell phone) 2 OB Image: communication system(at least cell phone) Ima | ME C1.5. | for intramural and extramural | | 2 | ОВ | | |
| INTE C1.5. as per patient load per load 2 OB 5% of the total beds Image: Sign of the total beds Availability of buffer beds for handling mass causality and disaster 2 Image: Sign of the total beds Image: Sign of the total beds ME C1.7. The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) Image: Unidirectional flow of services. 2 OB Receiving/Triage-Resuscitation-observation beds-Proceedures area. There is no crises cross Image: Separate entrance for emergency department 2 OB Entrance of Emergency should not be shared with OPD and IPD Image: Emergency has functional linkage with Major OT , ICU and labour room , Indoors and laboratories 2 OB/Si OB/Si | | | communication system(at least cell | 2 | ОВ | | |
| ME C1.7. The facility and departments are planned to ensure structure follows the function/processes (Structure follows the function of the hospital) Unidirectional flow of services. 2 OB Receiving/Triage-Resuscitation-observation beds-Proceedures area. There is no crises cross ME C1.7. Separate entrance for emergency department 2 OB Entrance of Emergency should not be shared with OPD and IPD Image: Comparison of the hospital in the function of the hospital in the mergency is functional linkage with Major OT , ICU and labour room , Indoors and laboratories 2 OB/SI | ME C1.6. | | | 2 | ОВ | 5% of the total beds | |
| ME C1.7. are planned to ensure structure follows the function/processes (Structure follows the function/processes (Structure follows the function of the hospital) undirectional flow of services. 2 OB Receiving/Triage-Resuscitation-observation beds-Procedures area. There is no crises cross ME C1.7. Separate entrance for emergency department 2 OB Entrance of Emergency should not be shared with OPD and IPD Image: Separate entrance for emergency in Major OT, ICU and labour room, Indoors and laboratories 2 OB/SI OB/SI | | | | 2 | | | |
| department 2 0B with OPD and IPD Emergency has functional linkage with Major OT , ICU and labour room , Indoors and laboratories 2 OB/SI | ME C1.7. | are planned to ensure structure follows the function/processes (Structure commensurate with the | Unidirectional flow of services. | 2 | ОВ | | |
| Emergency has functional linkage with Major OT , ICU and labour room , Indoors and laboratories | | | | 2 | ОВ | | |
| Emergency is located near to the | | | Emergency has functional linkage with Major OT , ICU and labour | 2 | OB/SI | | |
| entry of the hospital 2 OB | | | | 2 | ОВ | | |

| Standard C2. | | The facil | ity ensures th | e physical safety (| of the infrastructure. | |
|--------------------------|--|---|---|--|---|-------|
| ME C2.1 | The facility ensures the seismic safety of the infrastructure | Non structural components are properly secured | 2 | ОВ | 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 | Emergency department does not have temporary connections and loosely hanging wires | 2 | ОВ | | |
| ME C2.4. | Physical condition of buildings are safe for providing patient care | Floors of the Emergency are non slippery and even | 2 | ОВ | | |
| | | | | | | |
| Standard C3. | | The facility has | s established F | Programme for fir | e safety and other disaster | |
| ME C3.1. | The facility has plan for prevention of fire | Emergency has sufficient fire exit to permit safe escape to its occupant at time of fire | 2 | OB/SI | | |
| | | Check the fire exits are clearly visible and routes to reach exit are clearly marked. | 2 | ОВ | | |
| ME C3.2. | The facility has adequate fire fighting Equipment | Emergency has installed fire Extinguisher that is Class A , Class B, C type or ABC type | 2 | ОВ | | |
| | | Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3. | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation | Check for staff competencies for operating fire extinguisher and what to do in case of fire | 2 | SI/RR | | |
| Standard C4. ME C4.1. | The facility has adequate specialist doctors as per | he facility has adequate qualified and | trained staff, | required for pro | viding the assured services to the current case loa | d |
| ME C4.2. | service provision The facility has adequate general duty doctors as per service provision and work load | Availability of emergency medical officer | 2 | OB/RR | | |
| ME C4.3. | The facility has adequate nursing staff as per service provision and work load | Availability of Nursing staff | 2 | | | |
| ME C4.4. | The facility has adequate | | | OB/RR/SI | At least 2 in day and 1 in night | |
| | technicians/paramedics as per requirement | Availability of dresser /paramedic | 2 | OB/RR/SI OB/SI | At least 2 in day and 1 in night | |
| | technicians/paramedics as per | Availability of dresser /paramedic Dedicated 24X7 house keeping staff | 2 | | At least 2 in day and 1 in night | |
| | technicians/paramedics as per requirement The facility has adequate | | 2 | OB/SI SI/RR | At least 2 in day and 1 in night | |
| | technicians/paramedics as per requirement The facility has adequate | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 | 2 | OB/SI SI/RR SI/RR | At least 2 in day and 1 in night | |
| | technicians/paramedics as per requirement The facility has adequate | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 Availability of registration clerk | 2 | OB/SI SI/RR SI/RR SI/RR | | |
| ME C4.5. | technicians/paramedics as per requirement The facility has adequate | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 Availability of registration clerk Availability of Drivers for Ambulance 24X7 | 2 2 2 2 2 | OB/SI SI/RR SI/RR SI/RR SI/RR | 103/108/State specific ambulance services | |
| ME C4.5. Standard C5. | technicians/paramedics as per requirement The facility has adequate | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 Availability of registration clerk Availability of Drivers for Ambulance 24X7 | 2 2 2 2 2 | OB/SI SI/RR SI/RR SI/RR SI/RR | | |
| ME C4.5. | technicians/paramedics as per requirement The facility has adequate support / general staff The departments have availability of adequate drugs | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 Availability of registration clerk Availability of Drivers for Ambulance 24X7 Facility provides Availability of Analgesics/Antipyretics/Anti | 2 2 2 2 drugs and cor | OB/SI SI/RR SI/RR SI/RR SI/RR SI/RR | 103/108/State specific ambulance services d for assured list of services. | |
| ME C4.5. Standard C5. | technicians/paramedics as per requirement The facility has adequate support / general staff The departments have availability of adequate drugs | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 Availability of registration clerk Availability of Drivers for Ambulance 24X7 Facility provides Availability of Analgesics/Antipyretics/Anti Inflammatory Availability of Anti- | 2 2 2 drugs and cor 2 | OB/SI SI/RR SI/RR SI/RR SI/RR SI/RR OB/RR | 103/108/State specific ambulance services ed for assured list of services. Tracers as per State's EML | |
| ME C4.5. Standard C5. | technicians/paramedics as per requirement The facility has adequate support / general staff The departments have availability of adequate drugs | Dedicated 24X7 house keeping staff availability of dedicated security guards 24X7 Availability of registration clerk Availability of Drivers for Ambulance 24X7 Facility provides Availability of Analgesics/Antipyretics/Anti Inflammatory Availability of Anti- Infective/Antibiotics Availability of Solutions Correcting Water, Electrolyte Disturbances and | 2 2 2 drugs and corr 2 2 | OB/SI SI/RR SI/RR SI/RR SI/RR SI/RR OB/RR OB/RR | 103/108/State specific ambulance services ed for assured list of services. Tracers as per State's EML Tracers as per State's EML | |

| | | Availability of drugs action on Central nervous system and peripheral nervous system | 2 | OB/RR | Tracers as per State's EML |
|------------------------|---|--|--------------------------------|---------------------|--|
| | | Availability of dressing material and antiseptics | 2 | OB/RR | Tracers as per State's EML |
| | | Availability of drugs for Respiratory System | 2 | OB/RR | Tracers as per State's EML |
| | | Availability of Hormonal Preparation | 2 | OB/RR | Tracers as per State's EML |
| | | Availability of emergency drugs in ambulance | 2 | OB/RR | Tracers as per State's EML |
| | | Availability of drugs for obstetric emergencies | 2 | OB/RR | Magnesium sulphate, Oxytocin, Plasma Expanders |
| | | Availability of Medical gases | 2 | OB/RR | Availability of Oxygen Cylinders |
| | | Availability of Immunological/vaccines | 2 | OB/RR | Polyvalent Anti snake Venom, Anti tetanus Human Immunoglobin |
| | | Availability of Antidotes and Other Substances used in Poisoning | 2 | OB/RR | Activated charcoal, Anti-snake venom |
| ME C5.2. | The departments have adequate consumables at point of use | Resuscitation Consumables / Tubes | 2 | OB/RR | Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc |
| | | Availability of disposables at dressing room | 2 | OB/RR | |
| | | Availability of consumables in ambulance | 2 | OB/RR | Dressing material / Suture material |
| ME C5.3. | Emergency drug trays are maintained at every point of care, where ever it may be needed | Emergency Drug Tray/ Crash Cart is maintained at emergency | 2 | OB/RR | |
| Standard C6. | | The facility has ed | <mark>quipment & in</mark> | struments requir | ed 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 | 2 | OB | BP apparatus, Multiparameter Torch, hammer , Spot Light |
| | | Availability of Monitoring equipment in ambulance | 2 | ОВ | |
| ME C6.2. | Availability of equipment & instruments for treatment procedures, being undertaken in the facility | Availability of dressing tray for Emergency procedures | 2 | ОВ | |
| | | Dressing tray are in adequate numbers as per load | 2 | ОВ | |
| | | Availability of instruments for emergency Gynae procedure | 2 | ОВ | |
| ME C6.3. | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of Point of care diagnostic devices | 2 | ОВ | Glucometer, ECG and HIV rapid diagnostic kit |
| 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. | 2 | ОВ | Ambu bag, defibrillator, layrngo scope, nebulizer, suction apparatus , LMA |
| | | Availability of resuscitation equipment in ambulance | 2 | ОВ | |
| ME C6.5. | Availability of Equipment for Storage | Availability of equipment for storage for drugs | 2 | ОВ | 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 and sterilization | 2 | OB | Buckets for mopping, mops, duster, waste trolley, Deck brush, Boiler |
| ME C6.7. | Departments have patient furniture and fixtures as per load and service provision | Availability of patient beds with prop up facility, attachments and accessories | 2 | OB | Hospital graded Mattress, IV stand, bed rails, Bed pan |
| | | Availability of fixtures | 2 | ОВ | Spot light, electrical fixture for equipment like suction, monitor and defibrillator, X ray view box |
| | | Availability of furniture at emergency | 2 | ОВ | Doctors Chair, Patient Stool, Examination Table, Chair, Table, Footstep, cupboard |
| | | | · | | |
| Standard C7 ME C7.1 | Facility has a | | or effective uti | ilization, evaluati | on and augmentation of competence and performance 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 | 2 | 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 | Triage and Mass Casualty Management | 2 | SI/RR | | |
| | plan | Basic life support (BLS)/ Advance life support (ALS) | 2 | SI/RR | | |
| | | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Training on Quality Management System | 2 | SI/RR | | |
| | | Patient Safety | 2 | SI/RR | | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Staff is skilled for emergency procedures | 2 | 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 | |
| | | Staff is skilled for resuscitation and use defibrillator | 2 | 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 | |
| | | Staff is skilled for maintaining clinical records | 2 | 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 | |
| | | | Area of Co | ncern - D Suppo | rt Services | |
| Standard D1. | | The facility has established Progra | amme for insp | ection, testing a | 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 | 2 | 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 | 2 | SI/RR | Check for breakdown & Maintenance record in the log book Staff is aware of contact details of the agency/person in case of breakdown. | |
| | | There has system to label Defective/Out of order equipment and stored appropriately until it has been repaired | 2 | OB/RR | | |
| ME D1.2. | The facility has established procedure for internal and external calibration of measuring Equipment | All the measuring equipment/ instrument are calibrated | 2 | OB/ RR | | |
| ME D1.3. | Operating and maintenance instructions are available with the users of equipment | Operating instructions for critical equipment are available | 2 | OB/SI | | |
| Standard D2. | The facility has de | fined procedures for storage, invento | ory manageme | ent and dispensir | ng of medicines and consumables in pharmacy and p | 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 | 2 | SI/RR | Stock level are daily updated Indents are timely placed | |
| ME D2.3. | The facility ensures proper storage of drugs and consumables | Drugs are stored in containers/tray/crash cart and are labelled | 2 | OB | Labelled with drug name, drug strength and expiry date | |
| | The facility and | Empty and filled cylinders are labelled | 2 | ОВ | | |
| ME D2.4. | The facility ensures management of expiry and near expiry drugs | Drugs expiry dates' are maintained at emergency drug tray | 2 | OB/RR | | |
| | | No expired drug found | 2 | OB/RR | | |
| | 21 1 1 1 | Records for expiry and near expiry drugs are maintained for drug stored at department | 2 | RR | Check register/DVDMS/other supply chain software for record of stock of expired and near expiry drugs | |
| ME D2.5. | The facility has established procedure for inventory management techniques | There is practice of calculating and maintaining buffer stock in Emergency | 2 | SI/RR | | |

| | | Department maintained stock register of drugs and consumables in Emergency | 2 | RR/SI | Record of drug received, issued and balance stock of drug in hand | |
|--------------|--|--|----------------|------------------|--|--|
| | | There is practice of calculating and maintaining buffer stock in ambulance | 2 | SI/RR | | |
| | | Department maintained stock register of drugs and consumables in ambulance | 2 | RR/SI | Check record of drug received, issued and balance stock in hand | |
| ME D2.6. | There is a procedure for periodically replenishing the drugs in patient care areas | There is established procedure for replenishing drug tray emergency crash cart | 2 | SI/RR | | |
| | | There is established procedure for replenishing drug tray emergency crash cart in ambulance | 2 | OB/SI | | |
| | | There is no stock out of drugs | 2 | SI/RR | Random stock check of some essential medicines. E.g. Paracetamol, Atenolol, Amlodipine, Azithromycin, etc. | |
| 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 twice a day and are maintained | 2 | OB/RR | Check for refrigerator/ILR temperature charts. Charts are maintained and updated twice a day | |
| ME D2.8. | There is a procedure for secure storage of narcotic and psychotropic drugs | Narcotics and psychotropic drugs are kept separately in lock and key | 2 | OB/SI | | |
| Standard D3. | | The facility provides safe | , secure and c | omfortable envir | onment to staff, patients and visitors. | |
| ME D3.1. | The facility provides adequate illumination level at patient care areas | Adequate illumination at procedure area | 2 | ОВ | Resuscitation area, dressing room and examination area | |
| | | Adequate illumination at receiving and triage area | 2 | ОВ | | |
| ME D3.2. | The facility has provision of restriction of visitors in patient areas | Visitors are restricted at resuscitation and procedure area | 2 | 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 | 2 | PI/OB | Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement | |
| | | Temperature control and ventilation in nursing station/duty room | 2 | SI/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 | There are set procedures for handling mass situation and violence in emergency | 2 | SI/OB | See for linkage to police, self protection form staff | |
| | | Hospital has sound security system to manage overcrowding in emergency | 2 | OB/SI | | |
| 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 | 2 | SI | | |
| Standard D4. | | The facility has esta | blished Progr | amme for mainte | nance and upkeep of the facility | |
| ME D4.1 | Exterior of the facility building is maintained appropriately | Building is painted/whitewashed in uniform colour | 2 | ОВ | | |
| | | Interior of patient care areas are plastered & painted | 2 | ОВ | | |
| ME D4.2. | Patient care areas are clean and hygienic | Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean | 2 | ОВ | All area are clean with no dirt,grease,littering and cobwebs | |
| | | Surface of furniture and fixtures are clean | 2 | ОВ | | |
| | | Toilets are clean with functional flush and running water | 2 | ОВ | | |
| ME D4.3. | Hospital infrastructure is adequately maintained | Check for there is no seepage , Cracks, chipping of plaster Window panes , doors and other | 2 | OB | | |
| | | fixtures are intact | 2 | OB | | |
| | | Patients beds are intact and painted | 2 | ОВ | Mattresses are intact and clean | |
| ME D4.5. | The facility has policy of removal of condemned junk material | No condemned/Junk material in the Emergency | 2 | ОВ | | |
| ME D4.6 | The facility has established procedures for pest, rodent and animal control | No stray animal/rodent/birds | 2 | ОВ | | |
| Standard D5. | | The facility ensures 24X7 water and p | ower backup | as per requireme | nt 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 | 2 | OB/SI | | |

| ower backup in all patient | Availability of power back in | | | | |
|--|---|--|--|--|--|
| re areas as per load | Emergency | 2 | OB/SI | | |
| | Availability of UPS | 2 | OB/SI | | |
| | Availability of Emergency light | 2 | OB/SI | | |
| | Availability of Centralized /local | 2 | OB | | |
| | TI | he facility ens | ures clean linen to | o the patients | |
| ne facility has adequate railability of linen for meting s need. | | 2 | OB/RR | | |
| ne facility has established ocedures for changing of | of each patient or whenever it get | 2 | OB/RR | | |
| ne facility has standard ocedures for handling , ollection, transportation and ashing of linen | cleanliness and Quantity of the linen | 2 | SI/RR | | |
| | Facility is compliant with all statute | ory and regula | tory requirement | t imposed by local, state or central government | |
| fferent activities | | 2 | RR/SI | | |
| te facility ensure relevant ocesses are in compliance ith statutory requirement | | 2 | SI | | |
| Roles & R | esponsibilities of administrative and | clinical staff a | re determined as | per govt. regulations and standards operating pro | cedures. |
| ne facility has established job escription as per govt hidelines | | 2 | SI | | |
| ne facility has a established cocedure for duty roster and eputation to different epartments | There is procedure to ensure that staff is available on duty as per duty roster | 2 | RR/SI | Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) | |
| | | 2 | SI | | |
| ne facility ensures the Iherence to dress code as andated by its administration :he health department | staff adhere to their respective | 2 | OB | | |
| Fac | ility has established procedure for m | onitoring the | quality of outsou | rced services and adheres to contractual obligation | 15 |
| ontract management for out | quality and adequacy of outsourced | 2 | SI/RR | Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff | |
| | | Area of Co | ncern - E Clinical | Services | |
| a facilita da contra d | | procedures for | registration, cor | nsultation and admission of patients. | |
| ocedure for registration of | given to each patient during process | 2 | RR | | |
| | recorded in admission records | 2 | RR | Check for that patient demographics like Name, age, Sex, Address, Chief complaint, etc. | |
| | admission through emergency department | 2 | SI/RR | | |
| | admission of MLC cases as per | 2 | SI/RR | | |
| | of a qualified doctor | 2 | SI/RR | | |
| | because of admission process | 2 | SI/RR | | |
| | patient record | 2 | RR | | |
| | patient to respective department once admission is confirmed | 2 | SI/RR | | |
| | admission criteria to critical care | 2 | SI/RR | Like ICU, SNCU, Burn cases | |
| | Staff is aware of cases that can not be admitted at the facility due to constraint in scope of services | 2 | SI | | |
| | tical areas of the facility sures availability of oxygen, dical gases and vacuum pply e facility has adequate ilability of linen for meting need. facility has established occdures for changing of en in patient care areas facility has standard occdures for handling , lection, transportation and shing of linen facility has requisite ences and certificates for eration of hospital and ferent activities facility has requisite erents and certificates for eration of hospital and ferent activities facility has requised facility has requised facility has established job scription as per govt delines facility has a established job scription as per govt delines facility has a established occdure for duty roster and potation to different partments facility ensures the herence to dress code as indated by its administration he health department face is established system for ntract management for out arced services facility has established occdure for registration of cients facility has established procedure for registration of cients facility has established procedure for registration of cients | tical areas of the facility sures availability of oxygen, dical gases and vacuum pip/ = facility has adequate illability of linen for meting e facility has estabilshed or in patient care areas oiled = facility has estabilshed socied res for changing of e facility has standard cedures for chanding , lection, transportation and shing of linen = facility has requisite received from laundry = facility has established poortiferent patheneet = facility has a established reduce for duty roster and patheneet = facility ensures the rerece to dress code as readiate by its administrative = facility has a established poet registration = facility has established received for registration = facility has established received in admission records = facility has established received in registration = facility has established received in admission records = recorded in admission records = recorded in admission records = recorded in admission records = recorded in admission is recorded in admission of patient to record in patient record = facility has established procedure of a quality and adequacy of patient of patient to respective department once admission is confirmed = facility has established procedure of a quality and adequacy of patient of patient to recorded | tical areas of the facility sures availability of oxygen, dical gases and vacuum pay the facility has adequate indicating asses and vacuum pay the facility has adequate indicating asses tablished cedures for changing of in patient care areas solled there is system to check the cleanlines and Quantity of the linen received from laundry there is system to check the cleanlines and Quantity of the linen cedures for handing , efficitity has standard credures for handing , facility has standard credures for handing , facility has requisite mees and certificates for received from laundry there is system to check the cleanlines and Quantity of the linen received from laundry there is system to check the cleanlines and Quantity of the linen received from laundry there is system to check the cleanlines and certificates for received from laundry there is system to check the cleanlines and certificates for received from laundry there is system to check the cleanlines and certificates for received from laundry there is system to check the cleanlines are quisite mees and certificates for received from laundry there is system to check the cleanlines are available the facility has established job corption as per govt defines there is procedure to ensure that taff is available on duty as per duty cater there is designated in charge for department there is designated in charge for department there is designated in charge for department there is established procedure for monitoring the recorded in admission records 2 treatility has established procedure for monitoring the area is established size to each patient during process 2 there is established procedure facility has established procedure facility has established procedure for registration of given to each patient during process 2 there is established procedure for admission records 2 there is established procedure for admission of patients there is no delay in treatment there is no delay in treatm | icial areas of the facility, urures availability of oxygen, piped Oxygen and vacuum supply 2 0B a callability of oxygen, piped Oxygen and vacuum supply 2 0B a callity has adequate inability of linen for meting per callity has established occurs for changing of reactive for handing, leading as a call patient care areas soled 1 The rate changed after change shift observation beds 2 0B/RR a facility has established occurs for changing of reactive for handing, leading, of linen 1 There is system to check the collection, transportation and shing, of linen 2 SI/RR a facility has requisite tentor, starsportation and shing of linen Valid licences for ambulances are available 2 SI/RR b facility nearur relevant creases are in complanet is facility nas a established occurs for dury roter and the seponsibilities of administrative and clinical staff are determined at the seponsibilities 2 SI b facility has a established occur for dury roter and defines Staff is aware of their role and responsibilities 2 SI c facility has a established occur for dury roter and dress code There is procedure to ensure that staff is available on dury as per dury coster 2 SI c facility has established procedure for registration of index of the satisfies available on dury as per dury coster 2 SI c facility has established procedure for registration of index of adere to their respective dress code 2 SI c facilit | tical areas of the facility determinishing of organs. Availability of Centralins / Jone performance in the provided at labelity of the facility of Centralins / Jone Provided at Centralins / Jone Provided Attralins / Jone Provide |

Standard E4.

| ME E1.4. | There is established procedure for managing patients, in case beds are not available at the | The is provision of extra beds, trolley beds in case of high occupancy or mass casualty | 2 | OB/SI | | |
|--------------|--|---|----------------|---------------------|---|----|
| Standard E2. | facility Th | | procedures fo | or clinical assessm | nent, reassessment and treatment plan preparation | n. |
| ME E2.1. | There is established procedure for initial assessment of patients | Assessment criteria of different kind of medical emergencies is defined and practiced | 2 | SI/RR | Use of standard criteria of assessment like Glasgow comma scale, Poly trauma, MI, burn patient, paediatric patient, pain assessment criteria etc. | |
| | | Initial assessment and treatment is provided immediately | 2 | OB/RR | | |
| | | Initial assessment is documented preferably within 2 hours | 2 | RR | | |
| ME E2.2. | There is established procedure for follow-up/ reassessment of Patients | There is fixed schedule for reassessment of patient under observation | 2 | RR/SI | | |
| | | There is system in place to identify and manage the changes in Patient's health status | 2 | SI/RR | Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating | |
| | | Check the treatment or care plan is modified as per re assessment results | 2 | SI/RR | Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented | |
| 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 | Check healthcare needs of all hospitalised patients are identified through assessment process | 2 | SI/RR | Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors | |
| | | Check treatment/care plan is prepared as per patient's need | 2 | RR | (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. | |
| | | Check treatment / care plan is documented | 2 | RR | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | Check care is delivered by competent multidisciplinary team | 2 | SI/RR | Check care plan is prepared and delivered as per direction of qualified physician | |
| Standard E3. | | Facility has defined and | established pi | rocedures for cont | tinuity of care of patient and referral | |
| ME E3.1. | Facility has established procedure for continuity of care during interdepartmental transfer | There is procedure for hand over for patient transfer from emergency to IPD /OT | 2 | SI/RR | Check for how hand over is given from emergency to ward, ICU, SNCU etc. | |
| | | There is a procedure consultation of the patient to other specialist with in the hospital | 2 | SI/RR | | |
| ME E3.2. | Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care. | Patient referred with referral slip | 2 | SI/RR | | |
| | | Availability of referral linkages to higher centres. Advance communication is done | 2 | SI/RR | Check how patient are referred if services are not available | |
| | | with higher centre | 2 | SI/RR | | |
| | | Referral vehicle is being arranged | 2 | SI/RR | | |
| | | Referral in or referral out register is maintained | 2 | RR | | |
| | | Check for if there is any system of follow up | 2 | RR | 1. Check referral out record is maintained 2. Check randomly with the referred cases (contact them) for completion of treatment or follow up. | |
| ME E3.3. | A person is identified for care during all steps of care | Doctor and nurse is designated for each patient admitted to emergency ward | 2 | SI/RR | | |

The facility has defined and established procedures for nursing care

| | Procedure for identification of | There is a process for ensuring the | | | Patient id band/ verbal confirmation/Bed no. | |
|---|--|---|--|---|--|------------|
| ME E4.1. | patients is established at the | identification before any clinical | 2 | OB/SI | etc. | |
| | facility | procedure | | | etc. | |
| | Procedure for ensuring timely | | | | Check for treatment chart are updated and drugs | |
| ME E4.2. | and accurate nursing care as | Treatment chart are maintained | 2 | RR | given are marked. Co relate it with drugs and | |
| | per treatment plan is | freatment chart are maintained | - | | doses prescribed. | |
| | established at the facility | | | | uoses presenbeu. | |
| | | | | | | |
| | | There is a process to ensure the | | | (1) Check system is in place to give telephonic | |
| | | accuracy of verbal/telephonic | 2 | SI/RR | orders & practised | |
| | | orders | | | (2) Verbal orders are verified by the ordering | |
| | | | | | physician within defined time period | |
| | | | | | F, | |
| | There is established procedure | | | | | |
| ME E4.3. | of patient hand over, | Patient hand over is given during | 2 | SI/RR | | |
| IVIE E4.5. | whenever staff duty change | the change in the shift | 2 | SI/KK | | |
| | happens | | | | | |
| | | Nursing Handover register is | | | | |
| | | maintained | 2 | RR | | |
| | - | Hand over is given bed side | 2 | OB/SI | | |
| | | Thand over 15 given bed side | - | 00,0 | | |
| | | | | | | |
| ME E4.4. | Nursing records are | Nursing notes are maintained | 2 | RR/SI | Check for nursing note register. Notes are | |
| IVIE E4.4. | maintained | adequately | 2 | KK/51 | adequately written | |
| | | | | | | |
| | - | | | | | |
| | There is procedure for periodic | Patient Vitals are monitored and | - | D- / | Check for TPR chart, IO chart, any other vital | |
| ME E4.5. | monitoring of patients | recorded periodically | 2 | RR/SI | required is monitored | |
| | | | | | | |
| | | Critical patients are monitored | 2 | RR/OB | Check for use of cardiac monitor/multi parameter | |
| Standard E5. | | continually Facility bas a | procedure to | identify high ris | parameter sk and vulnerable patients. | |
| Stanuaru ES. | | · · · · · · · · · · · · · · · · · · · | | | | |
| | The facility identifies | Vulnerable patients are identified | | | Unstable, irritable, unconscious. Psychotic and | |
| ME E5.1. | vulnerable patients and ensure | - | 2 | OB/SI | serious patients are identified | |
| | their safe care | them from any harm | | | schous puterts are identified | |
| | | | | | | |
| | The facility identifies high risk | High risk medical emergencies are | | | | |
| ME E5.2. | patients and ensure their care, | identified and treatment given on | 2 | OB/SI | | |
| | · · · · · · · · · · · · · · · · · · · | - | - | , | | |
| | as ner their need | priority | | | | |
| | as per their need | priority | | | | |
| Standard E6. | as per their need | | ensures ratio | nale prescribing | and use of medicines | |
| Standard E6. | as per their need | | ensures ratio | nale prescribing | and use of medicines | |
| Standard E6. | as per their need Facility ensured that drugs are | | ensures ratio | nale prescribing | | |
| | | Facility | ensures ration | nale prescribing | Check for: | TO DISCUSS |
| Standard E6. ME E6.1. | Facility ensured that drugs are prescribed as per the | Facility Check for BHT if drugs are | | | Check for: 1. No. of medicines prescribed | TO DISCUSS |
| | Facility ensured that drugs are | Facility Check for BHT if drugs are prescribed as per the prescription | | | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed | TO DISCUSS |
| ME E6.1. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC | Facility Check for BHT if drugs are prescribed as per the prescription | | | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy | TO DISCUSS |
| | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy | | | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy | TO DISCUSS |
| ME E6.1. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use | 2 | RR | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy | TO DISCUSS |
| ME E6.1. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug | 2 | RR | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML | TO DISCUSS |
| ME E6.1. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG | 2 | RR | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy | TO DISCUSS |
| ME E6.1. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at | 2 | RR RR SI/RR | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML | TO DISCUSS |
| ME E6.1. ME E6.2. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at emergency | 2 2 2 | RR | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML | TO DISCUSS |
| ME E6.1. ME E6.2. ME E6.3 | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at emergency DELETED | 2 2 2 2 | RR RR SI/RR SI/OB | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML Check BHT that drugs are prescribed as per STG | TO DISCUSS |
| ME E6.1. ME E6.2. ME E6.3 | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at emergency DELETED | 2 2 2 2 | RR RR SI/RR SI/OB | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML Check BHT that drugs are prescribed as per STG | TO DISCUSS |
| ME E6.1. ME E6.2. ME E6.3 | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at emergency DELETED Facility I | 2 2 2 2 nas defined pr | RR RR SI/RR SI/OB | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML Check BHT that drugs are prescribed as per STG Check BHT that drugs are prescribed as per STG Edug administration Electrolytes like Potassium chloride,opiods, | TO DISCUSS |
| ME E6.1. ME E6.2. ME E6.3 Standard E7. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational use of drugs | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at emergency DELETED Facility I High alert drugs available in | 2 2 2 2 | RR RR SI/RR SI/OB | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML Check BHT that drugs are prescribed as per STG Check BHT that drugs are prescribed as per STG Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti | TO DISCUSS |
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| ME E6.1. ME E6.2. ME E6.3 Standard E7. ME E7.1. ME E7.2. | Facility ensured that drugs are prescribed as per the prescription policy of ESIC There is procedure of rational use of drugs There is process for identifying and cautious administration of high alert drugs Medication orders are written legibly and adequately There is a procedure to check drug before administration/ dispensing | Facility Check for BHT if drugs are prescribed as per the prescription policy Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary at emergency DELETED Facility I High alert drugs available in department are identified Maximum dose of high alert drugs are defined and communicated There is process to ensure that right doses of high alert drugs are only given Every Medical advice and procedure is accompanied with date , time and signature Check for the writing, It comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Check single dose vial are not used for more than one dose Check for separate sterile needle is used every time for multiple dose vial Any adverse drug reaction is recorded and reported | 2 2 2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR SI/RR SI/OB COCEDURES FOR Saft SI/OB SI/RR SI/RR RR RR RR/SI OB/SI OB OB | Check for: 1. No. of medicines prescribed 2. High-end antibiotics are not prescribed 3. polypharmacy 4. Medicines are prescribed from EML Check BHT that drugs are prescribed as per STG Electrolytes like Potassium chloride,opiods, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor A system of independent double check before administration, Error prone medical abbreviations are avoided Check for any open single dose vial with left over content indented to be used later on In multi dose vial needle is not left in the septum Adverse drug event trigger tool is used to report | TO DISCUSS |

| | Patient is counselled for self | Patient is advice by doctor/ | - | e. (=. | | |
|---------------|---|--|----------------|------------------|---|--|
| ME E7.5. | drug administration | Pharmacist /nurse about the dosages and timings . | 2 | SI/PI | | |
| Standard E8. | | | rocedures for | maintaining, upd | ating of patients' clinical records and their storage | |
| ME E8.1. | All the assessments, re- assessment and investigations are recorded and updated | Assessment findings are written on BHT | 2 | RR | Day to day progress of patient is recorded in BHT (Manually/e-records) | |
| ME E8.2. | All treatment plan prescription/orders are recorded in the patient records. | Treatment plan, first orders are written on BHT | 2 | RR | Treatment prescribed in nursing records | |
| ME E8.3. | Care provided to each patient is recorded in the patient records | Maintenance of treatment chart/treatment registers | 2 | RR | Treatment given is recorded in treatment chat | |
| ME E8.4. | Procedures performed are written on patients records | Any procedure performed written on BHT | 2 | RR | CPR, Dressing, mobilization etc | |
| ME E8.5. | Adequate form and formats are available at point of use | Availability of form formats for emergency | 2 | OB/SI | MLC,PIB, Lab /X-ray requisition, death certificate, Initial assessment format, referral slip etc. | |
| ME E8.6. | Register/records are maintained as per guidelines | Emergency Records are maintained | 2 | OB/RR | Emergency register, death register, MLC register, are maintained | |
| | | All register/records are identified and numbered | 2 | OB/RR | | |
| ME E8.7. | The facility ensures safe and adequate storage and retrieval of medical records | Safe keeping of MLC records | 2 | OB/SI | | |
| Standard E9. | | The facility has o | lefined and es | tablished proced | ures for discharge of patient. | |
| ME E9.1. | Discharge is done after assessing patient readiness | Assessment is done before discharging patient from emergency | 2 | SI/RR | See if there is any procedure/protocol for discharging the patient if the condition of patient improves in emergency itself. What is the procedure for discharge for short stay / day care patients | |
| | | Discharge is done by a responsible and qualified doctor | 2 | SI/RR | | |
| | | Patient / attendants are consulted before discharge | 2 | PI | | |
| | | Treating doctor is consulted/ informed before discharge of patients | 2 | SI/RR | | |
| ME E9.2. | Case summary and follow-up instructions are provided at the discharge | Discharge summary is provided | 2 | RR/PI | See for discharge summary, referral slip provided. | |
| | | Discharge summary adequately mentions patients clinical condition, treatment given and follow up | 2 | RR | | |
| | | Discharge summary is give to patients going in LAMA/Referral | 2 | SI/RR | | |
| ME E9.3. | Counselling services are provided as during discharges wherever required | Counselling services are provided wherever it is required | 2 | SI/PI | | |
| Standard E11. | | The facility has defined and e | stablished pro | cedures for Emer | gency Services and Disaster Management | |
| | There is procedure for | | | | | |
| ME E11.1. | Receiving and triage of patients | Emergency has a implemented system of sorting the patients | 2 | SI/OB | As care provider how they triage patient- immediate, delayed, expectant, minimal, dead | |
| | | Triage area is marked | 2 | OB/SI OB | | |
| | | Triage protocols are displayed Responsibility of receiving and shifting the patient from vehicle is defined | 2 | SI | | |
| ME E11.2. | Emergency protocols are defined and implemented | Emergency protocols are available at point of use | 2 | ОВ | See for protocols of head injury, snake bite, poisoning, drawing etc. | |
| | | Staff is aware of Clinical protocols | 2 | SI/RR | | |
| | | There is procedure for CPR | 2 | SI/RR | | |
| ME E11.3. | The facility has disaster | Lines of authority is defined | 2 | SI/RR | | |
| | management plan in place | | | 1 | | |

| | | Procedure for internal | 2 | SI/RR | | |
|---------------|--|---|----------------|--------------------|--|--|
| | | communication defined There is procedure for setting up | 2 | SI/RR | | |
| | | control room | | | | |
| | | Disaster buffer stock of medicines and other supplies maintained | 2 | SI/RR | | |
| | | Role and responsibilities of staff in disaster is defined | 2 | SI/RR | | |
| | | Staff is aware of disaster plan | 2 | SI/RR | | |
| ME E11.4. | The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement | Check for how ambulances are called and patient is shifted | 2 | SI/RR | | |
| | | Ambulances are equipped | 2 | ОВ | | |
| | | If the patient is stable then he is transferred in ambulance with the trained driver and one staff from hospital. | 2 | SI/RR | | |
| | | If the patient is serious (as decided by the Doctor), then trained driver and one paramedical staff is mandatory to accompany him. | 2 | SI/RR | | |
| | | The Patient's rights are respected during transport. | 2 | SI/RR | | |
| | | Ambulance appropriately equipped for BLS with trained personnel | 2 | OB/RR | | |
| | | There is a daily checklist of all equipment and emergency medications | 2 | RR | | |
| | | Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist | 2 | RR | | |
| | | Transfer register is maintained to record the detail of the referred patient | 2 | RR | | |
| ME E11.5. | There is procedure for handling medico legal cases | Medico legal cases are identified by on patient records | 2 | RR/SI | | |
| | | MLC cases are not delayed because | 2 | SI/OB/RR | | |
| | | of police proceedings There is procedure for informing police | 2 | SI/RR | Discharge is not done before police consent | |
| | | Emergency has criteria for defining | 2 | SI/RR | Criteria is defined based on cases and when to | |
| | | medico legal cases | | | do MLC | |
| Standard E12. | - | | defined and o | established proced | dures of diagnostic services | |
| ME E12.1. | There are established procedures for Pre-testing Activities | Container is labelled properly after the sample collection | 2 | ОВ | | |
| ME E12.3. | There are established procedures for Post-testing Activities | Nursing station is provided with the critical value of different tests | 2 | SI/RR | | |
| Standard E13. | | The facility has defined and esta | ablished proce | edures for Blood B | ank/Storage Management and Transfusion. | |
| ME E13.8 | There is established procedure for issuing blood | There is a procedure for issuing the blood promptly for life saving measures | 2 | RR/SI | | |
| ME E13.9 | There is established procedure for transfusion of blood | Consent is taken before transfusion | 2 | RR | | |
| | | Patient's identification is verified before transfusion | 2 | SI/OB | | |
| | | Blood is kept on optimum temperature before transfusion | 2 | RR | | |
| | | Blood transfusion is monitored and regulated by qualified person | 2 | SI/RR | | |
| | | Blood transfusion note is written in patient record | 2 | RR | | |
| 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 | 2 | RR | | |

| Standard E15. | | Facility has define | ed and establi | shed procedures | of Operation Theatre Services | |
|---------------|--|--|----------------------------|-------------------------------------|--|------|
| ME E15.1. | Facility has established procedures OT Scheduling | There is procedure for emergency surgeries | 2 | SI/RR | See surgeon is available on call/on duty | |
| | | Procedure for arranging logistics | 2 | SI | Responsibilities are defined and patient is shifted promptly | |
| tandard E16. | | The facility has defined and establi | shed procedu | res for the manag | gement of death & bodies of deceased patients | |
| ИЕ E16.1. | Death of admitted patient is adequately recorded and communicated | Facility has a standard procedure to de cently communicate death to relatives | 2 | SI | | |
| | The feature has showdood | Death note is written on patient record | 2 | RR | | |
| ЛЕ E16.2. | The facility has standard procedures for handling the death in the hospital | Past history and sign of any medico legal cause is looked for | 2 | RR | Check what is policy for registering brought in dead, death cases as MLC | |
| | | There is criteria for declaring death Procedure for handing over the | 2 | SI/RR | ask form how death is declared - Physical examination or ECG is done | |
| | | dead body | 2 | SI | | |
| | | Death certificate is issued | 2 | SI/RR | | |
| | | | Area of Co | oncern - F Infectio | n Control | |
| tandard F1. | | ty has infection control program and | <mark>procedures in</mark> | place for prevent | tion and measurement of hospital associated infect | tion |
| ЛЕ F1.2. | Facility has provision for Passive and active culture surveillance of critical & high risk areas | Surface and environment samples are taken for microbiological surveillance | 2 | SI/RR | Swab are taken from infection prone surfaces | |
| VIE F1.4. | There is Provision of Periodic Medical Check-ups and immunization of staff | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxic etc | |
| | Constitute lange and the land | Periodic medical check-ups of the staff | 2 | SI/RR | | |
| VIE F1.5. | Facility has established procedures for regular monitoring of infection control practices | Regular monitoring of infection control practices | 2 | SI/RR | Hand washing and infection control audits done at periodic intervals | |
| VIE F1.6 | Facility has defined and established antibiotic policy | Check for Doctors are aware of Hospital Antibiotic Policy | 2 | SI/RR | | |
| tandard F2. | Hand washing facilities are | | | <mark>cedures for ensuri</mark> | ing hand hygiene practices and antisepsis Check for availability of wash basin, elbow | |
| /IE F2.1. | Hand washing facilities are provided at point of use | Availability of hand washing Facility at Point of Use | 2 | OB | operated tap near the point of use Ask to Open the tap. Ask Staff water supply is | |
| | | Availability of running Water Availability of antiseptic soap with | 2 | OB/SI | regular Check for availability/ Ask staff if the supply is | |
| | | soap dish/ liquid antiseptic with dispenser. Availability of Alcohol based Hand | 2 | OB/SI | adequate and uninterrupted Check for availability/ Ask staff for regular | |
| | | rub Display of Hand washing Instruction | 2 | OB/SI | supply. Prominently displayed above the hand washing | |
| | Staff is trained and adhere to | at Point of Use | 2 | ОВ | facility , preferably in Local language | |
| VIE F2.2. | standard hand washing practices | Adherence to 6 steps of Hand washing | 2 | SI/OB | Ask of demonstration | |
| | Facility ensures standard | Staff aware of when to hand wash | 2 | SI | | |
| VIE F2.3. | practices and materials for antisepsis | Availability of Antiseptic Solutions | 2 | ОВ | | |
| | | Proper cleaning of procedure site with antisepsis | 2 | OB/SI | like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter | |
| standard F3. | | Facility ensure | s standard pra | actives and materi | ials for Personal protection | |
| VIE F3.1. | Facility ensures adequate personal protection equipment as per requirements | Clean gloves are available at point of use | 2 | OB/SI | | |
| | | Availability of Masks Personal protective kit for infectious | 2 | OB/SI OB/SI | | |
| ИЕ F3.2. | Staff is adhere to standard personal protection practices | patients No reuse of disposable gloves, Masks, caps and aprons. | 2 | OB/SI | | |
| | | Compliance to correct method of wearing and removing the PPE | 2 | SI | Gloves, Masks, Cap, Aprons etc | |
| tandard F4. | | | ard Procedure | es for processing o | of equipment and instruments | |
| VIE F4.1. | Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas | Decontamination of operating & Procedure surfaces | 2 | SI/OB | Ask staff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution | |
| | | Decontamination of instruments after use | 2 | SI/OB | Ask staff how they decontaminate the instruments like ambubag, suction cannula, Airways, Face Masks, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable | |

| | | Contact time for decontamination | 2 | G1/OD | 10 minutes | |
|--------------|--|--|-----------------------------|----------------------------------|--|----------|
| | | is adequate | 2 | SI/OB | Cleaning is done with detergent and running | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | water after decontamination | |
| | | Proper handling of Soiled and infected linen | 2 | SI/OB | No sorting ,Rinsing or sluicing at Point of use/ Patient care area | |
| | | Staff know how to make chlorine | 2 | SI/OB | | |
| | | solution | | | | |
| ME F4.2. | Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment's | Equipment and instruments are sterilized after each use as per requirement | 2 | OB/SI | Autoclaving/HLD/Chemical Sterilization | |
| | | High level Disinfection of instruments/equipment is done as per protocol | 2 | OB/SI | Ask staff about method and time required for boiling | |
| | | Chemical sterilization of instruments/equipment is done as per protocols | 2 | OB/SI | Ask staff about method, concentration and contact time required for chemical sterilization | |
| | | Autoclaved dressing material is used | 2 | OB/SI | | |
| Standard F5. | | Physical layout and enviror | nmental contr | ol 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 | 2 | ОВ | | |
| ME F5.2. | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Availability of disinfectant as per requirement | 2 | OB/SI | Chlorine solution, Glutaraldehyde, carbolic acid | |
| | | Availability of cleaning agent as per requirement | 2 | 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 | | |
| | | Cleaning of patient care area with disinfectant detergent solution | 2 | SI/RR | | |
| | | Staff is trained for preparing cleaning solution as per standard procedure | 2 | SI/RR | | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | Unidirectional mopping from inside out | |
| | | Emergency department define list | | | | |
| ME F5.4. | Facility ensures segregation infectious patients | of infectious diseases require special precaution and barrier nursing | 2 | OB/SI | | |
| | | Staff is trained for barrier nursing | 2 | OB/SI | | |
| Standard F6. | | as defined and established procedure | <mark>s for segregat</mark> | <mark>ion, collection, tr</mark> | reatment and disposal of Bio Medical and hazardou | s 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 | Availability of colour coded bins at point of waste generation | 2 | OB | Adequate number. Covered. Foot operated. | |
| | | Availability of colour coded non chlorinated plastic bags | 2 | ОВ | | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | |
| | | Segregation of infected plastic waste in red bin | 2 | OB | Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainer's with their needles cut) and gloves | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | ОВ | Pictorial and in local language | |
| | | There is no mixing of infectious and general waste | 2 | | | |
| ME F6.2. | Facility ensures management of sharps as per guidelines | Availability of functional needle cutters | 2 | ОВ | See if it has been used or just lying idle | |
| | | Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers | 2 | OB | Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | |
| | | Availability of post exposure prophylaxis | 2 | SI/OB | Ask if available. Where it is stored and who is in charge of that. | |
| | | Staff knows what to do in condition of needle stick injury | 2 | SI | Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done | |

| | | Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | ОВ | 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 | 2 | SI | | |
| | × | Disinfection of liquid waste before disposal | 2 | SI/OB | | |
| | | Transportation of bio medical waste is done in close container/trolley | 2 | SI/OB | | |
| | | | Area of Conce | ern - G Quality M | anagement | |
| Standard G1 | | The facility has es | | | work for quality improvement | |
| ME G1.1 | The facility has a quality team in place | Quality circle has been formed in the Emergency | 2 | SI/RR | Check if the quality circle has been constituted and is functional Roles and Responsibility of quality circle has been defined | |
| Standard G3. | | Facility have est There is system daily round by | ablished inter | nal and external | quality assurance programs. | |
| ME G3.1 | Facility has established internal quality assurance program at relevant departments | matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services | 2 | SI/RR | | |
| | | There is system for periodic check up of Ambulances by designated hospital staff | 2 | SI/RR | Inhouse ambulance check is done by designated hospital staff OR ambulance belonging to the agency- the daily checklist is filled, displayed and updated by the designated person | |
| ME G3.2 | Facility has established external assurance programs at relevant departments | There is periodic assessment of preparedness for disaster by competent authority | 2 | SI/RR | | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS assessment toolkit is used to conduct an internal assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 Standard G4. | Eacility has a | DELETED | d and maintai | ined Standard On | erating Procedures for all key processes and suppo | nt services |
| ME G4.1. | Departmental standard operating procedures are available | Standard operating procedure for department has been prepared and approved | 2 | RR | | |
| | | Current version of SOP are available with process owner | 2 | ОВ | | |
| | | Work instruction/clinical protocols are displayed | 2 | OB | Triage, CPR, Medical clinical protocols like Snake bite and poisoning | |
| ME G4.2. | Standard Operating Procedures adequately describes process and procedures | procedure for Registration and patient calling system | 2 | RR | | |
| | | Department has documented procedure for triaging | 2 | RR | | |
| | | Department has documented procedure for taking consent Department has documented | 2 | RR | | |
| | | Department has documented procedure for initial screening of patient | 2 | RR | | |
| | | Department has documented procedure for nursing care | 2 | RR | | |
| | | Department has documented procedure for admission and transfer of the patient to ward | 2 | RR | | |
| | | Emergency has documented procedure for Handling medical records | 2 | RR | | |
| | | Department has documented procedure for maintaining records in Emergency | 2 | RR | | |
| | | Department has documented procedure to handle brought in dead patient | 2 | RR | | |
| | | Department has documented procedure for storage, handling and release of dead body | 2 | RR | | |
| | | Department has documented procedure for storage and replenishing the medicine in emergency | 2 | RR | | |

| | | Department has documented procedure for equipment preventive and break down maintenance | 2 | RR | | |
|---------------|---|--|-----------------|--------------------|--|-----|
| | | Department has documented procedure for Disaster management | 2 | RR | | |
| ME G4.3. | Staff is trained and aware of the standard procedures written in SOPs | Check Staff is a aware of relevant part of SOPs | 2 | SI/RR | | |
| Standard G 5. | | ility maps its key processes and seeks | s to make the | n more efficient t | y reducing non value adding activities and wastag | jes |
| ME G5.1. | | DELETED | | | | |
| ME G5.2. | | DELETED | | | | |
| ME G5.3 | | DELETED | | | | |
| Standard G6 | | The facility has defined mission, v | alues, Quality | policy & objective | es & prepared a strategic plan to achieve them | |
| ME G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | | Facility seeks cont | inually impro | vement by praction | ing Quality method and tools. | |
| ME G7.1. | | DELETED | | | | |
| ME 07.2 | | DELETED | | | | |
| ME G7.2. | | DELETED | | 1 | | |
| Standards G9 | F | acility has established procedures for | r assessing, re | porting, evaluatin | g and managing risk as per Risk Management Plan | |
| ME G9.6 | | DELETED | | | | |
| ME G9.7 | | DELETED | | | | |
| ME G9.7 | | DELETED | | | | |
| Standard G10 | | The facility has established clinical | Governance fr | amework to impr | ove quality and safety of clinical care processes | |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated | The facility has established process to review the clinical care processes | 2 | SI/RR | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. | |
| | | Check regular ward rounds are taken to review case progress | 2 | SI/RR | Both critical and stable patients Check the case progress is documented in BHT/ progress notes- | |
| | | Check the patient /family participate in the care evaluation | 2 | SI/PI | Feedback is taken from patient/family on health status of individual under treatment | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | There is procedure to conduct medical audits | 2 | SI/RR | Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission | |
| | | There is procedure to conduct death audits | 2 | SI/RR | All the deaths are audited by the committee. The reasons of the death is clearly mentioned Data pertaining to deaths are collated and trend analysis is done A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required) | |
| | | There is procedure to conduct prescription audits | 2 | RR | Random prescriptions are audited Separate Prescription audit is conducted foe both OPD & IPD cases The finding of audit is circulated to all concerned Regular trends are analysis and presented in Clinical Governance board/Grand round meetings | |

| | | All non compliance are enumerated recorded for medical audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
|---------------|---|--|-----------------|---------------------|---|--|
| | | All non compliance are enumerated recorded for death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for prescription audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per medical audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per death audit record's findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per prescription audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | | | | | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. | |
| | | | | | | |
| | | | | | | |
| Standard H1 . | | The facility measures Product | | f Concern - H Outo | come npliance with State/National benchmarks | |
| Standard H1 | Facility measures productivity | | | S and ensures con | | |
| ME H1.1. | Facility measures productivity Indicators on monthly basis | No. of trauma cases treated per 1000 emergency cases No. of poisoning cases treated per | 2 | RR | | |
| | | 1000 emergency cases | 2 | RR | | |
| | | No. of cardiac cases treated per 1000 emergency cases | 2 | RR | | |
| | | No of resuscitation done per thousand population | 2 | RR | Resuscitation should include: Chest Compression, Airway and Breathing | |
| | | Number of emergency cases treated | 2 | RR | Check at lease last 3 month data | |
| Standard H2. | | at night per month The facility measures Ef | fficiency Indic | ators and ensure | to reach State/National Benchmark | |
| ME H2.1. | Facility measures efficiency | Response time for ambulance | 2 | RR | | |
| | Indicators on monthly basis | Proportion of cases referred | 2 | RR | | |
| | | Response time at emergency for initial assessment | 2 | RR | Sum of time taken for initial assessment of all patients who accessed emergency services in a period/Total number of patients who accessed emergency services in that period | |
| | | Average Turn Around Time | 2 | RR | Average time a patient stays at emergency observation bed | |
| ME H2.2 | | Proportion of patient referred by state owned/108 ambulance per 1000 referral cases | 2 | RR | | |
| Standard H3. | Facility magnings Of 1 + 0 | | Il Care & Safet | ty Indicators and t | tries to reach State/National benchmark | |
| ME H3.1. | Facility measures Clinical Care & Safety Indicators on monthly basis | No of adverse events per thousand patients | 2 | RR | | |
| | | Death Rate | 2 | RR | No of Deaths in Emergency/ Total no of emergency attended | |
| Standard H4. | | The facility measures Service | Quality Indic | ators and endeav | ours to reach State/National benchmark | |
| ME H4.1. | Facility measures Service Quality Indicators on monthly basis | LAMA Rate | 2 | RR | No of LAMA X 100/ No of Patients seen at emergency | |
| | | Absconding rate | 2 | RR | No of Absconding X 100/ No of Patients seen at emergency | |
| | | Response Time in Emergency department | 2 | RR | The time from entry of patient at emergency department to admission/transfer-out/discharge | |
| | | Percentage of emergency patients for whom the initial assessment was completed within defined timeframe | 2 | RR | (Number of patients in emergency for whom the initial assessment was completed within a defined time frame / total number of patients admitted) x 100 | |
| | | | | | | |

| | | National Quality Assurance Standa Checklist for Outdoor Patie | nt Department | | | Version: DH/NQAS-2020/00 2 |
|-----------------------|--|---|----------------|--|---|-------------------------------|
| lame of the Hospit | al | | Assessment Sur | nmary | Date of Assessment | |
| ames of Assessors | 5 | | | | Date of Assessment Names of Assessee | |
| ype of Assessment | t (Internal/External) | | | | Action plan Submission Date | |
| | | | OPD Score C | ard | | |
| | | Area of Concern wise Score | | | OPD Score | |
| А | Service Provision | | .00% | | | |
| В | Patient Rights | | .00% | | | |
| с | Inputs | | .00% | | | |
| D | Support Services | | .00% | | 100% | , |
| F | Clinical Services Infection Control | | .00% | | | |
| G | Quality Management | | .00% | | | |
| н | Outcome | | .00% | | | |
| | Maine Care Observed | | | | | |
| 1 | Major Gaps Observed | | | | | |
| 2 3 | | | | | | |
| 4 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | Recommendations/ Opportunities for Improvem | nent | | | | |
| 1 | | | | | | |
| 2 3 | | | | | | |
| 4 | | | | | | |
| 5 | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | 1 | |
| eference No. | Measurable Element | Checkpoint | | Assessment Method ern - A Service Provision | Means of Verification | Remarks |
| tandard A1 | | | | vides Curative Services | | |
| 1E A1.1 | | Availability of functional General | 2 | | Particular Conceptions static and the anti- | |
| 1E A1.1 | The facility provides General Medicine services | Medicine Clinic | 2 | SI/OB | Dedicated General speciality Medicine Clinic | |
| IE A1.2 | The facility provides General Surgery services | Availability of functional General Surgery Clinic | 2 | SI/OB | Dedicated General speciality Surgical Clinic | |
| | | | | | (a) Dedicated speciality Obstetrics & Gynaecology | |
| 1E A1.3 | The facility provides Obstetrics & Gynaecology | Availability of Functional Obstetrics & | 2 | SI/OB | Clinic. (b) High-risk pregnancy cases are referred from the | |
| 1C A1.5 | Services | Gynaecology Clinic | 2 | 31/08 | ANC clinic and consulted. | |
| | | | | | | |
| | | A settle bittle of Decidions Advance' Complete in | | | (a) Dedicated clinic of PMSMA | |
| | | Availability of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) services | 2 | SI/OB | (b) Availability MO & ObG specialist (c) 9th of every month - for all pregnant women in 2- | |
| | | | | | 3 trimester | |
| | | Availability of daycare Gynaecology | - | | (a) PAP smear & biopsy, Cervical VIA staining, Endometrial aspiration, Bartholin cyst excision. | |
| | | procedure | 2 | SI/OB | (b) MTP (Medical & surgical Method) | |
| /IE A1.5 | | Availability of functional Ophthalmology | 2 | CI (OD | Dedicated ophthalmology clinic providing consultation | |
| AL AL S | The facility provides Ophthalmology Services | Clinic | 2 | SI/OB | services | |
| | | | | | 1. Dedicated ENT providing consultation services 2. Foreign Body Removal (Ear and Nose), Stitching of | |
| /IE A1.6 | The facility provides ENT Services | Availability of Functional ENT Clinic for adult and paediatrics | 2 | SI/OB | CLW's, Dressings, Syringing of Ear, Chemical | |
| | | auuit anu paeulatrics | | | Cauterization (Nose & Ear), Eustachian Tube Function Test, Vestibular Function Test/Caloric Test | |
| | | | | | rest, vestibular function rest/calonic rest | |
| /IE A1.7 | The facility provider Orthonaedics Services | Availability of Functional Orthopaedic | 2 | SI/OB | (a) Dedicated clinical for Orthopaedic consultation | |
| | The facility provides Orthopaedics Services | Clinic | 2 | 3000 | (b) Plaster room to conduct Orthopaedic procedure | |
| AE A1 0 | The facility are taken thin 0 MD Consistent | Availability of functional Skin & VD | 2 | 51/OP | Bedreted Cliefe and dree encodesting and inc | |
| 1E A1.8 | The facility provides Skin & VD Services | Clinic Availability of functional Psychiatry | 2 | SI/OB | Dedicated Clinic providing consultation services | |
| NE A1.9 | The facility provides Psychiatry Services | Availability of functional Psychiatry Clinic | 2 | SI/OB | Dedicated Clinic providing consultation services | |
| 1E A1.10 | The facility provides Dental Treatment Services | Availability of functional Dental Clinic | 2 | SI/OB | Dedicated Clinic providing consultation services | |
| | | Availability of OPD Dental procedure | 2 | SI/OB | Accompanied by dental lab. Extraction, scaling, tooth | |
| | | | | - | extraction, denture and Restoration. | |
| /IE A1.11 | The facility provides AYUSH Services | Availability of Functional AYUSH clinic | 2 | SI/OB | AYUSH clinic accompanied by dispensary | |
| /IE A1.12 | The facility provides Physiotherapy Services | Availability of Functional Physiotherapy | 2 | SI/OB | Pain Management with cryotherapy, Pain Management with deep heat therapy (SWD), Increase | |
| | the recency provides r hysiochetapy services | Unit | - | 5,,00 | Management with deep heat therapy (SWD), Increase range of motion with mobilization. | |
| /IE A1.13 | The facility provides services for OPD procedures | Availability of Dressing facilities at OPD | 2 | SI/OB | Dressing, Suturing and drainage | |
| | | Availability of Injection room facilities | 2 | SI/OB | | |
| /IE A1.14 | Services are available for the time period as | at OPD At least 6 Hours of OPD Services are | | | | |
| ne A1.14 | mandated | available | 2 | SI/RR | | |
| | | PMSMA is conducted 9th of every month | 2 | SI/RR | | |
| 1E A1.15 | The facility provides services for Super specialties, as mandated | Availability of functional Cardiology | 2 | SI/OB | | |
| | specialities, as indf0ateo | clinic Availability of functional gastro | 2 | SI/OB | | |
| | | entomology clinic Availability of functional nephrology | | | | |
| | | clinic | 2 | SI/OB | | |
| | | Availability of functional Neurology clinic | 2 | SI/OB | | |
| | | Availability of functional endocrinology | 2 | SI/OB | | |
| | | Clinic is available | | | | |
| | | Availability of functional Oncology Clinic | 2 | SI/OB | | |
| | | DELETED | Facility prov | ides RMNCHA Services | | |
| | | | | | | |
| | | a design of the second second | | ides diagnostic Services | | |
| | | Availability of Sample collection Centre | 2 | SI/OB | | |
| tandard A3 1E A3.2 | The facility Provides Laboratory Services | | | | 1 | |
| | The facility provides other diagnostic services, as | Functional ECG Services are available | 2 | SI/OB | | |
| 1E A3.2 1E A3.3 | | Availability of TMT services | 2 | SI/OB | | |
| IE A3.2 | The facility provides other diagnostic services, as | Availability of TMT services | 2 | | rograms/ state scheme | |

| ME A4.2 | The facility provides services under national | | 2 | SI/OB |] | |
|---|---|--|---|---|--|-----------------|
| | tuberculosis elimination programme as per guidelines. | Availability of Functional DOTS clinic | | 51/08 | | |
| ME A4.3 | The facility provides services under National Leprosy Eradication Programme as per guidelines | Availability of OPD services under NLEP | 2 | SI/RR | | |
| | | Assessment of Disability Status Supply of Customized Foot wear | 2 | SI/RR SI/RR | | |
| ME A4.4 | The facility provides services under National AIDS | Availability of Functional ICTC | 2 | SI/OB | | |
| | Control Programme as per guidelines | Availability of HIV Testing and | 2 | SI/RR | | |
| | | Counselling PPTCT Services for HIV positive | | SI/KR | | |
| | | Pregnant Women | 2 | SI/OB | | |
| | | Availability of Functional ART Centre | 2 | SI/OB | | |
| | The facility provides services under National | Availability of CD4 testing facility Screening and early detection of visual | | SI/OB | Refraction, syringing and probing, foreign body | |
| ME A4.5 | Programme for prevention and control of Blindness as per guidelines | impairment and refraction | 2 | SI/RR | removal, Tonometry and retinoscopy | |
| | | Availability of OPD procedures | 2 | SI/OB | Syringing and probing, foreign body removal, Tonometry ,Perimetry, Retinoscopy, Retrobulbar Injection | |
| ME A4.6 | The facility provides services under Mental Health Programme as per guidelines | Availability of services under MHP | 2 | | (a) Acute/ chronic headache Epilepsy, Dementia , Vertigo. (b) Anxiety disorders, Substance abuse | |
| | | Availability of counselling centre for Suicide prevention | 2 | SI/OB | | |
| ME A4.7 | The facility provides services under National Programme for the health care of the elderly as per guidelines | Dedicated Geriatric Clinic | 2 | SI/OB | (a)Dedicated OPD services for geriatric patients daily (b) Lab investigation & medicine for geriatric cases | |
| ME A4.8 | The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines | Functional NCD clinic is available | 2 | SI/OB | (a) Diagnosis & management of cases of hypertension, diabetes, CVD, Stroke & cancer (b) Follow up chemotherapy cases (c) Rehabilitation and physiotherapy | |
| ME A4.10 | The facility provide services under National health Programme for deafness | Management of case referred from PHC/CHC directly reported to Hospital | 2 | SI/RR | | |
| ME A4.11 | The facility provides services as per State specific health programmes | Availability of OPD services as per State Health Programs | 2 | SI/RR | | |
| | health programmes | Health Programs | | | (a) Screening of the suspected cases of HBV & HCV | |
| ME A4.14 | The facility provides services as per National Viral Hepatitis Program | Availability of services under NVHCP | 2 | SI/RR | (a) Scheming of the subjected cases of HoV & HOV (b) Confirmation of cases - Referral/Linkage (c) Treatment of uncomplicated cases (d) Referral of complicated cases to Medical college/ Model Hepatitis Treatment Centre (e) Follow-up visits - after starting the treatment | |
| ME A4.15 | The facility provide services under National Programme for palliative care | Availability of palliative care OPD | 2 | SI/RR | Frequency as mandated the state | |
| Standard A6 | The facility provides curatives & preventive | | es provided at the f | acility are appropriate t | | |
| ME A6.1 | services for the health problems and diseases, | Special Clinics are available for local prevalent endemics | 2 | SI/OB | Ask for the specific local health problems/ diseases .i.e Kala azar, Swine Flue, arsenic poisoning etc. | |
| | prevalent locally. | - | Area of Co | ncern - B Patient Rights | | |
| Standard B1. | Facility, any idea the information to care context | Facility provides the information to ca | re seekers, attenda | ants & community abou | t the available services and their modalities | |
| Standard B1 | Facility provides the information to care seekers, attendants & community about the available | | 2 | | | |
| ME B1.1 | services and their modalities The facility has uniform and user-friendly signage | | | | (Numbering, main department and internal sectional | |
| | | Availability departmental signage's | 2 | OB | | |
| | System The facility displays the services and | | | | signage | |
| ME B1.2 | system | List of OPD Clinics are available | 2 | OB | | |
| | System The facility displays the services and | List of OPD Clinics are available Timing for OPD are displayed | 2 | OB | | |
| | System The facility displays the services and | List of OPD Clinics are available | 2 2 2 2 | OB OB OB | signage | |
| | System The facility displays the services and | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed | 2 | OB | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other | |
| ME 81.2 | System The facility displays the services and | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed | 2 2 2 2 | 08 08 08 08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other | |
| ME B1.2 ME B1.3 | system The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are | 2 2 2 2 | OB OB OB | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other | |
| ME 81.2 | system The facility displays the services and entitlements available in its departments The facility has established citizen charter, which | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed | 2 2 2 2 | 08 08 08 08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other | |
| ME B1.2 ME B1.3 | system The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter | 2 2 2 2 | 08 08 08 08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other | |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 | system The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels The facility has established citizen charter, which is followed at all levels Patients & vitors are sensitised and educated to patients effectively Patients & vitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and | List of OPD Clinics are available Triming for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available | 2 2 2 2 2 | 08 08 08 08 08 08 08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes | |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 | System The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitised and educated through appropriate IEC / ECC approaches Information is available in local language and easy to understand | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes | |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 | System The facility displays the services and entitlements available in its departments Information is departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-up. | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with dedicated staff | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes | |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 | System The facility displays the services and entitlements available in its departments Information is departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an enclosive set up. The facility ensures access to clinical records of patients in the enclosive set up. | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with dedicated staff OPD slip with UID is given to the patient | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 RR/08 | signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc | |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 Standard B2 | System The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-up. The facility muses access to citical records of patients to entitled personnel Services are delivered | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with dedicated staff OPD slip with UID is given to the patient a mamer that is sensitive to gender, r | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 08 08 8 R/08 | signage Entitlement under, PMJAY, JSY , JSSK, NSSK and other schemes | social reasons. |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 | System The facility displays the services and entitlements available in its departments Information is departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an enclosive set up. The facility ensures access to clinical records of patients in the enclosive set up. | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local anguage Availability of Enquiry Desk with dedicated staff OPD slip with UID is given to the patient n anamer that is sensitive to gender, r Separate queue for female at registration | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 88/08 al needs, and there are: 08 | Signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc | Social reasons. |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 Standard B2 | System The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitisted and educated through appropriate IEC / BEC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-up. The facility ensures access to clinical records of patients of effective access to clinical records of patients of ensures access to clinical records of patients of ensures access to clinical records of patients to ensure that are | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with decitated staff OPD slip with UID is given to the patient me amanner that is sensitive to gender, r Separate queve for female at registration. | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 08 08 8 R/08 | Signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc | social reasons. |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 Standard B2 | System The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitisted and educated through appropriate IEC / BEC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-up. The facility ensures access to clinical records of patients of effective access to clinical records of patients of ensures access to clinical records of patients of ensures access to clinical records of patients to ensure that are | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with dedicated staff OPD slip with UID is given to the patient n a maner that is sensitize to gender, r Separate queue for female at registration Separate tolets for male and female Availability of female staff if a male | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 88/08 al needs, and there are: 08 | Signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc | social reasons. |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 Standard B2 | System The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitisted and educated through appropriate IEC / BEC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-up. The facility ensures access to clinical records of patients of effective access to clinical records of patients of ensures access to clinical records of patients of ensures access to clinical records of patients to ensure that are | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with dedicated staff OPD slips with UID is given to the patient a manner that is sensitive to gender, r Separate queue for female at registration Separate tollets for male and female Availability of female staff if a male doctor examination a female patients | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 8R/08 al needs, and there are 08 08 08 08 08 08 | Signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc | social reasons. |
| ME 81.2 ME 81.3 ME 81.4 ME 81.5 ME 81.6 ME 81.7 ME 81.8 Standard 82 ME 82.1 | System The facility displays the services and entitlements available in its departments field of the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels. User charges are displayed and communicated to patients effectively Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-eup. The facility provides information to patients and visitor through an exclusive set-eup. The facility convides information to patients and visitor through an exclusive set-eup. The facility ensures access to clinical records of patients to entitled personnel Services are delivered Services are provided in manner that are sensitive to gender. | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED IEC Material is displayed Signage's and information are available in local anguage Availability of Enguiry Desk with dedicated staff OPD slip with IUI Di given to the patient in a manner that is sensitive to gender, ir Separate queue for female at registration Separate toules for male and female Availability of Female staff if a male doctor examination a female patients Availability of Female staff if a male doctor examination a female patients | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 08 08 08 08 0 | Signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc | Social reasons. |
| ME B1.2 ME B1.3 ME B1.4 ME B1.5 ME B1.6 ME B1.7 ME B1.8 Standard B2 | System The facility displays the services and entitlements available in its departments The facility has established citizen charter, which is followed at all levels User charges are displayed and communicated to patients effectively. Patients & visitors are sensitisted and educated through appropriate IEC / BEC approaches Information is available in local language and easy to understand The facility provides information to patients and visitor through an exclusive set-up. The facility ensures access to clinical records of patients of effective access to clinical records of patients of ensures access to clinical records of patients of ensures access to clinical records of patients to ensure that are | List of OPD Clinics are available Timing for OPD are displayed Entitlements applicable are Displayed Important numbers like ambulance are displayed Display of citizen charter DELETED EC Material is displayed Signage's and information are available in local language Availability of Enquiry Desk with decitated staff OPD slip with UID is given to the patient a mamer that is sensitive to gender, r Separate queve for female at registration Separate nueve for female at Availability of Breast feeding corner Availability of Wheed chair or stretcher for easy access to the OPD | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08 08 08 08 08 08 08 08 8 88/08 al needs, and there are 08 08 08 08 08 08 08 08 | signage Entitlement under, PMJAY, JSY, JSSK, NSSK and other schemes PMSMA, JSSK, JSY, PMJAY etc Dobarrier on account of physical economic, cultural or | Social reasons. |
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| MF B4.4 | Information about the treatment is shared with | Patient is informed about her clinical | 2 | PI | Ask patients about what they have been | |
|--|--|---|---|--|---|--|
| | patients or attendants, regularly | condition and treatment been provided | 2 | P1 | communicated about the treatment plan | |
| | | Availability of complaint box and display | | | | |
| ME B4.5 | The facility has defined and established grievance redressal system in place | of process for grievance re redressal and whom to contact is displayed | 2 | ОВ | | |
| Standard B5 | | | barrier to access a | nd that there is financia | I protection given from cost of hospital services. | |
| ME B5.1 | The facility provides cashless services to pregnant women, mothers and neonates as per | Free OPD Consultation / ANC Check-ups | 2 | PI/SI | For JSSK entitlement | |
| | prevalent government schemes | Check that patient party has not spent | | | | |
| ME B5.2 | The facility ensures that Medicines prescribed are available at Pharmacy and wards | on purchasing Medicines or | 2 | PI/SI | | |
| ME 85.3 | It is ensured that facilities for the prescribed | consumables from outside. Check that patient party has not spent | 2 | PI/SI | | |
| ME B5.4 | investigations are available at the facility | on diagnostics from outside. | | | Deleted | |
| ME 85.5 | The facility ensures timely reimbursement of financial entitlements and reimbursement to the | If any other expenditure occurred it is reimbursed from hospital | 2 | PI/SI/RR | | |
| | patients | reinbursed from hospital | Area of | Concern - C Inputs | | |
| Standard C1 | Departments have adequate space as per patient | | | | infrastructure meets the prevalent norms | |
| ME C1.1 | or work load | consultation and examination | 2 | OB | Adequate Space in Clinics (12 sq. ft) | |
| | | Availability of adequate waiting area | 2 | ОВ | Waiting area at the scale of 1 sq. ft per average daily patient with minimum 400 sq. ft of area | |
| ME C1.2 | Patient amenities are provide as per patient load | Availability of seating arrangement in | 2 | ОВ | As per average OPD at peak time | |
| | | waiting area Availability of sub waiting at for | 2 | ОВ | For clinics has high patient load | |
| | | separate clinics Availability of cold Drinking water | 2 | ОВ | See if its is easily accessible to the visitors | |
| | | Availability of functional toilets | 2 | ОВ | Urinals 1 per 50 person water closet and wash basins 1 per 100 person | |
| | Departments have layout and demarcated areas | Availability of patient calling system | 2 | OB | | |
| ME C1.3 | as per functions | There is designated area for registration Dedicated clinic for each speciality | 2 | OB | | |
| | | Dedicated clinic for each speciality Dedicated examination areas is provided with each clinics | 2 | ОВ | | |
| | | Demarcated dressing area /room | 2 | OB | | |
| | | Demarcated injection room Demarcated immunization room for | 2 | OB | | |
| | | pregnant women and children availability of clean and dirty utility | 2 | ОВ | | |
| | | room Demarcated trolley/wheelchair bay | 2 | OB | | |
| | | | | | | |
| 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 | 2 | ОВ | | |
| ME C1.5 | The facility has infrastructure for intramural and extramural communication | Availability of functional telephone and Intercom Services | 2 | ОВ | | |
| | | Availability of Registration counters as | | | Average Time taken for registration would be 3-5 min | |
| ME C1.6 | Service counters are available as per patient load | per Patient load | 2 | OB | so number of counter required would be worked on scale of 12-20 patient/hour per counter | |
| | The facility and departments are planned to | | | | Layout of OPD shall follow functional flow of the | |
| ME C1.7 | ensure structure follows the function/processes | Unidirectional flow of services | 2 | ОВ | patients, e.g.: Enquiry→Registration→Waiting→Sub-waiting→ | |
| | (Structure commensurate with the function of | | | | | |
| | the hospital) | | | | Clinic Dressing room/Injection Room→ | |
| | the hospital) | All OPD clinics and related auxiliary | 2 | OB | Clinic Dressing room/Injection Room → Diagnostics (lab/X·ray)→Pharmacy→Exit | |
| | the hospital) | All OPD clinics and related auxiliary services are co located in one functional area | 2 | OB | | |
| Standard C2 | the hospital) | services are co located in one functional area | _ | OB physical safety of the in | Diagnostics (lab/X-ray)→Pharmacy→Exit frastructure. | |
| Standard C2 ME C2.1 | the hospital) The facility ensures the seismic safety of the infrastructure | services are co located in one functional area | _ | | Diagnostics (lab/X-ray)→Pharmacy→Exit frastructure. Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are | |
| ME C2.1 | The facility ensures the seismic safety of the | services are co located in one functional area The f | acility ensures the p | OB | Diagnostics (lab/X-ray)→Pharmacy→Exit fratructure. [Check for fixtures and furniture like cupboards, | |
| ME C2.1 ME C2.3 | The facility ensures the seismic safety of the infrastructure The facility ensures safety of electrical establishment | services are co located in one functional area The f Non structural components are properly secured OPD building does not have temporary connections and loosely hanging wires | acility ensures the J | physical safety of the in | Diagnostics (lab/X-ray)→Pharmacy→Exit frastructure. Check for fixtures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are | |
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Outdoor Department

Version - NHSRC/ 3.0

| | The departments have availability of adequate | Availability of injectables at injection | | | | |
|--|--|--|--|---|--|--|
| VIE C5.1 | Medicines at point of use | room Availability of drugs for management of | 2 | OB/RR | ARV, TT | |
| | The departments have adequate consumables at | GDM Availability of disposables at dressing | 2 | | Metformin & insulin Examination gloves, Syringes, Dressing material, | |
| ME C5.2 | point of use | room and clinics HIV testing Kits I, II and III at ICTC | 2 | OB/RR OB/RR | suturing material | |
| | | Availability of glucometer & OGTT | 2 | UB/RR | for screening of GDM | |
| ME C5.3 Standard C6 | Emergency Medicine trays are maintained at every point of care, where ever it may be needed | | 2 | OB/RR | | |
| ME C6.1 | Availability of equipment & instruments for examination & monitoring of patients | Availability of functional Equipment &Instruments for examination & | 2 | ruments required for as | BP apparatus, thermometer, weighting machine, torch, stethoscope, Examination table | |
| VIE C6.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the | Monitoring Availability of functional Instruments/Equipment for Gynae and | 2 | ОВ | PV examination kit, Inch tape, fetoscope, Weighting machine, BP apparatus etc. | |
| | facility | obstetric Availability of functional Equipment/Instruments for | 2 | ОВ | X ray view box, Equipment for plaster room | |
| | | Orthopaedic Procedures Availability of functional Instruments / Equipment for Ophthalmic Procedures | 2 | ОВ | Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart. | |
| | | Availability of Instruments/ Equipment Procedures for ENT procedures | 2 | ОВ | Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument | |
| | | Availability of functional Instruments/ Equipment for Dental Procedures | 2 | ОВ | Set Dental chair, Air rotor, Endodontic set, Extraction forceps | |
| | | Availability of functional Equipment/Instruments of Physiotherapy Procedures | 2 | ОВ | Traction, Wax bath, Short Wave Diathermy, Exercise table Etc . | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of Equipment for ICTC lab | 2 | ОВ | Micropipettes, Centrifuge, Needle destroyer, Refrigerators | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage for Medicines | 2 | ОВ | Refrigerator, Crash cart/Medicine trolley, instrumental trolley, dressing trolley | |
| ME C6.6 | Availability of functional equipment and instruments for support services | Availability of equipment for cleaning | 2 | ОВ | Buckets for mopping, mops, duster, waste trolley, Deck brush | |
| | | Availability of equipment for sterilization and disinfection | 2 | ОВ | Boiler | |
| ME C6.7 | Departments have patient furniture and fixtures | Availability of Fixtures | 2 | ОВ | Spot light, electrical fixture for equipment, X ray view | |
| | as per load and service provision | Availability of furniture at clinics | 2 | ОВ | box Doctors Chair, Patient Stool, Examination Table, | |
| Standard C7 | Facility | | <mark>e for effective util</mark> i | ation, evaluation and a | Attendant Chair, Table, Footstep, cupboard ugmentation of competence and performance of staff | |
| ME C7.1 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 | 2 | RR/SI | DELETED 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 | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Check the competency of staff to use OPD equipment like BP apparatus etc | 2 | 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 | |
| | | At ANC clinic staff is skilled to identify | _ | | Check supervisors make periodic rounds of department and monitor that staff is working | |
| | | high risk pregnancies | 2 | SI/RR | according to the training imparted. Also staff is provided on job training wherever there is still gaps | |
| | | high risk pregnancies Staff is skilled for maintaining clinical records | 2 | SI/RR SI/RR | according to the training imparted. Also staff is | |
| | | Staff is skilled for maintaining clinical records | 2 Area of Conc | SI/RR ern - D Support Services | according to the training imparted. Also staff is provided on job training wherever there is still gaps 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 | |
| Standard D1 | | Staff is skilled for maintaining clinical records The facility has established Pro | 2 Area of Conc | SI/RR ern - D Support Services | according to the training imparted. Also staff is provided on job training wherever there is still gaps 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 mance and calibration of Equipment. 1. Check with AMC records/ | |
| | The facility has established system for maintenance of critical Equipment | Staff is skilled for maintaining clinical records | 2 Area of Conc | SI/RR ern - D Support Services | according to the training imparted. Also staff is provided on job training wherever there is still gaps 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 Example 1 . 1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC. | |
| | | Staff is skilled for maintaining clinical records The facility has established Pro All equipment are covered under AMC | 2 Area of Conc gramme for inspec | SI/RR ern - D Support Services tion, testing and mainte | according to the training imparted. Also staff is provided on job training wherever there is still gaps 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 anance and calibration of Equipment. 1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC. 1. Check to threakdown & Maintenance record in the log book 2. Staff is aware of contact details of the | |
| ME D1.1 | | Staff is skilled for maintaining clinical records The facility has established Pro All equipment are covered under AMC including preventive maintenance There is system of the corrective break down maintenance of the | 2 Area of Conc gramme for inspec 2 | SI/RR ern - D Support Services tion, testing and mainter SI/RR | according to the training imparted. Also staff is provided on job training wherever there is still gaps 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 trance and calibration of Equipment. 1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC. 1. Check for breakdown & Maintenance record in the log book | |
| ME D1.1 ME D1.2 | maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment The | Staff is skilled for maintaining clinical records The facility has established Pro All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated facility has defined procedures for stors | 2 Area of Conc gramme for insper 2 2 2 2 | SI/RR em = D Support Service tion, testing and mainte SI/RR SI/RR OB/ RR | according to the training imparted. Also staff is provided on job training wherever there is still gaps 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 index and calibration of Equipment. 1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC. 1. Check Kor breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in ease of breakdown. BP apparatus, thermometer are calibrated of Medicines in pharmacy and patient care areas | |
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| ME D3.3 | The facility ensures safe and comfortable | Temperature control and ventilation in | 2 | PI/OB | Fans/ Air conditioning/Heating/Exhaust/Ventilators as | |
|---|---|--|---|--|---|--|
| | environment for patients and service providers | waiting areas | | | per environment condition and requirement | |
| | | Temperature control and ventilation in clinics | 2 | SI/OB | Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement | |
| VIE D3.4 | The facility has security system in place at | Hospital has sound security system to | 2 | OB/SI | | |
| VIE D3.5 | The facility has established measure for safety | manage overcrowding in OPD Ask female staff whether they feel | 2 | SI | | |
| standard D4 | and security of female staff | | stablished Program | me for maintenance an | d upkeep of the facility | |
| VIE D4.1 | Exterior of the facility building is maintained appropriately | Building is painted/whitewashed in uniform colour | 2 | ОВ | | |
| | | Interior of patient care areas are plastered & painted | 2 | ОВ | | |
| ME D4.2 | Patient care areas are clean and hygienic | Floors, walls, roof, roof topes, sinks patient care and circulation areas are | 2 | ОВ | All area are clean with no dirt, grease, littering and cobwebs | |
| | | Clean Surface of furniture and fixtures are | 2 | OB | couwebs | |
| | | clean Toilets are clean with functional flush | 2 | ОВ | | |
| | | and running water Check for there is no seepage , Cracks, | | - | | |
| ME D4.3 | Hospital infrastructure is adequately maintained | chipping of plaster Window panes , doors and other | 2 | OB | | |
| | | fixtures are intact Patients beds are intact and painted | 2 | OB | | |
| | The facility has policy of removal of condemned | Mattresses are intact and clean No condemned/Junk material lying in | 2 | OB | | |
| VIE D4.5 | junk material The facility has established procedures for pest, | the OPD | 2 | OB | | |
| ME D4.6 | rodent and animal control | No stray animal/rodent/birds | 2 | ОВ | | |
| Standard D5 | The facility has adequate arrangement storage | Availability of 24x7 running and potable | | | vice delivery, and support services norms | |
| VIE D5.1 | and supply for portable water in all functional areas | water | 2 | OB/SI | | |
| VIE D5.2 | The facility ensures adequate power backup in all patient care areas as per load | Availability of power back up in OPD | 2 | OB/SI | | |
| standardD6 | The facility has see drive of excitational | | lable as per service | provision and nutrition | al requirement of the patients. | |
| VIE D6.1 | The facility has provision of nutritional assessment of the patients | Nutritional assessment of patient done as required and directed by doctor | 2 | RR/SI | | |
| Standard D7 | | | | es clean linen to the pat | ients | |
| ME D7.1 Standard D11 | The facility has adequate sets of linen | Availability of linen in examination area | 2 nd clinical staff are | OB determined as per gov | t. regulations and standards operating procedures. | |
| | The facility has established job description as per | Staff is aware of their role and responsibilities | | | | |
| ME D11.1 | govt guidelines | | 2 | SI | | |
| ME D11.2 | The facility has a established procedure for duty | There is procedure to ensure that staff | 2 | RR/SI | Check for system for recording time of reporting and | |
| ME DI1.2 | roster and deputation to different departments | is available on duty as per duty roster | 2 | RR/SI | relieving (Attendance register/ Biometrics etc) | |
| | | There is designated in charge for department | 2 | SI | | |
| ME D11.3 | The facility ensures the adherence to dress code as mandated by its administration / the health | Doctor, nursing staff and support staff adhere to their respective dress code | 2 | ОВ | | |
| Standard D12 | department | autiere to their respective dress code | | | | |
| | | Facility has established procedure fo | monitoring the qu | ality of outsourced serv | vices and adheres to contractual obligations | |
| ME D12.1 | There is established system for contract | There is procedure to monitor the quality and adequacy of outsourced | <mark>r monitoring the qu</mark> 2 | ality of outsourced serv | Verification of outsourced services (cleaning/Laundry/Security/Maintenance) provided | |
| 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 | 2 Area of Cond | SI/RR ern - E Clinical Services | Verification of outsourced services (cleaning/taundry/Security/Maintenance) provided are done by designated in-house staff | |
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| ME D12.1 Standard E1 ME E1.2 ME E1.2 ME E1.3 ME E2.1 ME E2.3 ME E2.3 Standard E3 ME E3.1 | management for out sourced services Imagement for out sourced service for out sourced services | There is procedure to monitor the quality and adequacy of outsourced services on regular basis The facility has defined Patient demographic details are recorded in DPU registration records Patient demographic details are recorded in DPU registration records Patient demographic details are recorded in DPU registration records Patients are directed to relevant clinic by registration. Lerk based on complaint there is procedure for systematic calling of patients one by one Patient History is taken and recorded Physical Examination is done and recorded wherever required Provisional Diagnosis is recorded Provisional Diagnosis is recorded Provisional Diagnosis is recorded There is establish procedure for dmission through OPD There is establish procedure for dmission through OPD There is detailed for reasessment of patient under observation Check treatment/care plan is prepared as per patient's need Check treatment / care plan is documented Check care is delivered by competent multidisciplinary team Facility has edined refored Facility has edined for handing over of patients during departmental transfer There is a procedure consultation of the patient to there specialist with in the hosoital | 2 Area of Conducts for r 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SJ/RR ern - E Clinical Services gistration, consultatio RR R R R R OB/RR SJ/RR CInical assessment, rea OB SJ/RR SJ/RR R SJ/RR R R SJ/RR CINICAL ST | Verification of outsourced services (cleaning/Landry/Security/Maintenance) provided are done by designated in-house staff and admission of patients. Check for that patient demographics like Name, age, Sex, Address etc. Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis. Check OPD records for the same Check details of the physical examination, provisional diagnosis and investigations (if any) is mentioned in the OPD ticket Check treatment plan and confirmed diagnosis is recorded seessment and treatment plan preparation. (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. Care plan include, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, a (scharge plan et Check care plan is prepared and delivered as per direction of qualified physician Care of patient and referral | |

| | | | | | 1. Check referral out record is maintained | |
|--|--|---|---|--|--|--|
| | | There is a system of follow up of referred patients | 2 | RR | Check randomly with the referred cases (contact them) for completion of treatment or follow up. | |
| | | | | | ······ | |
| ME E3.4 | Facility is connected to medical colleges through | Telemedicine service are used for | 2 | RR/SI | | |
| | telemedicine services | consultation Patient records are maintained for the | | | | |
| | | cases availing the telemedicine services | 2 | RR/PI | Check the records for completion. | |
| Standard E5 | | | s a procedure to id | entify high risk and vulr | erable patients. | |
| 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 | 2 | OB/SI | | |
| Standard E6 | chuic their care, as per their need | providing services on priority basis | ty ensures rational | e prescribing and use of | medicines | |
| Standard Eo | | | ty circuit and | | Check for: 1. No. of medicines prescribed | |
| ME E6.1 | Facility ensured that Medicines are prescribed ias | Check for OPD slip if Medicines are | 2 | RR | 2. High-end antibiotics are not prescribed | |
| WIE EO.1 | per the prescription policy of ESIC | prescribed as per the prescription policy | 2 | | 3. polypharmacy 4. No of multivitamins prescribed | |
| | | - | | | 5. No of injectables prescribed 6. Medicines are prescribed from EML | |
| | | A copy of Prescription is kept with the facility | 2 | RR | | |
| ME E6.2 | There is procedure of rational use of Medicines | Check for that relevant Standard treatment guideline are available at | 2 | RR | TO DISCUSS | |
| | | point of use Availability of Medicine formulary | 2 | SI/OB | | |
| ME E6.3 | | DELETED | | | | |
| | | | | | | |
| Standard E7 | | Facility | has defined proced | ures for safe Medicine a | administration | |
| ME E7.2 | Medication orders are written legibly and | Every Medical advice and procedure is accompanied with date , time and | 2 | RR | | |
| | adequately | signature | - | | | |
| ME E7.3 | There is a procedure to check Medicine before | Medicines are checked for expiry and | 2 | OB/SI | Check in Injection room | |
| AIL: 1713 | administration/ dispensing | other inconsistency before administration | 2 | UB/SI | | |
| | | Check single dose vial are not used for more than one dose | 2 | ОВ | Check for any open single dose vial with left over content intended to be used later on | |
| | | Check for separate sterile needle is used every time for multiple dose vial | 2 | ОВ | In multi dose vial needle is not left in the septum | |
| | | Any adverse Medicine reaction is | 2 | RR/SI | Adverse drug event trigger tool is used to report the | |
| | Patient is counselled for self Medicine | recorded and reported Patient is advice by doctor/ Pharmacist | | | events | |
| ME E7.5 | administration | /nurse about the dosages and timings . | 2 | SI/PI | | |
| Standard E8 | All the end of the second seco | Facility has defined and established Patient History, Chief Complaint and | l procedures for ma | aintaining, updating of p | patients' clinical records and their storage | |
| ME E8.1 | All the assessments, re-assessment and | Examination Diagnosis/ Provisional | | | | |
| | investigations are recorded and updated | | 2 | RR | (Manually/e-records) | |
| ME E8.2 | investigations are recorded and updated All treatment plan prescription/orders are recorded in the patient records. | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written | 2 | RR | (Manually/e-records) (Manually/e-records) | |
| ME E8.2 ME E8.4 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure | | | | |
| | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the OPD slip Check for the availability of OPD slip, | 2 | RR | (Manually/e-records) | |
| ME E8.4 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the OPD slip Check for the availability of OPD slip, Requisition slips etc. | 2 | RR | (Manually/e-records) (Manually/e-records) | |
| ME E8.4 ME E8.5 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the OPD slip, Recuisition slips etc. OPD records are maintained Al register/records are identified and | 2 2 2 2 | RR RR OB/SI | (Manually/e-records) | |
| ME E8.4 ME E8.5 ME E8.6 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility ensures safe and adequate storage | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/njection, other procedure recorded in the OPD slip Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained Al register/records are identified and numbered | 2 2 2 2 2 | RR RR OB/SI OB/RR | (Manually/e-records) (Manually/e-records) | |
| ME E8.4 ME E8.5 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility ensures safe and adequate storage and retrieval of medical records | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the OPD slip. Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered Safe keeping of OPD records | 2 2 2 2 2 2 2 2 2 | RR RR OB/SI OB/RR OB/SI | (Manually/e-records) (Manually/e-records) | |
| ME E8.4 ME E8.5 ME E8.6 ME E8.7 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility ensures safe and adequate storage | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the QPD slip. Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered Safe keeping of OPD records The facility has defined and Staff is aware of disaster plan | 2 2 2 2 2 2 2 2 2 | RR RR OB/SI OB/RR OB/SI | (Manually/e-records) (Manually/e-records) OPD register, ANC register, Injection room register etc | |
| ME E8.4 ME E8.5 ME E8.6 ME E8.7 Standard E11 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility ensures safe and adequate storage and retrieval of medical records The facility has disaster management plan in | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the QPD slip. Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered Safe keeping of OPD records The facility has defined an Staff is aware of disaster plan Role and responsibilities of staff in disaster is defined | 2 2 2 2 2 2 4 established proce 2 2 2 | RR RR OB/SI OB/RR OB/RR OB/SI dures for Emergency Se SI/RR SI/RR | (Manually/e-records) (Manually/e-records) OPD register, ANC register, Injection room register etc rvices and Disaster Management | |
| ME E8.4 ME E8.5 ME E8.6 ME E8.7 Standard E11 ME E11.3 Standard E12 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility unsures safe and adequate storage and retrieval of medical records The facility has disaster management plan in place | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the QPD slip. Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered Safe keeping of OPD records The facility has defined an Staff is aware of disaster plan Role and responsibilities of staff in disaster is defined | 2 2 2 2 2 2 4 established proce 2 2 2 as defined and est | RR BR OB/SI OB/RR OB/RR OB/SI dures for Emergency Se SI/RR SJ/RR ablished procedures of | (Manually/e-records) (Manually/e-records) OPD register, ANC register, Injection room register etc rvices and Disaster Management | |
| ME E8.4 ME E8.5 ME E8.6 ME E8.7 Standard E11 ME E11.3 Standard E12 ME E12.1 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility ensures safe and adequate storage and retrieval of medical records The facility has disaster management plan in | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/njection, other procedure recorded in the OPD slip. Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered Safe keeping of OPD records The facility has defined and Staff is aware of disaster plan Role and responsibilities of staff in disaster is defined The facility the soft in disaster is defined | 2 2 2 2 2 2 2 4 established proce 2 2 2 3 3 4 established proce 2 2 2 3 3 4 established strong est 2 2 3 3 4 3 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | RR 08/SI 08/RR 08/RR 08/SI dures for Emergency Se SI/RR SI/RR SI/RR 08 | (Manually/e-records) (Manually/e-records) OPD register, ANC register, Injection room register etc rvices and Disaster Management | |
| ME E8.4 ME E8.5 ME E8.6 ME E8.7 Standard E11 ME E11.3 Standard E12 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility unsures safe and adequate storage and retrieval of medical records The facility has disaster management plan in place There are established procedures for Pre-testing Activities | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the OPD slip. Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered The facility has defined and Staff is aware of disaster plan Role and responsibilities of staff in disaster is defined The facility to Container is labelled properly after the sample collection | 2 2 2 2 2 2 4 established proce 2 2 2 as defined and est | RR BR OB/SI OB/RR OB/RR OB/SI dures for Emergency Se SI/RR SJ/RR ablished procedures of | (Manually/e-records) (Manually/e-records) OPD register, ANC register, Injection room register etc rvices and Disaster Management | |
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| ME E8.4 ME E8.5 ME E8.6 Standard E11 ME E11.3 Standard E12 ME E12.1 ME E12.3 Standard E17 ME E17.1 | All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per publicle in the public of the | Diagnosis is recorded in OPD slip Written Prescription Treatment plan is written Any dressing/injection, other procedure recorded in the OPD slip Check for the availability of OPD slip, Requisition slips etc. OPD records are maintained All register/records are identified and numbered Safe keeping of OPD records The facility has defined and Staff is aware of disaster plan Role and responsibilities of staff in disaster is defined The facility and the facility factor Role and responsibilities of staff in disaster is defined The facility has defined and Clinicis is provided with the critical value of different tests Facility provides and updates. "Mother and Child Protection Card". Records are maintained for ANC registered orspannit women ANC Check-ups is done by Qualified performing urine test Last menstrul period (LMP) is recorded and factered ate of Delivery (EDD) is calculated and the Rockurg sing and ANC Check-up Height & Blood pressure measurement Pallor, edema and iterus. Abdomina plapation for foetal growth, feetal lie Ausculation for foetal for and for ANC registered orspanne Rockus during all ANC Check-up | 2 2 2 2 2 4 stablished proceed 2 3 4 stablished proceed 2 3 4 stablished proceed 2 3 4 4 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 | RR/SI RR | (Manually/e-records) (Manually/e-records) (Manually/e-records) (Manually/e-records) OPD register, ANC register, Injection room register etc rvices and Disaster Management diagnostic services diagnostic services as per guidelines Line listing Records of each ANC check-ups is maintained in Mother and child protection card Gestational Age, general & systemic examination including breast examination, medical, surgical & personal history etc Cocheck pelvic adequacy - in 37 weeks (a) Confirm hypertension & identify the pregnant women with severe PE/E (b) Manage hypertension as per guidelines | |

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| | | | | | (a) Medical Nutrition Therapy (MNT) & Physical | l I |
|------------------|---|--|---------|-------------------------|--|-----|
| | | | | | exercise for 2 weeks | |
| | | | | | (b) After 2 weeks of MNT & physical exercise - 2hrs PPBS | |
| | | | | | - if 2hrs PPBS is less than 120mg/dl- repeat the test as | |
| | | Management of pregnant women with GDM | 2 | | per protocol- one test every month during 2nd & 3rd trimesters | |
| | | | | | if 2hrs PPBS is more 120mg/dl - medical | |
| | | | | | management (metformin or insulin therapy to be started as per guidelines | |
| | | | | | (c) Foetal surveillance - Foetal auscultation in Antenatal visit | |
| | | | | | (a) Screening of high-risk Pregnant women (Areas with | |
| | | | | | moderate to severe iodine deficiency, obesity, history - of thyroid dysfunction/ surgery, to first-degree | |
| | | Identification & management of hypothyroidism | 2 | | relatives, mental retardation, autoimmune disease, | |
| | | nypotnyrolabin | | | frequent miscarriage, pre-term delivery etc.) (b) Hormonal assay - TSH & FT4 | |
| | | | | | (c) Treatment as per guidelines- Levothyroxine | |
| | Facility ensures availability of diagnostic and | Diagnostic test under ANC check up are | | | Check for Haemoglobin, urine albumin, urine sugar, | |
| ME E17.3 | Medicines during antenatal care of pregnant women | prescribed by ANC clinic | 2 | RR/SI | blood group and Rh factor ,Syphilis (VDRL/RPR) HIV, blood sugar, malaria & Hepatitis B | |
| | women | | | | (a) Universal screening of all pregnant women at the | |
| | | Oral glucose tolerance test (OGTT) is | 2 | RR/SI | time of first antenatal contact. | |
| | | done for all pregnant women | | | (b) if the first test is negative second test - 24-28 week of gestation | |
| | There is an established procedure for | | | | (a) PIH, GDM, Malaria, HIV, syphilis, APH, | |
| ME E17.4 | identification of High risk pregnancy and appropriate treatment/referral as per scope of | High risk pregnant women are referred to specialist | 2 | RR/SI | (b) From ANC clinic to PMSMA (c) Sticker indicating the risk factor/ condition of the | |
| | services. | | | | pregnant woman - placed in MCP card in PMSMA | |
| ME E17.5 | There is an established procedure for identification and management of moderate and | Line listing of pregnant women with | 2 | RR/SI | | |
| | identification and management of moderate and severe anaemia | moderate and sever anaemia | <u></u> | 111/ DI | | |
| | | Provision for Injectable Iron Treatment for moderate anaemia | 2 | RR/SI | | |
| ME E17.6 | Counselling of pregnant women is done as per | Nutritional counselling | 2 | RR/PI | | |
| | standard protocol and gestational age | Nutrition & Rest | 2 | RR/PI | Iron, folic acid & calcium supplementation | |
| | | Recognizing danger sign of labour Breast feeding | 2 | RR/PI RR/PI | | |
| | | Institutional delivery | 2 | RR/PI | | |
| | | Arrangement of referral transport Birth preparedness | 2 | RR/PI RR/PI | | |
| Characterist 522 | | Family planning | 2 | RR/PI | services as per guidelines | |
| Standard E22 | | Provision of Antenatal natal check up | | | Nutritional Counselling, contraceptive counselling, | |
| ME E22.1 | Facility provides Promotive ARSH Services | for pregnant adolescent | 2 | SI/RR | Couple counselling ANC check-ups, ensuring institutional delivery | |
| | | Counselling and provision of emergency | 2 | SI/RR | Check for the availability of Emergency Contraceptive | |
| | | contraceptive pills Counselling and provision of reversible | 2 | RR/SI | pills (Levonorgestrel) Check for the availability of Oral Contraceptive Pills, | |
| | | Contraceptives | | | Condoms and IUD | |
| | | Availability and Display of IEC material | 2 | OB | Poster Displayed, Reading Material handouts etc. | |
| | | | | | Advice on topic related to Growth and development, puberty, sexuality cancers, myths & | |
| | | Information and advice ob. sexual and reproductive health related issues | 2 | SI/RR | misconception, pregnancy, safe sex, contraception, | |
| | | | | | unsafe abortion, menstrual disorders, anemia, sexual abuse ,RTI/STI's etc. | |
| ME E22.2 | Facility provides Preventive ARSH Services | Services for Tetanus immunization Services for Prophylaxis against | 2 | SI/RR | TT at 10 and 16 year Haemoglobin estimation, weekly IFA tablet, and | |
| | | Nutritional Anaemia | 2 | SI/RR | treatment for worm infestation | |
| | | Nutrition Counselling | 2 | SI/RR | | |
| | | Services for early and safe termination of pregnancy and management of post | 2 | SI/RR | MVA procedure for pregnancy up to 8 week Post abortion counselling | |
| | | abortion complication | | | abortion coursening | |
| ME E22.3 | Facility Provides Curative ARSH Services | Treatment of Common RTI/STI's | 2 | SI/RR | Privacy and Confidentiality, treatment Compliance, | |
| | , | | | ., | Partner Management, Follow up visit and referral | |
| | | Treatment and counselling for Menstrual disorders | 2 | SI/RR | Symptomatic treatment , counselling | |
| | | Treatment and counselling for sexual concern for male and female | 2 | SI/RR | | |
| | | adolescents | - | 50/100 | | |
| | | Management of sexual abuse amongst Girls | 2 | SI/RR | ECP, Prophylaxis against STI, PEP for HIV and Counselling | |
| ME E22.4 | Facility Provides Referral Services for ARSH | Referral Linkages to ICTC and PPTCT | 2 | SI/RR | | |
| | | Privacy and confidentiality maintained at ARSH clinic | 2 | SI/RR | Screens and curtains for visual privacy, confidentaility policy displayed, one client at a time | |
| Standard E23 | | | | rogram as per operation | | |
| ME E23.1 | Facility provides service under National Vector | Ambulatory care of uncomplicated P. | 2 | | As per Clinical Guidelines for Treatment of Malaria | |
| WIC 225.1 | Borne Disease Control Program as per guidelines | Vivax malaria | 2 | SI/RR | | |
| | | Ambulatory care of uncomplicated P. Falciparum Malaria | 2 | SI/RR | As per Clinical Guidelines for Treatment of Malaria | |
| | | Ambulatory care of Medicine resistant | 2 | SI/RR | As per Clinical Guidelines for Treatment of Malaria | |
| | | malaria | - | Synn | | |
| | | | | | Cough >2 weeks, fever >2 weeks, significant weight loss, haemoptysis, | |
| ME E23.2 | Facility provides service under National TB | Staff is aware of symptoms or signs | 2 | SI/RR | any abnormalities in chest radiography. Addition, | |
| | Elimination Program as per guidelines | Presumptive pulmonary TB as per revised guidelines | | | contact of microbiologically confirmed TB patients, PL HIV, diabetics, malnourished, cancer | |
| | | | | | patients, patients on immunosuppressive therapy | |
| | | | | | Organ specific symptoms and signs like swelling of | |
| | | Staff is aware of Signs and symptoms of Extra pulmonary Tuberculosis | 2 | SI/RR | lymph nodes, pain & swelling in joints, neck stiffness, disorientation, etc or constitutional symptoms like | |
| | | | | | weight loss, fever> 2 weeks night sweat | |
| | | | | | Child with persistent fever and/ or cough for more | |
| | | Staff is aware of signs and symptoms of | - | | than 2 weeks. Unexplained Loss of weight/no weight gain in past 3 months/here loss of body | |
| | | presumptive paediatric TB cases as per revised guidelines | 2 | SI/RR | weight loss of >5% body weight as compared to | |
| | | | | | highest weight recorded in the last 3 months. | |
| | | | | | (1)TB patients who have failed treatment with | |
| | | | | | first-line | |
| | | | | | anti-tubercular Medicines (ATD). (2)Paediatric TB non-responded. | |
| | | Staff is aware of presumptive DRTB | 2 | SI/RR | (3)TB patients who are contacts of DRTB. (4)TB patients who are found positive on any | |
| | | cases as per revised guidelines | | Siynn | follow-up sputum smear examination during | |
| | | | | | treatment with first-line ATD. | |
| | | | | | (5) Previously treated TB cases | |
| | | | | 1 | (6)TB natients with HIV co-infection | |

Outdoor Department

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| ME E23.4 Facility provides service under National ADS Control program as per guidelines Pre Test Counselling is done as per protocols 2 S//RR basic information and benefits of HIV testing on on nutrition, hyperent right to refuse, follow-up services. Pregnant women are given additional information on nutrition, hyperent test monotance of the importance of an institutional delivery and HIV testings on so as to avoid HIV testings on the importance of a non-institutional delivery and HIV testings on so avoid HIV testings on the chall. Post test counselling given as per protocol Post test counselling given as per protocol 2 S//RR swindow period, a repeat test is recommended, clients with suspected tuberculoss are referred to the henerest microscopy centre. In case of a positive test result, the client to understand the implications of the positive test result and helps in cooping with the test result. The counsellor assists censes to treatment and care, and supports disclosure of the HIV status to the spouse. Diagnosis and treatment of opportunistic infections 2 SI/RR As per NACO guidelines As per NACO guidelines | |
| HIV transmission from mother to child. Window period.a repeat test is recommended, clients window period.a repeat test is result. The counsellor assists the client to understand the implications of the positive test result. The counsellor assists the client to understand the counsellor assists the client to understand the counsellor assists client test. Diagnosis and treatment of opportunistic infections 2 Streening of PLAN for initiating ART 2 Streening of VLAN for initiating ART 2 Streening of VLAN for initiating ART 2 | |
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| Screening of PLHA for initiating ART 2 SI/RR As per NACO guidelines | |
| Monitoring of patients on APT and | |
| Monitoring of patients on ART and 2 SJ/RR As per NACO guidelines | |
| Counselling and Psychological support for PLHA S de Transmission 2 SI/RR As per NACO guidelines | ļ |

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| | | | | | (a) Management of the acute psychosis, obsession, | |
|--|--|--|--|--|--|--|
| ME E23.6 | Facility provides service under Mental Health | Identification and treatment of mental | 2 | | anxiety, depression, neurosis & epilepsy | |
| | Program as per guidelines | illness as per guidelines | | | (b)Ensure availability medicines & regular follow up (c) Referferal of the cases as per requirement | |
| | | Identification of the cases for substance | 2 | SI/RR | Treat/ refer to the de addiction centre | |
| | | abuse | 2 | SI/KK | (a) Basic psycho education about treatment | |
| | | | | | adherence (b) Motivation enhancement | |
| | | Psychosocial support is provided | 2 | SI/RR | (c) Reduction of high risk behaviour | |
| | | | | | (d) Relapse prevention (e) Counselling for occupational rehab. | |
| | Facility provides service under National | | | | (d) Patient support group / individual counselling | |
| ME E23.7 | programme for the health care of the elderly as | Geriatric Care is provided as per Clinical Guidelines | 2 | SI/RR | (a) Linkage with specialists like medicine, ortho, health., ENT services | |
| | per guidelines Facility provides service under National | | | | (b) Referral services to Regional Geriatric centre/MC Screening of persons above age of 30 - History of | |
| ME E23.8 | Programme for Prevention and Control of cancer, | Opportunistic screening for diabetes, hypertension, cardiovascular diseases | 2 | SI/RR | tobacco examination, BP Measurement and Blood sugar estimation | |
| | diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines | | | | Look for records at NCD clinic | |
| | | Screen women of the age group 30-69 years approaching to the hospital | 2 | SI/RR | for early detection of cervix cancer and breast cancer | |
| | | Health Promotion through IEC and | 2 | ОВ | Increased intake of healthy foods, Increased physical activity through sports, exercise, etc.; | |
| | | counselling | - | 05 | Avoidance of tobacco and alcohol; stress management & warning signs of cancer etc | |
| | | Counselling the identified cases for self | | | Council the patient for monitoring of their BP (using digital BP apparatus), sugar (using glucometer), self | |
| | | care | 2 | PI/RR | care for ulcer etc | |
| ME E23.9 | Facility provide service for Integrated disease | Weekly reporting of Presumptive cases | 2 | c.lor | (a) Submitted to District surveillance officer | |
| WE E23.9 | surveillance program | on form "P" from OPD clinic | 2 | SI/RR | (b) Data is submitted manually or through IHIP (integrated health information platform) | |
| ME E23.10 | Facility provide services under National program for prevention and control of deafness | Early detection and screening for detection of deafness | 2 | SI/RR | As per Clinical guidelines | |
| | ior prevention and control or deathess | account of deditiess | | | (a) Routine assessment of HBsAg & LFT | |
| | Facility provides services under National Viral | Assessment & treatment of | | | (b) Assessment of the severity of liver disease (c) Management of the cases with evidence of | |
| ME E23.11 | Hepatitis Control Programme | uncomplicated cases of Viral Hepatitis | 2 | SI/RR | compensated or decompensated cirrhosis- as per | |
| | | | | | guidelines | |
| | | | | | (a) Medication refill- after 25 days (b) Educate the patient on adherence & regular follow | |
| | | Follow up of the cases of the Viral | 2 | SI/RR | up | |
| | | Hepatitis | 2 | SI/RK | (c) Check for side effects & investigate as per requirements & guidelines | |
| | | | | | (d) Update the investigation in the treatment card | |
| | | | | | (a) Assessment, treatment plan & prescription for | |
| ME E 23.12 | Facility provide services under National program for palliative care | Clinical assessment by trained & competent physician | 2 | SI/RR | cases (b) Pain Management | |
| | | | | | (c) Counselling & psycho social interventions | |
| Standard F1 | | Facility has infection control program a | | cern - F Infection Contro lace for prevention and | measurement of hospital associated infection | |
| ME F1.4 | There is Provision of Periodic Medical Check-ups and immunization of staff | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxic etc | |
| | | | | | | |
| | | Periodic medical check-ups of the staff | 2 | SI/RR | | |
| ME E1.5 | Facility has established procedures for regular | Periodic medical check-ups of the staff Regular monitoring of infection control | | | Hand washing and infection control audits done at | |
| ME F1.5 | monitoring of infection control practices | Regular monitoring of infection control practices | 2 | SI/RR | Hand washing and infection control audits done at periodic intervals | |
| ME F1.6 | | Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy | 2 | SI/RR SI/RR | periodic intervals | |
| ME F1.6 Standard F2 | monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of | Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and In Availability of hand washing Facility at | 2 | SI/RR SI/RR | periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated | |
| ME F1.6 | monitoring of infection control practices Facility has defined and established antibiotic policy | Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and In Availability of hand washing Facility at Point of Use | 2 2 nplemented proceer 2 | SI/RR SI/RR dures for ensuring hand OB | periodic intervals ygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use | |
| ME F1.6 Standard F2 | monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of | Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Facility has defined and in Availability of had washing Facility at Point of Use Availability of running Water | 2 2 mplemented proces 2 2 | SI/RR SI/RR dures for ensuring hand OB OB/SI | periodic intervals ygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular | |
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| ME F1.6 Standard F2 ME F2.1 ME F2.1 ME F2.2 ME F2.2 ME F2.3 ME F3.1 ME F3.1 ME F3.1 ME F3.1 ME F3.1 ME F3.1 ME F3.2 Standard F4 ME F4.1 | monitoring of infection control practices Facility has defined and established antibiotic policy Hand washing facilities are provided at point of use Staff is trained and adhere to standard hand washing practices Facility ensures standard practices and materials for antisepsis Facility ensures adequate personal protection requipment as per requirements Staff is adhere to standard practices and materials of decontamination and cleaning of instruments and procedures areas Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments | Regular monitoring of infection control practices Check for Doctors are aware of Hospital Artibiotic Picty Facility has defined and in Availability of name washing racility at Point of Use Availability of antiseptic scage with scage dish/liquid antiseptic with dispenser. Availability of Archool based Hand rub Display of Hand washing Instruction at Point of Use Adherence to 6 steps of Hand washing Staff aware of when to hand wash Availability of Archool based Hand rub Display of Hand washing Instructions at Point of Use Adherence to 6 steps of Hand washing Staff aware of when to hand wash Availability of Antiseptic Solutions Proper cleaning of procedure site with antisepsis Facility ensuits Facility ensuits Availability of Masses Proper deaning of procedure site with antisepsis Facility ensuits Facility ensuits Procedure surfaces Proper Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adeguate Cleaning of instruments after decontamination Staff kown how to make chlorine sterilized after each use as per requirement Autoclaved dressing material is used | 2 2 pplemented process 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR OB OB/SI OB/SI OB/SI OB/SI OB SI/OB S | periodic intervals hygiene practices and antisepsis Check for availability of wash basin, elbow operated tap near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility , preferably in cold language Ask of demonstration like before giving IM/IV injection, drawing blood, putting Intravenous and urnary catheter erronal protection Cloves, Masks, Cap. Aprons etc ent and instruments Ask staff how they decontaminate the procedure surface like Examination table, dressing table, Stretcher/Trolleys etc. (Wping with 0.5% Chlorine solution Ask staff how they decontaminate the instruments Bold Pressure (Life tc) (Soking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution 10 minutes | |

Outdoor Department

Version - NHSRC/ 3.0

| Standard G1 The facility has established org ME G11 The facility has a quality team in place There is a designated departmental nodal person for coordinating Quality 2 Standard G2 Facility has established arguments Facility has established internal and extern Participation surveys are conducted at periodic intervals OPD Patient satisfaction survey done on periodic intervals 2 Standard G3 Facility has established internal and extern program at relevant departments There is system of monitory haspital superintendent/Hospital Manager/ Matron in charge for monitoring of services 2 | OB OB OB OB/SI OB/SI < | Preferably in remote corner with independent access Chlorine solution, Glutaraidehyde, carbolic acid Hospital grade phenyl, disinfectant detergent solution Lindirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided to the strength of the strengt of the strength of the strength of the streng |
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| Intersted away from main traffic 2 Stitting arrangement in TB clink is as per guideline 2 ME F3.2 Facility ensures availability of standard materink arras Availability of cliening agent as per equirement. 2 ME F5.3 Facility ensures standard practices followed for cleaning and disinfection of patient care arrays 3aff is trained for spill management. 2 ME F5.3 Facility ensures standard practices followed for cleaning of patient care area with detegets solution solution as per standard practice of mopping and strubbing are followed Cleaning equipment like broom are not 2 2 Standard practice of mopping and strubbing are followed Cleaning equipment like broom are not 2 2 Standard practice of mopping and strubbing are followed Cleaning equipment like broom are not 2 2 Standard practice of mopping and strubbing are followed Cleaning equipment like broom are not 2 2 Standard practice of mopping and strubbing are followed Cleaning equipment like broom are not 2 2 F6.1 Facility Ensures segregation d Bio Medical Availability of clour coded inn at point diveste generation diveste gen | OB OB/SI OB/SI OB/SI OB/SI SI/RR OB/SI OB | Chlorine solution, Giutaraldehyde, carbolic acid Hospital grade phenyl, disinfectant detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided entand disposal of bio Medical and hatardous Waste. Adequate number. Covered. Foot operated. Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swebs and basis containing result or discarded blood and blood components. Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut and gloves Pictorial and in local language See if it has been used or just lying idle Should be available nears the point of generation. Needles, syringes with fixed needles, forany other contaminated sharp object that may cause puncture and cuts. This incluelles, blads, or any other contaminated sharp object that may cause puncture and cuts. This incluels both used, discarded and contaminated metal sharps Ask if available. Where it is stored and who is in charge of that. Staff Knows what tu do in case of shape injury. Whom to report. See if any reporting has been done |
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| ME G1.1 The facility has a quality team in place nodal person for coordinating Quality Assurance activities 2 Standard G2 Facility has established symptomic periodic intervals Correct Patient Satisfaction surveys are conducted at periodic intervals OPD Patient satisfaction survey done on monthly basis 2 ME G3.1 Facility has established internal quality assurance program at relevant departments There is system adaly round by matron/hospital manager/ Matron in charge for monitoring of services 2 Facility has established internal quality assurance program at relevant departments Correct on the correct program at relevant departments 2 | | |
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| ME 62.1 periodic intervals monthly basis Standard G3 Facility has established internal quality assurance program at relevant departments Facility has established internal quality assurance program at relevant departments Facility has established internal quality assurance Faci | | mployee satisfaction |
| ME G3.1 Facility has established internal quality assurance matron/hospital manager/ hospital superintendent/ Hospital Manager/ 2 Matron in charge for monitoring of services control of the services of the service of | RR | one un organization de puelles |
| External Quality assurance assurance | SI/RR | |
| ME G3.2 Facility has established external assurance External Quality assurance program is 2 | SI/RR | |
| ME GJA programs at relevant departments established at ICTC lab 2 ME G3.3 Facility has established system for use of check lists in inferent departments and services Internal assessment is done at periodic interval 2 | RR/SI | 1. NQAS assessment toolkit is used to conduct internal assessment |
| Departmental checklist are used for | SI/RR | 2. SaQushal assessment toolkit Staff is designated for filling and monitoring of these |
| Mon-compliances are enumerated and 2 | RR | checklists Check the non compliances are presented & discussed |
| recorded Actions are planned to address area planned. Check action plans are prepared and | | durine auality team meetines Randomly check the details of action, responsibility, |
| ME G3.4 during quality assurance process assessment record findings 2 | RR | kandomiy check the details of action, responsibility, time line and feedback mechanism |
| ME G3.5 DELETED Standard G4 Facility has established, documented implemented and mainta | ined Standard Operation | ing 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 2 | RR | |
| Current version of SOP are available 2 with process owner | OB/RR | |
| Work instruction/clinical protocols are displayed | ОВ | Relevant protocols are displayed like Clinical Protocols for ANC check-ups |
| ME G4.2 Standard Operating Procedures adequately describes process and procedures Registration 2 | RR | |
| OPD has documented procedure for 2 patient calling system in OPD clinics OPD has documented procedure for 2 | RR | |
| receiving of patient in clinic | RR | |
| consultation 2 | RR | |
| investigation 2 | RR | |
| prescription and Medicine dispensing | RR | |
| OPD has documented procedure for nursing process in OPD 2 | RR | |
| OPD has documented procedure for patient privacy and confidentiality | | |
| OPD has documented procedure for conducting, analysing patient 2 satisfaction survey | RR | |
| OPD has documented procedure for equipment management and 2 maintenance in OPD | RR | |

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| | | Department has documented procedure | 2 | RR | | |
|------------------------|--|---|---|--|---|--|
| | | for Administrative and non clinical work at OPD | 2 | ĸĸ | | |
| | | OPD has documented procedure for duty roaster, punctuality, dress code | 2 | RR | | |
| | | and identity for OPD staff | | | | |
| ME G4.3 | Staff is trained and aware of the standard | Check Staff is a aware of relevant part | 2 | SI/RR | | |
| Standard G 5 | procedures written in SOPs | | eks to make them I | nore efficient by reduci | ng non value adding activities and wastages | |
| ME G5.1 ME G5.2 | | DELETED DELETED | | | | |
| ME G5.3 Standard G6 | | DELETED | values. Quality pr | licy & objectives & pred | pared a strategic plan to achieve them | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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 G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | | | ontinually improve | ment by practicing Qual | | |
| ME G7.1 | | DELETED | | | | |
| ME G7.2 | | DELETED | for one of ing 1000 | ting anglesting and m | naning siek as not Disk Management Disp | |
| Standards G9 | | Check periodic assessment of | for assessing, repo | rung, evaluating and me | anaging risk as per Risk Management Plan Verify with the records. A comprehensive risk | |
| ME G9.6 | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding | medication and patient care safety risk is done using defined checklist periodically | 2 | SI/RR | assessment of all clinical processes should be done using pre define criteria at least once in three month. | |
| ME G9.7 | safety and security of staff including violence against service providers is done as per defined criteria | SaQushal assessment toolkit is used for safety audits. | 2 | SI/RR | Check that the filled checklist and action taken report are available Staff is aware of key gaps & closure status | |
| ME G9.8 | Risks identified are analysed evaluated and rated for severity | Identified risks are analysed for severity | 2 | SI/RR | Action is taken to mitigate the risks | |
| Standard G10 | | The facility has established clinic | al Governance fran | nework to improve qual | ity and safety of clinical care processes Check parameter are defined & implemented to | |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated | The facility has established process to review the clinical care | 2 | SI/RR | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, motidity & mortality review, patient feedback, clinical audit & clinical outcomes. | |
| | | Check regular ward rounds are taken to review case progress | 2 | SI/RR | Both critical and stable patients Check the case progress is documented in BHT/ progress notes- | |
| | | Check the patient /family participate in the care evaluation | 2 | SI/PI | Feedback is taken from patient/family on health status of individual under treatment | |
| | | Check the care planning and co- ordination is reviewed | 2 | SI/RR | System in place to review internal referral process, review clinical handover information, review patient understanding about their progress | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | There is procedure to conduct prescription audits | 2 | SI/RR | (1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings | |
| | | All non compliance are enumerated recorded for prescription audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per medical audit record findings Check action plans are prepared and | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | implemented as per prescription audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| | | Check PDCA or revalent quality method is used to address critical problems | 2 | SI/RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | improvement Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | point of care | Check treatment plan is prepared as per | 2 | SI/RR | Check staff adhere to clinical protocols while | |
| | | Standard treatment guidelines Check the drugs are prescribed as per | 2 | SI/RR | preparing the treatment plan Check the drugs prescribed are available in EML or | |
| | | Standards treatment guidelines | | Ji/nn | part of drug formulary | |
| | | | | | | |
| Standard H1 | | The facility measures Prod | uctivity Indicators | oncern - H Outcome Ind ensures compliance | with State/National benchmarks | |
| ME H1.1 | Facility measures productivity Indicators on monthly basis | Proportion of follow-up patients | 2 | RR | | |
| | | No of ANC done per thousand | 2 | RR | | |
| | | ART patient load per thousand | 2 | RR | | |
| | | | | | | |
| | | | | | | |
| Standard H2 | Facility measures officiancy indicators on | | | | State/National Benchmark | |
| Standard H2 ME H2.1 | Facility measures efficiency Indicators on monthly basis | Medicine OPD per Doctor | 2 | RR | State/National Benchmark | |
| | | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor | 2 2 2 | RR RR RR | State/National Benchmark | |
| | | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor | 2 | RR | State/National Benchmark | |
| | | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Ophthalmology OPD per doctor Skin & OPD per doctor | 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR | State/National Benchmark | |
| | | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Dentalminology OPD per doctor Skin & OPD per doctor TB/ODT pod per doctor ENT OPD per doctor | 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR | State/National Benchmark | |
| | | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Ophthalmology OPD per doctor Skin & OPD per doctor TB/DOT pod per doctor ENT OPD per doctor Psychiatry OPD per doctor | 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR | State/National Benchmark | |
| ME H2.1 | monthly basis | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Dohthalmology OPD per doctor Skin & OPD per doctor TB/ODT pod per doctor Psychiatry OPD per doctor The facility measures Clir | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR RR RR RR RR | ach State/National benchmark | |
| ME H2.1 | | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Ophthalmology OPD per doctor Skin & OPD per doctor ENT OPD per doctor Phylhaity OPD per doctor AVUSH OPD per doctor The facility measures Clir Consultation time at ANC Clinic | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR RR RR | | |
| ME H2.1 | monthly basis | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Dohthalmology OPD per doctor Skin & OPD per doctor TB/ODT pod per doctor Psychiatry OPD per doctor The facility measures Clir | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR RR RR RR RR | ach State/National benchmark | |
| ME H2.1 | monthly basis | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Dental OPD per Doctor Skin & OPD per doctor IB/DOT pod per doctor EN OPD per doctor EN OPD per doctor The facility measures Clin Consultation time at ANC Clinic Consultation time de General Medicine Clinic | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR RR RR RR RR | ach State/National benchmark | |
| ME H2.1 | monthly basis | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Dental OPD per doctor ENT OPD per doctor ENT OPD per doctor ENT OPD per doctor ENT OPD per doctor The facility measures Clin Consultation time at ANC Clinic Consultation time at General Medicine Clinic Consultation time for General Surgery Clinic Proportion of High risk pregnancy | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR RR RR RR RR | ach State/National benchmark Time motion study No of High Risk Pregnancies X100/ Total no PW used | |
| ME H2.1 | monthly basis | Medicine OPD per Doctor Surgery OPD per Doctor OBG OPD per Doctor Dental OPD per Doctor Dental OPD per doctor IB/DO To od per doctor IB/DO To od per doctor IB/DO To od per doctor Psychiatry OPD per doctor The facility measures Clir Consultation time at General Medicine Clinic Consultation time of General Surgery Clinic Proportion of High risk pregnancy detected during ANC | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR RR RR RR RR RR | sach State/National benchmark | |

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| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Patient Satisfaction Score | 2 | RR | |
|---------|--|--------------------------------------|---|----|--|
| | | Waiting time at registration counter | 2 | RR | |
| | | Waiting time at ANC Clinic | 2 | RR | |
| | | Waiting time at general OPD | 2 | RR | |
| | | Waiting time at paediatric Clinic | 2 | RR | |
| | | Waiting time at surgical clinic | 2 | RR | |
| | | Average door to Medicine time | 2 | RR | |

| | | National Quality Assurance Standards | for District Hospit | als | | Version: DH/NQAS-2020/00 |
|--|---|--|---|--|--|--------------------------|
| | | Checklist for Labour Ro Assessment Summar | oom | | | 3 |
| Name of the Hospital | | | | | Date of Assessment | |
| Names of Assessors Type of Assessment (I | Internal/Peer/External) | | | | Names of Assessees Action plan Submission Date | |
| | | Labou rea of Concern wise Score | r room Score Caro | | LaQshya Labour Ro | om Score |
| A | Service Provision | 100 |)% | | | |
| В | Patient Rights | 100 | 0% | | | |
| с | Inputs | 100 | 0% | | | |
| D | Support Services | 100 | 0% | | 100% | 6 |
| | Clinical Services | 100 | | | | |
| F | Infection Control | 100 | | | | |
| G | Quality Management | 100 | | | | |
| н | Outcome | 100 | J76 | | | |
| 1 | Major Gaps Observed | | | | | |
| 2 | | | | | | |
| 3 4 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 5 | | | | | | |
| 1 | Recommendations/ Opportunities for In | nprovement | | | | |
| 2 | | | | | | |
| 3 4 | | | | | | |
| 5 | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | | |
| | | | Compliance | | | |
| Reference No | Measurable Element | Checkpoint | Area of Concern - A | Assessment Method | Means of Verification | Remarks |
| Standard A1 | | | he facility provides | | | |
| ME A1.14 | Services are available for the time period as mandated | Labour room service is functional 24X7 | 2 | SI/RR | Verify with records that deliveries have been conducted in night on regular basis | |
| | | | | | 0 | |
| Standard A2 | | Т | he facility provides | RMNCHA Services | 0 | |
| | The facility provides Reproductive | Availability of Post Partum IUD insertion | he facility provides | | Verify with records that PPIUD services | |
| ME A2.1 | The facility provides Reproductive health Services The facility provides Maternal health | Availability of Post Partum IUD insertion services | 2 | SI/RR | | |
| | health Services | Availability of Post Partum IUD insertion | | | Verify with records that PPIUD services have been offered in labour room | |
| ME A2.1 | health Services The facility provides Maternal health | Availability of Post Partum IUD insertion services | 2 | SI/RR | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forces) J deliver delivery are being conducted at facility and not referred to higher centres unnecessarily | |
| ME A2.1 | health Services The facility provides Maternal health | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services | 2 | SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forceg) J delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room | |
| ME A2.1 | health Services The facility provides Maternal health | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services | 2 2 2 | SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forcep;) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of | |
| ME A2.1 | health Services The facility provides Maternal health | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage | 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour noom Normal vaginal & assisted (Vacuum / Forceps) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PH is being dome at labour noom Check staff manages retained placenta | |
| ME A2.1 | health Services The facility provides Maternal health | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive | 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forceps) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check staff manages retailed placenta cases in labour room. Verify with records Check if infected delivery cases are managed at labour room and not referred | |
| ME A2.1 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre | 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour noom Normal vaginal & assisted (Vacuum / Forceps) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PH is being dome at labour room Check staff manages retained placenta cases in labour room . Verify with records Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampisa are being proved at labour room Check if labour room has a functional New born resuscitation services available in | |
| ME A2.1 ME A2.2 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia | 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forceps) i delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PH is being done at labour room Check staff manages retained placenta cases in labour room . Verify with records Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PH/ Eclampsia are being proved at labour room Check if labour room has a functional New bom resuscitation services available in labour room | |
| ME A2.1 ME A2.2 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia | 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour noom Normal vaginal & asisted (Vacuum / Forceps) delivery Check If pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check If Medical /Surgical management of PH is being done at labour room Check staff manages retained placenta cases in labour room . Verify with records Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check store suncessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room. | |
| ME A2.1 ME A2.2 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia | 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forceps) delivery. Check if per term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical (Surgical management of PPH is being done at labour room Check staff manages retained placenta cases in labour room. Verify with records Check if infected delivery cases are managed at labour room an cont referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if flabour room has a functional New born resuscitation services available in labour room | |
| ME A2.1 ME A2.2 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation | 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forceps) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check taff manages retained placenta cases in labour room . Verify with records Check if Infected delivery cases are managed at labour room an ont referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check sesential newborn care provisions such as Keeping baby on mother's adodomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of treast feeding, recording of | |
| ME A2.1 ME A2.2 ME A2.3 ME A2.3 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB | Verify with records that PPIUD services have been offered in labour noom Normal vaginal & assisted (Vacuum / Forcep:) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PH is being dome at labour noom Check staff manages retained placenta cases in labour room. Verify with records Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check starices for management of PIH/ Eclampisa are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check esential newborn care provisions such as Keeping baby on mother's abdomen, immediate drying of baby, Skin | |
| ME A2.1 ME A2.2 ME A2.3 ME A2.3 Standard A3 | health Services The facility provides Maternal health Services The facility provides Newborn health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care | 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forcep:) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Metal (Surgical management of PPH is being done at labour room Check if Mational (Surgical management of PPH is being done at labour room Check staff manages retained placenta cases in labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check steeping baby on mother's adodmen, immediate drying of baby, Skin to skin contact, delayed chord camp, initiation of treast feeding, recording of vitals and Vit. K are provided | |
| ME A2.1 ME A2.2 ME A2.3 ME A2.3 | health Services The facility provides Maternal health Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB Ilagnostic Services SI/OB | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forceps) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check taff manages retained placenta cases in labour room . Verify with records Check if Infected delivery cases are managed at labour room an ont referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check sesential newborn care provisions such as Keeping baby on mother's adodomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of treast feeding, recording of | |
| ME A2.1 ME A2.2 ME A2.3 ME A2.3 Standard A3 ME A3.2 | health Services The facility provides Newborn health Services The facility provides Newborn health Services The facility Provides Laboratory Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care 124 *7 Availability of point of care | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB Iagnostic Services SI/OB Patient Rights | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forcep:) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check if Medical /Surgical management of PPH is being done at labour room Check staff manages retailed placenta cases in labour room . Verify with records Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check steping baby on mother's adodmen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of thest feeding, recording of vitals and Vit. K are provided | |
| ME A2.1 ME A2.2 ME A2.3 ME A2.3 Standard A3 | health Services The facility provides Newborn health Services The facility provides Newborn health Services The facility Provides Laboratory Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of New born resuscitation Availability of Essential new born care 124 *7 Availability of point of care diagnostic tests | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB Iagnostic Services SI/OB Patient Rights | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forcep; J delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check taff manages retained placenta cases in labour room . Verify with records Check if netted delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check sesential newborn care provisions such as Keeping baby on mother's addomen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of trast feeding, recording of vitals and VIt. K are provided | |
| ME A2.1 ME A2.2 ME A2.3 ME A2.3 Standard A3 ME A3.2 | health Services The facility provides Newborn health Services The facility provides Newborn health Services The facility Provides Laboratory Services | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of New born resuscitation Availability of Essential new born care 124 *7 Availability of point of care diagnostic tests | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB Iagnostic Services SI/OB Patient Rights | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forceps) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check if Medical /Surgical management of PPH is being done at labour room Check staff manages retailed placenta cases in labour room . Verify with records Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check steping baby on mother's adodmen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of thest feeding, recording of vitals and Vit. K are provided | |
| ME A2.1 ME A2.2 ME A2.2 ME A2.3 ME A2.3 Standard A3 ME A3.2 Standard B1 ME B1.1 ME B1.2 | health Services The facility provides Maternal health Services The facility provides Newborn health Services The facility Provides Laboratory Services The facility Provides Laboratory Services The facility As uniform and user- friendly signage system The facility displays the services and entitlements available in its | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of New born resuscitation Availability of Essential new born care 17 24 *7 Availability of point of care diagnostic tests | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB liagnostic Services SI/OB Patient Rights community about the | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / forcep:) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Manages retained placenta cases in labour room and the records Check if Manages retained placenta cases in labour room . Verify with records Check if and the records Check if Infected delivery cases are unaged at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room delited the recording of such as Keeping baby on mother's adodmen, immediate drying of baby, Skin to skin contact, delayed chord clamp, initiation of the stre feeding, recording of vitals and Vit. K are provided HIV, Hb%, Random blood sugar , Protein Urea Test available services and their modalities Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility Name of doctor and Nurse on duty are displayed and updated. Contact details of | |
| ME A2.1 ME A2.2 ME A2.2 ME A2.3 ME A2.3 ME A2.3 Standard A3 ME A3.2 Standard B1 ME B1.1 ME B1.2 ME B1.5 | health Services The facility provides Maternal health Services The facility provides Newborn health The facility provides Newborn health Services The facility Provides Laboratory Services The facility As uniform and user- friendly signage system The facility displays the services and entitlements available in its departments Patients & visitors are sensitised and educated through appropriate IEC / BCC | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care 11 24 *7 Availability of point of care diagnostic tests e facility provides the information to care se Availability of departmental signage's Necessary Information regarding services provided is displayed | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB SI/OB SI/OB SI/OB | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forcep: J delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Manages retained placenta cases in labour room and the records Check if Infected delivery cases are unaged at labour room and not referred to higher centres unnecessarily Check staff management of PHI is being done at labour room Check if and the services are and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if labour room has a functional New born resuscitation services available in labour room Check staff management of PIH/ Eclampsia are staff eding, recording of vitals and Vit. K are provided HIV, Hb%, Random blood sugar , Protein Urea Test available services and their modalities Numbering, main department and internal sectional signage, Restricted area signage displayed. Directional signages are given from the entry of the facility Name of doctor and Nurse on duty are displayed and updated. Contact details of referal transport / ambulance displayed Breast feeding, kangaroo care, family | |
| ME A2.1 ME A2.2 ME A2.2 ME A2.3 ME A2.3 ME A2.3 Standard A3 ME A3.2 Standard B1 ME B1.1 ME B1.2 ME B1.5 | health Services The facility provides Maternal health Services The facility provides Newborn health Services The facility Provides Newborn health Services The facility Provides Laboratory Services The facility signage system The facility signage system The facility displays the services and entitlements available in its departments | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care 11 24 *7 Availability of point of care diagnostic tests e facility provides the information to care se Availability of departmental signage's Necessary Information regarding services provided is displayed | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB SI/OB SI/OB OB OB | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forcep:) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check taff manages retained placenta cases in labour room and not referred to higher centres unnecessarily Check taff manages retained placenta cases in labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Check services are an | |
| ME A2.1 ME A2.2 ME A2.2 ME A2.3 ME A2.3 ME A2.3 Standard A3 ME A3.2 Standard B1 ME B1.1 ME B1.2 ME B1.5 | health Services The facility provides Maternal health Services The facility provides Newborn health Services The facility provides Newborn health Services The facility Provides Laboratory Services The facility has uniform and user- friendly signage system The facility displays the services and entitlements available in its departments Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches | Availability of Post Partum IUD insertion services Availability of Vaginal Delivery services Availability of Pre term delivery services Management of Postpartum Haemorrhage Management of Retained Placenta Septic Delivery & Delivery of HIV positive Pregnant Women Management of PIH/Eclampsia/ Pre eclampsia Availability of New born resuscitation Availability of Essential new born care Construction Availability of Essential new born care facility provides the information to care se Availability of departmental signage's Necessary Information regarding services provided is displayed | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/OB SI/OB SI/OB SI/OB SI/OB OB | Verify with records that PPIUD services have been offered in labour room Normal vaginal & assisted (Vacuum / Forcep:) delivery Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily Check if Medical /Surgical management of PPH is being done at labour room Check taff manages retained placenta cases in labour room. Verify with records Check if Metical delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Eclampsia are being proved at labour room Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily Check services for management of PIH/ Check services are an | |

| Labour Room | |
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Checklist No. 3

| ME B2.1 | Services are provided in manner that are sensitive to gender | Only on duty staff is allowed in the labour room when it is occupied | 2 | ОВ | Pregnant woman, her birth companion, doctor, nurse/ANM on duty, and other support staff only, is allowed in the labour room | |
|--|--|---|---|--|---|-------------------------|
| ME B2.3 | Access to facility is provided without any physical barrier & friendly to people with disabilities | Availability of Wheel chair or stretcher for easy Access to the labour room | 2 | ОВ | | |
| | | Availability of ramps and railing & Labour room is located at ground floor | 2 | OB | If not located on the ground floor availability of the ramp / lift with person for shifting | |
| ME B2.4 | There is no discrimination on basis of social and economic status of the patients | Check care to pregnant women is not denied or differed due to discrimination | 2 | OB/PI | Discrimination may happen because of religion, caste, ethnicity, cast, language, paying capacity and educational level. | |
| Standard B3 ME B3.1 | | The facility maintains privacy, confidentiality Availability of screen/ partition at delivery tables | & dignity of patien 2 | t, and has a system for OB | Screens / Partition has been provided from three side of the delivery table or Cubicle | |
| | | Curtains / frosted glass have been provided at windows | 2 | ОВ | for ensuring visual privacy Check all the windows are fitted with frosted glass or curtains have been | |
| | | No two women are treated on common bed/ Delivery Table | 2 | OB/PI | provided Check that observation beds and delivery tables are not shared by multiple women at the same time because of any reason | |
| 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 | 2 | SI/OB | Check records are not lying in open and there is designated space for keeping records with limited access. Records are not shared with anybody without permission of hospital administration | |
| ME B3.3 | The facility ensures the behaviour of staff is dignified and respectful, while delivering the services | Behaviour of labour room staff is dignified and respectful | 2 | OB/PI | Check that labour staff is not providing care in undignified manner such as yelling, scolding, shouting, blaming and using abusive language, unnecessary touching or examination | |
| | | Pregnant women is not left unattended or ignored during care in the labour room | 2 | OB/PI | Check that care providers are attentive and empathetic to the pregnant women at no point of care they are left alone. | |
| | | Care provided at labour room is free from physical abuse or harm | 2 | OB/PI | Check if the physical abuse practices such as pinching, slapping, restraining, pushing on the abdomen, extensive episiotomy etc. | |
| | | Pregnant women is explicitly informed before examination and procedures | 2 | OB/PI | Check if care providers verbally inform the pregnant women before touching, examination or starting procedure. | |
| ME B3.4 | | HIV status of patient is not disclosed except to staff that is directly involved in care | 2 | SI | Check if HIV status of pregnant women is not explicitly written on case sheets and avoiding any means by which they can be identified in public such as labelling or allocating specific beds. | |
| Standard B4 | | blished procedures for informing patients at | out the medical co | ndition, and involving | them in treatment planning, and facilitates in | nformed decision making |
| ME B4.1 | There is established procedure for taking informed consent before treatment and procedures | Consent is taken before delivery and or shifting | 2 | SI/RR | Check the labour room case sheet for consent has been taken | |
| ME B4.4 | Information about the treatment is shared with patients or attendants, regularly | Labour room has system in place to involve patient's relative in decision | 2 | PI | Check if pregnant women and her family members have been informed and | |
| | | making about pregnant women treatment | | | consulted before shifting the patient for C- Section or referral to higher centre | |
| Standard B5 ME B5.1 | The facili | | to access, and that | | | s. |
| | The facili | | Area of Concer | there is financial prot n - C Inputs | Section or referral to higher centre ection given from the cost of hospital service DELETED | S. |
| ME B5.1 | The facili Departments have adequate space as per patient or work load | ty ensures that there are no financial barrier | Area of Concer | there is financial prot n - C Inputs | Section or referral to higher centre ection given from the cost of hospital service DELETED ucture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6 from the | s |
| ME B5.1 Standard C1 | Departments have adequate space as per patient or work load Patient amenities are provided as per | ty ensures that there are no financial barrier The facility has infrastructure for delivery | Area of Concer of assured services | there is financial prot n - C Inputs and available infrastr | Section or referral to higher centre exclon given from the cost of hospital service DELETED uture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6' from the second table Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with western style toilet seats. Drinking water facility within labour room for Pregnant women & companion | 5. |
| ME B5.1 Standard C1 ME C1.1 | Departments have adequate space as per patient or work load Patient amenities are provided as per | y ensures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as | Area of Concer of assured services 2 | there is financial prot n - C inputs and available infrastr OB | Section or referal to higher centre ettion given from the cost of hospital service DELETED Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least for the second table Dedicated Tollets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached tollet with each LDR unit . Tollets are provided with western style tollets sort. Drinking water Facility within labour room | s |
| ME B5.1 Standard C1 ME C1.1 ME C1.2 | Departments have adequate space as per patient or work load Patient amenities are provided as per patient load Departments have layout and | y presures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR | Area of Concer of assured services 2 2 | there is financial prot n - C inputs and available infrastr OB OB | Section or referral to higher centre ction given from the cost of hospital service DELETED Uture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 5 from the second table Dedicated Toilets for Labour Room area and Staff Rooms. LOR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Delivery- Recovery Concepts with each LDR unit comprising of A Labour Beds and dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room should note be | s. |
| ME B5.1 Standard C1 ME C1.1 ME C1.2 | Departments have adequate space as per patient or work load Patient amenities are provided as per patient load Departments have layout and | y ensures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept | Area of Concer of assured services 2 2 2 2 | there is financial prot - C Inputs and available infrastr OB OB OB | Section or referral to higher centre extion given from the cost of hospital service DELETED DELETED Cuture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and a teast 6 from the second table Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room for Pregnant women & companion Labour Room and associated services are arranged according to Labour-Delivery- Recovery Concepts with each LDR unit comprising of Labour Beds and dedicated Nursing Station and New Born Corner Deletizet Triage & Examination room with two examination beds for segregation of High & Low Nisk patients Entry to the labour room Should not be direct. Check if there is an buffer area Dene common Nursing station for Conventional Labour Room | s. |
| ME B5.1 Standard C1 ME C1.1 ME C1.2 | Departments have adequate space as per patient or work load Patient amenities are provided as per patient load Departments have layout and | y ensures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept Availability of Triage and Examination Area | Area of Concer of assured services 2 2 2 2 2 2 2 2 | there is financial prot n - C inputs and available infrasts OB OB OB OB | Section or referral to higher centre ection given from the cost of hospital service DELETED Uture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 5 from the second table Dedicated Toilets for Labour Room area and Staff Rooms. LOR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with westem style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Delivery- Recovery Concepts with each LDR unit comprising of 4 Labour Beds and dedicated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room should not bed forect. Check if there is any buildnet bed Conventional Labour Room should not the LDR concept is followed A dedicated Sub store with cabinets and storage racks for storing supplies Separate Clean room & Dirty Utility room for Storing Sterie and Used goods respectively | S. |
| ME B5.1 Standard C1 ME C1.1 ME C1.2 | Departments have adequate space as per patient or work load Patient amenities are provided as per patient load Departments have layout and | y ensures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept Availability of Triage and Examination Area Dedicated nursing station and Duty Rooms | Area of Concer of assured services 2 2 2 2 2 2 2 2 2 2 | there is financial prot Claputz OB OB OB OB OB OB OB | Section or referral to higher centre extion given from the cost of hospital service DELETED Exture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6 from the second table Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Pelviery- Recovery Concepts with each LDR unit comprising of Labour Beds and dedicated Nursing Station and New Born Comer Deletated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room Solid on the direct. Check if there is any buffer area Done common Nursing station for Conventional Labour Room Dedicated Nursing station for Each unit if LOR concent is followed A dedicated substore with cabinets and storage racks for storing supplies Separate Cleans. In case of LDR dedicated Newborn comer for switt shifting of newborn mere for switt shifting of newborn mere for switt shifting of newborn mere for switt shifting of newborn comer for switt shifting of nembed swittere shoule have for space from three sides | S. |
| ME B5.1 Standard C1 ME C1.1 ME C1.2 | Departments have adequate space as per patient or work load Patient amenities are provided as per patient load Departments have layout and | y ensures that there are no financial barrier The facility has infrastructure for delivery Adequate space as per delivery load Availability of patients amenities such as Drinking water, Toilet & Changing area Labour Room layout is arranged in LDR concept Availability of Triage and Examination Area Dedicated nursing station and Duty Rooms Availability of Storage Area | Area of Concer of assured services 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | there is financial prot - C Inputs and available infrast OB OB OB OB OB OB OB | Section or referral to higher centre extion given from the cost of hospital service DELETED Exture meets the prevalent norms Labour tables should be placed in a way that there is a distance of at least 3 feet from the sidewall, at least 2 feet from head end wall, and at least 6 from the second table Dedicated Toilets for Labour Room area and Staff Rooms. LDR concept for Labour Room should have attached toilet with each LDR unit. Toilets are provided with western style toilet seats. Drinking water Facility within labour room For Pregnant women & companion Labour Room and associated services are arranged according to Labour-Pelivery- Recovery Concepts with each LDR unit comprising of Labour Beds and dedicated Nursing Station and New Born Comer Deletated Triage & Examination room with two examination beds for segregation of High & Low Risk patients Entry to the labour room Solid on the direct. Check if there is any buffer area Done common Nursing station for Conventional Labour Room Dedicated Nursing station for Each unit if LOR concent is followed A dedicated substore with cabinets and storage racks for storing supplies Separate Cleans. In case of LDR dedicated NECA for each unit. There should be no obstruction between labour table and Newborn comer for switt shifting of newborn mere for switt shifting of newborn mere for switt shifting of newborn mere for switt shifting of newborn some for switt shifting of newborn comer for switt shifting of newborn come for switt shifting of newborn comer for switt shifting of newborn comer for switt shifting of newborn come for switt shifting of newborn come for switt shifting of newborn comer for switt shifting of newborn comer for switt shifting of head to the switting and the set for space from | S. |
| Amountable Production of a produ | | | | | | | |
|---|---|---|--|--|--|---|--|
| Act 2.1 Series incrument we watching of particular size in the base in t | ME C1.5 | intramural and extramural | | 2 | ОВ | | |
| NameParticly of dynamic method shipping and particular backet in a program shipping and parti | ME C1.6 | Service counters are available as per | | 2 | OB | 20-99 Deliveries/ Month - 2 100-199 Deliveries/Month - 4 200-499 Deliveries/Month - 6 More than 500 Deliveries- Conventional Labour Room - Monthly Delivery Cases V. 0.014 (Labour- Delivery-Recovery) LDR format - | |
| Number of the section of the secti | ME C1.7 | planned to ensure structure follows the function/processes (Structure commensurate with the function of the | | 2 | OB | Check labour room is located in the proximity of Maternity OT and SNCU/ NICU in one block only with means of swift shifting of patients in case of emergency. If located on different floor lift/ ramp with manned trolley should be provided | |
| MC 2.1 Prival protects in solution of the part of exponents in strength 2 0.00 Deck that are different in the part of exponent i | | | | - | | services are designed in a way, that there is no criss cross movement of patient, staff, supplies & equipment | |
| M = C 3.1 The fully matter to existing any matter to any start water in a sta | Standard C2 | | The facility e | nsures the physical | safety of the infrastru | | |
| Mark 2.1 Pin field primers with off which with with a work have spaces of the sectors and with a sequence of the sectors and sectors and with a sequence of the s | ME C2.1 | | | 2 | OB | cupboards, cabinets, and heavy equipment , hanging objects are properly fastened | |
| Mit C3.40 In Product in calculation of building as real for pointing above the series of the seri | ME C2.3 | | | 2 | OB | are intact. Check adequate power outlets have been provided as per requirement of | |
| Mathematical Protective products of provide the subjective fit weak of an exclusive | ME C2.4 | | provided in infrastructure | - | | should be made of anti-skid material. Each window have 2-panel sliding doors. The outside panel be fixed The second panel should be moving with frosted elass and a lock. | |
| No. 2.1.2 Def facility has adequate for lighting appendence of the service of the | ME C3.1 | | Labour room has sufficient fire exit to permit safe escape to its occupant at time | | | Check the fire exits are clearly visible and | |
| Aut 1 and of distance of the control sectors of the control secontrol sectors of the control sectors of th | ME C3.2 | | Extinguishers & expiry is displayed on each | 2 | OB | Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | |
| Standard G The facity has adequate special for decision as per series periods: Display base adequate special day decision as per series periods: Display base adequate special day decision as per series periods: Display base adequate special day decision as per series periods: Display base adequate special day decision as per series periods: Display base adequate special day decision and day decision addition of deneral day decision Display base addition Display base addition NE C4.1 The facity has adequate special day decision Availability of facies day decision 2 OB/RR Atleast 1 Meedia (Officer) 2 NE C4.2 The facity has adequate support / exercision Availability of facies beging staff & Security Guards 2 OB/RR Atleast 1 Meedia (Officer) 2 NE C4.3 The facity has adequate support / exercision Availability of facies beging staff & Security Guards 2 OR/RR Display base adequate support / 2000 00: 1 2 Display base addquate support / 2000 00: 1 2 Display base adequate support / 2000 00: 1 2 | ME C3.3 | training of staff and conducts mock drills regularly for fire and other | fire extinguisher and what to do in case of | 2 | SI/RR | Alarm-Contain-Extinguish) method for in case of fire and confident in using fire | |
| MI C1.1 The facility has adequate speciality Availability of D&&G speciality 2 O&(R)R 20::00 Deliveries:-1.0.0G (Mandatory + 4)/40G(EACO) MI C1.2 The facility has adequate period daty databallity of General daty doctor 2 OR(R) A least 1 addret Color MI C1.3 The facility has adequate period daty doctors a per service provision and spectra service provision and work lead Availability of General daty doctor 2 OR(R) A least 1 addret Color MI C1.3 The facility has adequate support / and color Availability of General daty doctor 2 OR(R) Allocat 1 addret Color MI C1.3 The facility has adequate support / adequate motion at work lead Availability of Naring staff & Security Guards aper Delivery total 100:000 for security Color secu | Standard C4 | | The facility has adequate qualified and trai | ned staff, required | for providing the assu | red services to the current case load | |
| ME CL2 Availability of Restart from the factor has adequate general dury investigation of head Availability of General dury doctors 2 00/R/R At least 4 Medical Offices ME CL3 The facility has adequate examples statt Availability of General dury doctors 2 08/R/R At least 4 Medical Offices Image: Control of the statt ME CL3 The facility has adequate examples statt Availability of Nusing staff / ANM 2 08/R/R/S Diverse faces for month- 100 200 00 - 12 - 500 | ME C4.1 | | Availability of Ob&G specialist | 2 | OB/RR | 200 - 500 Deliveries - 1 OBG (Mandatory + 4 (OBG/EMOC) | |
| work lad work lad work lad work lad work lad ME C13 The facility has adequate support / per service provision and work load Availability of Nursing staff /ANM 2 DB/RK/SI Deliveries Per month- trop 2000 g 1 ME C13 The facility has adequate support / per service provision and work load Availability of Nursing staff & Security Guards 2 DB/RK/SI Deliveries Per month- trop 2000 g 1 ME C13 The facility has adequate support / per service provision and work load Availability of Nursing staff & Security Guards 2 DB/RK Deliveries Per month- trop 2000 G 1 ME C13 The departments have availability of Auriability | ME C4.2 | | | | | At least 1 paediatrician | |
| ME CLS The facility has adequate support / general staff Availability of house keeping staff & Security Guards 2 J/RR Books add (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) | | | | | | | |
| ME C4.5 The facility has adequate support/ general staff availability of house keeping staff & scortry Guards 2 S/RR 200-500 - 8 Security Guards as per Delivery Lod >500 - 12 100-200 - 6 >500 - 12 200-200 - 6 Standard C5 The departments have availability of adecuate medicine at coint of use Availability of the terrotion medicine 2 0.8/RR 100-100 - 12 200-200 - 6 ME C5.1 The departments have availability of Availability of Arithypertensive , analgesic and antipyrett and Anesthetic medicine 2 0.8/RR Vit Katholity, and the terrotidacele 4000rs, init Generalicin, in Netfolgine, Methydopa, in Jhydralizine, Tab Paracetano, Jab Burgofer, inj Xotocine Z8, Availability of Vitamins 2 0.8/RR Vit Katholity, and the terrotidacele 4000rs, init Generalicin, in Netfolgine, Methydopa, inj Xotocine Z8, Availability of Vitamins ME C5.2 The departments have adequate consumables at point of use Availability of Syringes and IV Sets /tubes and a consumables for newborn 2 0.8/RR Vit Katholity, ing Kither Availability of Syringes and IV Sets /tubes and consumables for newborn 2 0.8/RR Vit Katholity, ing Kither Availability of syringes and IV Sets /tubes and consumables for newborn 2 0.8/RR Vit Katholity, ing Kither Availability of functional Equipment Availability of functional Equipment and consumables for newborn 2 0.8/RR Net addice in the addice | ME CA 2 | | Augilability of Nursing staff (ANNA | 2 | OR /RP /SI | | |
| ME CS.1 The departments have availability of user other | ME C4.3 | The facility has adequate nursing staff | Availability of Nursing staff /ANM | 2 | OB/RR/SI | 100-200- 8 200-500 -12 > 500 - 16 Housekeeping Staff as per delivery load | |
| Mail CS1 adequate medicine at point of use Availability of uterionality of uterionality in the enditine 1 Tab Misogenosic 200mg Availability of Anti-infective medicine 2 0B/RR Cap Amprilin 500mg, Inj Sertamicin, Tab Metronidazole Availability of Anti-infective medicine 2 0B/RR Cap Amprilin 500mg, Inj Sertamicin, Tab Metronidazole Availability of IV Fluids 2 0B/RR VI fluids, Kormal saline, Ringer Latate, Availability of IV Fluids 2 0B/RR VI fluids, Kormal saline, Ringer Latate, ME C5.2 The departments have adequate Availability of VSets/tubes 2 0B/RR VI fluids, Kormal saline, Ringer Latate, Consumables at point of use Availability of VSets/tubes 2 0B/RR VI fluids, Kormal saline, Ringer Latate, ME C5.2 The departments have adequate Availability of Stringes and IV Sets /tubes 2 0B/RR VI k C5.3 Emergency drug trays are maintained at every point of care, wherever it may be needed Emergency Drug Tray is maintained 2 0B/RR 10S/Ring Card Amprilingen Amprilinge | ME C4.5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / | Availability of house keeping staff & Security Guards | 2 | SI/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-6 > 500-8 | |
| ME C5.2 Availability of Antihypertensive , analgesic and antipyretic and Anesthetic medicine 2 OB/RR Miledipine, Milydipap, inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, inj Webcanie 2%, DB/RR VI k ME C5.2 The departments have adequate consumables at point of use Availability of Vitanins 2 OB/RR VI k ME C5.3 Emergency drug trays are maintained at every point of care, wherever it may be needed Availability of functional Equipment & National Standard C6 The facility has equipment & instruments Availability of functional Equipment & and consumables for newborn 2 OB/RR Inj Maguif 50%, inj Cacium gluconate table standard C6 ME C6.1 Availability of functional glup atints Emergency drug trays are maintained at every point of care, wherever it may be meded Emergency Drug Tray is maintained 2 OB/RR OB/RR Inj Maguif 50%, inj Cacium gluconate table standard C6 ME C6.1 Availability of equipment & instruments for examination & monitoring of patients Availability of instruments for examination & Monitoring of patients Valiability of instruments for examination & Monitoring of patients 2 OB One set of Digital P3 papartus, stendard C6 ME C6.2 Availability of instruments for examination & monitoring of patients Availability of instrument arranged in Delivery trays 2 OB One set of Digital P3 papartus, stendard C6 ME C6.2 Availability of instrument arranged in Delivery trays 2 | ME C4.5 Standard C5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff | Availability of house keeping staff & Security Guards The facility provides | 2 • drugs and consum | SI/RR ables required for assu | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-6 > 500-8 eed services. | |
| Met C5.3 Emergency drug trays are maintained at eventy point of care, wherever it may be needed Availability of Vitamins 2 OB/RR Vit k Met C5.1 The departments have adequate consumables at point of use Availability of Vitamins 2 OB/RR Vit k Met C5.2 The departments have adequate consumables at point of use Availability of dressings material and Sanitary pads 2 OB/RR Padeliatric (Vitamins) Met C5.2 The departments have adequate consumables at point of use Availability of syringes and IV Sets /tubes and consumables for newborn 2 OB/RR Padeliatric (Vitastic), informatic tube and cord clamp, Baby ID tag Met C5.3 Emergency drug trays are maintained at eveny point of care, wherever it may be needed Emergency Drug Tray is maintained 2 OB/RR In J Maguif 50%, In J Calcium gluconate 10%, In J Dexamethasone, In J Hydrocortisone Succinate, In J Ampiellin, In G Gentmation, In j metroindazole, In J Hydrolazole, An J Hydrolazole, An J Hydrolazole, In J Hydrolazol | ME C4.5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of | Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine | 2 • drugs and consum 2 | SI/RR ables required for assu OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-6 > 500-8 ref services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Misogrostol 200mg. Tab Misogrostol 200mg. | |
| ME C5.2 Availability of Vitamins 2 OB/RR Vit K ME C5.2 The departments have adequate consumables at point of use Availability of dressings material and Sanitary pads 2 OB/RR Gute piece and cotton swebs, sanitary Napkins (2 for Each Delivery), Sanitary Pads (4 for each delivery, needle (round body and cutting), chronic catgut no. 0, antiseptic solution ME C5.2 Availability of syringes and IV Sets /tubes and consumables for newborn 2 OB/RR Pads (4 for each delivery, needle (round body and cutting), chronic catgut no. 0, antiseptic solution ME C5.3 Emergency drug trays are maintained at every point of care, wherever it may be needed Emergency Drug Tray is maintained 2 OB/RR Inj Magsulf 50%, inj Calcium gluconate 10%, inj Pentiramine maleate, inj Carboprost, inj Pentiramine maleate, inj Promethaine, Bettamethosine, Bit Hampicilline, Nettraine, Bettamethosine, Bit Hampicilline, Netraine, Bettamethosine, Bit Hampicilline, Nettr | ME C4.5 Standard C5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use | Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine | 2 drugs and consum 2 2 | SI/RR ables required for assu OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 200-500-6 200-500-6 > 500-8 ref services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Misoprostol 200mg Cap Ampiellin S00mg, Tab Metronidazole 400mg, Ini Gentamicin Mirédipine, Metryldopa, Inj Hydralazine, | |
| ME C5.2 The departments have adequate consumables at point of use Availability of dressings material and Santary pads 2 OB/RR Napkins (2 for Each Delivery), Sanitary pads (for each delivery), endedi (round body and cutting), chromic catgut no. 0, antiseptic solution ME C5.3 Emergency drug trays are maintained at every point of care, wherever it may be needed Availability of syringes and IV Sets /tubes and consumables for newborn 2 OB/RR Padiatric IV sets, uninery catheter, Gastric tube and cord clamp, Baby ID tag ME C5.3 Emergency drug trays are maintained every point of care, wherever it may be needed Emergency Drug Tray is maintained 2 OB/RR Inj Magsulf SO%, Inj Calcium gluconate tO%, Inj Deamethasone, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentamicin, inj metonidazole, Inj erromethaline, Betamethasone, Inj Hydralazine, Nifedipine, INterdidoa celfritavene Standard C6 The facility has equipment & instruments required for assured list of services. Metodyloba celfritavene ME C6.1 Availability of equipment & instruments for examination & monitoring of patients Availability of functional Equipment & Instruments for examination & Monitoring 2 OB One set of Digital BP apparatus, Stethoscope, Jaby wegling scale, Measuring Tap for four labor tables or at least two sets. Wall clock ME C6.2 Ovailability of equipment & instruments for trawnent procedures, being undertaken in the facility Availability of instrument arranged in Delivery trays 2 OB | ME C4.5 Standard C5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use | Availability of house keeping staff & Security Guards The facility provides Availability of uterotonic medicine Availability of Anti-Infective medicine Availability of Anti-Infective medicine and antipyretic and Anesthetic medicine | 2 2 drugs and consum 2 2 2 2 | SI/RR ables required for assu OB/RR OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-6 > 500-8 ted services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Misoprota 200mg. Cap Ampicillin S00mg. Tab Metronidazole 400mg, Inj Gentamicin Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xvlocaine 2%, | |
| Image: Provide and consumables for newborn 2 OB/RR Paediatric IV sets,urinery catheter, Gastric tube and cond clamp, Baby (D tag ME C5.3 Emergency drug trays are maintained at every point of care, wherever it may be needed Image: Provide and cond clamp, Baby (D tag Image: Provide and cond clamp, Baby (D tag Standard C6 Emergency Drug Tray is maintained at every point of care, wherever it may be needed Image: Provide and cond clamp, Baby (D tag Image: Provide and cond clamp, Baby (D tag Standard C6 The facility has equipment & instruments required for assured list of services. Image: Provide and cond clamp, Baby (D tag Image: Provide and cond clamp, Baby (D tag ME C6.1 Availability of equipment & instruments for examination & monitoring of patients Availability of functional Equipment & Instruments for examination & Monitoring 2 OB Image: Provide and cond clamp, Baby (D tag ME C6.2 Availability of equipment & instruments for examination & Monitoring of patients Availability of instrument arranged in Delivery (tray, bow (for albot or abuc clamp, specific bid on a specific bid o | ME C4.5 Standard C5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use | Availability of house keeping staff & Security Guards The facility provider Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of NatiNpertensive, analgesic and antipyretic and Anesthetic medicine | 2 2 2 2 2 2 2 | SI/RR DB/RR DB/RR DB/RR DB/RR DB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 00-200-4 200-500-6 > 500-8 red services inj Oxytocin 10 IU (to be kept in fridge) Tab Misoprostol 200mg Cap Ampicillin 500mg, Tab Metronidazole 400mg, Inj Geraminin Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xivocaine 2% IV fluks, Normal saline, Ringer lactate, Vit K | |
| ME C5.3 Emergency drug trays are maintained at every point of care, wherever it may be needed Emergency Drug Tray is maintained 2 OB/RR L0%, inj Dexamethasone, inj Hydroillin, inj Gentamicin, inj metronidazole, inj Hydroillin, inj Gentamicin, inj metronidazole, inj Hydroinscrie, inj Promethazine, Nietarine maleate, inj Corboporst, inj Petrazene, inzi Hydroinscrie, inj Hydroinscrie, Hydroinscrease, Hydroinscrie, Hydroinscrie, Hydroinscrin, Hydroinscrie, Hyd | ME C4.5 Standard C5 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate | Availability of house keeping staff & Security Guards The facility provider Availability of uterotonic medicine Availability of Anti-Infective medicine Availability of Anti-Infective medicine Availability of Vatihypertensive, analgesic and antipyretic and Anesthetic medicine Availability of VItamins Availability of VItamins | 2 : drugs and consum 2 2 2 2 2 2 | Si/RR bbles required for assu OB/RR OB/RR OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-4 200-500-4 200-500-6 > 500-8 med sentees. Inj Oxytocin 10 IU (to be kept in fridge) Tab Misogrostol 200mg. (Cap Ampicillin 500mg, Tab Metronidazole 400mg, Ini Germanicin Nifedipine, Methyldopa, Inj Hydralazine, Nifedipine, Methyldopa, Inj Hydralazine, Methyldopa, Inj Hydralazine, | |
| Standard C6 The facility has equipment & instruments required for assured list of services. ME C6.1 Availability of equipment & instruments Availability of functional Equipment One set of Digital BP apparatus, Stethoscope, Adult Thermometer, Baby Thermometer, Baby Thermometer, Baby Thermometer, Baby Corebad ME C6.1 Availability of equipment & instruments for examination & monitoring 2 OB Thermometer, Handheid Fetal Doppler, Fetoscope, Baby registing scale, Measuring Tape for four labour tables or at least two sets. Wall clock ME C6.2 Availability of equipment & instruments for treatment procedures, being undertaken in the facility Availability of instrument arranged in Delivery trays 2 OB Cord Cuting Scisor, Array foreps, Cord Clamp, Sponge holder, speculum, Kidney Delivery kits are in adequate numbers as 2 OB One autoclaved delivery tray for each | ME C4.5 Standard C5 ME C5.1 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate | Availability of house keeping staff & Security Guards The facility provider Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of Anti-infective medicine Availability of thicks Availability of thicks Availability of dressings material and Sanitary pads Availability of syringes and IV Sets /tubes | 2 drugs and consum 2 2 2 2 2 2 2 | SI/RR bbles required for assu OB/RR OB/RR OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-4 200-500-6 > 500-8 ref services. 10 (oxytocin 10 IU (to be kept in fridge) Tab Misogravita 200mg. Cap Ampicillin Boomg. Tab Metronidazole 400mg. Ini Gentamicin Nifedipine, Methyidopa, Inj Hydralazine, Nifedipine, Methyidopa, Inj Hydralazine, Nifedipine, Methyidopa, Inj Hydralazine, Nifedipine, Methyidopa, Inj Hydralazine, Vit K Gauze piece and cotton swabs, sanitary Napkins (2 for Each Delivery). Sanitary Pads (4 for each delivery, needie (round body and cutting), chromic catgut no. 0, antiseptic solution | |
| ME C6.1 Availability of equipment & instruments for examination & monitoring of patients Availability of functional Equipment & Monitoring 2 OB Stethoscope, Advit Thermometer, Baby Thermometer, Baby Memometer, Baby Corehad ME C6.2 Availability of equipment & instruments for examination & monitoring of patients Availability of functional Equipment & Monitoring 2 OB Thermometer, Baby Thermometer, Baby Fetoscope, Baby weighting scale, Measuring Tape for four labour tables or at least two sets. Wall clock Cord Cuting Ecsion, Attract for ceps, Cord Clamp, Sponge holder, speculum, Kidney tray, bowl for antiseptic Lotion are present in tray Delivery kits are in adequate numbers as Delivery kits are in adequate numbers as 2 OB One autoclaved delivery tray for each | ME C4.5 Standard C5 ME C5.1 ME C5.2 ME C5.3 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate consumables at point of use Emergency drug trays are maintained at every point of care, wherever it may be | Availability of house keeping staff & Security Guards The facility provide: Availability of uterotonic medicine Availability of Anti-Infective medicine Availability of Antihypertensive , analgesic and antipyretic and Anesthetic medicine Availability of Vitamins Availability of Vitamins Availability of Vitamins Availability of syringes and IV Sets /tubes and consumables for newborn Emergency Drug Tray is maintained | 2 drugs and consum 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ables required for assu OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-4 200-500-6 > 500-8 ref services. Inj Oxytocin 10 IU (to be kept in fridge) Tab Misogrototi 200mg. Cap Ampicillin 500mg, Tab Metronidazole 400mg, Ini Geramicin Nifedipine, Methyldopa, Inj Hydralazine, Nifedipine, Methyldopa, Inj Hydralazine, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Meazufi S0%, Inj Calcium gluconate Inj Magaufi S0%, Inj Calcium gluconate Methyldoba cettrisone, Inj Hydriazine, Nifedipine, | |
| Availability of equipment & instruments for freatment procedures, being undertaken in the facility Delivery kits are in adequate numbers as 2 OB One autoclaved delivery tray for each | ME C4.5 Standard C5 ME C5.1 ME C5.2 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate consumables at point of use Emergency drug trays are maintained at every point of care, wherever it may be | Availability of house keeping staff & Security Guards The facility provide: Availability of uterotonic medicine Availability of Anti-Infective medicine Availability of Antihypertensive , analgesic and antipyretic and Anesthetic medicine Availability of Vitamins Availability of Vitamins Availability of Vitamins Availability of syringes and IV Sets /tubes and consumables for newborn Emergency Drug Tray is maintained | 2 drugs and consum 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ables required for assu OB/RR OB/RR OB/RR OB/RR OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-4 200-500-6 > 500-12 100-200-4 200-500-6 > 500-8 Tab Misogenetation 10 UI (to be kept in fridge) Tab Misogenetation 200mg. Cap Ampicillin Boomg. Tab Metronidazole 400mg. Lni Gentamicin Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamol, Tab Ibuprofen, Inj Xifocaline 2%, UI fruids, Normal saline, Ringer Lactate, Vit K Gaure piece and cotton swabs, sanitary Napkins (2 for Each Delivery), Sanitary Pads (4 for each delivery, needle (round body and cutting), chromic catgut no. 0, antiseptic solution Paediatric IV sets,urinery catheter, Gastric tube and cord clamp, Baby ID tag Inj Masuif Sor, Inj Calcium gluconate 10%, Inj Devamethasone, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentamicin, Inj metronidazole, Inj diazepan, Inj Pheniramine maleate, Inj Corborrost, Inj Pentazocine, Inj M | |
| | ME C4.5 Standard C5 ME C5.1 ME C5.2 ME C5.3 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate consumables at point of use Emergency drug trays are maintained at every point of care, wherever it may be needed Availability of equipment & instruments for examination & monitoring of | Availability of house keeping staff & Security Guards The facility provider Availability of uterotonic medicine Availability of Anti-Infective medicine Availability of Anti-Infective medicine Availability of Anti-Infective medicine Availability of Trainis Availability of Trainis Availability of dressings material and Sanitary pads Availability of syringes and IV Sets /tubes and consumables for newborn Emergency Drug Tray is maintained The facility has equip Availability of functional Equipment &instruments for examination & | 2 drugs and consum 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR OB/RR OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-4 200-500-6 > 500-8 erref senders. Inj Oxytocin 10 IUI (to be kept in fridge) Tab Misogrotol 200mg. Cap Ampicillin 500mg, Tab Metronidazole 400mg, Ini Germanicin Nifedipine, Methyldopa, Inj Hydralazine, Nifedipine, Castine Castine Tub and cord Camp, Baby ID tag Inj Magaufi 50%, Inj Caclum gluconate 10%, Inj Dexamethasone, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentamicin, Inj metrooidazole, Inj diazeapan, Inj Pentrazone, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentramicin, Betamethasone, Inj Hydrocortisone Succinate, Inj Ampicillin, Inj Gentramicin, Betamethasone, Inj Hydrocortisone Succinate, Inj Ampicillin, Methyldopa.certirisonen Bist of services. Done set of Digital BP apparatus, Stethscope, Adult Thermometer, Baby Forehead thermometer, Handheld Fetal Doppler , Fetoscope, baby weight for four labour tables or | |
| | ME C4.5 Standard C5 ME C5.1 ME C5.2 ME C5.3 Standard C6 | The facility has adequate nursing staff as per service provision and work load The facility has adequate support / general staff The departments have availability of adequate medicine at point of use The departments have adequate consumables at point of use Emergency drug trays are maintained at every point of care, wherever it may be needed Availability of equipment & instruments for examination & monitoring of patients Availability of equipment & instruments for treatment procedures, being | Availability of house keeping staff & Security Guards The facility provide Availability of uterotonic medicine Availability of Anti-infective medicine Availability of Antihypertensive , analgesic and antipyretic and Anesthetic medicine Availability of VFluids Availability of VFluids Availability of Vrsinges and IV Sets /tubes and consumables for newborn Emergency Drug Tray is maintained The facility has equip Availability of functional Equipment &instruments for examination & Monitoring Availability of Instrument arranged in Delivery trays | 2 edrugs and consum 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ables required for assu OB/RR | 100-200-8 200-500-12 > 500-16 Housekeeping Staff as per delivery load 100-200-4 200-500-8 Security Guards as per Delivery Load > 500-12 100-200-4 200-500-4 200-500-6 > 500-12 100-200-4 200-500-6 > 500-8 reff services. Ini (Oxytocin DI UI (to be kept in fridge) Tab Misoprostol 200mg. Cap Ampicillin Soomg. Tab Metronidazole 400mg. Ini Gentamicin Nifedipine, Methyldopa, Inj Hydralazine, Tab Paracetamo, Tab Ibuprofen, Inj Xidocaine 2%, UI fluids, Normal saline, Ringer lactate, Vit K Gauze piece and cotton swabs, sanitary Napkins (2 for Each Delivery), Sanitary Pads (4 for ach delivery), needle (round body and cutting), chromic catgut no. 0, antisentic solution Paediatrici V sets, urinery catheter, Gastric tube and cord clamp, Baby ID tag Ini Masuit Soy, Inj Calcium gluconate 10%, Inj Dexamethasone, Inj Hydrocortisone Succinente, Inj Ampicillin, Inj Gentamicin, Inj metronidazole, Inj diazepan, inj Pheniramine maleate, inj Crohorost, Inj Pentazocine, Inj Promethazine, Betamethasone, Inj Promethazine, Betamethasone, Inj Hydrocortisone Succinenter, Baby Thermometer, Jandheld Fetal Doppler , Fetscoope, baby weighting scale, Mesung Tape for four labour tables or at least two sets. Wall Cock Cord Cutting Stissor, Artery forcesps, Cord Comp, Songe holder, speculum, Kindey tray, bowl for antiseptic lotion are present in tray. | |

| | | Availability of Instruments arranged for Episiotomy trays | 2 | OB | Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder, thumb forceps, are present in tray | |
|---|---|--|---|---|--|-----|
| | | Availability of Baby tray | 2 | ОВ | Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 & 1 no.), sterilized thread for cord/cord clamp, nasogastric tube are present in tray | |
| | | Availability of instruments arranged for MVA/EVA tray | 2 | ОВ | Speculum, anterior vaginal wall retractor, posterior wall retractor, sponge holding forceps, MVA syringe, cannulas, MTP, cannulas, small bowl of antiseptic lotion, are present in tray | |
| | | Availability of instruments arranged for PPIUCD tray | 2 | ОВ | PPIUCD insertion forceps, CuIUCD 380A/Cu IUCD375 in sterile package are present in tray | |
| | | Availability of Radiant Warmers | 2 | ОВ | 1 Functional Radiant warmer for each four tables | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of Diagnostic Instruments | 2 | ОВ | At least 2 Glucometers, Protein Urea Test Kit , HB Testing Kits, HIV Kits. | |
| ME C6.4 | Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients | Availability of resuscitation Instruments for Newborn & Mother | 2 | ОВ | Availability of Neonatal Resuscitation Kit Paediatric resuscitator bag (volume 250 ml) with masks of 0 and 1 size for each Radiant warmer Adult Resuscitation Kit | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage for drugs | 2 | ОВ | Refrigerator, Movable 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 & sterilization | 2 | ОВ | Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush, Autoclave | |
| ME C6.7 | Departments have patient furniture and fixtures as per load and service provision | Availability of Labour Beds with attachment/accessories | 2 | OB | Each labour bed should be have following facilities Adjustable side rails, Facilities for Trendelenburg/reverse positions, Facilities for height adjustment, Stainless steel IV rod, wheels & brakes ,Steel basins attachment, Calf support, handgrip, legs support. | |
| | | Availability of Mattress for each Labour Beds | 2 | OB | Mattress should be in three parts and seamless in each part with a thin cushioning at the joints, detachable at perineal end. It should be washable and water proof with extra set. | |
| Standard C7 | Facility ha | s a defined and established procedure for e | ffective utilization, e | evaluation and augmen | ntation of competence and performance of st | aff |
| ME C7.1 ME C7.2 | | | | | DELETED DELETED | |
| ME C7.9 | The Staff is provided training as per | Biomedical Waste Management& Infection | 2 | CI (DD | Charle training another | |
| ME C7.9 | defined core competencies and training plan | control and hand hygiene ,Patient safety Training on Respectful Maternal Care | 2 | SI/RR SI/RR | Check training records Check training records | |
| | There is established procedure for | | | | Check with training records the labour room staff have been provided refresher | |
| ME C7.10 | utilization of skills gained thought trainings by on -job supportive supervision | Labour room staff is provided refresher training | 2 | SI/RR | training at lest once in every 12 month on Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support | |
| | utilization of skills gained thought trainings by on -job supportive | training | Area of Concern - D | Support Services | Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support | |
| Standard D1 | utilization of skills gained thought trainings by on -job supportive supervision | training The facility has established Programm | Area of Concern - D ne for inspection, te | Support Services | Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support | |
| | utilization of skills gained thought trainings by on -job supportive | training The facility has established Program All equipment are covered under AMC including preventive maintenance There is system of timely corrective break | Area of Concern - D ne for inspection, te 2 | Support Services sting and maintenance SI/RR | Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance | |
| Standard D1 | utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for | training The facility has established Programm All equipment are covered under AMC including preventive maintenance | Area of Concern - D ne for inspection, te | Support Services | Intrapartum care, Identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book | |
| Standard D1 | utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for | training The facility has established Program All equipment are covered under AMC including preventive maintenance There is system of timely corrective break | Area of Concern - D ne for inspection, te 2 | Support Services sting and maintenance SI/RR | Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance | |
| Standard D1 ME D1.1 ME D1.2 ME D1.3 | utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance instructions are available with the users of equipment | Training The facility has established Program All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated Up to date instructions for operation and maintenance of equipment are readily available with labour room staff. | Area of Concern - D ne for inspection, te 2 2 2 2 2 | Support Services sting and maintenance SI/RR SI/RR OB/ RR OB/ SI | Intrapartum care, identification and & management of obstetric emergencies and Essential Newborn care & Breast feeding support check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale, radiant warmer etc are calibrated . Check for records / Calibration stickers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room | |
| Standard D1 ME D1.1 ME D1.2 | utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance Instructions are available with the users of equipment The | training The facility has established Program All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated Up to date instructions for operation and maintenance of equipment are readily | Area of Concern - D ne for inspection, te 2 2 2 2 2 | Support Services sting and maintenance SI/RR SI/RR OB/ RR OB/ SI | Intrapartum care, identification and & management of obstetic emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale , radiant warmer etc are calibrated . Check for cords / calibration sitckers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room drugs in pharmacy and patient care areas | |
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| Standard D1 ME D1.1 ME D1.2 ME D1.3 Standard D2 ME D2.1 ME D2.3 ME D2.4 | utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance instructions are available with the users of equipment There is established procedure for forecasting and indenting medicine and consumbles The facility ensures proper storage of medicine and consumables The facility ensures management of expiry and near expiry medicine The facility sesters proper storage of medicine and consumables The facility ensures management of expiry and near expiry medicine | training The facility has established Program All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated Up to date instructions for operation and maintenance of equipment re readily available with labour room staff. facility has defined procedures for storage, There is established system of timely indenting of consumables and medicine medicine are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled and updated Expiny dates' are maintained at emergency drug tray / Crash cart There is practice of calculating and | Area of Concern - D ne for inspection, te 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Support Services sting and maintenance SI/RR OB/ RR OB/SI ent and dispensing of SI/RR OB OB OB | Intrapartum care, identification and & management of obstric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale, radiant warmer eta are calibrated . Check for records / Calibration stickers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room drugs in pharmacy and patient care areas Stock level are daily updated Requisition are timely placed well before reaching the stock out level. Check medicine and consumables are kept at allocated space in Crash cart/ Drug trolleys and are labelled. Look alike and sound alike medicine are kept separately working and pressure/ flow rate is updated in the checklist Expiry dates against medicine are mentioned crash cart/ emergency drug tray No expiry drug found At least one week of minimum buffer stock is maintained all the time in the labour room. Minimum stock and reorder level are calculated based on consumption | |
| Standard D1 ME D1.1 ME D1.2 ME D1.3 Standard D2 ME D2.1 ME D2.3 ME D2.4 | utilization of skills gained thought trainings by on -job supportive supervision The facility has established system for maintenance of critical Equipment The facility has established procedure for internal and external calibration of measuring Equipment Operating and maintenance instructions are available with the users of equipment There is established procedure for forecasting and indenting medicine and consumables The facility ensures proper storage of medicine and consumables The facility ensures management of expiry and near expiry medicine The facility has established procedure | training The facility has established Program All equipment are covered under AMC including preventive maintenance There is system of timely corrective break down maintenance of the equipment All the measuring equipment/ instrument are calibrated Up to date instructions for operation and maintenance of equipment are readily available with labour room staff. facility has defined procedures for storage, There is established system of timely indenting of consumables and medicine medicine are stored in containers/tray/crash cart and are labelled Empty and filled cylinders are labelled and updated Expiry dates' are maintained at emergency drug tray / Crash cart. There is practice of calculating and maintaining buffer stock Department maintained stock and expenditure register of medicine and | Area of Concern - D ne for inspection, te 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Support Services sting and maintenanc SI/RR OB/ RR OB/SI ent and dispensing of SI/RR OB OB/SI OB/SI SI/RR | Intrapartum care, identification and & management of obstric emergencies and Essential Newborn care & Breast feeding support and calibration of Equipment. Check with AMC records/ Warranty documents Check with AMC records/ Warranty documents Check for breakdown & Maintenance record in the log book BP apparatus, thermometers, weighing scale, radiant warmer etc are calibrated. Check for records / calibration stickers Check operating and trouble shooting instructions of equipment such as radiant warmer are available at labour room drugs in pharmacy and patient care areas Stock level are daily updated Requisition are labelled. Look alike and sound alike medicine are kept separately Empty and filled cylinders are kept separately and labelled, flow meter is working and pressure/ flow rate is updated in the checklist Expiry dates against medicine are mentioned crash carl/ emergency drug tray No expiry drug found At least one week of minimum buffer stock is dic And expenditure register is adequately maintained all the time in the labour room. Minimum stock and encorder level are calculated based on consumption in a week accordinely Check stock and expenditure register is adequately maintained | |
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Labour Room

Version - NHSRC/NQAS2016

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|---|------------------------|--|---|--|---|--|--|
| KKD 2Perform harman source in source in the so | ME D3.1 | | | 2 | ОВ | | |
| No.00Markade space and under a model of a space of a | ME D3.2 | | There is no overcrowding in labour room | 2 | ОВ | birth companion is allowed to stay with | |
| Nit Columnation Note with an and section 2 0 Interview of Columnated interview of | ME D3.3 | comfortable environment for patients | | 2 | PI/OB | Temperature of the labour room should be | |
| No.30 No.30 No.30 No.30 No.30 No.30 No.30 No.30 No.30 Schull and | ME D3.4 | | Security arrangement in labour room | 2 | OB | female security staff. CCTV Camera at | |
| Heads Result of the barbon of parties of partie | ME D3.5 | | at work place | | | Check adequate security measures have been taken for safety and security of staff working in labour room | |
| Not 2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | Standard D4 | | The facility has establis | ned Programme for | maintenance and upk | | |
| Mit Lo.2 Pathone if any interced in the second of the se | ME D4.1 | | are plastered & painted & building are | 2 | OB | painted in white colour. The walls of the labour room complex should be made of white wall tiles, with seamless joint, and | |
| Normal control Normal control Normal control Normal control Normal control Normal control Normal control Control free control Control free control Control free control Control free control Normal control Control free control Control free control Control free control Control free control Normal control Control free control Control free control Control free control Control free control Normal control Free control free control Control free control Control free control Control free control Normal control free control Free control free control Control free control free control Control free control Normal control free control Free control free control Control free control Control free control Normal control free control Control free control Control free control Control free control Normal control free control Control free control Control free control Control free control Normal control free control free control Control free control Control free control Control free control free control Normal control free control Normal control free control Control free control Control free contro | ME D4.2 | | | 2 | ОВ | dirt,grease,littering and cobwebs. Surface | |
| Note 13.1 Respin Unifference is a sequegar, Oricha, Saray and Saray an | | | | 2 | OB | clean and water supply with functional | |
| Number of the second product | ME D4.3 | | chipping of plaster Window panes , doors | 2 | OB | | |
| Multiple The fold by a sequence of any model of any sequence of | | | Delivery table are intact and without rust | 2 | OB | accumulation of dirt/ grease/ encrusted | |
| Num end Par facility is adjustication structure Num tray simulation is an analysis of the structure and possible is an analysis of the structure analysis of the structure and possible is an analysis of t | ME D4.5 | | | 2 | ОВ | Check of any obsolete article including equipment, instrument, records, drugs and | |
| No. 100.000000000000000000000000000000000 | | | , | | | Check for no stray animal in and around labour room | |
| No. 1001 Statega end supply for portable water Name 2 CR_21 Market har for portable har for portable water No. 05.1 The facity ename adequate power base Name 2 CR_21 Market har for portable har for power har for power har for power har for power har power har for power har power har power har for power h | Standard D5 | | The facility ensures 24X7 water and powe | r backup as per req | uirement of service de | livery, and support services norms | |
| Mc 103. Bokkgin in all patient care area area properties of the second sec | ME D5.1 | storage and supply for portable water | | 2 | OB/SI | | |
| MALE DALL The finity has adequate sets of line vaniability & use of dean line 2 00/07 Check of the property works in provided to property works in provided to property works in provided to property works in the property of the property in the property in the property of the property in the pro | ME D5.2 | backup in all patient care areas as per | room | | | backup including Dedicated UPS and | |
| NE 07.1 The facility his adequite stat of line Availability & use of dean line 2 00/07 Implementation of a standard procedures for water of character and standard procedures for the statistic of administration of administration of states for the statistic of administration of states for the statistic of administration and states are determined as per poor registration. States for the statistic of administration of states for the state of | Standard D7 | | The f | acility ensures clean | linen to the patients | Clean Delivery gown is provided to | |
| Number 2013 Number 2013 Second pile to buildy. Clearling to the second pile to buildy. Clearling the top during of lines. Standard D11 Note A Responsibilities of administrative and dividual staff are determined a per gove, regulationed in the clearling and responsibilities of the clearring and responsibilities of the clearling and responsibilities of responsibilities of the c | ME D7.1 | | Availability & use of clean linen | 2 | OB/RR | Pregnant Women & sterile drape for baby. | |
| Standard D11 The Reality has in stabilised procedure for Aly roser and any and the stabilised procedure for Aly roser and any apper any apper appe | ME D7.3 | handling , collection, transportation and | | 2 | SI/RR | sending it to laundry. Cleanliness & Quantity of linen is checked received from | |
| NE D1.2 procedure for dury roter and section to different desartment. Intel is procedure to the labour room should not staff posted in the labour room should not desc code a maintained by its administration (<i>the health desprints</i>). PR/SI Proprint and releving (Attendance resider, Bandhinistration or state posted in the labour room should not desc code a maintained by its administration (<i>the health desprints</i>). ME D1.3 The facility reacting to the labour room should not desc code a maintained by its administration (<i>the health deprints</i>). Dector, number 6 a platent desc code a maintained by its administration or state posted defined procedures for exploration. As per hospital administration or state posted defined procedures for exploration. Standard E1 The facility has established procedure for registration of patients Unlique identification number 6 patients 2 RR Creats for demographic like Name, age, See, Chief compating, etc. ME E1.3 There is established procedure for anison of patients There is procedure for administic program and recedure graphic like Name, age, see, Chief compating, etc. Creats the time administor with a consistence with administor with a descenter with advarpain administor of patients ME E1.4 There is established procedure for maintein to bad patients Check how service provider cope with managene patients, including administor advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advarpaintein advar | Standard D11 | | & Responsibilities of administrative and clini | cal staff are determ | ined as per govt. regul | ations and standards operating procedures. | |
| Image: second set of the | ME D11.2 | procedure for duty roster and | available on duty as per duty roster | 2 | RR/SI | reporting and relieving (Attendance | |
| Min D213 Diffes UBB is Mind baland in the Market | | The facility ensures the adherence to | be rotated outside the labour room | 2 | RR/SI | | |
| Standard E1 The facility has established procedure for explanation number 8 galantett during process of registration 8 admission 2 RR Check for demographic like Name, age, See, Okief compatibility Name, age, see, Okief compatibility like Name, see, See, Okief Compatibility like Name, see, Compatibility like Name, age, see, Comp | ME D11.3 | | adhere to their respective dress code | | - | | |
| ME E1.1 Iner lack landshed procedure for admission of patients demographic records are generated during process of registration & admission 2 RR Check lot demographic me halms, ego, sex, bit compliant, etc. ME E1.3 There is established procedure for managing patients, in case beds are not vorticed at the facility. There is no delay in admission of pregnant wormen in abbore pain 2 St/RR/OB Admission is done by written order of a qualified doctor ME E1.4 There is established procedure for managing patients, in case beds are not vorticed at the facility. There is no delay in admission of pregnant wormen in abbore pain due to high patient load 2 OB/S/RR Admission of order tables. Standard E2 There is established procedure for initial assessment of patients There is established procedure for initial assessment of patients Repain the facility is defined and established procedures for clinical assessment, reasessment adminical patient bit of patient load Repain fill (facility in breating; rever, even abbornical patients, who of the stablished procedure for initial assessment of patients Repain fill (facility in breating; rever, even abbornical patients, who of the stables, who of the stables, bit (facility in breating; rever, even abbornical patient) Recording of current labour details Recording of wormen obsettric History including Recording of wormen obsettric History including ME E2.2 There is established procedure for initial assessment of patients </td <td>Standard E1</td> <td></td> <td></td> <td></td> <td></td> <td>admission of patients.</td> <td></td> | Standard E1 | | | | | admission of patients. | |
| Ministrial admission of patients women directly coming to Labour room 2 SJ NNOB qualified doctor Image: stabilished procedure for available at the facility There is no delay in admission of pregnant women in labour pain 2 OB/SI/R Corelate the time admission with & corelate the time admission with & patient document available at the facility Corelate the time admission with & corelate the time admission with & patient document available at the facility Corelate the time admission with & corelate the time admission of patients ME E2.1 There is established procedure for initial assessment of patients Check how service provider core women to identify complication and prioritize care Recording and reporting of Clinical History 2 RR/SI/OB Recording of water lawing, corousion single of the desses, STD et of HV status and Surgle1 History Recording of varies same smel of fluid and baby movement Surgle1 History ME E2.2 Rere is established procedure for follow-up/ reassessment of | ME E1.1 | | demographic records are generated | 2 | | Check for demographics like Name, age | |
| Intere is to belay in admission of pregnant women in labour pain managing particulation advent sin and boar pain management of the set stabilished procedure for available at the facility Check how service provide cope with patient load 2 OB/SI Provision of extra tables. Standard E2 There is established procedure for available at the facility There is established procedure for initial assessment of patients Rajid Initial assessment of Pregnant Women to identify complication and Prioritize care 2 OB/SI Provision of extra tables. ME E2.1 There is established procedure for initial assessment of patients Rajid Initial assessment of Pregnant Women to identify complication and Prioritize care 2 RB/SI/OB Recording of Vials and FHR, immediate assessment, reassessment and treatment plan preparation. ME E2.1 There is established procedure for initial assessment of patients Reporting of Clinical History Prioritize care 2 RB/SI/OB Recording of Vials and FHR, immediate assessment, reassessment and instant assessment of patients Recording of current labour details 2 RB/SI/OB Recording of Vials status, h/o CS, Live birth, Suill Birth, Medical History including. ME E2.2 Recording of current labour details 2 RR Recording of Vials, shape & Size of abdomen, presence of scars, foetal lie and presentation. & vaginal examination ME E2.2 There is established procedure for follow-up/ reassessm | ME E1.3 | | during process of registration & admission | - | RR | | |
| ME E1.4 managing patients, in case beds are out shortage of delivery tables due to high available at the facility facility and managine patients available at the facility available at the facility facility and managine patients at the facility facility and managine patients and facility facility facility and managine patients and facility facilit | | | There is procedure for admitting Pregnant | | | Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor | |
| ME E2.1 There is established procedure for initial assessment of pregnant Women to identify complication and Prioritize care 2 RR/SI/OB Recording of Vitals and FHR. Immediate sign are present - difficulty in breathing, fever, sever abdominal pain, Convulsion or unconscuess. Severe headched or blurred vision ME E2.1 Recording and reporting of Clinical History 2 RR/SI/OB Recording of Vitals and FHR. Immediate sign are present - difficulty in breathing, fever, sever abdominal pain, Convulsion or unconscuess. Severe headched or blurred vision Recording and reporting of Clinical History 2 RR/SI LWB and EDD Parity. Gravid status, h/o CS, LIVe birth, Still Birth, Medical History (TB, Heart diseases, STD et IVI status and Surgical History TE, Heart diseases, STD et IVI status and Surgical History (TB, Heart diseases, STD et IVI status and Surgical History TE, Heart diseases, STD et IVI status and Surgical History TE and EDD Parity. Gravid status, h/o CS, LIVe birth, Still Birth, Medical History (TB, Heart diseases, STD et IVI status and Surgical History TE and EDD Parity, Gravid status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart diseases, STD et IVI status and Surgical History TE and EDD Parity, Gravid status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart diseases, STD et IVI status and Surgical History TE and EDD Parity. Gravid status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart disease, STD et IVI status and Surgical History TE and EDD Parity. Gravid status, h/o CS, Live Birth, Status and Surgical History (TB, Heart diseases, STD et IVI status and Surgical History (TB, Heart diseases, STD et IVI status and Surgical History (TB, Heart diseases, STD et IVI status and Surgical History (TB, Heart diseases, STD et IV | | admission of patients | There is procedure for admitting Pregnant women directly coming to Labour room There is no delay in admission of pregnant women in labour pain | | SI/RR/OB | Sex, Chief complaint, etc. Admission is done by written order of a qualified doctor Co relate the time admission with & clinical intervention (vital chart , | |
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Labour Room

Version - NHSRC/NQA52016

| 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 | Check healthcare needs of all hospitalised patients are identified through assessment process | 2 | SI/RR | Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors | |
|------------------------|--|--|----------------------|--------------------------------|--|--|
| | | Check treatment/care plan is prepared as per patient's need | 2 | RR | (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. | |
| | | Check treatment / care plan is documented | 2 | SI/RR | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | Check care is delivered by competent multidisciplinary team | 2 | | Check care plan is prepared and delivered as per direction of qualified physician | |
| Standard E3 | | The facility has defined and es | tablished procedure | es for continuity of car | | |
| ME E3.1 | The facility has established procedure for continuity of care during interdepartmental transfer | There is procedure of handing over patient / new born from labour room to OT/ Ward/SNCU | 2 | SI/RR | Hand over from Labour Room to the destination department is given while shifting the Mother & Baby. Shifting to ward should be done at least two hours after delivery in case of conventional LR and 4 hours in case of LDR | |
| | | There is a procedure for consultation of the patient to other specialist with in the hospital | 2 | SI/RR | check if there are linkages and established process for calling other specialist in labour room if required | |
| 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. | Reason for referral is clearly stated and referral is authorized competent person (Gynaecologist or Medical Officer on duty) | 2 | RR | Verify with referral records that reasons for referral were clearly mentioned and rational. Referral is authorized by Gonaecologist or Medical officer on duty after ascertaining that case can not be managed at the facility Labour room 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 | |
| | | Essential information regarding referral facilities are available at labour room | 2 | RR/OB | Check for availability of following - Referral Pathway Names, Contact details and duty schedules for responsible persons higher referral centres Name , Contact details, duty schedule of Ambulance services | |
| | | Advance communication regarding the patient's condition is shared with the higher centre | 2 | SI/RR | The information regarding the case, expected time of arrival and special facilities such as specialist, blood, intensive care may be required is communicated to the higher centre | |
| | | Patient referred with referral slip | 2 | RR/SI | A referral slip/ Discharge card is provided to patient when referred to another health care facility. Referral slip includes demographic details, History of woman, examination findings, management done, r drugs administered, any procedure done, reason for referral, detail of referral centre including whom to contact and signature of approving medical officer | |
| | | Referral vehicle is being arranged | 2 | SI/RR | Check labour room staff facilitates arrangement of ambulance for transferring the patient to higher centre. Patient attendant are not asked to arrange vehicle by their own Check if labour room staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be renuired in transit | |
| | | Referral checklist & Referral in/ Out register is maintained all referred cases | 2 | RR | Referral check list is filled before referral to ensure all necessary steps have been taken for safe referral including advance communication, transport arrangement, accompanying care provider, referral slip, time taken for referral etc. regarding referral cases including demographics, date & time of damission, date & time of referral, diagnosis at referral and follow up of outcome is recorded in referral register | |
| | | Follow-up of referral cases is done | 2 | SI/RR | Check that labour room staff follow up of referred cases for timely arrival and appropriate care provided at higher centre. Outcome and deficiencies if any should be recorded in referral out register. | |
| ME E3.3 | A person is identified for care during all steps of care | women | 2 | RR/SI | Check for nursing hand over | |
| Standard E4 ME E4.1 | Procedure for identification of patients is established at the facility | The facility has There is a process for ensuring the identification before any clinical procedure | defined and establis | hed procedures for nu OB/SI | rsing care Identification tags for mother and baby | |
| ME E4.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | There is a process to ensure the accuracy of verbal/telephonic orders | 2 | SI/RR | Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet | |
| 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 | 2 | RR/SI | Nursing Handover register is maintained | |
| | | Hand over is given bed side | 2 | SI/RR/OB | Handover is given during the shift change beside the pregnant women explaining the condition, care provided and any specific care if required | |

| ME E4.5 | There is procedure for periodic monitoring of patients | Patient Vitals are monitored and recorded periodically | 2 | RR/SI | Check for BP, pulse,temp,Respiratory rate FHR,dilation Uterine Contractions, blood loss any other vital required is monitored and recoded in case sheet | |
|------------------------|---|---|----------------------------------|--------------------------|---|--|
| Standard E5 | | | rocedure to identify | high risk and vulneral | ble 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 | 2 | OB/SI | Check the measure taken to prevent new born theft, sweeping and baby fall | |
| ME E5.2 Standard E6 | The facility identifies high risk patients and ensure their care, as per their need | | 2 | OB/SI | List of cases identified as High Risk is available with labour room staff. Check for the frequency of observation: Its stage :half an hour and 2nd stage: every 5 min | |
| | The facility ensured that drugs are | Check for case sheet if drugs are | | | Check all the drugs in case sheet and | |
| ME E6.1 | prescribed in generic name only | prescribed under generic name only | 2 | RR | discharge slip are written in generic name only. Intrapartum care, Essential new-born care, | |
| ME E6.2 | There is procedure of rational use of drugs | Check for that relevant Standard treatment protocols are available at point of use | 2 | RR | Newborn Resuscitation, Pre- Eclampsia, Eclampsia, Postpartum haemorrhage, Obstructed Labour, Management of preterm labour | |
| | | Check staff is aware of the drug regime and doses as per STG | 2 | SI/RR | Check BHT that drugs are prescribed as per treatment protocols &Check for rational use of uterotonic drugs | |
| Standard E7 | There is process for identifying and | | s defined procedure | s for safe drug adminis | stration Check high alert drugs such as Magsulf, | |
| ME E7.1 | cautious administration of high alert drugs | High alert drugs available in department are identified | 2 | SI/OB | Oxytocin, Carbopost, Adrenaline are identified in the labour room Value for maximum doses as per age, | |
| | | Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of high alert drugs are only given | 2 | SI/RR | value for intakimum does as per age, weight and diagnosis are available with nursing station 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 | Every Medical advice and procedure is accompanied with date , time and signature | 2 | RR | Verify case sheets of sample basis | |
| | | Check for the writing, It comprehendible by the clinical staff | 2 | 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 | 2 | 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 | 2 | RR/SI | Check if adverse drug reaction form is available in labour room and reporting is in practice | |
| ME E7.4 | There is a system to ensure right medicine is given to right patient | Check Nursing staff is aware 7 Rs of Medication and follows them | 2 | SI/RR | Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation | |
| Standard E8 | All the assessments, re-assessment and | The facility has defined and established pro | <mark>cedures for maintai</mark> | ning, updating of patie | nts' clinical records and their storage | |
| ME E8.1 | investigations are recorded and updated | Progress of labour is recorded | 2 | RR | Partograph | |
| ME E8.2 | All treatment plan prescription/orders are recorded in the patient records. | Treatment prescribed in nursing records | 2 | RR | Medication order, treatment plan, lab investigation are recoded adequately | |
| ME E8.4 | Procedures performed are written on patients records | Delivery note is adequate | 2 | RR | Outcome of delivery, date and time, gestation age, delivery conducted by, type of delivery, complication if any ,indication of intervention, date and time of transfer, cause of death etc | |
| | | Baby note is adequate | 2 | RR | Did baby cry, Essential new born care, resuscitation if any, Sex, weight, time of initiation of breast feed, birth doses, congenital anomaly if any. | |
| ME E8.5 | Adequate form and formats are available at point of use | Standard Formats are available | 2 | RR/OB | Availability of standardized labour room case sheets including partograph and safe Birthing checklist | |
| ME E8.6 | Register/records are maintained as per guidelines | Registers and records are maintained as per guidelines | 2 | RR | Labour room register, OT register, MTP register, Maternal death register and records, lab register, referral in /out register, internal & PPIUD register , NBCC register, handover register | |
| | | All register/records are identified and | 2 | RR | Check records are numbered and labelled | |
| Standard E12 | | numbered The facility has def | ined and established | d procedures of diagno | legibly stic services | |
| ME E12.3 | There are established procedures for Post-testing Activities | Nursing station is provided with the critical value of different test | 2 | SI/RR | Check for list of critical values is available at nursing station | |
| Standard E13 | | The facility has defined and establis | hed procedures for | Blood Bank/Storage M | anagement and Transfusion. | |
| ME E13.9 | There is established procedure for transfusion of blood | Protocol of blood transfusion is monitored & regulated | 2 | RR | blood is kept on room temperature (28 degree C) before transfusion. Blood transfusion is monitored and regulated by qualified person | |
| Standard E16 | | The facility has defined and established | a procedures for the | management of death | Maternal and neonatal death are recorded | |
| ME E16.2 | The facility has standard procedures for handling the death in the hospital | Death note is written as per mother & neonatal death review guidelines | 2 | RR | as per MDR 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 | |
| | | There is established criteria for distinguishing between new-born death and still birth | 2 | SI/RR | oossible Every still birth is examined, classified by paediatrician before declaration & record is maintained | |
| Standard E18 | | The facility has esta | blished procedures | for Intranatal care as p | er guidelines | |
| ME E18.1 | Facility staff adheres to standard procedures for management of second stage of labour. | Ensures 'six cleans' are followed during delivery | 2 | SI/OB | Ensures 'six cleans' are followed during delivery Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to wrap mother | |
| | | Allows spontaneous delivery of head | 2 | SI/OB | By flexing the head and giving perineal support | |
| | | Delivery of shoulders and Neck | 2 | SI/OB | Manages cord round the neck; assists delivery of shoulders and body; delivers baby on mother's abdomen | |
| | | | | | | |
| | | Check no unnecessary episiotomy performed | 2 | SI/RR | Check with records and interview with staff if they are still practicing routine episiotomy. | |

| | | Unnecessary augmentation and induction of labour is not done using uterotonics | 2 | SI/RR | Check uterotonics such as oxytocin and misoprostol is not used for routine induction normal labour unless clear medical indication and the expected benefits outweigh the potential harms Outpatient induction of labour is not done | |
|------------|--|---|---|----------------|---|--|
| ME E18.2 | Facility staff adheres to standard procedure for active management of third stage of labour | Rules out presence of second baby by palpating abdomen | 2 | SI | Check staff competence | |
| | | Use of Uterotonic Drugs | 2 | SI/RR | Administration of 10 IU of oxytocin IM immediately after Birth . Check if there is practice of preloading the oxytocin inj for prompt administration after birth. | |
| | | Control Cord Traction Uterine tone assessment | 2 | SI/RR SI/RR | Only during Contraction Check staff competence | |
| | | Checks for completeness of placenta before discarding | 2 | SI/RR | After placenta expulsion , Checks Placenta & Membranes for Completeness | |
| ME E18.3 | Facility staff adheres to standard procedures for routine care of new- | Wipes the baby with a clean pre-warmed towel and wraps baby in second pre- | 2 | SI/OB | Check staff competence through | |
| | born immediately after birth | warmed towel; Performs delayed cord clamping and | 2 | SI/OB | demonstration or case observation Check staff competence through | |
| | | cutting (1-3 min); | 2 | SI/OB | demonstration or case observation Check staff competence through | |
| | | Initiates breast-feeding soon after birth Records birth weight and gives injection | | | demonstration or case observation Check staff competence through | |
| | There is an established procedure for | vitamin K | 2 | SI/OB | demonstration or case observation | |
| ME E18.4 | assisted and C-section deliveries per | Staff is aware of Indications for referring patient for to Surgical Intervention | 2 | SI | Ask staff how they identify slow progress of labour , How they interpret Partogram | |
| | scope of services. | Management of Obstructed Labour | 2 | SI/RR | Diagnosis obstructed labour based on data registered from the partograph, Re- hydrates the patient to maintain normal plasma volume, check vitals, gives broad spectrum antibiotics, perform bladder catheetrization and takes blood for Hb & grouping, Decides on the mode of delivery as per the condition of mother and the baby | |
| ME E18.5 | Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia | Records BP in every case checks for proteinuria | 2 | SI/RR | Check staff competence through demonstration or case observation | |
| | | identifies danger signs of severe PE and convulsions; | 2 | SI/RR | Check staff competence through demonstration or case observation | |
| | | Administers injection magnesium sulphate appropriately; | 2 | SI/RR | Check staff competence through demonstration or case observation | |
| | | provides nursing care & ensures specialist attention. | 2 | SI/RR | Check staff competence through demonstration or case observation | |
| ME E18.6 | Facility staff adheres to standard protocols for identification and | Checks uterine tone and bleeding PV | 2 | SI/OB | Check staff competence through | |
| IVIE E10.0 | management of PPH. | regularly | 2 | 51/08 | demonstration or case observation | |
| | | Identifies PPH | 2 | SI?OB/RR | Assessment of bleeding (PPH if >500 ml or > 1 pad soaked in 5 Minutes or any bleeding sufficient to cause signs of hypovolemia in patient. | |
| | | Manages PPH as per protocol | 2 | SI/OB/RR | starts IV fluids, manages shock if present, gives uterotonic, identifies causes, performs cause specific management. | |
| | | Staff knows the use of oxytocin for Management of PPH | 2 | SI/OB/RR | Initial Dose: Infuse 20 IU in 1 L NS/RL at 60 drops per minute Continuing dose: Infuse 20 IU in 1 L NS/RL at 40 drops per minute Maximum Dose: Not more than 3 L of IV fluids containing exvicoin | |
| | | Management of Retained Placenta | 2 | SI/RR | Administration of another dose of Oxytocin 20IU in 500 ml of RL at 40-60 drops/min an attempt to deliver placenta with repeat controlled cord traction. If this fails performs manual removal of Placenta | |
| ME E18.7 | Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn | Provides ART for seropositive mothers/ links with ART centre | 2 | SI/RR | Check case records and Interview of staff | |
| | | Provides syrup Nevirapine to newborns of HIV seropositive mothers | 2 | SI/RR | Check case records and Interview of staff | |
| ME E18.8 | Facility staff adheres to standard protocol for identification and management of preterm delivery. | Correctly estimates gestational age to confirm that labour is preterm | 2 | SI/RR | Assessment and evaluation to confirm gestational age, administration of corticosteroid and tocolytics for 24-34 weeks Magnesium sulphate given to preterm | |
| | | identifies conditions that may lead to | 2 | SI/RR | labour < 32 weeks (severe PE/E, APH, PPROM); | |
| | | preterm birth administers antenatal corticosteroids in pre term labour and conditions leading to pre term delivery (24-34 weeks); | 2 | SI/RR | Review case records | |
| ME E18.9 | Staff identifies and manages infection in pregnant woman | Records mother' s temperature at admission and assesses need for antibiotics | 2 | SI/RR | Review case records | |
| | | Administers appropriate antibiotics to mother | 2 | SI/RR | Review case records | |
| ME 18.10 | There is Established protocol for newborn resuscitation is followed at the facility. | Facility staff adheres to standard protocol for resuscitating the newborn within 30 seconds. | 2 | SI/OB | Performs initial steps of resuscitation within 30 seconds: immediate cord cutting and PSSR at radiant warmer. | |
| | | Facility staff adheres to standard protocol for preforming bag and mask ventilation for 30 seconds if baby is still not breathing. | 2 | SI/OB | Initiates bag and mask ventilation using room air with 5 ventilator breaths and continues ventilation for next 30 seconds if baby still does not breathe. | |
| | | Facility staff adheres to standard protocol for taking appropriate actions if baby does not respond to bag and mask ventilation after golden minute. | 2 | SI/OB | If baby still not breathing/ breathing well, continues ventilation with oxygen, calls or arranges for advanced help or referral. | |
| ME E18.11 | Facility ensures Physical and emotional support to the pregnant women means of birth companion of her choice | Women are encouraged and counselled for allowing birth companion of their choice | 2 | PI/SI | | |
| | | Orientation session and information is available for Birth companion | 2 | PI/SI | | |
| | | | | | - | |

Labour Room

Version - NHSRC/NQAS2016

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|---|-----------------------------------|---|---|---|--|--|--|
| Appendix and advance of the second of t | Standard E19 | Eacility staff adheres to protocol for | The facility has esta | blished procedures | tor postnatal care as p | | |
| Image: Second | ME E19.1 | assessment of condition of mother and baby and providing adequate | Performs detailed examination of mother | 2 | SI/RR/PI | bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation), | |
| Process of the second of the | | | | 2 | OB/SI | | |
| at 121 Bindling a bindling in bindling in bindling in bindling a bindling in bin | | | | 2 | RR/SI/PI | monitoring and specialist attention as | |
| Autily call above specified is also and in readow is also and in readow is also and in readow | ME E19.2 | counselling on danger signs, post- partum family planning and exclusive | Staff counsels mother on vital issues | 2 | PI/SI | time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast | |
| Image: Problem in the standard for the public of the standard for the public of the standard for the s | ME E19.3 | ensuring care of newborns with small | | 2 | SI/RR | Facilitates specialist care in newborn | |
| Image: second | | Size de birdi | | 2 | SI/RR/PI | | |
| Ref. 100Briefly be setting processing of years of and captions of years | | | Facilitates thermal management including | 2 | SI/RR/PI | | |
| Unscale is a probability of the section is a field or interpret in a difference of expension is a field or interpret is a difference of expension is a field or interpret is a difference of expension is a field or interpret is a difference of expension is | ME 19.4 | for stabilization/treatment/referral of | newborn to SNCU | _ | | Check if criteria has been defined and in | |
| But Bits by Registing for Range (see and evaluation for Range and evaluation of a set and evaluatity a set of a set and evaluation of a set and evaluation of | Standard F1 | The fa | | | | asurement of hospital associated infection | |
| NRT 20 Res is shading decided, and only elever being for the maximum of the shading of the shading decided of the maximum of the shading decided of the shading decide of the shading decided of the shading decided of the s | ME F1.2 | The facility has provision for Passive and active culture surveillance of critical | Surface and environment samples are | | | Swab are taken from infection prone surfaces such as delivery tables , door, | |
| Wit P13 Ministry and particles Ministry and particles Ministry and particles Wit P140 7 Ministry and particles Ministry and particles Ministry and particles Wit P140 7 Ministry and particles Ministry and particles Ministry and particles Wit P140 7 Ministry and particles Ministry and particles Ministry and particles Ministry and particles Wit P140 7 Ministry and particles Ministry and particles Ministry and particles Ministry and particles Wit P140 7 Ministry and particles Wit P140 7 Ministry and particles Wit P140 7 Ministry and particles Wit P140 7 Ministry and particles Wit P140 7 Ministry and particles Wit P140 7 Ministry and particles Ministry and particles Ministry and particles <t< td=""><td>ME F1.4</td><td>There is Provision of Periodic Medical</td><td></td><td>2</td><td>SI/RR</td><td></td><td></td></t<> | ME F1.4 | There is Provision of Periodic Medical | | 2 | SI/RR | | |
| Description 12 The backy has delayed by the protocol to investig the properties and angeness. VM P2.3 Name back in protocol to investig the protocol to | ME F1.5 | for regular monitoring of infection | | 2 | SI/RR | | |
| Not P12 Prior during function lise are provided in Availability of Availability | Standard F2 | | The facility has defined and Impler | mented procedures | f <mark>or ensuring hand hygi</mark> | | |
| All light antigence with all services 2 06/57 pappy is statemed and interrupted and light antigence with all services No F 2.2 Construction is per specification watches finite services 2 0.8 0.8 No F 2.2 The finite services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a service of services in the service of services is a s | ME F2.1 | | | 2 | ОВ | the point of use Ask to Open the tap. Ask Staff water supply is regular | |
| Note 17 Los Note 18 Los Note | | | | 2 | OB/SI | supply is adequate and uninterrupted. Availability of Alcohol based Hand rub | |
| Image: second | | | | 2 | ОВ | washing facility , preferably in Local language | |
| Mile F2.2 waking practices and hay wakere in all interval (in minerial in the (in the mineri | | | Handwashing station is as per specification | 2 | ОВ | Hand washing sink is wide and deep enough to prevent splashing and retention | |
| NME F23 In the facility ensures standard practices and materials for anticepsis Availability & Use of Anticepsits 2 0.8 biolog, butting intracenous and univariant cattered # Proceeding of ensures and univariant cattered # Proceeding of ensures and univariant protection faquingment a per leading requirements Check Standing parts and and part of the facility ensures to and of parts protection faquingment a per leading requirements Description of the facility ensures to and part of part of the facility ensures to and part of the facility ensure to and part of the facility ensure to and part of the facility ensure to and part of the facility ensures to and part of the facility ensure to and part of the facility ensures to and part of the facility ensure to and part of the facility ensures to and part of the facility ensures to and part of the facility ensure to and part of the facility ensures to and | ME F2.2 | washing practices and they adhere to | | 2 | SI/OB | staff awareness five moments of | |
| Standard 73 Def 201 | ME F2.3 | | Availability & Use of Antiseptics | 2 | ОВ | blood, putting Intravenous and urinary catheter & Proper cleaning of perineal area | |
| Standard 30 The facility review standard practices and materials for Process Jettection ME F3.1 The facility reviews adequate persons protection faciument as per requirements Availability of Masks, caps and protective ever core 2 OR/S/ /R Availability of Masks, caps and protective ever core ME F3.1 The facility reviews adequate sprophy requirements Sterile gives are available at labour room 2 OR/S/ /R Availability of Masks, caps and protective review Availability of Masks, caps and protective ever core Use of ellow kingth gives for obstetrical purpose Use of ellow kingth gives for obstetrical purpose 2 OR/S/ /R Availability of the pack repeature resider Check if staff is using PPEs Availability of disposable gorn/Apron 2 OR/S/ /R Availability of the pack repeature supply verify with the tock / Expenditure resider ME F3.2 The facility staff adheres to stand reside staff is using PPEs Availability of disposable gives, Masks, caps cress 2 OR/S/ /R Availability of the pack repeature supply verify with the tock / Expenditure resider ME F3.2 The facility staff adheres to stand reside staff is using PPEs Availability of disposable gives, Masks, caps cress 2 OR/S/ /R Availability of the pace repeature supply verify with the tock / Expenditure resider ME F3.2 The faciolity staff adheres to | | | | | | before procedure with antisepsis | |
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| Ack staff about temperature, pressure and time. Ask staff abo | ME F3.1 ME F3.2 Standard F4 | protection Equipment as per requirements | Preparation/delivery cases The facility ensures : Availability of Masks , caps and protective eye cover Sterile gloves are available at labour room Use of elbow length gloves for obstetrical purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d materials for Perso OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI OB/SI OB/SI OB/SI OB/SI OB SI/OB | Staff Interview al protection Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Check if staff is usi | |
| There is a procedure to ensure the traceability of sterilized packs & their storage 2 OB/SI Sterile packs are kept in clean, dust free, moist free environment. Standard F5 Physical layout and environmental control of the patient care areas ensures infection prevention ME E5 1 Layout of the department is conducive Facility layout ensures separation of routes 2 OB | ME F3.1 ME F3.2 Standard F4 | protection Equipment as per requirements | Preparation/delivery cases The facility ensures : Availability of Masks , caps and protective eye cover Sterile gloves are available at labour room Use of elbow length gloves for obstetrical purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing. Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces Proger handling of Soiled and infected linen Cleaning of instruments Equipment and instruments are sterilized | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d materials for Perso OB/SI/RR OB/SI /RR OB/SI /RR OB/SI /RR OB/SI /RR OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB SI/OB SI/OB | Staff Interview al protection Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Check if staff is the pPEs Check if staff is th | |
| Standard F5 Physical layout and environmental control of the patient care areas ensures infection prevention ME ES 1 Layout of the department is conducive Facility layout ensures separation of routes 2 OR | ME F3.1 | protection Equipment as per requirements | Preparation/delivery cases The facility ensures : Availability of Masks , caps and protective eye cover Sterile gloves are available at labour room Use of elbow length gloves for obstetrical purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces Proper handling of Soiled and infected linen Cleaning of instruments Equipment and instruments are sterilized after each use as per requirement Autoclaving of delivery kits is done as per | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d materials for Perso OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI OB/SI OB/SI OB/SI OB SI/OB SI/OB SI/OB | Staff Interview al protection Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Check if staff is using or Sulcing at Point of Useposable apron Check if staff is using or slucing at Point of use/ Patient care area Cheaning is done with detergent and running water after use Autoclaving Ask staff about temperature, pressure and time. Ask staff about temper | |
| | ME F3.1 | protection Equipment as per requirements | preparation/delivery cases The facility ensures : Availability of Masks , caps and protective eye cover Sterile gloves are available at labour room Use of elbow length gloves for obstetrical purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV case No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces Proper handling of Soiled and infected linen Cleaning of instruments Equipment and instruments are sterilized after each use as per requirement Autoclaving of delivery kits is done as per protocols | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d materials for Perso OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB OB/SI | Staff Interview al protection Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Cap & Mask, protective Eye cover, Disposable arron Cleaning is done with detergent and running water after use Autoclaving Ask staff about temperature, pressure and frue. Ask staff about method, concentration and contact time required for chemical sterilization Sterile packs are kept in clean, dust free, | |
| | ME F3.1 | protection Equipment as per requirements | Preparation/delivery cases The facility ensures : Availability of Masks , caps and protective eye cover Sterile gloves are available at labour room Use of elbow length gloves for obstetrical purpose Availability of disposable gown/ Apron Heavy duty gloves and gum boots for housekeeping staff Personal protective kit for delivering HIV cases No reuse of disposable gloves, Masks, caps and aprons. Entry to the labour Room is only after change of shoes and wearing Mask & Cap The facility has standar Disinfection of operating & Procedure surfaces Proper handling of Soiled and infected linen Cleaning of instruments are sterilized after each use as per requirement Autoclaving of delivery kits is done as per protocols There is a procedure to ensure the traceability of sterilized packs & their storage | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d materials for Perso OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI / RR OB/SI OB/SI OB/SI OB/SI OB/SI SI/OB SI/OB SI/OB SI/OB OB/SI OB/SI | Staff Interview al protection Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Check if staff is using PPEs Ask staff if they have adequate supply Verify with the stock / Expenditure register Cap & Mask, protective Eye cover, Disposable apron Cleaning of delivery tables tops after each delivery with 2% carbolic acid No sorting, Rinsing or sluicing at Point of use/ Patient care area Cleaning is done with detergent and running water after use Autoclaving Ask staff about temperature, pressure and time. Ask staff about method, concentration and contact time required for chemical sterilization Sterile packs are kept in clean, dust free, moist free environment. | |

| | The facility ensures availability of | Availability of disinfectant & cleaning | | 0.0 /61 | Chlorine solution, Glutaraldehyde, | |
|------------------------|--|---|---|--------------------------------|---|-------|
| ME F5.2 | standard materials for cleaning and disinfection of patient care areas | agents as per requirement | 2 | 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 | 2 | SI/RR | spill management kit staff training, protocol displayed | |
| | | Cleaning of patient care area with | 2 | SI/RR | Staff is trained for preparing cleaning | |
| | | detergent solution | | | solution as per standard procedure Unidirectional mopping from inside out. | |
| | | Standard practice of mopping and scrubbing are followed & three bucket system is followed | 2 | OB/SI | Cleaning protocols are available / displayed Cleaning equipment like broom are not | |
| Standard F6 | The faci | lity has defined and established procedures t | for segregation, coll | ection, treatment and | used in patient care areas disposal of Bio Medical and hazardous Wast | e |
| | The facility Ensures segregation of Bio Medical Waste as per guidelines and | Availability of colour coded bins & Plastic | | | Adequate number. Covered. Foot | |
| ME F6.1 | 'on-site' management of waste is carried out as per guidelines | bags at point of waste generation | 2 | OB | operated. | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | |
| | | Segregation of infected plastic waste in red bin Display of work instructions for | 2 | ОВ | Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves | |
| | | segregation and handling of Biomedical waste | 2 | OB | Pictorial and in local language | |
| ME F6.2 | The facility ensures management of sharps as per guidelines | Availability of functional needle cutters & puncture proof, leak proof, temper proof white container for segregation of sharps | 2 | ОВ | See if it has been used or just lying idle. | |
| | | Availability of post exposure prophylaxis & Protocols | 2 | OB/SI | Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick iniury | |
| | | Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | ОВ | 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 | 2 | OB/SI | Bins should not be filled more than 2/3 of its capacity | |
| Standard G1 | | Arc The facility has establ | ea of Concern - G Q lished organizationa | | / improvement | |
| ME G1.1 | The facility has a quality team in place | Quality circle has been formed in the Labour Room | 2 | SI/RR | Check if quality circle formed and functional in the Labour Room | |
| Standard G2 | Patient satisfaction surveys are | | | patient and employee | satisfaction | |
| ME G2.1 | conducted at periodic intervals | monthly basis Analysis of low performing attributes of | 2 | RR | | |
| ME G2.2 | The facility analyses the patient feed back, and root-cause analysis | client feedback is done | 2 | RR | | |
| ME G2.3 | The facility prepares the action plans for the areas, contributing to low | Action plan prepared is prepared to address the areas of low satisfaction | 2 | RR | | |
| Standard G3 | satisfaction of patients | The facility have established internal ar | nd external quality a | ssurance Programmes | | |
| 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 | 2 | SI/RR | Facility In charge should visit at least twice in a week. OBG in charge should visit Labour room at least twice a day, Matron/Nursing supervisor should visit at once in each shift Findings/instructions during the visits are recorded | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS assessment toolkit is used to conduct internal assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and | 2 | RR | Check the non compliances are presented | |
| ME C2.4 | Actions are planned to address gaps | recorded Check action plans are prepared and | | | & discussed during quality team meetings Randomly check the details of action, | |
| ME G3.4 | observed during quality assurance process Planned actions are implemented | implemented as per internal assessment record findings Check PDCA or prevalent quality method is | 2 | RR | responsibility, time line and feedback mechanism Check actions have been taken to close the gap. It can be in form of action taken | |
| ME G3.5 Standard G4 | through Quality Improvement Cycles (PDCA) The facility | used to take corrective and preventive action has established, documented implemented | 2 and maintained Sta | SI/RR ndard Operating Proce | report or Quality Improvement (PDCA) project report | ices. |
| ME G4.1 | Departmental standard operating | Standard operating procedure for department has been prepared and | 2 | RR | Check if SOPs available at labour room are | |
| | procedures are available | department has been prepared and approved Current version of SOP are available with | 2 | OB/RR | formally approved Check current version of SOP is available | |
| | | process owner clinical protocols for Intrapartum care and Management of obstetric emergency | 2 | ОВ/КК | with all staff members of labour room Clinical Protocols on AMSTL, Preparing Partograph, , PPH, Eclampsia, Infection | |
| | | are Displayed | | | Clinical Protocols on Essential Newborn | |
| | | | | OB | Care, New born resuscitation | |
| | | Clinical protocols on Newborn Care are displayed | 2 | | | |
| | | displayed Don'ts/ Harmful Activities are Displayed at labour Room | 2 | OB | No routine enema No routine shaving No routine induction/augmentation of labour A. No place for routine suctioning of the baby No plaule of the baby. A. No funde pressure No fundal pressure No immediate cord cutting No immediate bathing of the newborn I. No routine resuscitation on warmer | |
| ME G4.2 | Standard Operating Procedures adequately describes process and | displayed Don'ts/ Harmful Activities are Displayed at | | OB | No routine enema No routine shaving No routine induction/augmentation of labour A. No place for routine suctioning of the baby S. No pulling of the baby. 6. No routine episiotomy No fundal pressure 8. No immediate bathing of the newborn | |

| | | Department has documented procedure for safety & risk management | 2 | RR | Review the Labour Room SOPs for inclusion for processes to Physical as well as patient safety, assessment of risks and | |
|--|--|---|--|--|--|--|
| | | Department has documented procedure for support services & facility | 2 | RR | their timely mitigation Review the Labour Room SOPs for process description of support services such as equipment maintenance , calibration, | |
| | | management. Department has documented procedure | | | housekeeping, security, storage and inventory management Review Labour room SOPS for processes of triage, assessment, admission, | |
| | | for general patient care processes | 2 | RR | identification of high risk patients, Referral , Medication management and maintenance of clinical records Review Labour room SOPs for process of | |
| | | Department has documented procedure for specific processes to the department | 2 | RR | intrapartum care, management of complications, immediate postpartum care , Natural Birthing Process and Birth Companion | |
| | | Department has documented procedure for infection control & bio medical waste management | 2 | RR | Review Labour room SOPs for process description of Hand Hygiene, personal protection, environmental cleaning, instrument sterilization, asepsis, Bio Medical Waste management, surveillance and monitoring of infection control practices, Periodic quality review such as Maternal Death Audit, Newborn Death Audit, Referral audit and Near miss audit. | |
| | | Department has documented procedure for quality management & improvement | 2 | RR | Review Labour room SOPs for process description of function of quality circles, internal quality assessment, Quality improvement using PDCA cycle client satifaction surveys, processes improvement, Maternal Death Audit, Newborn Death Audit, Referral Death Audit and Near Miss audits. | |
| | | Department has documented procedure for data collection, analysis & use for improvement | 2 | RR | Review Labour room SOPs for description of process related to collection of data & quality indicators , their analysis and use for quality improvement | |
| ME G4.3 | Staff is trained and aware of the procedures written in SOPs | Check Staff is aware of relevant part of SOPs | 2 | SI/RR | Interview labour room staff for their awareness about content of SOPs | |
| Standard G 5 ME G5.1 | IT | ne facility maps its key processes and seeks t | o make them more | efficient by reducing r | on value adding activities and wastages DELETED | |
| ME G5.2 ME G5.3 | | | | | DELETED DELETED | |
| Standard G6 | | The facility has defined mission, value | s, Quality policy & c | bjectives & prepared | a strategic plan to achieve them | |
| ME G6.4 | Missian Values Quality selling and | | | | DELETED | |
| ME G6.5 | 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 | 2 | 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 G7 ME G7.1 | | The facility seeks contin | ually improvement | by practicing Quality I | nethod and tools. | |
| | | | | | DELETED | |
| ME G7.2 | | Facility has established procedures for ass | essing, reporting, ev | aluating and managin | DELETED DELETED g risk as per Risk Management Plan | |
| ME G7.2 Standards G9 | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. | Facility has established procedures for ass Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically | essing, reporting, ev 2 | valuating and managin | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define criteria at | |
| ME G7.2 Standards G9 ME G9.6 | Patient care safety risks is done as per | Check periodic assessment of medication and patient care safety risk is done using | 2 | 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. d safety of clinical care processes | |
| ME G7.2 Standards G9 ME G9.6 Standard G10 | Patient care safety risks is done as per | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically | 2 | 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. | |
| ME G7.2 Standards G9 ME G9.6 Standard G10 | Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to | 2 ernance framework | SI/RR to improve quality an | 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. dafety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- | |
| ME G7.2 Standards G9 ME G9.6 Standard G10 | Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to review the clinical care Check regular ward rounds are taken to | 2 ernance framework 2 | SI/RR to improve quality an 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. d safety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in Brit/ progress notes: Feedback is taken from patient/family on health status of individual under | |
| ME G7.2 Standards G9 ME G9.6 Standard G10 | Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to review the clinical care Check regular ward rounds are taken to review case progress Check the patient /family participate in the | 2 ernance framework 2 2 | SI/RR to improve quality an SI/RR 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. dsafety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes: Feedback is taken from patient/family on health status of individual under treatment. System in place to review internal referral process, review clinical handwer information, review patient understanding about their progress. | |
| ME G7.2 Standards G9 ME G9.6 Standard G10 | Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to review the clinical care Check regular ward rounds are taken to review case progress Check the patient /family participate in the care evaluation Check the care planning and co- ordination | 2 ernance framework 2 2 2 2 | SI/RR to improve quality an SI/RR SI/RR SI/PI | 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. dafety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes: Feedback is taken from patient/family on health status of individual under treatment System in place to review internal referral process, review clinical handover information, review patient understanding | |
| ME G7.2 Standards G9 ME G9.6 Standard G10 ME G10.3 | Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established clinical Gow The facility has established process to review the clinical care Check regular ward rounds are taken to review case progress Check the patient /family participate in the care evaluation Check the care planning and co- ordination is reviewed | 2 emance framework 2 2 2 2 2 | SI/RR to improve quality an SI/RR SI/RR SI/PI 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. defety of clinical care processes Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes: Feedback is taken from patient/family on Health status of Individual under treatment System in place to review internal referral process, review clinical handover information, review patient understanding about their progress (1) Random referral slips are audited (2) Referral is written by authorized competent person (4) A through action taken report is prepared and presented in clinical Governance Board meetings/ during | |

| | | All non compliance are enumerated recorded for referral audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
|---|---|---|--|--|--|--|
| | | All non compliance are enumerated recorded for maternal death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for neonatal death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per referral audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per maternal death audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per neonatal death audit record's findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| | | Check PDCA or prevalent quality method is used to address critical problems | 2 | SI/RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan | |
| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug formulary | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. | |
| | | | | | | |
| | | | Area of Concern | - H Outcome | | |
| Standard H1 | | The facility measures Productivity | Area of Concern | | | |
| Standard H1 ME H1.1 | Facility measures productivity | Percentage of deliveries conducted at | | | | |
| | Facility measures productivity Indicators on monthly basis | Percentage of deliveries conducted at night Percentage of complicated cases managed | Indicators and ensi | ures compliance with S | | |
| ME H1.1 | | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery | Indicators and ensues 2 2 2 2 | ures compliance with S RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 | Indicators on monthly basis | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against | Indicators and ensues 2 2 2 2 | ares compliance with S RR RR RR RR ensure to reach State/ | tate/National benchmarks | |
| ME H1.1 | | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery | Indicators and ensues 2 2 2 2 | ures compliance with S RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births | Indicators and ensite a constraint of the second se | rres compliance with S RR RR RR ensure to reach State/ RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPUCD inserted against total number of normal delivery. The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month | Indicators and ensite 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR ensure to reach State/ RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 | Indicators on monthly basis Facility measures efficiency indicators on monthly basis | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery The facility measures Efficit Percentage of cases referred to OT % of newborns required resuscitation out of total live births | Indicators and ensi 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR ensure to reach State/ RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night. Percentage of complicated Cases managed & PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist | Indicators and ensi 2 2 2 2 ency Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | res compliance with S RR RR RR RR RR RR RR RR rs and tries to reach Si | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night Percentage of complicated cases managed & PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using real time partograph | Indicators and ensi 2 2 2 cancy Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night Percentage of complicated cases managed % PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ce Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand | Indicators and ensi 2 2 2 ency Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night Percentage of complicated <u>cases managed</u> & PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures: Clinical Ca Percentage of deliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. | Indicators and ensi 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night. Percentage of complicated Cases managed VPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Interpartum stillbirth rate Percentage newborn breastfed within 1 hour of birth | Indicators and ensi 2 2 2 ency Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night Percentage of complicated Cases managed & PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resucitation out of total live births No of drugs stock out in the month The facility measures: Clinical Ca Percentage of deliveries conducted using real time partograph. Percentage of deliveries conducted using safe birth checklist The percentage of Momen, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate. Percentage newborn breastfed within 1 hour of birth No. of cases of Neonatal asphysia | Indicators and ensi 2 2 2 ency Indicators and 2 2 2 re & Safety Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night. Percentage of complicated Cases managed VPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Interpartum stillbirth rate Percentage newborn breastfed within 1 hour of birth | Indicators and ensi 2 2 2 ency Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night Percentage of complicated Cases managed PPUCD inserted against Voltal number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using safe birth checklist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Interapartum stillbirth rate Percentage of Alennatal asphysia No. of cases of Neonatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of case of Maternal death related to AP/I PPH | Indicators and ensi 2 2 2 ency Indicators and 2 2 2 re & Safety Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety | Percentage of deliveries conducted at night. Percentage of complicated Cases managed % PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out fotal live births No of advess stock out in the month The facility measures Clinical Ca Percentage of eliveries conducted using real time partograph Percentage of deliveries conducted using safe birth checkist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage evons presafed within 1 hour of birth No. of cases of Neonatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of cases of Meonatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of cases of Meonatal Sepsis | Indicators and ensu 2 2 2 ency Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 ME H3.1 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis | Percentage of deliveries conducted at night. Percentage of complicated Cases managed % PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of advess stock out in the month The facility measures Clinical Ca Percentage of eliveries conducted using real time partograph Percentage of deliveries conducted using stafe birth checkist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage of women, administered Oxytocin, immediately after birth. No. of cases of Neonatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of cases of Meanatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of cases of Meanatal Sepsis Percentage of antenatal death related to CAPH/PH No. of cases of maternal death related to Eclampisia/ PIH | Indicators and ensi 2 2 2 ancy Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | ures compliance with S R R R R R R R R R R R R R R R R R R R | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 ME H3.1 Standard H3 Standard H4 Standard H4 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis | Percentage of deliveries conducted at night. Percentage of complicated Cases managed XPHUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of drugs stock out in the month The facility measures Clinical Ca Percentage of deliveries conducted using safe birth checklist No of drugraph Percentage of deliveries conducted using safe birth checklist No d'adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage newborn breastfed within 1 hour of birth No. of cases of Neonatal asphysia Percentage of Neonatal asphysia Percentage of antenatal corticosteroid administration in case of preterm labour No. of cases of maternal death related to 2M// PPH No of cases of maternal death related to Emply PH OSCE Score The facility measures Service Qu | Indicators and ensi 2 2 2 2 2 2 2 2 2 2 2 2 2 | rres compliance with S RR RR RR RR RR RR RR RR RR RR RR RR RR | tate/National benchmarks | |
| ME H1.1 Standard H2 ME H2.1 Standard H3 ME H3.1 | Indicators on monthly basis Facility measures efficiency Indicators on monthly basis Facility measures Clinical Care & Safety Indicators on monthly basis | Percentage of deliveries conducted at night. Percentage of complicated Cases managed % PPIUCD inserted against total number of normal delivery The facility measures Effici Percentage of cases referred to OT % of newborns required resuscitation out of total live births No of advess stock out in the month The facility measures Clinical Ca Percentage of eliveries conducted using real time partograph Percentage of deliveries conducted using stafe birth checkist No of adverse events per thousand patients The percentage of Women, administered Oxytocin, immediately after birth. Intrapartum stillbirth rate Percentage of women, administered Oxytocin, immediately after birth. No. of cases of Neonatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of cases of Meanatal Sepsis Percentage of antenatal corticosteroid administration in case of pretern labour No. of cases of Meanatal Sepsis Percentage of antenatal death related to CAPH/PH No. of cases of maternal death related to Eclampisia/ PIH | Indicators and ensi 2 2 2 ancy Indicators and 2 2 2 2 2 2 2 2 2 2 2 2 2 | ures compliance with S R R R R R R R R R R R R R R R R R R R | tate/National benchmarks | |

| | | National Quality Assurance Standards for Checklist for Maternity Wa | District Hospi rd | tals | | Version: DH/NQAS-2020/00 |
|----------------------------------|---|--|--------------------------------|------------------------------|--|---------------------------------|
| | | Assessment Summary | | | | |
| Name of the Ho Names of Asses | | | | | Date of Assessment Names of Assessees | |
| | ment (Internal/External) | | | | Action plan Submission Date | |
| | Area of (| Maternity Ward Score Card Concern wise Score | | | Maternity Ward Score | |
| Α | Service Provision | 100% | | | Materinty Ward Score | |
| В | Patient Rights | 100% | | | | |
| C D | Inputs Support Services | 100% | | | 100% | |
| E | Clinical Services | 100% | | | 100% | |
| F | Infection Control Quality Management | 100% | | | | |
| н | Outcome | 100% | | | | |
| | Major Gaps Observed | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | Recommendations/ Opportunities | for Improvement | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | | |
| Poforene | Measurable Element | Chashasiat | Comelia | Access: | Means of verification | Remarks |
| Reference no | Neasurable Element | Checkpoints Area of | Compliance Concern - A Serv | Assessment vice Provision | Weaks of verification | Remarks |
| Standard A1 | | The facil | ity provides Cur | ative Services | | |
| | | | | | (a) IPD services for Obstetric Cases (General & post Surgical cases) | |
| ME A1.3 | The facility provides Obstetrics & Gynaecology Services | Availability of Obs and Gynaecology indoor services | 2 | SI/OB | (b) IPD Services for Gynae cases (General & post-surgical cases) (c) 250-500 Deliveries - 8-bedded HDU or 500-1000 deliveries - 8 bedded hybrid ICU (6 HDU & 2 ICU beds or more 1000 Deliveries - 4 bed ICU & 8-bed HDU | |
| ME A1.14 | Services are available for the | Availability of nursing services 24X7 | 2 | SI/RR | | |
| | time period as mandated The facility provides Blood bank & | | | e: (e.e. | | |
| ME A1.18 | transfusion services | Availability of blood transfusion services | 2 | SI/OB | Availability/ linkage with blood bank | |
| Standard A2 | | The facili | ty provides RM | NCHA Services | | |
| ME A2.2 | The facility provides Maternal | Availability of indoor services for Antenatal | 2 | SI/OB | Antenatal ward- Clean Ward | All the services being provided |
| | health Services | cases Availability of indoor services for normal delivery | 2 | SI/OB | Postnatal ward -Normal delivery | in a single ward |
| | | | 2 | CI /OD | Destantial constant delivery | |
| | | Availability of indoor services for C section | 2 | SI/OB | Postnatal ward -C-section delivery | |
| | | Availability of indoor services for Septic cases | 2 | SI/OB | Septic ward | |
| | | Availability of indoor services for Eclampsia cases | 2 | SI/OB | Eclampsia room | |
| | | Availability of Gynae Services | 2 | SI/RR | Hysterectomy & mastectomy services | |
| ME A2.3 | The facility provides Newborn | Prevention of hypothermia and initiation of | 2 | SI/OB | as per disease indication | |
| IVIE A2.5 | health Services The facility provides Child health | breast feeding | | 31/08 | | |
| ME A2.4 | Services | Screening of New born for Birth Defects | 2 | SI/OB | | |
| Standard A3 | | The facilit | ty Provides diag | nostic Services | | |
| ME A3.1 | The facility provides Radiology | A with hill he (the bases from De discharge and the C | 2 | SI/OB | | |
| IVIE AS.1 | Services | Availability / linkage for Radiology and USG | 2 | 31/08 | | |
| ME A3.2 | The facility Provides Laboratory Services | Availability / linkage with laboratory | 2 | SI/OB | | |
| Standard A4 | The facility provides services under | The facility provides services as ma | andated in natio | onal Health Pro | grammes/ state scheme | |
| ME A4.1 | National Vector Borne Disease Control Programme as per guidelines | Treatment of Malaria in pregnancy | 2 | SI/OB | check the records for management of cases in last one year | |
| ME A4.10 | | Area o | of Concern - B Pa | atient Rights | DELETED | |
| Standard B1 | | ity provides the information to care seekers, a | | | | lities |
| ME B1.1 | The facility has uniform and user- friendly signage system | Availability departmental signage's | 2 | ОВ | (Numbering, main department and internal sectional signage | |
| | The facility displays the services | Visiting hours and visitor policy are displayed | 2 | ОВ | | |
| ME B1.2 | and entitlements available in its departments | Entitlements applicable are Displayed | 2 | OB | JSSK, JSY and PM JAY | |
| | | updated | 2 | OB | | |
| | | Contact details of referral transport / | 2 | ОВ | | |

| ME B1.5 | Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches | IEC Material is displayed | 2 | OB | Breast feeding and care of breast, kangaroo care, family planning, Danger signs, PN advice, Information material about PCPNDT etc | |
|-------------|---|---|------------------------|-----------------------|---|-------------------------------|
| ME B1.6 | Information is available in local language and easy to understand | Signage's and information are available in local language | 2 | ОВ | | |
| ME B1.7 | | | | | DELETED | |
| Standard B2 | Services are delivered in a mann | er that is sensitive to gender, religious and cul | tural needs, and | d there are no b | arrier on account of physical economic | , cultural or social reasons. |
| | Services are provided in manner | No Male attendant allowed to stay in female | | | | |
| ME B2.1 | that are sensitive to gender | wards at night Availability of female staff if a male doctor | 2 | OB/SI OB/SI | | |
| | | examine a female patients Availability of Breast feeding corner | 2 | OB | | |
| ME B2.3 | Access to facility is provided without any physical barrier & and friendly to people with disabilities | Availability of Wheel chair or stretcher for easy Access to the ward | 2 | ОВ | | |
| | | Availability of ramps and railing | 2 | OB | | |
| Standard B3 | The fac | Availability of disable friendly toilet cility maintains privacy, confidentiality & digni | 2 ty of patient, an | OB Id has a system | for guarding patient related information | on. |
| ME B3.1 | Adequate visual privacy is provided | Availability of screen at Examination Area | 2 | ОВ | Bracket screen | |
| | at every point of care | | | | | |
| | | Curtains have been provided at windows | 2 | OB | | |
| | | Patients are dressed/covered while shifting the patients from one department to other | 2 | ОВ | | |
| | | No two patients are treated on one bed | 2 | OB | | |
| ME B3.2 | Confidentiality of patients records and clinical information is maintained | Patient Records are kept at secure place beyond access to general staff/visitors | 2 | 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 | 2 | OB/PI | | |
| ME B3.4 | The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups | HIV status of patient is not disclosed except to staff that is directly involved in care | 2 | SI/OB | | |
| Chanderd D4 | | shed procedures for informing patients about | the medical cor | dition, and inve | olving them in treatment planning, and | facilitates informed decision |
| Standard B4 | | | making | | | |
| ME B4.1 | There is established procedures for taking informed consent before treatment and procedures | General Consent is taken before admission | 2 | SI/RR | | |
| ME B4.4 | Information about the treatment is shared with patients or attendants, regularly | Patient and their attendant is informed about her clinical condition and treatment being provided | 2 | PI | | |
| ME B4.5 | The facility has defined and established grievance redressal system in place | Availability of complaint box and display of process for grievance redressal and whom to contact is displayed | 2 | ОВ | | |
| Standard B5 | The facility ens | ures that there are no financial barrier to acce | ss, and that the | re is financial p | rotection given from the cost of hospit | al services. |
| ME B5.1 | The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes | Availability of Free drugs | 2 | PI/SI | | |
| | , states are ment achemica | Stay and diet provided in ward is free of cost | 2 | PI/SI | | |
| | | Availability of free diagnostic | 2 | PI/SI | | |
| | | Availability of Free drop back | 2 | PI/SI | | |
| | | Availability of Free referral vehicle/Ambulance services | 2 | PI/SI | | |
| ME B5.2 | The facility ensures that drugs prescribed are available at | Availability of Free Blood Check that patient party has not spent on purchasing drugs or consumables from | 2 | PI/SI PI/SI | | |
| ME B5.3 | Pharmacy and wards It is ensured that facilities for the prescribed investigations are | outside. Check that patient party has not spent on | 2 | PI/SI | | |
| ME B5.5 | available at the facility The facility ensures timely reimbursement of financial | diagnostics from outside. | 2 | PI/SI/RR | | |
| | entitlements and reimbursement to the patients | reimbursed from hospital JSY Payment is done before discharge | 2 | PI/SI/RR | | |
| Standard B6 | Facility has de | fined framework for ethical management incl | uding dilemmas | confronted du | ring delivery of services at public health | facilities |
| | i denity nas de | | a succinitida | e du | o server, es contract at public ilean | |
| ME B6.6 | There is an established procedure for 'end-of-life' care | The patient's Relatives informed clearly about the deterioration in the health condition of Patient. | 2 | SI/RR | Periodic update on the patient's condition is given to the family. | |
| | | Policy & procedures like DNR, DNI etc for critical cases are in consonance with legal requirement | 2 | SI/RR | Patient right "Do not resuscitate" or " Do not intubate"/ allow natural death are respected | |
| | These large at 1914 | There is a procedure to allow patient relative/Next of Kin to observe patient in last hours | 2 | SI/OB | | |
| ME B 6.7 | There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific c treatment | Declaration is taken from the LAMA patient | 2 | RR/SI | Consequences of LAMA are explained to patient/relative | |

| Number of the second second for the second se | | | | | C 1 | | |
|--|-------------|--|--|------------------|-------------------|---|--|
| Markat Big entited a wark big of performance of partial intermed and partintermed and partial intermed and partial intermed and partial int | Standard C1 | The | | | | astructure meets the prevalent norms | |
| March 2 March 2 Other March 2 < | ME C1.1 | | | 2 | OB | | |
| Note of the section | ME C1.2 | | flush are available as per strength and patient load of ward | 2 | ОВ | one toilet for 12 patients | |
| Image: Section of the section of t | | | available as per strength and patient load of ward | | | one toilet for 12 patients | |
| No. 100 Specific biolith or values and statutes of advances and st | | | | | | | |
| Max de senante de seux a per function of monitoring relacions homes parte of the set of | | | Adequate shaded waiting area is provide for | | | | |
| Image: Section of the statistic of the s | ME C1.3 | | Availability of Dedicated nursing station | 2 | ОВ | | |
| Image: Section of the section of t | | | | | | | |
| Alabelian of Starr 2 08 Oracle Stars Mit C14 The facility has alregate conclusion are and one stars and one stars are all one stars are all of the distars are all one of the distars are all one of the distars are all of the distars are all one of the distars are all of the distars are all one of the distars are all one of the distars are all on the distars are all one of the distars are all one of the distars are all on the distars are | | | | | | | |
| Act 201 The facility has adjugate groups and provide hild the surging can add the factor of the subfig factor | | | | 2 | ОВ | Drug &Linen store | |
| Marclast The failing has degrated with a subject to be determined with a subject to be determined with a subject to the subject to be determined with a subject to the subj | | | Availability of Dirty room | 2 | OB | | |
| Note of the facial yeak information of the second services 1 0.00 Control the facial yeak information of the second services Mc C.J. The facial yeak information of the second services 2 0.00 A.R.PEC (-Section word) Mc C.J. The facial yeak information of the second services 2 0.00 A.R.PEC (-Section word) Mc C.J. The facial yeak information of the second services 2 0.00 A.R.PEC (-Section word) Mc C.J. The facial yeak information of the second services A.R.R.PEC (-Section word) A.R.PEC (-Section word) Mc C.J. Analability of adequate beds aper delivery of the second services and the second service of the | ME C1.4 | circulation area and open spaces | provide bed side nursing care and | 2 | OB | least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed | |
| No. C1.3 intramination intractional integration and particulation and particu | | The facility has infrastructure for | | 2 | ОВ | Corridor should be 3 meters wide | |
| ML 0.1 | ME C1.5 | intramural and extramural | | 2 | ОВ | | |
| Image: Control of the control of t | ME C1.6 | Service counters are available as | | 2 | ОВ | Depending upon Wards available for maternity cases 2. Location of nursing station and | |
| Index 2 0.00 Defection (0.000 denomy per indicit) Index 2 0.00 Defection (0.000 denomy per indicit) Index Partition and per partition words are in proving and functional linkage with babor in proving and functional linkage with babor indicity and the second of the logistal) Postpartition and and SNCU are in proving in partition in the proving and functional linkage with babor in proving in partition in the logistal) Postpartition and and SNCU are in proving in partition in the proving in the information in the informatin the information in the informatin the information in the | | | Availability of adequate beds as per delivery | | | direct observation of patients | |
| Image: Second | ME C1.7 | planned to ensure structure follows the function/processes | load Prepartum and post partum wards are in proximity and functional linkage with labour | | | 10 beds for 100 delivery per month | |
| Interchange with OT 2 00/3 Standard 2 Uncolumnate with OT 12 00/3 ME C2.1 The facility ensures the seismic state property secured 2 08 Check for futures and furture like updown in the property fastened and secured in property and even in the property fastened in property fastened and secured in property fastened in property fastened and secured in property and even in the property fastened in prope | | | | 2 | ОВ | | |
| Standard 20 The facility neares the typical SEV of Unifary Secured ME C2.1 Refacility ensures the sistim: safety of the infrastructure secured Non structural components are properly secured 2 0 Check for futures and furthue like eupidement, hanging objects are properly fastened and secured ME C2.4 Physical condition of building are also for providing patient care IPD building does not have temporary also for providing patient care 2 0.08 Check for Suffic Board on the entry properly fastened and secured ME C2.4 Physical condition of building are also for providing patient care Floore of the maternity ward are non alignery and even the subble of the safety of the safety and the methwork 2 0.08 ME C3.1 The facility has algoing for goals was egails and ware methwork in permit safe scape to its occupant at time of permit safe scape to its occupant at time of rotates to reach exits are clearly waible and rotates of reach exits are clearly waible and rotates in tract. The reach exits are clearly waible and rotates in tract. The reach exits are clearly waible and rotates are structure and what to do in case of rotates reach exits and undities of reach exits are clearly waible and rotates are structure anothere are arbiting as a sytem of permit ano | | | | 2 | OB/SI | | |
| ME C2.1 The facility ensures the submit secured Non structured components are properly secured 2 0.8 cupboards, cabines, and heavy enporent, hanging objects are properly fastened and secured ME C2.3 The facility ensures safely of a lot building does not have temporary care in a submit secured 100 Switch Baards other electrical installations are intact. There is a lot properly fastened and secured ME C2.4 Physical condition of buildings are infact. There is a lot prove have regults and wire meshave. 2 0.8 Switch Baards other electrical installations are infact. There is a lot prove other disaster Standard C3 Windows have regults and wire meshave. 2 0.8 Switch Baards other disaster ME C3.1 The facility has plan for prevention of rule safety and has sufficient fire east to secouph at there of the safety and there disaster 2 0.8/51 ME C3.2 The facility has adequate fire of the cate singuidhers of the safety and for the extinguidhers are clearly wisible and routes to reach extinguidhers are entiting is disayler of next regults and wire extinguidhers are extinguidhers are entiting is disayler of the rest regulation are infact. There is a rest of the rule extinguidhers are entiting is disayler of the rule extinguidhers are extinges to the current case bad <t< th=""><th>Standard C2</th><th></th><th>The facility ensures</th><th>the physical saf</th><th>ety of the infras</th><th>structure.</th><th></th></t<> | Standard C2 | | The facility ensures | the physical saf | ety of the infras | structure. | |
| NE C2.3 The facility ensures safely of proper earthing PD building does not have temporary connections and loosely hanging wires Q OB installations are instat. There is proper earthing NE C2.4 Physical condition of buildings are safe for providing patient care Floors of the maternity ward are non silpery and even 2 OB Installations are instat. There is proper earthing Standard C3 The facility has plan for prevention of fire Maternity ward has sufficient fire exit to fire 2 OB/SI OB/SI ME C3.1 The facility has adequate fire fighting Equipment Maternity ward has installed fire Exiting ward has not exiting ward as well and eate for next reling is clearly mentioned 2 OB OB ME C3.3 The facility has a system of periodic training of staff and conducts most draining of staff and conducts most fire exiting ward and to do in case of fire 2 OB/RR Sintallation of periodic staff competencies for operating fire exiting ward and to do in case of fire 2 OB/RR Sintallation of periodic staff conducts most fire exiting ward and what to do in case of fire 2 | ME C2.1 | | | 2 | ОВ | cupboards, cabinets, and heavy equipment , hanging objects are | |
| ME C2.3 safe for providing patient care slippery and even 2 0B Standard C3 Windows have grills and wire meshwork 2 0B 0B Standard C3 The facility has plan for prevention of fire Maternity word hass sufficient fire exit to fire 2 0B 0B/SI ME C3.1 The facility has plan for prevention of fire Check the fire exits are clarity visible and routes to reach exit are clarity marked. 2 0B 0B ME C3.2 The facility has adequate fire fighting Equipment Maternity word has installed fire Exinguisher that is either Class A, Class B, due date for next refiling is clearly mentioned 2 0B 0B/RR ME C3.3 The facility has a system of periodic training of staff and conducts mock disaster situation Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refiling is clearly mentioned 2 0B/RR ME C3.3 The facility has a system of periodic training of staff and conducts mock differ Check for staff competencies for operating fire extinguisher and what to do in case of fire 2 Si/RR ME C4.3 The facility has adequate speciality Availability of General duty doctor at all time call paediatrician 2 OB/RR ME C4.3 The facility has adequate speciality dud date or pervision and work load Availability of freeser for Section ward 2 OB/RR ME | ME C2.3 | | | 2 | ОВ | installations are intact. There is | |
| Standard C3 The facility has set and the facility has set ablished Programme for fire safety and other disaster ME C3.1 The facility has plan for prevention of fire Matternity ward has sufficient fire exit to permit safe escape to its occupant at time of the fire 2 0B/S1 ME C3.2 The facility has adequate fire fighting Equipment Check the fire exits are clearly visible and routes to reach exit are clearly marked. 2 0B 0B ME C3.2 The facility has adequate fire fighting Equipment Maternity ward has installed fire Exiting usfores are displayed on each exting usfore and what to do in case of fire S//// S/// S/// S/// S/// S/// S/// S/ | ME C2.4 | | slippery and even | | | | |
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| Image: series of the second series of the | ME C3.2 | | Extinguisher that is either Class A , Class B, C type or ABC type | 2 | OB | | |
| ME C3.3 training of staff and conducts mock drills regularly for fire and other disaster situation Intercetor staff competencies for operating fire extinguisher and what to do in case of fire 2 SI/RR Standard C4 The facility has adequate specialist down and trained staff, required for providing the assured services to the current case load ME C4.1 The facility has adequate specialist down and work load Availability of Bog specialist on duty and on call paediatrician 2 OB/RR ME C4.2 The facility has adequate general duty doctor at all time provision and work load Availability of General duty doctor at all time provision and work load 2 OB/RR ME C4.3 staff as per service provision and work load Availability of Nursing staff 2 OB/RR/SI 6 for 100-200 Deliveries/Month softwore than 200 deliveries per month ME C4.4 The facility has adequate support / work load Availability of dresser for C section ward 2 SI/RR 6 for 100-200 Deliveries/Month Softwore than 200 deliveries per month ME C4.5 The facility has adequate support / general staff Availability of ward attendant 2 SI/RR Availability of manta/ ayahs and Santary worker | | | are displayed on each extinguisher as well as due date for next refilling is clearly | 2 | OB/RR | | |
| ME C4.1 The facility has adequate specialist Availability of Bog specialist on duty and on call paediatrician 2 OB/RR OB/RR ME C4.2 The facility has adequate general duty doctor at all time provision and work load Availability of General duty doctor at all time provision and work load 2 OB/RR Image: C4.2 6 for 100-200 Deliveries/Month store than 200 deliveries per month ME C4.3 staff as per service provision and work load work load Availability of Nursing staff 2 OB/RR/SI 6 for 100-200 Deliveries/Month store than 200 deliveries per month ME C4.3 staff as per service provision and work load Availability of Nursing staff 2 SI/RR Stor Wore than 200 deliveries per month ME C4.4 Availability of dresser for C section ward 2 SI/RR Availability of manta/ ayahs and Sanitary worker ME C4.5 The facility has adequate support / general staff Availability of ward attendant 2 SI/RR Sanitary worker | | training of staff and conducts mock drills regularly for fire and other disaster situation | fire extinguisher and what to do in case of fire | | | | |
| ME C4.1 doctors as per service provision call paediatrician 2 OB/RR ME C4.2 The facility has adequate general duty doctors as per service provision and work load Availability of General duty doctor at all time provision and work load 2 OB/RR ME C4.3 staff as per service provision work load Availability of General duty doctor at all time work load 2 OB/RR ME C4.3 staff as per service provision and work load Availability of Nursing staff 2 OB/RR/SI ME C4.4 Availability of dresser for C section ward 2 SI/RR ME C4.3 The facility has adequate support / general staff Availability of ward attendant 2 SI/RR ME C4.3 Availability of ward attendant 2 SI/RR Availability of manta/ ayahs and Sanitary worker | Standard C4 | | | r, required for | providing the as | sured services to the current case load | |
| ME C4.2 duty doctors as per service provision and work load Availability of General duty doctor at all time 2 OB/RR The facility has adequate nursing work load Availability of Nursing staff 2 OB/RR/SI 6 for 100-200 Deliveries/Month ME C4.3 Staff as per service provision and work load Availability of Nursing staff 2 OB/RR/SI 6 for 100-200 Deliveries/Month ME C4.4 Availability of General duty doctor at all time 2 SI/RR DELETED ME C4.4 Availability of dresser for C section ward 2 SI/RR Availability of mamta/ ayahs and Santary worker ME C4.4 Availability of ward attendant 2 SI/RR Availability of mamta/ ayahs and Santary worker | ME C4.1 | doctors as per service provision | | 2 | OB/RR | | |
| ME C4.3 work load staff as per service provision and work load Availability of Nursing staff 2 OB/RR/SI 8 for More than 200 deliveries per month ME C4.4 DELETED ME C4.5 Availability of dresser for C section ward 2 SI/RR ME C4.5 Availability of ward attendant general staff 2 SI/RR Availability Security staff 2 SI/RR | ME C4.2 | duty doctors as per service provision and work load | Availability of General duty doctor at all time | 2 | OB/RR | 6 for 100-200 Deliveries/Month | |
| ME C4.5 The facility has adequate support / general staff Availability of dresser for C section ward 2 SI/RR Availability of mamta/ ayahs and Sanitary worker A valiability of ward attendant 2 SI/RR Availability of mamta/ ayahs and Sanitary worker | | staff as per service provision and | Availability of Nursing staff | 2 | OB/RR/SI | 8 for More than 200 deliveries per month | |
| ME C4.5 general staff Availability of ward attendant 2 SJ/RR Sanitary worker Availability Security staff 2 SJ/RR | | When Constitution 1 | Availability of dresser for C section ward | 2 | SI/RR | | |
| Availability Security staff 2 SI/RR | ME C4.5 | | | | | | |
| | Standard C5 | | Availability Security staff The facility provides drugs a | | | Issured services. | |

| ME C5.1 | The departments have availability of adequate drugs at point of use | Availability of Uterotonic Drugs | 2 | OB/RR | Tocolytic agent, Isoxsuprine | |
|-------------|--|---|-------------------|-----------------|--|--------------|
| | | Availability of Anti - Infective - Antibiotics, Antifungal | 2 | OB/RR | Tab. Metronidazole 400mg, Gentamicin, | |
| | | Availability of Antihypertensive | 2 | OB/RR | Tab. Misprostol 200mg, Labetalol Tab. Paracetamol, Tab. Ibuprofen, | |
| | | Availability of analgesics and antipyretics | 2 | OB/RR | Piroxicam | |
| | | Availability of IV Fluids | 2 | OB/RR | IV fluids, Normal saline, Ringer lactate, | |
| | | Availability of other emergency drugs | 2 | OB/RR | Tab. Ritodrine, Misoprostol, Carboprost, steroid as Hydrocortisone, dexamethasone, iron, calcium, and folic acids tablets | |
| | | Availability of drugs for newborn | 2 | OB/RR | Inj, VIK 10mg, Vaccine OPV, Hepatitis B, BCG, paracetamol syrup/drops, Syp Calcium with Vit D, Multivitamin drops, Simethicone + Fennel Oil + Dilli Oil drops, Nevirapine drops (for HIV + ve mother born children), gentian Violet (0.50%) | |
| ME C5.2 | The departments have adequate consumables at point of use | Availability of dressings and Sanitary pads | 2 | OB/RR | gauze piece and cotton swabs, sanitary pads, needle (round body and cutting), chromic catgut no. 0, | |
| | | Availability of syringes and IV Sets /tubes | 2 | OB/RR | Paediatric iv sets, urinary catheter with bag, Foyle's catheter Nasogastric tube, Syringe A/D | |
| | | Availability of Antiseptic Solutions Availability of consumables for new born | 2 | OB/RR | Povidone Iodine Solution gastric tube and cord clamp, dressing | |
| | | care | 2 | OB/RR | pad | |
| ME C5.3 | Emergency drug trays are maintained at every point of care, where ever it may be needed | Availability of emergency drug tray in Maternity ward | 2 | OB/RR | | |
| Standard C6 | | The facility has equipment & | instruments re | quired for assu | red list of services. | |
| ME C6.1 | Availability of equipment & instruments for examination & monitoring of patients | Availability of functional Equipment &Instruments for examination & Monitoring | 2 | ОВ | BP apparatus, Thermometer, foetoscope, baby and adult weighing scale, Stethoscope, Doppler | |
| ME C6.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the facility | Availability of functional Equipment/Instruments Gynae & Obstetric Procedures | 2 | ОВ | Dressing and suture removal kit, speculum, Anterior vaginal wall retractor. | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of Point of care diagnostic instruments | 2 | OB | Glucometer and HIV rapid diagnostic kit | |
| ME C6.4 | Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients | Availability of resuscitation equipments | 2 | OB | Adult and baby bag and mask, Oxygen, Suction machine, Airway, Laryngoscope, ET tube | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage for drugs | 2 | ОВ | Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley | |
| ME C6.6 | Availability of functional equipment and instruments for support services | Availability of equipments for cleaning | 2 | ОВ | Buckets for mopping, mops, duster, waste trolley, Deck brush | |
| | | Availability of equipment for sterilization and disinfection | 2 | ОВ | Boiler | |
| ME C6.7 | Departments have patient furniture and fixtures as per load and service provision | Availability of patient beds with prop up facility | 2 | ОВ | | |
| | | Availability of attachment/ accessories with patient bed | 2 | ОВ | Hospital graded mattress, Bed side locker, IVstand, Bed pan | |
| | | Availability of Fixtures | 2 | ОВ | Spot light, electrical fixture for equipments like suction, X ray view box | |
| | | Availability of furniture | 2 | ОВ | cupboard, nursing counter, table for preparation of medicines, chair. | |
| Standard C7 | Facility has a def | fined and established procedure for effective u | tilization, evalu | ation and augr | nentation of competence and performa | nce of staff |
| ME C7.1 | | | | | DELETED Check for records of competence | |
| 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 | 2 | RR/SI | 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 | Infant and young Child Feeding (IYCF) practices | 2 | SI/RR | | |
| | | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Infection control and hand hygiene Patient Safety | 2 | SI/RR SI/RR | | |
| | | Training on Quality Management System | 2 | 31/ 51 | | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Nursing staff is skilled identificaton and managing complication | 2 | 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 | |

| | | Staff is skilled for maintaining clinical records | 2 | 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 | |
|-------------|---|---|-----------------|-----------------|--|---------|
| | | Counsellor is skilled for postnatal counselling | 2 | 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 | |
| Standard D1 | | Area of The facility has established Programme for ins | Concern - D Sup | | nce 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 | 2 | 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 | 2 | SI/RR | Check for breakdown & Maintenance record in the log book Staff is aware of contact details of the agency/person in case of breakdown. | |
| ME D1.2 | calibration of measuring Equipment | All the measuring equipments/ instrument are calibrated | 2 | OB/ RR | BP apparatus, thermometers etc are calibrated | |
| Standard D2 | The facility h There is established procedure for | as defined procedures for storage, inventory r There is established system of timely | nanagement ar | d dispensing of | medicines in pharmacy and patient car Stock level are daily updated Indents | e areas |
| ME D2.1 | forecasting and indenting medicine and consumables | indenting of consumables and medicine at nursing station | 2 | SI/RR | are timely placed | |
| ME D2.3 | The facility ensures proper storage of medicine and consumables | medicine are stored in containers/tray/crash cart and are labelled | 2 | ОВ | medicine are stored in separate containers, trays and carts and labelled with drug name, drug strength and expiry date | |
| | | Empty and filled cylinders are labelled | 2 | OB | Check medicine are arranged in tray | |
| ME D2.4 | The facility ensures management of expiry and near expiry medicine | Expiry dates' are maintained at emergency drug tray | 2 | OB/RR | as per First Expiry and First Out (FEFO) and expiry date are mentioned against the drug. | |
| | | No expired drug found | 2 | OB/RR | | |
| | | Records for expiry and near expiry medicine are maintained for drug stored at department | 2 | RR | Check register/DVDMS/other supply chain software for record of stock of expired and near expiry medicine | |
| ME D2.5 | The facility has established procedure for inventory management techniques | There is established system of calculating and maintaining buffer stock | 2 | SI/RR | | |
| | | Department maintained stock register of medicine and consumables | 2 | RR/SI | Check record of drug received, issued and balance stock in hand and are updated | |
| ME D2.6 | There is a procedure for periodically replenishing the medicine in patient care areas | There is procedure for replenishing drug tray /crash cart | 2 | SI/RR | | |
| | | There is no stock out of medicine | 2 | OB/SI | Random stock check of some medicine | |
| ME D2.7 | There is process for storage of vaccines and other medicine, requiring controlled temperature | Temperature of refrigerators are kept as per storage requirement and records twice a day and are maintained | 2 | OB/RR | Check for refrigerator/ILR temperature charts. Charts are maintained and updated twice a day. Refrigerators meant for storing medicine should not be used for storing other items such as eatables. | |
| ME D2.8 | There is a procedure for secure storage of narcotic and psychotropic medicine | Narcotics and psychotropic medicine are kept separately in lock and key | 2 | OB/SI | Separate prescription for narcotic and psychotropic medicine by a registered medical practioner | |
| Standard D3 | The facility provides adequate | The facility provides safe, secure and | comfortable ei | nvironment to s | taff, patients and visitors. | |
| ME D3.1 | illumination level at patient care areas | Adequate Illumination at nursing station | 2 | OB | | |
| | | Adequate illumination in patient care areas | 2 | OB | Spot light is available | |
| ME D3.2 | The facility has provision of restriction of visitors in patient areas | Visiting hour are fixed and practiced | 2 | OB/PI | | |
| | | There is no overcrowding in the wards during to visitors hours | 2 | ОВ | | |
| ME D3.3 | The facility ensures safe and comfortable environment for patients and service providers | Temperature control and ventilation in patient care area | 2 | PI/OB | Optimal temperature and warmth is ensured Fans/Air conditioning/Heating/Exhaust/Ventila tors as per environment condition and requirement | |
| | | Temperature control and ventilation in nursing station/duty room | 2 | SI/OB | Fans/Air conditioning/Heating/Exhaust/Ventila tors as per environment condition and requirement | |
| ME D3.4 | The facility has security system in place at patient care areas | New born identification band and foot prints are in practice Security arrangement in maternity ward | 2 | OB/RR OB/SI | | |
| ME D3.5 | The facility has established measure for safety and security of female staff | Ask female staff weather they feel secure at work place | 2 | SI | | |
| Standard D4 | | The facility has established Prog | gramme for ma | intenance and u | pkeep of the facility | |
| ME D4.1 | Exterior of the facility building is maintained appropriately | Building is painted/whitewashed in uniform colour | 2 | ОВ | | |
| | Patient care areas are clean and | Interior of patient care areas are plastered & painted Floors, walls, roof, roof topes, sinks patient | 2 | OB | All area are clean with no | |
| ME D4.2 | hygienic | care and circulation areas are Clean | 2 | OB | dirt,grease,littering and cobwebs | |
| | | Surface of furniture and fixtures are clean | 2 | OB | | |

| | | Toilets are clean with functional flush and | | | | |
|--------------|--|---|-------------------------------|-------------------|---|----------|
| | Hospital infrastructure is | running water Check for there is no seepage , Cracks, | 2 | OB | | |
| ME D4.3 | adequately maintained | chipping of plaster | 2 | ОВ | | |
| | | Window panes , doors and other fixtures are intact | 2 | ОВ | | |
| | | Patients beds are intact and painted | 2 | OB | Mattresses are intact and clean | |
| ME D4.5 | The facility has policy of removal of condemned junk material | No condemned/Junk material in the ward | 2 | OB | | |
| ME D4.6 | The facility has established procedures for pest, rodent and animal control | No stray animal/rodent/birds | 2 | ОВ | | |
| Standard D5 | | e facility ensures 24X7 water and power backu | <mark>p as per require</mark> | ment of service | edelivery, and support services norms | |
| ME D5.1 | arrangement storage and supply for portable water in all functional areas | Availability of 24x7 running and potable water | 2 | OB/SI | | |
| | The facility ensures adequate | Availability of hot water | 2 | OB/SI | | |
| ME D5.2 | power backup in all patient care areas as per load | Availability of power back in ward | 2 | OB/SI | | |
| StandardD6 | The facility has provision of | Dietary services are available as per ser Nutritional assessment of patient done | vice provision a | and nutritional r | | |
| ME D6.1 | nutritional assessment of the patients | specially for high risk pregnancy and other specified cases | 2 | RR/SI | For hypertensive patient, diabetic cases. Check nutrition advice from records | |
| ME D6.2 | The facility provides diets according to nutritional | Check for the adequacy and frequency of diet as per nutritional requirement | 2 | OB/RR | Check that all items fixed in diet menu is provided to the patient | |
| | requirements of the patients | Check for the Quality of diet provided | 2 | PI/SI | Ask patient/staff weather they are | |
| ME D6.3 | Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients | There is procedure of requisition of different type of diet from ward to kitchen | 2 | RR/SI | satisfied with the Quality of food diet for diabetic patients, low salt and high protein diet etc | |
| Standard D7 | ofference and the second | The facility e | nsures clean lin | en to the patier | nts | |
| ME D7.1 | The facility has adequate sets of linen | Clean Linens are provided for all occupied bed | 2 | OB/RR | | |
| | | Gown are provided at least to the cases going for surgery | 2 | OB/RR | | |
| | | Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh | 2 | OB/RR | | |
| ME D7.2 | The facility has established procedures for changing of linen in patient care areas | Linen is changed every day and whenever it get soiled | 2 | OB/RR | | |
| ME D7.3 | The facility has standard procedures for handling , collection, transportation and washing of linen | There is system to check the cleanliness and Quantity of the linen received from laundry | 2 | SI/RR | | |
| Standard D11 | | oonsibilities of administrative and clinical staff | are determined | d as per govt. re | gulations and standards operating prod | cedures. |
| ME D11.1 | The facility has established job description as per govt guidelines | Staff is aware of their role and responsibilities | 2 | SI | | |
| ME D11.2 | The facility has a established procedure for duty roster and deputation to different | There is procedure to ensure that staff is available on duty as per duty roster | 2 | RR/SI | Check for system for recording time of reporting and relieving | |
| | departments | There is designated in charge for department | 2 | SI | (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 | 2 | ОВ | | |
| Standard D12 | | lity has established procedure for monitoring | the quality of o | utsourced servio | ces and adheres to contractual obligation | ons |
| 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 | 2 | SI/RR | Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenan ce) provided are done by designated is house theff | |
| | | | Concern - E Clir | | in-house staff | · |
| Standard E1 | The facility has established | The facility has defined procedures f Unique identification number is given to | | | nu admission of patients. | |
| ME E1.1 | procedure for registration of patients | each patient during process of registration | 2 | RR | Check for that patient demographics | |
| | | Patient demographic details are recorded in admission records | 2 | RR | like Name, age, Sex, Chief complaint, etc. | |
| ME E1.3 | There is established procedure for admission of patients | There is no delay in treatment because of admission process Admission is done by written order of a | 2 | SI/RR/OB | | |
| | | Admission is done by written order of a qualified doctor There is separate counter for admission of | 2 | SI/RR/OB | | |
| | | patients Time of admission is recorded in patient | 2 | OB/RR | | |
| | There is established procedure for | record | 2 | RR | | |
| ME E1.4 | managing patients, in case beds are not available at the facility | There is provision of extra Beds | 2 | OB/SI | | |
| Standard E2 | The fa | acility has defined and established procedures Initial assessment of all admitted patient | for clinical asse | ssment, reasses | | 1 |
| ME E2.1 | There is established procedure for initial assessment of patients | done as per standard protocols | 2 | RR/SI/OB | The assessment criteria for different clinical conditions are defined and measured in assessment sheet | |
| | | ANC history of pregnant women is reviewed and recorded | 2 | RR/SI | | |
| | | Physical Examination is done and recorded wherever required | 2 | RR | Assesses general condition, including: vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast examinations | |
| | | | | | | |

| | | | | | Examines the perineum for | |
|------------------------|--|---|----------------------|-----------------|---|--|
| | | Dangers signs are identified and recorded | 2 | RR/SI | inflammation, status of episiotomy/tears, lochia for colour, amount, consistency and odour, Checks calf tenderness, redness or swelling | |
| | | Initial assessment and treatment is provided immediately | 2 | RR/SI | | |
| | | Initial assessment is documented preferably within 2 hours | 2 | RR | | |
| ME E2.2 | There is established procedure for follow-up/ reassessment of Patients | There is fixed schedule for assessment of stable patients | 2 | RR/OB | | |
| | | For critical patients admitted in the ward there is provision of reassessment as per need | 2 | RR/OB | | |
| | | There is system in place to identify and manage the changes in Patient's health status | 2 | SI/RR | Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating | |
| | | Check the treatment or care plan is modified as per re assessment results | 2 | SI/RR | Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented | |
| 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 | Check healthcare needs of all hospitalised patients are identified through assessment process | 2 | SI/RR | Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors | |
| | | Check treatment/care plan is prepared as per patient's need | 2 | RR | (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. | |
| | | Check treatment / care plan is documented | 2 | RR | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | Check care is delivered by competent multidisciplinary team | 2 | SI/RR | Check care plan is prepared and delivered as per direction of qualified physician | |
| Standard E3 | The facture is a set of the of | The facility has defined and establishe | d procedures fo | r continuity of | care of patient and referral | |
| ME E3.1 | The facility has established procedure for continuity of care during interdepartmental transfer | Facility has established procedure for handing over of patients from maternity ward | 2 | SI/RR | to OT/labour room/USG | |
| | | There is a procedure for consultation of the patient to other specialist with in the hospital | 2 | SI/RR | | |
| ME E3.2 | The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care. | Patient referred with referral slip | 2 | rr/si | | |
| | | Advance communication is done with higher centre | 2 | RR/SI | | |
| | | Referral vehicle is being arranged Referral in or referral out register is | 2 | RR/SI | | |
| | | maintained Facility has functional referral linkages to | 2 | SI/RR | Check for referral cards filled from | |
| | | lower facilities Facility has functional referral linkages to | 2 | RR | lower facilities | |
| | | higher facilities There is a system of follow up of referred | 2 | | | |
| | A person is identified for care | patients Duty Doctor and nurse is assigned for each | 2 | SI/RR | | |
| ME E3.3 Standard E4 | during all steps of care | patients The facility has defined | 2 and established | RR/SI | 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 | 2 | OB/SI | Identification tags for mother and baby / foot print are used for identification of newborns | |
| ME E4.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | Treatment chart are maintained | 2 | 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 | 2 | SI/RR | Check system is in place to give telephonic orders & practised 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 | 2 | SI/RR | | |
| | | Nursing Handover register is maintained Hand over is given bed side | 2 | RR SI/RR | Chaol: for purchase and the | |
| ME E4.4 | Nursing records are maintained | Nursing notes are maintained adequately | 2 | RR/SI | Check for nursing note register. Notes are adequately written | |
| ME E4.5 | There is procedure for periodic monitoring of patients | Patient Vitals are monitored and recorded periodically | 2 | RR/SI | Check for TPR chart, IO chart, any other vital required is monitored | |
| Standard FF | | Critical patients are monitored continually The facility has a procedur | 2 | RR/SI | arable natients | |
| Standard E5 | The facture transferrence and the | Vulnerable patients are identified and | e to identity hig | m risk and vuln | Check the measure taken to prevent | |
| ME E5.1 | The facility identifies vulnerable | measures are taken to protect them from | 2 | OB/SI | new born theft, sweeping and baby | |

| | The facility identifies high risk | Link Dick Dreement | | | High risk cases : Eclampsia, Sepsis, | |
|-------------|--|--|------------------|------------------------------|---|---|
| ME E5.2 | patients and ensure their care, as per their need | High Risk Pregnancy cases are identified and kept in intensive monitoring | 2 | OB/SI | diabetic, cardiac diseases and Intrauterine growth retardation | |
| Standard E6 | | Facility ensures rat | ionale prescribi | ng and use of m | | |
| 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 | 2 | RR | | |
| ME E6.2 | There is procedure of rational use of drugs | Check for that relevant Standard treatment guideline are available at point of use | 2 | RR | | |
| | | Check staff is aware of the drug regime and doses as per STG | 2 | SI/RR | Check BHT that drugs are prescribed as per STG | |
| | | Availability of drug formulary | 2 | SI/OB | | |
| ME E6.3 | There are procedures defined for medication review and optimization | Complete medication history is documented for each patient | 2 | RR/OB | Check complete medication history including over-the- counter medicines is taken and documented | |
| | | Established mechanism for Medication reconciliation process | 2 | SI/RR | Medication Reconciliation is carried out by a trained and competent health professional during the patient's admission, interdepartmental transfer or discharged 2. Medicine reconciliation includes Prescription and non-prescription (over-the-counter) medications, vitamins, nutritional supplements. | |
| | | Medicine are reviewed and optimised as per individual treatment plan | 2 | SI/RR | Medicines are optimised as per individual treatment plan for best possible clinical outcome | |
| | | Complete medication history is documented and communicated for each patient at the time of discharge | 2 | SI/RR | Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced Changes in prescribed medicines, including medicines started or stopped, or dosage changes, and reason for the change are clearly documented in the case sheet and case summary" | |
| | | Patients are engaged in their own care | 2 | PI/SI | "1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"" 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per treatment plan for discharge" | |
| Standard E7 | There is process for identifying | The facility has define | d procedures fo | <mark>r safe drug adn</mark> | ninistration | |
| ME E7.1 | There is process for identifying and cautious administration of high alert drugs | High alert drugs available in department are identified | 2 | SI/OB | Magsulf (to be kept in fridge) , Methergine | |
| | | Maximum dose of high alert drugs are defined and communicated | 2 | SI/RR | Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor | |
| | | There is process to ensure that right doses of high alert drugs are only given | 2 | SI/RR | A system of independent double check before administration, Error prone medical abbreviations are avoided | |
| ME E7.2 | Medication orders are written legibly and adequately | Every Medical advice and procedure is accompanied with date , time and signature | 2 | RR | | |
| | | Check for the writing, It comprehendible by the clinical staff | 2 | RR/SI | | |
| ME E7.3 | There is a procedure to check drug before administration/ dispensing | Drugs are checked for expiry and other inconsistency before administration | 2 | OB/SI | | |
| | | Check single dose vial are not used for more than one dose | 2 | ОВ | Check for any open single dose vial with left over content kept to be used later on | |
| | | Check for separate sterile needle is used every time for multiple dose vial | 2 | ОВ | In multi dose vial needle is not left in the septum | |
| | | Any adverse drug reaction is recorded and reported | 2 | RR/SI | Adverse drug event trigger tool is used to report the events | |
| ME E7.4 | There is a system to ensure right medicine is given to right patient | Administration of medicines done after ensuring right patient, right drugs , right route, right time | 2 | SI/OB | | |
| ME E7.5 | Patient is counselled for self drug | Patient is advice by doctor/ Pharmacist | 2 | RR/SI | | |
| Standard E8 | | /nurse about the dosages and timings . acility has defined and established procedures | | | atients' clinical records and their storag | e |
| ME E8.1 | All the assessments, re-assessment and investigations are recorded and updated | Day to day progress of patient is recorded in BHT | 2 | RR | | |
| ME E8.2 | All treatment plan prescription/orders are recorded in the patient records. | Treatment plan, first orders are written on BHT | 2 | RR | Treatment prescribed in nursing records | |
| | | Maintenance of treatment chart/treatment | | RR | Treatment given is recorded in | |
| ME E8.3 | Care provided to each patient is recorded in the patient records | | 2 | RK | treatment chat | |
| | Care provided to each patient is recorded in the patient records Procedures performed are written on patients records | Any procedure performed written on BHT | 2 | RR | treatment chat Dressing, mobilization etc | |

| ME E8.6 | Register/records are maintained as per guidelines | Registers and records are maintained as per guidelines | 2 | 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, PF register, Dire register, Linen register, Drug indent register | |
|--------------|---|--|------------------|-------------------------------|--|--|
| | | All register/records are identified and numbered | 2 | RR | | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | Safe keeping of patient records | 2 | ОВ | | |
| Standard E9 | | The facility has defined and | established pro | <mark>cedures for disc</mark> | harge of patient. | |
| ME E9.1 | Discharge is done after assessing patient readiness | Assessment is done before discharging patient | 2 | SI/RR | | |
| | | Maternity ward has established criteria for discharge | 2 | SI/RR | Primary illness is resolved, All infections and other medical complications have been treated, vitals are stable, etc. | |
| | | Discharge is done by a responsible and qualified doctor after assessment in consultation with treating doctor | 2 | SI/RR | Discharge is done in consultation with treating doctor | |
| | | Patient / attendants are consulted before discharge | 2 | 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 is provided | 2 | RR/PI | See for discharge summary, referral slip provided. | |
| | | Discharge summary adequately mentions patients clinical condition, treatment given and follow up | 2 | RR | | |
| | | Discharge summary is give to patients going in LAMA/Referral | 2 | SI/RR | | |
| ME E9.3 | Counselling services are provided as during discharges wherever required | Patient is counselled before discharge | 2 | SI/PI | Advice includes the information about the nearest health centre (Dispensary) for further follow up. Counsel mother for treatment, follow up, feeding, discharge timings are explained prior | |
| | | Advice includes the information about the nearest health centre for further follow up | 2 | RR/SI | | |
| | | Time of discharge is communicated to patient in prior | 2 | PI/SI | | |
| Standard E11 | | The facility has defined and established p | rocedures for E | mergency Servi | ces and Disaster Management | |
| ME E11.3 | The facility has disaster | Staff is aware of disaster plan | 2 | SI/RR | | |
| | management plan in place | Role and responsibilities of staff in disaster is | 2 | SI/RR | | |
| Standard E12 | | defined The facility has defined and | d established pr | ocedures of dia | gnostic services | |
| ME E12.1 | There are established procedures for Pre-testing Activities | Container is labelled properly after the sample collection | 2 | ОВ | | |
| ME E12.3 | There are established procedures for Post-testing Activities | Nursing station is provided with the critical value of different tests | 2 | SI/RR | | |
| Standard E13 | | The facility has defined and established pro | cedures for Bloo | od Bank/Storag | e Management and Transfusion. | |
| ME E13.9 | There is established procedure for transfusion of blood | Consent is taken before transfusion | 2 | RR | | |
| | | Patient's identification is verified before transfusion | 2 | SI/OB | | |
| | | blood is kept on optimum temperature before transfusion | 2 | RR | | |
| | | Blood transfusion is monitored and regulated by qualified person | 2 | SI/RR | | |
| | | Blood transfusion note is written in patient recorded | 2 | RR | | |
| 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 | 2 | RR | | |
| Standard E14 | | The facility has estab | ished procedure | es for Anaesthe | tic Services | |
| ME E14.1 | The facility has established procedures for Pre-anaesthetic Check up and maintenance of records | Pre anaesthesia check up is conducted for elective / Planned surgeries | 2 | SI/RR | | |
| Standard E16 | | Fhe facility has defined and established proced | ures for the ma | nagement of de | eath & bodies of deceased patients | |
| ME E16.1 | Death of admitted patient is adequately recorded and communicated | Facility has a standard procedure to decent communicate death to relatives | 2 | SI | | |
| ME E16.2 | The facility has standard procedures for handling the death | Death note is written on patient record Death summary is given to patient attendant quoting the immediate cause and underlying | 2 | RR SI/RR | Maintenance of records as per guideline | |
| | in the hospital | cause if possible Death note including efforts done for resuscitation is noted in patient record | 2 | RR | Buildeline Maternal and neonatal death | |
| | | | Maternal He | | as nor quidelines | |
| Standard E17 | There is an established procedure | The facility has established | procedures for | | | |
| ME E17.1 | for Registration and follow up of pregnant women. There is an established procedure | Facility provides and updates "Mother and Child Protection Card". | 2 | RR/SI | | |
| ME E17.4 | for identification of High risk pregnancy and appropriate treatment/referral as per scope of services. | Management of PIH/Eclampsia | 2 | RR/SI | | |
| | | Management of sepsis | 2 | RR/SI RR/SI | | |
| | | Management of diabetic pregnant mother | 2 | nr/si | | |

| | | Management of cardiac cases | 2 | RR/SI | | |
|---|---|--|--|--|---|----------|
| ME E17.5 | There is an established procedure for identification and management of moderate and severe anaemia | Management of IUGR Management of of severe anaemia | 2 | RR/SI | Blood Transfusion services available for anaemic patients | |
| Standard E19 | | The 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 | Post Partum Care of Newborn | 2 | SI/RR | Maintains hand hygiene, keeps the baby wrapped (maintains temperature), Checks weight, temperature, respiration, heart rate, colour of skin and cord stump | |
| | | Initiation of Breastfeeding with in 1 Hour | 2 | PI | Checks and discusses with the mother on breastfeeding pattern, emphasising exclusive and on demand feeding. Demonstrates the proper positioning and attachment of the baby | |
| | | Post partum care of mother | 2 | PI | Check uterine contraction, bleeding as per treatment plan, check for TPR and output chart, Breast examination and milk initiation and perineal washes | |
| ME E19.2 | Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding | Staff counsels mother on vital issues | 2 | PI/SI | Counsels on danger signs to mother at time of discharge; Counsels on post partum family planning to mother at discharge; Counsels on exclusive breast feeding to mother at discharge | |
| ME E19.3 | Facility staff adheres to protocol for ensuring care of newborns with small size at birth | Facilitates specialist care in newborn <1800 gm | 2 | SI/RR | Facilitates specialist care in newborn <1800 gm (seen by paediatrician) | |
| | | Facilitates assisted feeding whenever required | 2 | SI/RR/PI | | |
| | | Facilitates thermal management including kangaroo mother care | 2 | SI/RR/PI | | |
| ME E19.4 | The facility has established procedures for stabilization/treatment/referral of post natal complications | There is established criteria for shifting newborn to SNCU | 2 | SI/RR | | |
| ME E19.5 | The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols | 48 Hour Stay of mothers and new born after delivery | 2 | | | |
| ME E19.6 | There is established procedure for discharge and follow up of mother and newborn. | Check patient is explained about follow up visits, advice and counselling is done before discharge | 2 | RR/PI | | |
| Standard E20 | | The facility has established procedure | is for care of ne | w born, infant i | | |
| ME E20.1 | The facility provides immunization | | | | | |
| | services as per guidelines | Zero dose vaccines are given | 2 | RR | Check for records BCG, Hepatitis Band OPV 0 given to New born | |
| ME E20.3 | services as per guidelines Management of Low birth weight newborns is done as per guidelines | Zero dose vaccines are given | 2 | RR SI/RR | | |
| | Management of Low birth weight newborns is done as per guidelines | Care of Low Birth Weight and Premature babies Area of | 2 Concern - F Infe | SI/RR ction Control | Band OPV 0 given to New born Premature and LBW bables are identified: Weight less than 2500 g for low birth weight bables, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required | fection |
| ME E20.3 Standard F1 ME F1.3 | Management of Low birth weight newborns is done as per guidelines | Care of Low Birth Weight and Premature babies | 2 Concern - F Infe | SI/RR ction Control | Band OPV 0 given to New born Premature and LBW bables are identified: Weight less than 2500 g for low birth weight bables, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required | fection |
| Standard F1 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff | 2 Concern - F Infe res in place for p 2 2 | SI/RR ction Control prevention and SI/RR SI/RR | Band OPV 0 given to New born Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated in Patients are observed for any sign and symptoms of HAI like fever, | fection |
| Standard F1 ME F1.3 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedur There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the | 2 Concern - F Infe res in place for 2 | SI/RR ction Control prevention and SI/RR | Band OPV 0 given to New born Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated in Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . | fection |
| Standard F1 ME F1.3 ME F1.4 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures for regular monitoring of infection control practices The facility has defined and | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff Periodic medical check-ups of the staff Regular monitoring of infection control | 2 Concern - Finfe res in place for p 2 2 2 | SI/RR ction Control prevention and SI/RR SI/RR | Band OPV 0 given to New born Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated in Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . Hepatitis B, Tetanus Toxoid etc Hand washing and infection control | fection |
| Standard F1 ME F1.3 ME F1.4 ME F1.5 ME F1.6 Standard F2 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures for regular monitoring of infection control practices The facility has defined and established antibiotic policy | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff Periodic medical check-ups of the staff Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy The facility has defined and Implemented g | 2 Concern - Finfe res in place for p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ction Control revention and SI/RR SI/RR SI/RR SI/RR SI/RR | Band OPV 0 given to New born Premature and LBW bables are identified: Weight less than 2500 g for low birth weight bables, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated ir Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic intervals giene practices and antisepsis | ifection |
| Standard F1 ME F1.3 ME F1.4 ME F1.5 ME F1.6 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures for regular monitoring of infection control practices The facility has defined and | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff Periodic medical check-ups of the staff Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy | 2 Concern - Finfe res in place for p 2 2 2 2 2 2 2 2 2 | SI/RR ction Control revention and SI/RR SI/RR SI/RR SI/RR | Band OPV 0 given to New born Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated in Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic intervals giene practices and antisepsis Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water | fection |
| Standard F1 ME F1.3 ME F1.4 ME F1.5 ME F1.6 Standard F2 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures for regular monitoring of infection control practices The facility has defined and established antibiotic policy Hand washing facilities are | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff Periodic medical check-ups of the staff Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy The facility has defined and Implemented p Availability of hand washing Facility at Point of Use | 2 Concern - Finfe es in place for 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ction Control revention and SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | Band OPV 0 given to New born Premature and LBW bables are identified: Weight less than 2500 g for low birth weight bables, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated ir Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic intervals yeiene practices and antisepsis Check for availability of wash basin near the point of use | ifection |
| Standard F1 ME F1.3 ME F1.4 ME F1.5 ME F1.6 Standard F2 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures for regular monitoring of infection control practices The facility has defined and established antibiotic policy Hand washing facilities are | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff Periodic medical check-ups of the staff Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy The facility has defined and Implemented p Availability of hand washing Facility at Point of Use Availability of running Water Availability of antiseptic soap with soap dish/ | 2 Concern - Finfe res in place for p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ction Control revention and SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR OB | Band OPV 0 given to New born Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated ir Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic intervals Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/Ask staff if the | ifection |
| Standard F1 ME F1.3 ME F1.4 ME F1.5 ME F1.6 Standard F2 | Management of Low birth weight newborns is done as per guidelines The facility The facility measures hospital associated infection rates There is Provision of Periodic Medical Check-up and immunization of staff The facility has established procedures for regular monitoring of infection control practices The facility has defined and established antibiotic policy Hand washing facilities are | Care of Low Birth Weight and Premature babies Area of has infection control Programme and procedu There is procedure to report cases of Hospital acquired infection There is procedure for immunization of the staff Periodic medical check-ups of the staff Regular monitoring of infection control practices Check for Doctors are aware of Hospital Antibiotic Policy Theilability of hand washing Facility at Point of Use Availability of running Water Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser. | 2 Concern - Finfe es in place for 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR ction Control revention and SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR OB OB/SI OB/SI | Band OPV 0 given to New born Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding arranged, if required measurement of hospital associated in Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic intervals giene practices and antisepsis Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff for | ifection |
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| | The facility ensures adequate | | | | | |
|-------------|---|---|------------------------|-----------------|--|-----------|
| ME F3.1 | personal protection Equipment as per requirements | Clean gloves are available at point of use | 2 | OB/SI | | |
| ME F3.2 | The facility staff adheres to | Availability of Masks No reuse of disposable gloves, Masks, caps | 2 | OB/SI | | |
| ME F3.2 | standard personal protection practices | and aprons. | 2 | OB/SI | | |
| Standard F4 | | Compliance to correct method of wearing and removing the gloves The facility has standard procee | 2 tures for proces | SI | ent 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 | 2 | SI/OB | Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution | |
| | | Proper Decontamination of instruments after use | 2 | SI/OB | Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable | |
| | | Contact time for decontamination is adequate | 2 | SI/OB | 10 minutes | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | Cleaning is done with detergent and running water after decontamination | |
| | | Proper handling of Soiled and infected linen | 2 | SI/OB | No sorting ,Rinsing or sluicing at Point of use/ Patient care area | |
| | | Staff know how to make chlorine solution | 2 | SI/OB | | |
| ME F4.2 | The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment | Equipment and instruments are sterilized after each use as per requirement | 2 | OB/SI | Autoclaving/HLD/Chemical Sterilization | |
| | | High level Disinfection of instruments/equipment is done as per | 2 | OB/SI | Ask staff about method and time required for boiling | |
| Standard F5 | | protocol Autoclaved dressing material is used Physical layout and environmental con | 2 trol of the natio | OB/SI | nsures 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 | 2 | OB/SI | Chlorine solution, Glutaraldehyde, carbolic acid | |
| | | Availability of cleaning agent as per requirement | 2 | OB/SI | Hospital grade phenyl, disinfectant detergent solution | |
| ME F5.3 | The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas | Staff is trained for spill management | 2 | SI/RR | | |
| | | Cleaning of patient care area with detergent solution | 2 | SI/RR | | |
| | | Staff is trained for preparing cleaning solution as per standard procedure | 2 | SI/RR | | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | Unidirectional mopping from inside out | |
| | | Cleaning equipment like broom are not used in patient care areas | 2 | OB/SI | Any cleaning equipment leading to dispersion of dust particles in air should be avoided | |
| ME F5.4 | The facility ensures segregation infectious patients | Isolation and barrier nursing procedure are followed for septic cases | 2 | OB/SI | | |
| Standard F6 | The facility has The facility Ensures segregation of | defined and established procedures for segre | gation, collectio | on, treatment a | nd disposal of Bio Medical and hazardo | us Waste. |
| ME F6.1 | 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 | 2 | ОВ | Adequate number. Covered. Foot operated. | |
| | | Availability of colour coded non chlorinated plastic bags | 2 | ОВ | | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | |
| | | Segregation of infected plastic waste in red bin | 2 | OB | Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | OB | Pictorial and in local language | |
| | | There is no mixing of infectious and general waste | 2 | ОВ | | |
| ME F6.2 | The facility ensures management of sharps as per guidelines | Availability of functional needle cutters | 2 | ОВ | See if it has been used or just lying idle. | |
| | | Segregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers | 2 | OB | Should be available nears the point of generation. Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | |

| | | Availability of post exposure prophylaxis | 2 | SI/OB | Ask if available. Where it is stored | |
|------------------------|--|---|--------------------------------------|-----------------|--|---------------|
| | | Staff knows what to do in condition of needle stick injury | 2 | SI | and who is in charge of that. Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done | |
| | | Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | OB | Vials, slides and other broken infected glass | |
| ME F6.3 | The facility ensures transportation and disposal of waste as per | Check bins are not overfilled | 2 | SI/OB | | |
| | guidelines | Transportation of bio medical waste is done in close container/trolley | 2 | | Look for: 1. Spill area evacuation | |
| | | Staff is aware of mercury spill management | 2 | SI/RR | Removal of Jewellery Wear PPE Use of flashlight to locate mercury beads Use syringe without a needle/eyedropper and sticky tape to suck the beads Collection of beads in leak-proof bag or container Sprinkle suphur or zinc powder to remove any remaining mercury All the mercury spill surfaces should be decontaminated with 10% sodium thiosulfate solution All the bags or containers | |
| Standard G1 | | Area of Co Facility has established org | ncern - G Qualit anizational fran | | | |
| ME G1.1 Standard G2 | | The facility has established | | | DELETED | |
| ME G2.1 | Patient satisfaction surveys are | Client/Patient satisfaction survey done on | | RR | | |
| Standard G3 | conducted at periodic intervals | monthly basis The facility have established internal and exter | | | nes 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 | 2 | SI/RR | | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS assessment toolkit is used to conduct internal assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 Standard G4 | | stablished, documented implemented and mai | ntained Standa | rd Operating Pr | DELETED | oort services |
| ME G4.1 | Departmental standard operating procedures are available | Standard operating procedure for department has been prepared and approved | 2 | RR | | |
| | | Current version of SOP are available with process owner | 2 | OB/RR | Patient safety, Identification of | |
| | | Work instruction/clinical protocols are displayed | 2 | ОВ | danger sign, postnatal care and counselling, new born care etc | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures | Department has documented procedure for receiving and initial assessment of the patient in Maternity ward | 2 | RR | | |
| | | Department has documented procedure for admission, shifting and referral of pregnant mother | 2 | RR | | |
| | | Department has documented procedure for shifting the mother to labour room Department has documented procedure for | 2 | RR | | |
| | | requisition of diagnosis and receiving of the reports Department has documented procedure for | 2 | RR | | |
| | | preparation of the patient for surgical procedure | 2 | RR | | |
| | | Department has documented procedure for transfusion of blood in maternity ward Department has documented procedure for | 2 | RR | | |
| | | maintenance of rights and dignity of pregnant women Department has documented procedure for | 2 | RR | | |
| | | record Maintenance including taking consent Department has documented procedure for | 2 | RR | | |
| | | discharge of the patient from maternity ward Department has documented procedure for | 2 | RR | | |
| | | Department has documented procedure for post natal inpatient care of mother Department has documented procedure for | 2 | RR | | |
| | | post natal inpatient care of new born Department has documented procedure for | 2 | RR | | |
| | | payment/ incentives of beneficiary Department has documented procedure for | 2 | RR | | |
| | | counselling of the patient at the time of discharge Maternity ward has documented procedure | 2 | RR | | |
| | | for environmental cleaning and processing of the equipment | 2 | RR | | |

| | | Maternity ward has documented procedure for arrangement of intervention for maternity ward | 2 | RR | | |
|-------------------------|--|--|----------------------|------------------|--|----------------------------|
| | | Maternity ward has documented procedure for sorting, cleaning and distribution of clean linen to patient | 2 | RR | | |
| | | Maternity ward has documented procedure for providing free diet to the patient as per their requirement | 2 | RR | | |
| | | Department has documented procedure for end of life care | 2 | RR | | |
| ME G4.3 Standard G 5 | Staff is trained and aware of the procedures written in SOPs The facil | Check staff is a aware of relevant part of SOPs ity maps its key processes and seeks to make to | 2 them more effic | SI/RR | g non value adding activities and wasta | ares . |
| ME G5.1 ME G5.2 | | | | | DELETED | |
| ME G5.3 | | | | | DELETED DELETED | |
| Standard G6 | | The facility has defined mission, values, Qualit | y policy & obje | ctives & prepare | | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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 G6.5 ME G6.7 | 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 | 2 | 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 | as per individual hospital |
| Standard G7 | | The facility seeks continually im | provement by J | practicing Quali | | |
| ME G7.1 | | | | | DELETED | |
| ME G7.2 Standards G9 | Faci | lity has established procedures for assessing, r | enorting evalu | ating and mana | DELETED | |
| ME G9.6 | 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 | 2 | 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. | |
| 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 | SaQushal assessment toolkit is used for safety audits. | 2 | SI/RR | 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | |
| ME G9.8 | Risks identified are analysed evaluated and rated for severity | Identified risks are analysed for severity | 2 | SI/RR | Action is taken to mitigate the risks | |
| Standard G10 | т | he facility has established clinical Governance | framework to i | mprove quality | and safety of clinical care processes | |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated | The facility has established process to review the clinical care | 2 | SI/RR | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & | |
| | | | | | clinical outcomes. | |
| | | Check regular ward rounds are taken to review case progress | 2 | SI/RR | (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- | |
| | | | 2 | SI/RR SI/RR | Both critical and stable patients Check the case progress is | |
| | | review case progress Check the patient /family participate in the | | | (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- Feedback is taken from patient/family on health status of | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | review case progress Check the patient /family participate in the care evaluation Check the care planning and co- ordination is | 2 | SI/RR | (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- Feedback is taken from patient/family on health status of individual under treatment System in place to review internal referral process, review clinical handover information, review patient | |

| | | There is procedure to conduct prescription audits | 2 | SI/RR | Random prescriptions are audited Separate Prescription audit is conducted foe both OPD & IPD cases The finding of audit is circulated to all concerned Regular trends are analysis and presented in Clinical Governance board/Grand round meetings | |
|-------------|---|---|------------------|------------------|---|--|
| | | All non compliance are enumerated recorded for medical audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for prescription audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per medical audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per death audit record's findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per prescription audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | SI/RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| | | Check PDCA or revalent quality method is used to address critical problems | 2 | SI/RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan | |
| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug formulary | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. | |
| | | Check the mapping of existing clinical practices processess is done | 2 | SI/RR | The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA | |
| Standard H1 | | The facility measures Productivity Indicat | of Concern - H | | th State/National benchmarks | |
| ME H1.1 | Facility measures productivity | Bed Occupancy Rate for normal delivery | 2 | RR | | |
| | Indicators on monthly basis | ward Bed Occupancy Rate for C section ward Proportion of Severe anaemia cases treated | 2 | RR | | |
| | | with blood transfusion The proportion of high-risk pregnancies managed | 2 | RR | GDM, hypothyroidism & syphilis | |
| Standard H2 | Eacility moasures officiant | The facility measures Efficiency Ind | icators and ens | ure to reach Sta | ate/National Benchmark | |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Referral Rate | 2 | RR | | |
| | | Bed Turnover rate | 2 | RR | | |
| | | Discharge rate No. of drugs stock out in the ward | 2 | RR RR | | |
| Standard H3 | | The facility measures Clinical Care & Saf | ety Indicators a | nd tries to read | h State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on monthly basis | Average length of stay for normal delivery | 2 | RR | (a) C Section Cases | |
| | | Average length of stay for Surgical Cases Newborns Breastfed within 1 hr of Birth | 2 | RR RR | (b) Hysterectomy Cases | |
| | | Maternal Death per 1000 deliveries No of adverse events per thousand patients | 2 | RR | | |
| | | Proportion of mother given postnatal counselling | 2 | RR | | |
| | | Time taken for initial assessment | 2 | RR | | |
| Standard H4 | | The facility measures Service Quality Ind | icators and end | eavours to rea | ch state/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | LAMA Rate | 2 | RR | | |
| | | Patient Satisfaction Score Proportion of mothers given drop back | 2 | RR | | |
| | | facility | 2 | RR | | |
| | | | | | | |

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| | | Availability of promotion services of overall growth and development of children | 2 | SI/OB | Provision of health education, health & nutrition counselling | |
|-------------------------|--|---|------------------------|------------------------------|--|----------------------------------|
| Standard A3 | | | Facility Provides | | | |
| ME A3.1 | The facility provides Radiology Services | Availability of Functional Radiology Services | 2 | SI/OB | Hassle free diagnostic services are available for paediatric cases | |
| ME A3.2 | The facility Provides Laboratory Services | Availability of functional laboratory services | 2 | SI/OB | Availability of a dedicated Lab technician for sample collection of paediatric cases | |
| Standard A4 ME A4.12 | The facility provides services as per Rashtriya Bal Swasthya Karykram | Screening and early detection of 4 Ds | | SI/RR | Programs/ state scheme | |
| Standard A5 | Swastnya Karykram | | Facility provides | support services | | |
| ME A5.3 ME A5.4 | The facility provides security services | Availability of security services | 2 | SI/OB SI/OB | Dedicated staff for paediatric OPD Dedicated staff for paediatric OPD | |
| ME A5.6 | The facility provides housekeeping services The facility provides pharmacy services | Availability of Housekeeping services Availability of drug storage and dispensing services | 2 | SI/OB | Dedicated drug dispensing counter for paediatric OPD | |
| Standard A6 ME A6.1 | The facility provides curatives & preventive | Health services pr Special Clinics are available for local prevalent diseases/ | ovided at the facility | are appropriate | to community needs. | |
| WE AD.1 | services for the health problems and diseases, prevalent locally. | endemics | 2 | 3008 | Ask for the specific local health problems/ diseases .i.e. arsenic poisoning, endosulfane, hameophilia, Acute encephalitis | |
| | prevalent locally. | | Area of Concern | - B Patient Right | Syndrome (AES) in children, followup for Birth defects etc. | |
| Standard B1 ME B1.1 | The facility has uniform and user-friendly | Facility provides the information to care so Availability of departmental & directional signages | eekers, attendants 8 | community abo | ut the available services and their modalities 1. Numbering, main department and internal sectional signage | |
| | signage system | Pronouncy of departmentaria uncertainal aginges | - | | Torinocting, many experiments and methan percent synappe are placed. Z. 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 | 2 | OB | The layout should indicate the paediatric services vis a vis examination room, consultation room, immunisation, IYCF counseiling, 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 | 2 | OB | List of available Paediatric OPD Clinic/s Timing for OPD (opening and closing) Simportant numbers like ambulance, blood bank etc Turn around time for investigation, S. grievance re addressal are displayed | |
| | | Names of doctor on duty is displayed and updated | 2 | OB | are displayed Name of doctor, Nurse and Counsellor on duty are displayed and updated. | |
| | | Entitlement under JSSK , RBSK, PMJAY and other schemes are displayed | 2 | OB | Relevant national or state guidelines are followed for provision of diagnostics, drugs, treatment of children. | |
| ME 61.3 ME 61.4 | The facility has established citizen charter, which is followed at all levels | Display of citizen charter in OPD complex | 2 | OB | Check Office charter is shared with main OPD complex, it includes information or: 15 services available at the facility 2 Timings of different services available 3 Rights of Patients and Visitors 4. Responsibilities of Patients and Visitors 5. Beds available 6. Complaints and Grievances Mechanism 7. Help desk number OELETED | |
| ME B1.5 | Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches | IEC Material is displayed | 2 | OB | Breastfeeding, Immunization schedule, Management of diarrhoea using Zn & ORS, nutrition requirement of children, KMC and hand washing etc | |
| | | Education material for counselling are available in Counselling room | 2 | 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 | 2 | 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 | 2 | OB | Check in Immunization, paediatric OPDs, waiting areas etc. 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 | 2 | OB | During counselling Mothers and families has been specially educated about III 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 | 2 | OB | Check all information are available in local language | |
| ME B1.7 ME B1.8 | The facility ensures access to clinical records of | | 2 | RR/OB | DELETED | Commom help desk centre availble |
| Standard B2 | patients to entitled personnel Services are delivered | OPD slip with UID is given to the patient in a manner that is sensitive to gender, religi | ous and cultural nee | ds, and there are | no barrier on account of physical economic, cultura | l or social reasons. |
| ME 82.1 | Services are provided in manner that are sensitive to gender | Availability of female staff if a male doctor examines a female patient | 2 | OB | Due care is taken in examining older female child (she should be examined in the presence of a parent/ relative or a female staff. Examination of mother for lactation support is also provided ensuring complete privacy and dignity | |
| | | Separate toilets for male and female | 2 | 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 | 2 | 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) | |
| | | | 2 | OB | Check computerised registration, token system for queuing and patient calling system with electronic display are available to systematise | |
| | | Registration to drug processes are hassle free. Availability of Wheel chair or stretcher for easy Access to | 2 | OB | outpatient consultation. Dedicated wheelchair /stretchers are available for paediatric | |
| | | the OPD Availability of ramps with railing | 2 | OB | patients. At least 120 cm width, gradient not steeper than 1:12 | |
| | | Availability of differently abled to let | 2 | OB | Wide , placed at lower level, supported with bars & door of toilet is opening outside | |
| Standard B3 | | Availability of differently abled toilet Facility maintains the privacy, confidential | ity & Dignity of patie | ent, and has a sur | toilet is opening outside tem for guarding patients related information | |
| Standard B3 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 | |
| | point of Lare | Availability of screen/curtain at Examination Area Availability of screen/curtain at breastfeeding corner | 2 | OB | Curtain/screen are available in examination area (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 | 2 | OB | Only patient and the parent- attendant are permitted inside the clinic | |
| | | Privacy at the counselling room is maintained | 2 | OB | Privacy (verbal and visual) of mother/parent is ensured while providing counselling services | |
| ME 83.2 | Confidentiality of patients records and clinical information is maintained | Records are placed at secure place beyond access to general staff and visitor | 2 | SI/OB | No information regarding patient / parent identity is displayed 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 | 2 | 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 | 2 | PI/OB | Check if HIV/leprosy/abuse case etc. is not explicitly written on case sheets/slips and avoiding any means by which they can be identified in public | |
| Standard B4 ME B4.1 | Facility has defined and estat There is established procedures for taking | lished procedures for informing patients abou | It the medical condit | tion, and involvin RR /PI | g them in treatment planning, and facilitate informe | ed decision making patient. |
| | informed consent before treatment and procedures | Informed consent is taken from parent/guardian before any investigation | 2 | | Explained about the whole process | |
| ME B4.2 | Patient is informed about his/her rights and responsibilities | Display of patient rights and responsibilities. | 2 | OB | Patient 's rights & responsibilities are displayed (may be shared with main hospital) | |
| ME B4.4 | Information about the treatment is shared with | Parent- attendant is informed about the clinical condition and treatment been provided | 2 | PI | Ask parent attendants/guardians about what they have been communicated about the clinical condition and treatment plan. | |
| | patients or attendants, regularly | | | I | | |

| | | Pre and Post procedure counselling is given | | PI/RR | Parent attendant/guardians are counselled before conducting a | |
|------------------------|---|--|--------------------------|-----------------------------|---|---|
| | | | 2 | | 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 | | 2 | OB | check the completeness of the Grievance redressal mechanism , | |
| Standard B5 | grievance redressal system in place | Availability of complaint box and display of process for grievance redressal and whom to contact is displayed | - | at there is finance | from complaint registration till its resolution ial protection given from cost of hospital services. | |
| ME B5.1 | | Facility ensures that there are no financial bar | rier to access and tr | lat there is financ | DELETED | |
| ME B5.2 ME B5.3 | | | | | DELETED DELETED | |
| ME B5.4 ME B5.5 | | | | | DELETED DELETED | |
| Standard B6 ME B6.9 | Fac There is an established procedure to issue of medical | | ement including dile | RR/PI | d during delivery of services at public health facilitie 1. Check for policy | s |
| | certificates and other certificates | medical certificates | 2 | | Who can issue certificates Who can issue certificates Aromats which shall used Record keeping of issued certificate procedures for issuing duplicate certificates Check turn around time to issue certificate | |
| | | Check hospital has documented policy for issuing disability certificates under RBSK | 2 | RR/PI | Check for policy Check for policy Check for an issue certificates Soformats which shall used A. Record keeping of issued certificate procedures for issuing duplicate certificates S. Check turn around time to issue certificate | |
| Standard C1 | | The facility has infrastructure for deliv | | cern - C Inputs | infrastructure meets the prevalent norms | |
| ME C1.1 | Departments have adequate space as per patient | Clinic has adequate space for consultation and | 2 | OB | a. Adequate Space in Clinic, ample space to seat 4-5 people | |
| | or work load | examination | 2 | OB | b. The room has handwashing facility . | |
| | | Availability of adequate waiting area | 2 | | 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 Availability of sub waiting for separate clinics | 2 | OB | a. As per average OPD at peak time b. separate , movable, safe and comfortable chairs for children are available Separate seating arrangement for immunisation , IYCF | |
| | | Availability of Drinking water | 2 | OB | Counselling centre, etc. See if water cooler is easily accessible to the visitors | |
| | | Availability of Drinking water Functional toilets with running water and flush are available | | OB | See if water cooler is easily accessible to the visitors Two WC and a washbasin should be reserved for children visiting the | |
| ME C1.3 | Departments have layout and demarcated areas | available Dedicated examination area is provided with each clinics | 2 | OB | Visiting the OPD and fitted accordingly (low WC seats; washbasins at appropriate height, lever operated taps). Examination table along with foot steps | |
| | as per functions | Demarcated area for the assessment and | 2 | OB | Such as rape/sexual assault survivors in OPD / Linkage with | |
| | | examination of medico-legal cases | | OB | emergency | |
| | | Demarcated dressing area /room & injection room | 2 | OB | Can be shared with main OPD Check availability of IYCF room | |
| | - | Dedicated IYCF Counselling Centre Dedicated immunization room for children | 2 | OB | | |
| | | OPD has separate entry and exit from IPD and Emergency | 2 | OB | | |
| | | Availability of clean and dirty utility room Demarcated Drug dispensing counter for paediatric | 2 | OB OB | Separate pharmacy/ Separate dispensing counter at OPD | |
| | | patients Check paediatric complex/services are away from | 2 | OB | pharmacy TB clinic, isolation room, radiology etc. | |
| | | isolation and restricted areas Demarcated trolley/wheelchair bay | 2 | 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 | 2 | 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 | 2 | 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 | 2 | OB | Layout of OPD shall follow functional flow of the patients, e.g.: Enquiry→Registration→Walting→Sub-walting→ 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 | 2 | OB | Paediatric OPD clinic, emergency, immunisation room, IYCF counselling centre, Pharmacy/drug dispensing counter and any other | |
| Standard C2 ME C2.1 | The facility ensures the seismic safety of the | The facilit Non structural components are properly secured | y ensures the physi | cal safety of the i | nfrastructure. Check for fixtures and furniture like cupboards, cabinets, and | |
| ME C2.3 | The facility ensures the seismic safety of the | OPD building does not have temporary connections and | 2 | OB | Creck for incures and furniture like cupboards, cabinets, and heavy equipment , hanging objects are properly fastened and secured a. Switch Boards other electrical installations are intact. | |
| | establishment | loosely hanging wires | 2 | | 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 | 2 | OB | | |
| | | Paediatric OPD is safe and secure | 2 | OB | Open spaces are properly secured to prevent fall and injury | |
| Standard C3 | | | 2 established Program | | y 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 | 2 | 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 | | B, C type or ABC type | 2 | 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 | 2 | SI/RR | Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep) | |
| Standard C4 ME C4.1 | The facility has adequate specialist doctors as | The facility has adequate qualified and f Availability of paediatric specialist at OPD time | | ed for providing t OB/RR | he assured services to the current case load a. As per patient load | |
| | per service provision | | 2 | | 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 | | 2 | OB/RR OB/RR | a. As per patient load b. Trained in paediatric care | |
| ME C4.3 | The facility has adequate nursing staff as per service provision and work load | Availability of Dentist Availability of Nursing staff | 2 | OB/RR OB/RR/SI | As per patient load a. As per patient load At Injection room, OPD Clinics, immunisation room, IYCF | |
| ME C4.4 | service provision and work load The facility has adequate | Availability of paramedical staff | - | OB/SI | At Injection room, OPD Clinics, immunisation room, IYCF Counselling room DEIC as Per Requirement 1 with each doctor where children are weighed & weight is | |
| | technicians/paramedics as per requirement | | 2 | | 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 | 2 | SI/RR | A dedicated Lab technician for sample collection of paediatric cases | |
| | | Availability of Nutrition Counsellor | 2 | 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 | |
| | | Availability of technician/ Assistant | 2 | SI/RR | and address referral cases. 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 , | |
|-----------------------------------|--|--|---|---|---|-----|
| | | | 2 | | b. Check record how many paediatric cases have availed services in last three months | |
| | | Availability of dedicated staff for DEIC as per RBSK | | SI/RR | (As per patient load & Shared with main hospital) Availability of dedicated staff under RBSK: | |
| | | guideline | | | 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 | |
| | | | 2 | | 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 | 2 | SI/RR | Dedicated for paediatric opd | |
| Standard C5 | | Availability of registration clerks as per load | 2 | SI/RR | Dedicated for paediatric opd ssured list of services. | |
| ME C5.1 | The departments have availability of adequate | Availability of injectables at injection room | 2 | OB/RR | ARV & TT | |
| | medicine at point of use | Analgesics/ Antipyretics/Anti inflammatory | 2 | OB/RR | As per DG-ESIC list | |
| | | Antibiotics Anti Diarrhoeal | 2 | OB/RR OB/RR | As per DG-ESIC list As per DG-ESIC list | |
| | | Antiseptic lotion Dressing material | 2 | OB/RR OB/RR | As per DG-ESIC list As per DG-ESIC list | |
| | | IV fluids | 2 | OB/RR | As per DG-ESIC list As per DG-ESIC list | |
| | | Eye and ENT drops Anti allergic | 2 | OB/RR OB/RR | As per DG-ESIC list | |
| | | medicine acting on Digestive system medicine acting on cardio vascular system | 2 | OB/RR OB/RR | As per DG-ESIC list As per DG-ESIC list | |
| | | medicine acting on central/Peripheral Nervous system | 2 | OB/RR | As per DG-ESIC list | |
| | | medicine acting on respiratory system Other medicine and materials | 2 | OB/RR OB/RR | As per DG-ESIC list As per DG-ESIC list | |
| | | Availability of vaccine as per National Immunization | 2 | OB/RR | | |
| ME C5.2 | The departments have adequate consumables at | | 2 | OB/RR | As per Immunization schedule Examination gloves, Syringes, Dressing material , suturing | |
| ME C5.3 | point of use Emergency drug trays are maintained at every | clinics Emergency Drug Tray is maintained at immunization | | OB/RR | material etc. AEFI Kit - 1 mL ampoule of adrenaline (1:1000) – 3 nos., 1 mL | |
| | point of care, where ever it may be needed | room | | | tuberculin syringes / 40 unit insulin syringes without fixed neEMLes, 24/25 G neEMLes of 1 inch length, Swabs. | |
| | | | 2 | | 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 | | OB/SI | Normal Saline (NS),Glucose 25%,Ringer Lactate (RL),Dextrose | |
| | | treatment room in OPD | | 08/51 | 5%,Potassium Chloride,Calcium Gluconate,Sodium | |
| | | | | | Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj | |
| | | | 2 | | 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 ME C6.1 | Availability of equipment & instruments for | The facility has eq Availability of functional Equipment &Instruments | uipment & instrume | oB/RR | assured list of services. Non-invasive blood pressure monitoring (Paediatric and adult | |
| WE CO.1 | examination & monitoring of patients | for examination & Monitoring | 2 | Oby KK | 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 | Availability of functional equipment &Instruments for paediatric clinic | | OB/RR | Spatula (disposable) -multiple torch | |
| | facility | | | | Stethoscope (paediatric) Otoscope | |
| | | | | | Resuscitation kit Direct Ophthalmoscope | |
| | | | 2 | | Paediatric Auroscope Far speculum | |
| | | | | | Magnifying glass Knee hammer | |
| | | | | | kie hannei | |
| | | | | | | |
| | | Availability of functional equipment &Instruments for IYCF nutrition counselling | | OB/RR | Digital weighing scales for infants & children, Stadiometer, Infantometer WHO growth standards (Charts) | |
| | | | 2 | | 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), | |
| | | Brief - roccoures | | | Newborn, Infant, child masks (00,0,1,2), Oxygen concentrator (if assured power | |
| | | | | | supply) or oxygen cylinder (as backup) with regulator, pressure | |
| | | | 2 | | 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 | 2 | OB | | |
| | | | | | X ray view box, Equipment for plaster room - Traction etc. | |
| | | Availability of functional Instruments / Equipment for Ophthalmic Procedures | 2 | OB | Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart. | |
| | | Availability of Instruments/ Equipment Procedures for ENT procedures | 2 | OB | Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument Set | |
| | | Availability of functional Instruments/ Equipment for Dental Procedures | 2 | OB | Dental chair, Air rotor, Endodontic set, Extraction forceps | |
| | | Availability of functional Equipment/Instruments for | 2 | OB | stat, a ready and once set, extraction rorceps | |
| | | Physiotherapy Procedures | 4 | | Traction, Short Wave Diathermy, Exercise table etc . | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage for drugs | 2 | OB | Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley | |
| | | Availability of equipment for maintenance of cold chain | 2 | OB | Deep freezer and ILR , insulated carrier boxes with ice packs | |
| | | | 2 | OB | Buckets for mopping, mops, duster, waste trolley, Deck brush | |
| ME C6.6 | Availability of functional equipment and instruments for support services | Availability of equipment for cleaning & disinfection | - | | | |
| | instruments for support services | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization | 2 | OB | Autoclave | |
| ME C6.6 ME C6.7 | | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of Fixtures | | OB | Autoclave Spot light, electrical fixture for equipment, X ray view box | |
| | instruments for support services Departments have patient furniture and fixtures | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization | 2 | | | |
| | instruments for support services Departments have patient furniture and fixtures | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of Fixtures | 2 | OB | Spot light, electrical fixture for equipment, X ray view box Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard, wheelchair, trolley, Almirah/ wall | |
| ME C6.7 Standard C7 | Instruments for support services Departments have patient furniture and fixtures as per load and service provision Facili | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of Fixtures Availability of furniture at clinics ty has a defined and established procedure for | 2 2 2 r effective utilization | OB OB n, evaluation and | Spot light, electrical fixture for equipment, X ray view box Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Foottep, cupboard, wheelchair, trolley, Alminah/ wall mounted cabinets for storage of consumables, records ietc augmentation of competence and performance of st | əff |
| ME C6.7 | instruments for support services Departments have patient furniture and fixtures as per load and service provision | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of Fixtures Availability of furniture at clinics ty has a defined and established procedure for | 2 2 2 | OB | Spot light, electrical future for equipment, X ray view box Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Foottap, cupboard, wheelchair, trolley, Alminah/ wall mounted cabinets for storage of consumbles, records jetc. augmentation of competence adoat performance of st Check objective checklist has been prepared for assessing competence of doctors, nurse and parametical staff based on | aff |
| ME C6.7 Standard C7 ME C7.1 | Instruments for support services Departments have patient furniture and fixtures as per load and service provision Facili Criteria for Competence assessment are defined for clinical and Para clinical staff | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of Fixtures Availability of furniture at clinics International and established procedure for Check parameters for assessing skills and proficiency of clinical staff has been defined | 2 2 2 r effective utilization 2 | OB OB I, evaluation and SI/RR | Spot light, electrical future for equipment, X ray view box Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard, wheelchair, trolley, Almirah/ wall mounted cabinets flor storage of consumbles, records) etc augmentation of competence and performance of st Check objective checklist has been prepared for assessing competence of doctors, nurses and parametical staff based on pb description defined for each cadre of staff. | aff |
| ME C6.7 Standard C7 | Instruments for support services Departments have patient furniture and fixtures as per load and service provision Facili Criteria for Competence assessment are defined for | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of fixtures Availability of furniture at clinics ty has a defined and estabilished procedure for Check parameters for assessing skills and proficiency of clinical staff has been defined Check for competence assessment is done at least once | 2 2 2 r effective utilization | OB OB n, evaluation and | Spot light, electrical future for equipment, X ray view box Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Foottep, cupboard, wheekhair, trolley, Animahy wail mounted cabines (for storage of consumbles), necordia (etc. augmentation of competence and performance of 3 Check objective checklish has been propered for assessing competence of doctors, nurses and paramedical staff based on pb description defined for each cadre of staff. Check for precodes of competence assessment including filled | aff |
| ME C6.7 Standard C7 ME C7.1 | Instruments for support services Departments have patient furniture and fixtures as per load and service provision Facili Content for Competence assessment are defined for clinical and Para clinical staff Competence assessment of Clinical and Para clinical | Availability of equipment for cleaning & disinfection Availability of equipment for sterilization Availability of fixtures Availability of furniture at clinics ty has a defined and estabilished procedure for Check parameters for assessing skills and proficiency of clinical staff has been defined Check for competence assessment is done at least once | 2 2 2 r effective utilization 2 | OB OB I, evaluation and SI/RR | Spot light, electrical future for equipment, X ray view box Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard, wheelchair, trolley, Almirah/ wall mounted cabinets flor storage of consumbles, records) etc augmentation of competence and performance of st Check objective checklist has been prepared for assessing competence of doctors, nurses and parametical staff based on pb description defined for each cadre of staff. | aff |

| | | Training on IYCF | 2 | 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 Training on F-IMNCI (Faility based Integrated Management of Newborn and Child Illnesses) | 2 | SI/RR SI/RR | screening, diagnosis , management and referral Emergency triage, Resuscitation, monitoring & stabilization | |
| | | Training on Quality Management | 2 | SI/RR | Triage, Quality Assessment & action planning, PDCA, 55 & use of | |
| ME C7.10 | There is established procedure for utilization of skills | | | SI/RR | checklist for quality improvement Check supervisors make periodic rounds of department and | |
| | gained thought trainings by on -job supportive supervision | training | 2 | | monitor that staff is working according to the training imparted. Also staff is provided on job training wherever there is still gaps | |
| Standard D1 | | The facility has established Decree | Area of Concern - | D Support Servic | | |
| 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 | |
| | maintenance of critical Equipment | preventive maintenance | 2 | | 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 | |
| | | | 2 | | of breakdown. | |
| ME D1.2 | The facility has established procedure for internal and external calibration of measuring | All the measuring equipment/ instrument are calibrated | 2 | OB/ RR | 1.BP apparatus, thermometers, weighing scale etc. are calibrated. | |
| | Equipment | | | | 2. Check for calibration records and next due date | |
| Standard D2 ME D2.1 | There is established procedure for forecasting | There is process for indenting consumables and drugs in | inventory managem | ent and dispensi SI/RR | ng of Medicines in pharmacy and patient care areas 1. Requisition are timely placed (check with registers) | |
| | and indenting drugs and consumables | injection/ dressing and immunisation room | 2 | | Monthly vaccine utilization including wastage report is updated | |
| | | | - | | 3. Stock level are daily updated | |
| | | Check drugs are available in paediatric doses/formulation | 2 | OB/RR | | |
| | | | | RR/SI | | |
| ME D2.3 | The facility ensures pro | Forecasting of drugs and consumables is done scientifically based on consumption and disease load Drugs are stored in emergency tray and drugs dispensing | 2 | OB | Staff is trained to forecast the requirement using scientific system 1. Check drugs and consumables are kept at allocated space in | |
| | The facility ensures proper storage of drugs and consumables | Drugs are stored in emergency tray and drugs dispensing counter and are labelled | 2 | 08 | Check drugs and consumables are kept at allocated space in emergency tray and drugs dispensing counter Z. 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 | 2 | OB | Daily cleanliness of cold chain equipment; Z. Twice daily temperature recording | |
| ME D2.4 | The facility ensures management of expiry and near expiry drugs | Expiry dates for injectables are maintained at injection and immunization room | 2 | OB/RR | Records for expiry and near expiry drugs are maintained for stored drugs | |
| | | Expiry dates' are maintained at emergency drug tray and drug dispensing counter | 2 | OB/RR | Expiry dates against drugs are mentioned at emergency drug tray and drug dispensing counter | |
| | | No expired drug found | 2 | 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 | 2 | SI/RR | Minimum reorder level is defined and buffer stock is kept | |
| | | Department maintains stock and expenditure register of drugs and consumables | 2 | 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 | | 2 | 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 | 2 | 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 | 2 | 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 ME D3.1 | The facility provides adequate illumination level | | | able environment | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation | |
| ME D3.1 | at patient care areas | Adequate Illumination in clinics & procedure area | 2 | OB | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation area, counselling room, immunization room, drugs dispensing counter and waiting area | |
| | | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic | 2 | OB OB/SI | to staff, patients and visitors. Examination table, Dressing room, Injection room, circulation area, counselling room, immunization room, drugs dispensing counter and wating area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time | |
| ME D3.1 ME D3.2 | at patient care areas The facility has provision of restriction of visitors in patient areas | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient | 2 | OB OB/SI OB/SI | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation area, counselling room, immunization room, drugs dispensing counter and watting area. 1. Adequate seating for parent - patient 3. One clinic is not shared by 2 doctors at one time As per hospital policy | |
| ME D3.1 | at patient care areas The facility has provision of restriction of visitors | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with | 2 | OB OB/SI | to staff, patients and visitors. Examination table, Dressing room, Injection room, circulation area, counselling room, immunization room, drugs dispensing counter and wating area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time | |
| ME D3.1 ME D3.2 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Tempersture control and ventilation in clinics & walting areas Hospital has sound security system to manage | 2 2 2 | OB OB/SI OB/SI | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation area, counselling room, immunitation room, drugs dispensing counter and waiting area 1. One clinic is not shared by 2 doctors at one time Ka per hospital policy Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security guards. | |
| ME D3.1 ME D3.2 ME D3.3 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas | 2 2 2 2 2 2 | 08 08/SI 08/SI PI/08 | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation area, counselling room, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fansf. Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement | |
| ME D3.1 ME D3.2 ME D3.3 ME D3.4 ME D3.5 Standard D4 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hospital has sound security system to manage overcrowding in OPD Ask female staff whether they feel secure at work place The facility has estab | 2 2 2 2 2 2 2 2 2 | OB OB/SI OB/SI PI/OB OB/SI SI | to staff, patients and visitors. Examination table, Dressing room, injection room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy Fansf Air conditioning/Heating/Exhaust/Ventilators as per environment condition and nequirement 1. Dedicated security guards. | |
| ME D3.2 ME D3.2 ME D3.3 ME D3.4 ME D3.5 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas The facility has established measure for safety and | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Adequate International Control of the state of the state overcrowding in OPD Ask female staff whether they feel secure at work place | 2 2 2 2 2 2 2 2 2 | OB OB/SI OB/SI PI/OB OB/SI SI | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation area, counselling com, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinics in not shared by 2 acctors at one time As per hospital policy fand, Air conditioning/Heating/Eshaust/Ventilators as per environment condition and requirement 1. Dedicated security guirdd. 2. Functional CCTV at all entrance, all exit and circulation areas (may be shared with main hospital) | |
| ME D3.1 ME D3.2 ME D3.3 ME D3.4 ME D3.5 Standard D4 | at patient care areas The facility has provision of restriction of visitors in patient areas. The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas. The facility has established measure for safety and security of female staff Exterior & Interior of the facility building is | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas respirate the staff whether they feel secure at work place The facility has estaff Interior & extention of patient case areas are plastered. | 2 2 2 2 2 2 lished Programme f 2 | 08 08/51 08/51 PI/08 08/51 08/51 51 51 | to staff, patients and visitors. Examination table, Dressing room, injection room, circulation area, counselling com, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy fand, Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security guards. 2. Functional CCTV at all entrance, all exit and circulation areas (may be shared with main hospital) and upkeep of the facility 1. Building is painted/whitewashed in unflorm colour 2. Paediatric/OPD is easy to identify Check walls are painted with cardon characters/ animals/ | |
| ME D3.1 ME D3.2 ME D3.3 ME D3.4 ME D3.5 Standard D4 | at patient care areas The facility has provision of restriction of visitors in patient areas. The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas. The facility has established measure for safety and security of female staff Exterior & Interior of the facility building is | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic United number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas Hospital has sound security system to manage overcrowding in OPD Ask female staff whether they feel secure at work place The facility has estab Interior & setterior of patient care areas are plastered, painted & building are white washed uniform colour Ambience of pediatric OPD is bright and child friendly Floors, walls, roof, roof tops, sinks, patient care and | 2 2 2 2 2 2 2 2 2 | OB OB/SI OB/SI PI/OB OB/SI SI OF maintenance a OB | to staff, patients and visitors. Examination table. Dressing room, injection room, circulation area, counselling com, immunization room, drugs dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinic is not shared by 2 doctors at one time As per hospital policy frand, Air conditioning/Heatting/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security guards. 2. Functional CETV at all entrance, all exit and circulation areas (may be shared with main hospital) and upkeep of the facility 1. Building is painted/whitewashed in unflorm colour 2. Pendistric OPD is easy to identify Check waits are painted with cation characters/ animals/ plants/ under water/ jungle themese etc 1. All areas are clean with n odir, grease, littering and colovebs. | |
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| NE D.1 ME D.2 ME D.3 ME D.3 ME D.3 ME D.3 ME D.3 ME D.4 ME D.4 | at patient care areas The facility has provision of restriction of visitors In patient areas The facility ensures safe and comfortable rewincomment for patients and service providers The facility has security system in place at patient care areas The facility has security system in place at patient care areas The facility has security system in place at patient care areas The facility has security system in place at testing appropriately The facility has policy of removal of condemned Junk material The facility has policy of removal of condemned Junk material The facility has policy of removal of condemned Junk material The facility has stablished procedures for pest, rodent and animal control The facility has stablished procedures for pest, radent care areas as per load The facility has stablished procedures for har supply for protible water in all functional areas areas The facility has adequate sets of linen The facility has adequate sets of linen The facility has stablished procedures for changing of linen in patient care areas | Adequate Illumination in clinics & procedure area Only one patient is allowed at a time in clinic Limited number of attendant/ relatives are allowed with patient Temperature control and ventilation in clinics & waiting areas are | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB OB/SI PI/OB PI/OB OB/SI SI OB OB OB OB OB OB OB OB OB OB | to staff, patients and visitors. Examination table, Dressing room, injection room, drug dispensing counter and waiting area 1. Adequate seating for parent - patient 2. One clinics in ort shared by 2 acctors at one time As per hospital policy Fansf, Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement 1. Dedicated security gands. 2. Functional CCTV at all ensures, all exit and circulation areas imay be shared with main hospital) and upkeep of the facility 2. Panetichic (PDT) at all ensures, all exit and circulation areas imay be shared with main hospital) and upkeep of the facility 2. Panetichic (PDT) at all ensures, all exit and circulation areas imay be shared with main hospital) Check wails are painted with cartoon characters/ animals/ plants/ under water/ ungle themes et clean 3. Cleaniness and maintenance of child zone including their sing and topis is ensured Check tolist senst, floors, basins et are clean and water supply with functional citery. Mattersses are intext and clean 1. No overgrown busites, frees 2. Subste / trees es haped as animal/birds/child friendly topiartes Check tolist senst, floors, basins et are clean and water supply with functional citery. Mattersses are intext and clean 1. No overgrown busites, frees 2. Subste / trees es haped as animal/birds/child friendly topiartes Check tor availability of power backup 2. Lonkert for availability of power backup 2. Lonkert for availability of power backup 2. Lonkert for availability of power backup 3. Lonkerts for availability of power backup 4. Lonkerts for availabi | |

| ME D11.2 | The facility has a established procedure for duty | There is procedure to ensure that staff is available on | | RR/SI | Check for system of recording time of reporting and relieving | |
|---|--|---|---|--|---|--|
| | roster and deputation to different departments | duty as per duty roster | 2 | | (Attendance register/ Biometrics etc) | |
| ME D11.3 | | There is designated in charge for department | 2 | SI | | |
| ME D11.3 | The facility ensures the adherence to dress code as mandated by its administration / the health | Doctor, nursing staff and support staff adhere to their respective dress code | 2 | OB | As per hospital administration or state policy | |
| Standard D12 | department | Facility has established procedure for mo | nitoring the quality | of outsourced se | rvices and adheres to contractual obligations | |
| ME D12.1 | There is established system for contract | There is procedure to monitor the quality and adequacy of outsourced services on regular basis | 2 | SI/RR | Verification of outsourced services (cleaning/Laundry/Security/Maintenance) provided are done by | |
| | management for out sourced services | | Area of Concorn | E Clinical Service | designated in-house staff | |
| Standard E1 | | The facility has defined p | Area of Concern - rocedures for registr | ation, consultati | on 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 & | 2 | RR | Check for patient demographics like baby Name, father's/mother's name , age, Sex, Chief complaint, etc. are | |
| | | admission Patients are directed to relevant clinic by registration | 2 | PI/SI | clearly recorded Registration clerk are well versed with hospital processes and lay | |
| | _ | clerk Registration clerk is aware of categories of the patient | | SI/RR | out JSSK, RBSK , ABPMJAY , BPL or any other state specific schemes | |
| ME E1.2 | The facility has a established procedure for OPD | exempted from user charges There is procedure for systematic calling of patients one | 2 | OB | Patient is called by Doctor/attendant as per his/her turn on the | |
| | consultation | by one | 2 | 05 | basis of "first come first examine" basis. However, in case of emergency out of turn consultation is provided. | |
| | | | - | | | |
| | | Patient History is taken and recorded Physical Examination is done and recorded wherever | 2 | RR OB/RR | Check OPD records for the same Check details of the physical examination, provisional diagnosis | |
| | | required | 2 | | and investigations (if any) is mentioned in the OPD ticket | |
| | | Check OPD records for the treatment plan | 2 | OB/RR | Check treatment plan and confirmed diagnosis is recorded | |
| | | No Patient is Consulted in Standing Position | 2 | 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 | 2 | OB/SI | During OPD hours clinical staff is not engaged in other administrative tasks | |
| ME E1.3 | There is established procedure for admission of | There is establish procedure for admission through OPD | 2 | SI/RR | Check the linkage between OPD , emergency and IPD services. | |
| | patients | | 2 | | Staff is aware about linkage and no time is wasted in the admission process. | |
| | | There is establish procedure for day care admission | 2 | SI/RR | Patients requiring day care services receive the care hassle free | |
| Standard E2 ME E2.1 | There is established procedure for initial | The facility has defined and established There is screening clinic for initial assessment of the | procedures for clinic | oB OB | assessment and treatment plan preparation. Initial screening is done for all paediatric patients. They are | |
| | assessment of patients | patients | 2 | | 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/ | 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 . | |
| | reassessment of Patients | | 2 | | 2. Provisioning for follow up at lower level healthcare facilities vis | |
| | | | | | a vis CHC , PHC and HWC. | |
| | | There is fixed schedule for reassessment of patient under observation | 2 | SI/RR | | |
| | | There is system in place to identify and manage the | 2 | | Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating | |
| | | changes in Patient's health status Check the treatment or care plan is modified as per re | | SI/RR | Check the re assessment sheets/ Case sheets modified | |
| | | assessment results | 2 | SI/RR | treatment plan or care plan is documented (a) According to assessment and investigation findings | |
| | There is established procedure to plan and | | | | (wherever applicable). | |
| ME E2.3 | deliver appropriate treatment or care to individual as per the needs to achieve best | Check treatment/care plan is prepared as per patient's need | 2 | | (b) Check inputs are taken from patient or relvent care provider while preparing the care plan. | |
| | possible results | | | | | |
| | | | | RR | Care plan include:, investigation to be conducted, intervention | |
| | | Check treatment / care plan is documented | 2 | RR | to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | Check care is delivered by competent multidisciplinary | 2 | | Check care plan is prepared and delivered as per direction of | |
| | | | 2 | SI/RR | gualified physician | |
| Standard E3 | Escility has established procedure for continuity | | | | qualified physician of care of patient and referral Check the actabilities are according for intradepartmental refer to | |
| Standard E3 ME E3.1 | Facility has established procedure for continuity of care during interdepartmental transfer | | | | qualified physician of care of patient and referral Check the established procedure for intradepartmental refer to other specialist if required | |
| | of care during interdepartmental transfer Facility provides appropriate referral linkages to the | Facility has defined and e There is a procedure for consultation of the patient | stablished procedur | es for continuity | of care of patient and referral Check the established procedure for intradepartmental refer to other specialist if required 1. Referral criteria are defined as per FBNC and state specific | |
| ME E3.1 | of care during interdepartmental transfer | Facility has defined and e There is a procedure for consultation of the patient to other specialist with in the hospital | stablished procedur | es for continuity of SI/RR | of care of patient and referral Check the established procedure for intradepartmental refer to other specialist if required | |
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| ME E3.1 | of care during interdepartmental transfer Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher | Facility has defined and e There is a procedure for consultation of the patient to other specialist with in the hospital | stablished procedur | si/RR Si/RR Si/RR | of care of patient and referral Check the established procedure for intradepartmental refer to other specialist if required 1. Referral criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the | |
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| ME 63.1 | of care during interdepartmental transfer Facility provides appropriate efferral linkages to the patients/Services for transfer to other/inplayer facilities to assure their continuity of care. Facility is connected to medical colleges through facilities is assure their continuity of care. Facility is connected to medical colleges through facilities is assure their need. Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care Facility identifies vulnerable patients and ensure their safe care | Facility has defined and efferers is procedure for consultation of the patient to other specialist with in the hospital Facility has defined criteria for referral Facility has functional referral linkages to higher facilities Facility has functional referral linkages to higher facilities Facility has functional referral linkages to lower facilities There is a system of follow up of referred patients ICTC has functional Linkages with ART and state reference Labs Telerence Labs Telemedicine service are used for consultation Patient records are maintained for the cases availing the telemedicine services Facility has a Vulnerable cases are identified and safe care is given a be bypassed for providing services on priority basis For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis Check for OPD slip if drugs are prescribed under generic name only Accound for service are used and care is given available at point of use Check for GPD slip if orgatis are prescribed under generic name only Check for GPD slip if orgatis are prescribed under generic name only Check of drug formulary is available Complete medication history is documented for each patient Medicine are reviewed and optimised as per individual treatment plan Check of drug formulary is available <td>stabilished procedur 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</td> <td>s for continuity s/RR S/RR S/RR S/RR S/RR RR/M RR/SI RR/M RR/SI RR/M S/RR RR/SI S/RR RR/SI S/RR RR RR RR RR RR RR RR RR RR</td> <td>of care of patient and referral Check the established procedure for intradepartmental refer to other specialist if required 1. 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(2) Updated is of available drugs is provided by pharmacy Check complete medication</td> <td></td> | stabilished procedur 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | s for continuity s/RR S/RR S/RR S/RR S/RR RR/M RR/SI RR/M RR/SI RR/M S/RR RR/SI S/RR RR/SI S/RR RR RR RR RR RR RR RR RR RR | of care of patient and referral Check the established procedure for intradepartmental refer to other specialist if required 1. Referal criteria are defined as per FBNC and state specific guidelines 2. Referral criteria clearly mention the cases referred to the higher and lower corter for transment/foliow up 1. Detail of Referral linkages are clearly displayed in OPD 2. Verly with referral excess that reasons for referral were target as a system in excess that reasons for referral were divy after ascertaining that case can not be managed at the facility. Referral linkage to lower down facility for the compliance of the treatment and further follow up. 1. Check referral out record is maintained 2. 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| | | Any adverse event following immunisation is recorded | 2 | RR/SI | 1. Check availability of formats for reporting and | |
|--------------------------|---|--|----------------------|---------------------------|--|--|
| ME E7.5 | Patient is councelled for celf drug administration | and reported Patient is advice by doctor/ Pharmacist /nurse about the | | SI/PI | Check availability of formats for reporting and Monthly reporting (nil reporting too) Drugs and dosages are well explained by the doctor/nurses or | |
| ME 27.5 | Patient is coursened for sen of up automistration | dosages and timings . Check drugs are not given in hand | 2 | PI/RR | pharmacists (1) Check drugs are given in envelop | |
| | | | 2 | | Check envelops are patient friendly having representation of morning, afternoon evening. | |
| | | | | | (3) Check representations are ticked as per prescription for better understanding | |
| Standard E8 ME E8.1 | All the assessments, re-assessment and | Patient History, Chief Complaint and Examination | | ning, updating of RR | patients' clinical records and their storage Check prescriptions/OPD slips for completion of records | |
| | investigations are recorded and updated | Diagnosis/ Provisional Diagnosis is recorded in OPD slip | 2 | | | |
| ME E8.2 | All treatment plan prescription/orders are recorded in the patient records. | Treatment plan and follow up is written | 2 | RR/PI | 1.Detailed treatment and follow up plan is written and is also explained to the parent-attendant | |
| ME E8.4 | N | Any dressing/injection, other procedure recorded in the | | RR | 2. Check with parent/guardian are able to explain information received from doctor Details are written and is also explained to the parent-attendant | |
| ME E8.5 | Procedures performed are written on patients records Adequate form and formats are available at | OPD slip Check for the availability of OPD slip, Requisition slips | 2 | OB/SI | Check availability of OPD slip, investigation requisition slip , | |
| ME E8.6 | point of use Register/records are maintained as per | etc. OPD records are maintained | 2 | OB/SI OB/RR | investigation reporting format OPD register, immunisation records, counselling register, | |
| | guidelines | All register/records are identified and numbered | 2 | OB/RR | Injection room register etc Check the facility has quality management system in place | |
| ME E8.7 | The facility ensures safe and adequate storage | Safe keeping of OPD records | 2 | OB/SI | (1) Facility ensure safe keeping and easy retrieval of the OPD | |
| | and retrieval of medical records | | 2 | | registers, OPD tickets (as per state guidelines). (2) Electronic patient recording system is available | |
| Standard E11 ME E11.1 | There is procedure for Receiving and triage of | The facility has defined and est Emergency & OPD has established & implemented | ablished procedure: | si/OB | A. EMERGENCY SIGNS -who require immediate emergency | |
| | patients | system for sorting of the paediatric patients | | | treatment. B. PRIORITY SIGNS- indicating that they should be given priority | |
| | | | 2 | | 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 | |
| | | | 2 | | and in OPD (3) Triage is completed within 15 minutes of arrival or | |
| | | | | | registration by a competent and appropriately trained nurse or doctor & and receive an initial triage assessment | |
| | | | | | | |
| | | Check the procedure is established to identify children with emergency signs in OPD queue | 2 | SI/OB | Quickly be directed to a place where treatment can be provided immediately, e.g. the | |
| | | Responsibility of receiving & shifting the patient is defined | | SI/OB | emergency room or ward equipped ETAT /SNCU All staff such as gatemen, record clerks, cleaners, janitors who have early patient contact are trained | |
| | | uenneu | 2 | | 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 | Protocols for management of trauma, surgical, orthopaedics, poisoning, drowning, dyspnoea, unconscious, shock & burn | |
| | inpendica | | 2 | | (2) Drug dosage charts are available | |
| | | Check physician follows clinical protocols All the emergency paediatric cases are closely monitored | 2 | SI/RR SI/RR | As per disease condition | |
| | | | 2 | | 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. | |
| | | No patient is transferred to ward/ HDU without primary management & stabilization | 2 | PI/RR | to ward/ HDU/referred Check emergency department is conducting initial assessment - | |
| | | Staff follows stabilisation protocols | 2 | SI/RR | provide primary treatment, not only registering the patient & transferring Stabilisation include some or all: | |
| | | Star follows stabilisation protocols | | Signat | (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, | |
| | | | 2 | | 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. | |
| ME E11.3 | The facility has disaster management plan in | Staff is aware of disaster plan | | SI/RR | 1. Role and responsibilities of staff in disaster is defined | |
| | place | | 2 | | 2. Mock drills have been conducted 3. Assembly point and exit points are defined | |
| Standard E12 ME E12.1 | There are established procedures for Pre-testing | The facility has of Container is labelled properly after the sample collection | defined and establis | ned procedures o OB | f diagnostic services 1. Preferably a personnel has been dedicated for sample | |
| | Activities | | 2 | | collection from Paediatric OPD 2. Labelling is done correctly | |
| | 71 | | | | 3. Pre testing instructions are given properly to the parent- attendant | |
| ME E12.3 | There are established procedures for Post- testing Activities | Clinics are provided with the critical value of different tests | 2 | SI/RR | Reporting mechanism is explained to the parent-attendant; the process should be hassle free Z.Values are displayed in the consultation room. | |
| | | | | | 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 ME E20.1 | The facility provides immunization services as | Availability of diluents for Reconstitution of measles | procedures for care | of new born, inf RR/SI | ant and child as per guidelines Use diluent provided by the manufacturer with the vaccine | |
| | per guidelines | vaccine Recommended temperature of diluents is insured before | 2 | RR/SI | Check diluents are kept under cold chain at least for 24 hours | |
| | | reconstitution | 2 | | before reconstitution Diluents are kept in vaccine carrier only at immunization clinic | |
| | | Reconstituted vaccines are not used after recommended | | RR/SI | but should not be in direct contact of ice pack Ask staff about when Rotavirus vaccine, BCG, Measles/MR and | |
| | | time | 2 | | 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 | 2 | RR | Check for records | |
| | | Staff checks VVM level before using vaccines | 2 | 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 | 2 | SI | Ask staff to demonstrate how to conduct Shake test for DPT, TT, HepB, PCV and Penta vaccines | |
| | | Staff is aware of applicability of OVP vaccines | | SI | Shake Test is not applicable for IPV DPT, TT, Hep B, OPV, Hib containing pentavalent vaccine (Penta), | |
| | | | 2 | | PCV and injectable inactivated poliovirus vaccine (IPV). | |
| | | Discarded vaccines are kept separately | 2 | 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 | 2 | SI/OB | | |
| | | Check for DPT, TT, IPV, HepB, PCV and Penta vaccines | 2 | SI/OB SI/OB | Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available | |
| | | Check for DPT, TT, IPV, HepB, PCV and Penta vaccines vials are not kept in direct contact of ice pack | | | Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available Ask for demonstration , How to peel, how to remove air bubble and injection site. | |
| | | Check for DPT, TT, IPV, HepB, PCV and Penta vaccines vials are not kept in direct contact of ice pack AD syringes are available as per requirement | 2 2 2 2 | SI/OB | others are available Ask for demonstration , How to peel, how to remove air bubble and injection site | |
| | | Check for DPT, TT, IPV, HepB, PCV and Penta vaccines vials are not kept in direct contact of ice pack AD syringes are available as per requirement Staff knows correct use AD syringe Check for AD syringes are not reused | 2 | SI/OB SI OB | others are available Ask for demonstration , How to peel, how to remove air bubble | |

| | | Check the availability of anaphylaxis kit | 2 | OB | Kit constitute of job-aid, dose chart for adrenaline as per age (1 ml ampoule -3 no.), ruberculin 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 Check person responsible for notifying & reporting of the AEFI is identified Process of reporting and route is communicated to all | 2 | OB OB OB | Give non compliance if kit is not available Ask the staff regarding the responsibility for notifying and reporting the AEFI Ask staff to whom the cases are reported & how | |
| | | Reporting of AEFI cases is ensured by ANM/ Staff nurse/ person providing immunization | 2 | SI/RR | L verify HMS report of previous months | |
| | | Antipyretic medicines available Availability of Immunization card Counselling on side effects and follow up visits done | 2 | SI/RR SI/RR SI/RR | Paracetamol Syrup Immunisation card is available and updated | |
| | | Staff is aware of minor and serious adverse events (AEFI) | 2 | SI | | |
| ME E20.7 | Management of children presenting | Staff knows what to do in case of anaphylaxis Staff is able to identify the babies with respiratory | 2 | SI SI/RR | (1) RR >60 breaths per min | |
| | with fever, cough or respiratory distress is done as per guidelines | distress Staff is aware of common causes of respiratory distress in new-born | 2 | SI/RR | (2) Severe chest in drawing (3) Grunting (4) Annoea or gasping (1) Pre Term : RDS, Congenital pneumonia, hypothermia & hypoghycaemia (2) Term: Transient tachypnoea of new-born (TTNB), meconium | |
| | | | 2 | | aspiration, pneumonia, asphyxia (3) Surgical cases: Diaphragmatic hernia, Tracheo - oesophageal 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. | 2 | 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 (labourd of very fast breathing (RR-7D per minute) or severe lower chest indrawing or head noding or striftor or grunting) (2) Sign of pneumonia with general danger sign (inability to breastief or itelamity or reduced leave of consciousness or | |
| | | Staff is aware of assessment & grading of hypothermia | | SI/RR | convulsions) Normal Axillary temp- 36.5 -37.5 °C | |
| | | | 2 | | Cold Stress- 36.4- 36 [°] C Moderate Hypothermia- 35.9- 32 [°] C Severe Hypothermia- 32 ^{°C} 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 | 2 | SI/RR | LBW, preterm babies, hypoglycemia,sclerema, DIC and internal bleeding Hypothermic babies show signs of lethargy, irritability, poor feeding, tachypnoea/apnoea etc | |
| | | Staff is aware of common causes of hyperthermia | 2 | SI | (1) Sepsis (2) Envt. too hot for baby (2) Envt. 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 incubator, phototherapy that is not functioning properly and/to | |
| | | Staff is aware of management protocols for hyperthermic babies | | SI/RR | not check regularly 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 is below 38 OC | |
| | | | 2 | | UL (J) Itemp. is 37.5-39 ¹⁰ C- Undressing & exposing to room temp is sourally all that is necessary. [3] If due too environment & using loose & light clothes. environment & using loose & light clothes. [4] Olivor frequent investifiestic to rapide Indust. If the baby cannot treastified; give EBM. If does not tolerate feeds, IV fluids may be given [6] Messures the temp. hourly till it become normal | |
| | | Staff is aware of the thengeutic doses of Vitamin D and Calcium Supplementation | 2 | SI/RR | 1. For neonates and infants till 1 year of age, daily 2000 IU of vitamin b 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 12 along with calcium situate of 600-800 mg/day is recommended for a minimum of 3 months. 3. Suff a saware of side-effects of excessive administration of | |
| 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 | 2 | SI/RR | Vitamin - D can lead to hypervitaminosis, particularly in infants. 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 | 2 | 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 | 2 | SI/RR | Among children between 6 month and 5 yrs.) >11 gm/dl-No anaemia 10-10 gm/dl-Mid anaemia 7-9 gm/dl-Moderate anaemia Cgm/dl-Sevee Anaemia Among children between 5 yrs.0 yrs. 11-11.4 gm/dl-Mid anaemia 8-100 gm/dl-Moderate anaemia 4 gm/dl-Sevee anaemia | |
| | | Staff is aware of management of anaemia on basis of Hb | 2 | SI/RR | La group spectra assessment Ka anaemia 20 mg of elemental iron in 100 mcg folic acid in biserskiy regimen Midl & Ndorrare Anaemia-2mg of iron/kg/day for two months- foliow up every 14 days, H8 estimation after 2 months. After completion of treatment of anaemia and documenting Hb level 511 gro/dt, the IFA supplementation to be resumed. | |
| | | Staff is aware of dose of IFA syrup for anaemic children (6 months–5 years) | 2 | 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 Jwrs.Swrs(14.19wrs)2ml of IFA syrup, once a day | |
| | | Staff is aware of clinical manifestation for severe anaemia in children (from 6 month to 10 yrs.) | 2 | SI/RR | 3vrs-Svrg141:19yrs)—Zml of TriA syrup, once a day HVG- Duration of Symptoms, Usual diel (before the current illness), Tamily circumstances (to understand the child's social background). Prolonged fever, Worm infestaton, Bileding from any site, Any lumps in the body, Previous blood transfusions and Solimal inlines in the tamily (sblings) Shin Biledis (peticehial and/or purpuric social_symptometry. The solid solid solid solid solid solid social_solid_solid solid solid solid solid solid solid solid solid social_solid_solid solid solid solid solid solid solid solid solid solid solid soli | |
| | | Staff is aware of indications for blood transfusion due severe anaemia | 2 | SI/RR | All children with Hb 54 gm/dl, Children with Hb 6-6 gm/dl with any of the following: - Dehydration - Shock - Impaired consclosusness - Heart fallure - Deep and laboured breathing - Very high parsistemia (>10% of RBC). | |

| ME E20.9 | Management of children presenting diarrhoea is done per guidelines | Check for adherence to clinical protocols | 2 | 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 | 2 | SI/RR | Continue feeding, including breast feeding in those children who are being breastfed Z. Make a habit of regular hand washing with soap | |
| | | Availability of ORT corner | 2 | SI/RR | 3. Use clean drinking water Check ORS is freshly prepared. Mother's are counselled to | |
| 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 | 2 | SI/RR | prepare ORS Maintenance and updating of growth chart | |
| | | Communication and counselling on optimal infant & young child feeding practices | | SI/RR | Facility supports mothers to maintain breastfeeding and manage its common difficulties | |
| | | | 2 | | Awareness is generated for exclusive breastfeeding till 6 months of age Awareness is generated for complementary feeding from 6 | |
| | | Communication and counselling of mothers with less breast milk & sick babies on optimal feeding practices | | SI/RR | months of age till two years of age One to one counselling session should be conducted with the mother/caregiver for | |
| | | orcust mine a set outres on opening includes | 2 | | 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. | |
| | | Check staff is aware and follow the protocol for | | SI/RR | Also ensure follow up visits to the facility/ referral centre (1) Cracked Nipples- Apply hind milk | |
| | | management of cracked nipples and engorged breast | 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 | 2 | SI/RR | If an abscess is suspected in one breast, advise the mother to continue feeding from the other breast & refer for consultation Inverted/flat nipple- corrected using syringe | |
| | | Breast milk substitutes are not promoted for newborn or infant unless medically indicated | 2 | SI/RR | Ask Parents about the counselling | |
| | | Advise & prescription is given for micronutrient supplements (Vitamin A and iron syrup) | 2 | SI/RR | | |
| ME E20.11 | The facility provide services under Rashtriya Bal Swasthya Karyakram (RBSK) | Screening of newborns | 2 | SI/RR | [1] All newborns delivered at the District Hospital or from outside but admitted in SNCU, postnatal and children wards inrespective of their sickness are screened for hearing, vision, congenital heart disease. [2] In case DEICs 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 | 2 | SI/RR | Screened cases are referred to tertiary care centre for diagnosis and treatment. | |
| Standard F1 | | | Area of Concern - | F Infection Contr | | |
| 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 | 2 | 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 | 2 | 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 | 2 | SI/RR | Antibiotic policy is available and staff is aware about it | |
| Standard F2 ME F2.1 | Hand washing facilities are provided at point of | Facility has defined and imple Availability of handwash basin with running water facility at Point of Use | 2 | OB/SI | hygiene practices and antisepsis 1. Check for availability of wash basin and running water at point of use. | |
| | use | Availability of antiseptic soap with soap dish/ liquid | | OB/SI | Dasin and running water at point of use. 2. Ask Staff about regularity of water supply. Check for availability/ Ask staff if the supply is adequate and | |
| | | antiseptic with dispenser. | 2 | | uninterrupted. Availability of Alcohol based Hand rub | |
| | | Display of Hand washing Instruction at Point of Use Handwashing Station is as per specification | 2 | OB | Prominently displayed above the hand washing facility , preferably in Local language Availability of taps & Hand washing sink which is wide and deep | |
| ME F2.2 | Staff is trained and adhere to standard hand | Staff is aware of when and how to handwash | 2 | SI/OB | enough to prevent splashing and retention of water Ask for demonstration of 6 steps of Hand washing and | |
| ME F2.3 | washing practices Facility ensures standard practices and materials | Availability and Use of Antiseptic Solution | 2 | OB | knowledge among staff about moments of handwash | |
| Standard F3 | for antisepsis | Facility ensures | | | Personal protection | |
| ME F3.1 | Facility ensures adequate personal protection equipment as per requirements | Availability of PPE (Gloves, mask, apron & caps) | 2 | OB/SI /RR | Check if staff is using PPEs. 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. | 2 | OB/SI SI/OB | | |
| Standard F4 | | the gloves and masks | 2 rd Procedures for pro | | ment and instruments | |
| ME F4.1 | Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas | Decontamination of Procedural surfaces | 2 | 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 Proper handling of Soiled and infected linen | 2 | SI/OB SI/OB | Cleaning is done with detergent and running water after decontamination | |
| | | Staff knows how to make chlorine solution | 2 | SI/OB | No sorting ,Rinsing or sluicing at Point of use/ Patient care area | |
| 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 | 2 | RR/SI | Ask staff about temperature, pressure and time for autoclaving. Ask staff about method, concentration and contact time required for chemical sterilization. Scheck records | |
| | | There is a procedure to ensure the traceability of sterilized packs &their storage | 2 | 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 | |
| Standard F5 | | Autoclaved dressing material is used Physical layout and environ | 2 mental control of the | OB/SI | as 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 | 2 | OB | General patient flow doesn't pass through paediatric OPD | |
| ME F5.2 | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Clinics for infectious diseases are located away from main traffic Availability of disinfectant as per requirement | 2 | OB OB/SI | Preferably away from main OPD with independent access, with no access through paediatric OPD | |
| ME F5.3 | Facility ensures standard practices followed for cleaning and disinfection of patient care areas | Availability of cleaning agent as per requirement Spill management protocols are implemented | 2 | OB/SI SI/RR | Chlorine solution, Glutaraldehyde, carbolic acid Hospital grade disinfectant Check availability of Spill management kit, staff is trained for managing small & large spills , check protocols are displayed | |
| | the state of the s | Cleaning of patient care area with detergent solution | 2 | SI/RR | Three bucket system is followed | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | Unidirectional mopping is followed. Staff is trained for preparing cleaning solution as per standard procedure. Cleaning | |
| Standard F6 ME F6.1 | Facility Ensures segregation of Bio Medical | acility has defined and established procedures Availability of colour coded bins at point of waste | | ection, treatment | equipment like broom are not used in patient care areas t and disposal of Bio Medical and hazardous Waste. | |
| | Waste as per guidelines | generation Availability of Non chlorinated plastic, colour coded | 2 | OB | | |
| | | Availability of Non chlorinated plastic, colour coded plastic bags Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | | |
| | | Segregation of infected plastic waste in red bin | 2 | OB/SI OB/SI | | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | OB | | |
| | | There is no mixing of infectious and general waste | 2 | OB | Check if needle cutter has been used or just lying idle, it should | |
| | | | | | | |
| ME F6.2 | Facility ensures management of sharps as per guidelines | Availability of functional needle cutters and puncture proof box | 2 | UB | be available near the point of generation like nursing station | |

| Notice of the second of the | | | | | | | |
|--|------------------------|--|---|-----------------------|-------------------|---|-----|
| NAMProduction of the sector of t | | | Availability of post exposure prophylaxis | | OB/SI | 1. Staff knows what to do in | |
| NoteN | | | | | | | |
| Image: Probability of the section | | | | 2 | | 2. Ask if PEP is available. Where it is stored and who is in-charge | |
| And and induction of a second of a se | | | Class shows and as shall to be a large and dependent in Disc. | | 07 | 3. Also check PEP issuance register | |
| Note productNote product< | | | colour coded puncture proof box | 2 | | | |
| Image: state is a probability of a proba | ME F6.3 | | empty the bin | 2 | | Bins should not be filled more than 2/3 of its capacity | |
| Image: state of the state o | | | | 2 | SI/OB | | |
| Balante de la colspan="2">Balante de la colspan="2"Balante de | | | Staff aware of mercury spill management | 2 | SI/RR | Check whether department is replacing mercury products with digital products (Aspire for mercury free) | |
| Additional ControlAdditional ControlAdditional ControlAdditional | | | | Area of Concern - G | Quality Manager | nent | |
| NUMBER OF CONTRACT AND | ME G1.1 | | The facility has est | ablished organizatio | nal framework fo | DELETED | |
| AMAResult< | ME G1.2 Standard G2 | | Facility has es | tablished system fo | patient and emp | DELETED Doyce satisfaction | |
| ALM IMIMMAND IMMAND IMMAND IMMAND IMMAND IMMAND | ME G2.1 | | Client satisfaction survey is done on monthly basis | 2 | SI/RR | Survey is done amongst parents/guardians | |
| Note of the section of the sectio | ME G2.2 | Facility analyses the patient feed back and do | Analysis of low performing attributes is undertaken | 2 | SI/RR | | |
| NAMEDescription of a probability of a probabilit | ME G2.3 | | | 2 | SI/RR | | |
| Note of some some some some some some some some | Standard G3 | low satisfaction | | and external qualit | y assurance progr | rams wherever it is critical to quality. | |
| | ME G3.1 | Facility has established internal quality | | 2 | SI/RR | | |
| InterdependenceInterdependence Interdependence Interdependence Interdependence Interdependence Interdependence InterdependenceInterdependence Interdependence Interdependence Interdependence Interdependence Interdependence InterdependenceInterdependence Interdependence <b< td=""><td>ME G3.3</td><td></td><td>services</td><td></td><td>RR/SI</td><td>NQAS assessment toolkit is used to conduct internal assessment</td><td></td></b<> | ME G3.3 | | services | | RR/SI | NQAS assessment toolkit is used to conduct internal assessment | |
| Image: second | | | | 2 | | | |
| Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal sector Normal | | | | 2 | SI/RR | | |
| NoteHere generation of protocol of proto | | | | | RR | | |
| ResultResultResultResultResultResultBase of the second | | | | 2 | | | |
| Name Bar and the standard and regionnumber of the standard and regionnumber of the standard and regionnumber of the standard and regionName Market <td>ME G3.4</td> <td></td> <td></td> <td>2</td> <td></td> <td>Randomly check the details of action, responsibility, time line</td> <td></td> | ME G3.4 | | | 2 | | Randomly check the details of action, responsibility, time line | |
| Note: Colspan="2">Note: Section (Section (Sect | MEGOE | coming quarty assurance process | internal assessment record findings | - | RR | and feedback mechanism | |
| an otherprotection <t< td=""><td>Standard G4</td><td></td><td></td><td>and maintained Sta</td><td></td><td>Procedures for all key processes and support service</td><td>25.</td></t<> | Standard G4 | | | and maintained Sta | | Procedures for all key processes and support service | 25. |
| Image: Section of the section of | ME G4.1 | | prepared and approved | 2 | | prepared and is formally approved | |
| No.1Subscription | | | Current version of SOP are available with process owner | 2 | OB/RR | Check current version is available with all staff of Paediatric OPD | |
| Note: <th< td=""><td></td><td></td><td>Work instruction/clinical protocols are displayed</td><td></td><td>OB</td><td>Relevant protocols are displayed like management of</td><td></td></th<> | | | Work instruction/clinical protocols are displayed | | OB | Relevant protocols are displayed like management of | |
| No.4000 Control Control Control Control Control Control Control Control Control Control Control | | | | 2 | | breastfeeding is displayed, lactation position and milk | |
| Bacybe process of spectraderMajoritizer of priority in the index of the spectra spec | | | | | | OPD | |
| Include InformIndexInterpretation in protocols to be concerned protects for source protocols for sou | ME G4.2 | | | , | RR | Review the SOP for procedure being followed for registration of cases. Paediatric cases should be registered on priority. It is | |
| Image: A set of the disc o | | | | 2 | | preferable to have separate counter for paediatric cases . | |
| Image: Section of the section of t | | | | | RR | | |
| Image: Constraint information provide one of the constraint information provide one of the constraint information information provide on the constraint information inform | | | of patient in chine | 2 | | emergency care reaches OPD , the triage and transfer process is | |
| Index of the second s | | - | | 2 | RR | Review the process for consultation including examination | |
| Image: | | | Paediatric OPD has documented procedure for | | RR/PI | Review the SOP for procedure for conducting investigation. A | |
| Results Packeting CP bits descended percedue for metricipits and indigeneral sectors 1 Note the CP is provided for lights and status intervide in a "1" of the CP is an indigeneral status intervide in a "1" of the CP is an indin of the CP is an indice in a status | | | investigation | 2 | | | |
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| Image: Process of the second proces of the second proces of the second process of the second process | | | | | | prescription writing . 2. For drug dispensing , a separate | |
| Media Media Media Media Interpretation of specification of media Partial is the pretation of media Partial is the pretation of media Partial is the pretation of media Partial is the pretation of media Partial is the pretation of pret | | | | 2 | | functional. | |
| ProblemprotectsProblem2ProblemPro | | | | | | to the parents/guardians (ask patients) | |
| Image: Section of the section of t | | | | | RR | (weighed & weight correctly recorded, immunisation status, | |
| Note of the second second of parameter for rates of the second second | | | | 2 | | | |
| Image: set of the set | | | | | | | |
| Median CPM basebanching improved 1 Mit March 200 basebanching improved in the status in encry 200 basebanching improved in the status | | | | 2 | RR | Review the SOP for ensuring Privacy and confidentiality. | |
| activities activities 2 activity provide activity activ | | | Paediatric OPD has documented procedure for data | | RR | | |
| Image: | | | | 2 | | audits , performance indicators etc.) , analysis of the data , | |
| Image: second | | | | - | | | |
| Aligned by a service and facility mangement 2 description of soupport services and a sequement management Preductor OD has documented poroduo for infector control and bounded usite management 2 III description of soupport services and a sequement documented poroduo for infector personal protection of haid regiment Aligned Description of Lange Preductor DD has documented poroduo for infector control and bounded usite management 2 IIII description of soupport services and security infector personal protection of haid regiment Aligned Description of Lange Preductor DD has documented por (PC) 2 IIII description of the preductor DD has express to the analytic of protection of haid regiment Aligned Description of Lange Preductor DD has express to the analytic of protection of haid regiment description of the preductor DD has express to the analytic of protection of haid regiment description of haid regiment Aligned Description of Lange Preductor DD has express to the analytic of protection of haid regiment description of haid regiment description of haid regiment Aligned Description of Lange Preductor DD has express to the analytic of protection of haid regiment description of haid regiment description of haid regiment Aligned Description of Haid regiment Description of haid regiment description of haid regiment description of haid regiment Aligned Description of Haid regiment Description of haid regiment description of haid regiment description of haid regiment < | | | Paediatric OPD has documented procedure for support | | RR | | |
| Image: set in the stand | | | | 2 | | description of support services such as equipment maintenance, | |
| substrain control and biomedical waste management 2 processing protection, environmental classing, instrument straining, acception, iso booked if Waste acception, iso booked if Waste processing of the Control of the Management straining of the Control of the Management straining of the Control of the Management iso booked if Waste particles. iso booked if Waste straining of the Control of the Management straining of the Control of the Management iso booked if Waste particles. MI G43 Staff's trained and wave of the standard procedure written in SOP. Preduction CON has down management 2 MB 1. Creat the washeding of poly is part of of the Management procedure written in SOP. Ones Staff is awas of relevant part of SOP. 2 SMB MI G43 Staff's trained and wave of the standard procedure written in SOP. Deck Staff is awas of relevant part of SOP. 2 SVMB 1. Creat the washeding of the Staff is awas of relevant part of SOP. Staff's trained and wave of the standard procedure written in SOP. Deck Staff is awas of relevant part of SOP. 2 SVMB MI G43 Staff's trained and wave of the standard procedure written in SOP. Precision written in SOP. Deck Staff is awas of relevant part of SOP. 2 SVMB MI G43 Staff's trained and wave of the standard procedure written in SOP. Precision written in SOP. Deck Staff is awas of relevant part of SOP. Deck Staff is awas of relevant part of SOP. MI G43 Staff's trained written in SOP. Prelevant data strained written in SO | | | | - | | | |
| a a b <td></td> <td></td> <td></td> <td></td> <td>RR</td> <td></td> <td></td> | | | | | RR | | |
| Image: International intern | | | control and biomedical waste management | , | | sterilization, | |
| Image: second | | | | 2 | | asepsis, Bio Medical Waste | |
| Image: Section of the standard decomments galary for IrG 1 1 Image: Section of the standard documents galary for IrG 1 RR 1. Check the availability of updated Risk Management Framework 2. Deck the components of physical, free, operative of the standard excurrent of the standard excurent of the standard excurrent excurre | | | Paediatric OPD has | | DD | practices | |
| Mic G43 Staff is trained and aware of the standard procedures written in SOPs Check Staff is sware of relevant part of SOPs 2 SVRR Image: Check Staff is sware of relevant part of SOPs 2 SVRR Standard G5 Facility maps its key processes and seeks to make them more efficient by reut-ing on value adding activities and watages Mic G43 Chick Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Chick and Staff is sware of relevant part of SOPs 2 SVRR Not sware definition sware sware of the sware sware of the sware sw | | | established & documented policy for IYCF | 2 | | | |
| Att GA1 Staff is trained and ware of the standard processes and seles Concess of the standard of relevant part of SOPs 2 SVR Image of the standard processes and seles Concess of the standard of the standard of the standard processes and seles Concess of the standard of the | | | documented procedure for safety | 2 | КК | Framework. 2. Check the components of physical, fire, | |
| oncedures written in SOPs Facility maps its key processes and eacks to make them more efficient by reducing non value adding activities and wastages ME 65.1 facility maps its critical processes Processes are identified and mapped. Value and non value adding activities and wastages ME 65.2 facility identifies non value adding activities? Non value adding activities are values. MULOS is terms of wastes. MULOS is terms of waste fredundant activities Non value adding activities are values. MULOS is terms of wastes. MULOS is terms of wastes. MULOS is terms of waste fredundant activities ME 65.2 Facility takes corrective action to improve the processes are improved and implemented processes S/RR Chack the no value adding activities are values. MULOS is terms of wastes. MULOS is terms of wastes. MULOS is terms of wastes. MULOS is terms of entified Standard 64 Corrective action to improve the processes are improved and implemented S/RR Chack the no value adding activities are values. MULOS is terms of wastes. MULOS is terms of wastes. MULOS is terms of wastes. MULOS is terms of the processes are made least. Improvement is sustained over a period of term. Standard 64 Corrective action to improve the processes are improved and implemented processes. Coult the notify sees continually improvement to processing, are made least. Improvement is sustained over a period of terms. Corrective active active active then wester. Standard 64 Corrective active | | | | | | | |
| Stunder 6 3 Ket 65.1 Facility maps its key processes and seek to make them more efficient by reducing non value adding activities and wastages ME 65.1 Facility injusticitical processes in adding and mapsel. Value and value adding activities are kelled infeld ME 65.2 Facility identifies non value adding activities are kelled infeld 2 SVRR Non value adding activities are kelled infeld ME 65.2 Facility takes corrective action to improve the processes are improved and implemented 2 SVRR Non value adding activities are kelled infeld 0 corrective action to improve the processes are improved and implemented 2 SVRR Desk the new value adding activities are kelled infeld 0 corrective action to improve the processes are improved and implemented 2 SVRR Desk the new value adding activities are kelled infeld 0 corrective action to improve the processes are improved and implemented 2 SVRR Desk the new value adding activities are kelled infeld 0 corrective action to improve the processes Facility takes corrective action to improve the processes Desk the new value adding activities are kelled infeld Desk the | ME G4.3 | | | | | | |
| Mc 63.2 Pacity identifies non value adding activities <i>x</i> Non value | | | | | | cing non value adding activities and wastages | |
| wester / redundant activities note of the network 2 wester, degr. weiting, motion, over processing, over and decimating activities are removed and approcessing activities are removed at a set activities are removed and approcessing activities are removed at a set activities are removed and approxement and approxement | | | | 2 | | value adding processes/ activities are listed. | |
| ME 63.0 Facility takes corrective action to improve and implemented processes SV/RA 2 Check the non-value dading activities are removed and process are made leas. Improvement is sublated or a process are made leas. Improvement is sublated leas are made process are made leas | HIC 03.2 | | www.value adding activities are identified | 2 | SIJKK | waste, delays, waiting, motion, over processing , over | |
| processes proce | ME G5.3 | | Processes are improved and implemented | | SI/RR | Check the non value adding activities are removed and | |
| Standard 62 The facility has defined mission, values, Quality policy & objectives & progred a strategic plan to achieve them Standard 62 Image: Colspan="2">Standard 62 Standard 63 Image: Colspan="2">Colspan="2">Colspan="2">Standard 67 Standard 67 Image: Colspan="2">Coll Image: Colspan="2">Colspan="2">Coll Image: Colspan="2">Coll Image: Colspan="2">Colspan="2">Coll Image: Colspan="2">Colspan="2" Standard Col Colspan="2"< | | | | 2 | | processes are made lean. Improvement is sustained over a | |
| Bit (05.5) Image: Construction of the construction of th | | | The facility has defined mission, va | lues, Quality policy | & objectives & pr | | |
| Net 09.3 Include the set of the set | ME G6.5 | | | | | DELETED | |
| Standards 05 Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan ME 05.6 Periodic assessment for Medication and Pulient care safety risk is done using defined criteria. Verfl with the mecrods. A comprehensive risk assessment of all processes should be done using pre define criteria at last one in three month. Standard 010 The facility has established process to review the clinical and comprehensive risk assessment of all processes should be done using pre define criteria at last one in three month. ME 01.3 Clinical care assessment criteria have been defined and communicated The facility has established process to review the clinical care sates risk. The facility has established process to review the clinical care sates risk. Clinical care review. Mentidity & discomprehensity and sates review. Mentidity & discomprehensis review. Mentidity & d | ME G7.1 | | Facility seeks conti | nually improvement | by practicing Qu | DELETED | |
| ME 60.6 Perodication and Patient car isfery risk is done siper defined criteria. Check periodic assessment of medication and patient car selery risk is done siper defined criteria. SV/R Verify with the records. A comprehensive risk assessment of all processes based by chick assessment of all chick are assessment criteria have been defined and communicated SV/RE processes based by chick assessment of all chick are processes processes by end processes by chick assessment processes by chick assessment of all processes by chick assessment processes by chick assessment of all processes by end processes by chick assessment of all processes by chick assessment processes by chick assessment of all processes by chick assessment processes by chick and processes by chick and processes by chick and processes by chick and processes processes processes by chick and processes procesend processes by chick and processes | ME G7.2 | | Facility has established procedures for | assessing, reporting. | evaluating and n | DELETED nanaging risk as per Risk Management Plan | |
| Ameliand Columnation Intermemonth. Intermemonth. Standard Columnation The facility has established clinical Governance framework to improve quality and sofely of clinical care processes ME G10.30 Clinical care assessment criteria have been defined and communicated The facility has established process to review the clinical care 2 Clinical care assessment criteria have been defined clinical care assessment criteria have been defined care Clinical care assessment criteria have been defined clinical care assessment criteria have been defined care The facility has established process to review the clinical care 2 Clinical care assessment criteria have been defined clinical care assessment criteria have been defined care Clinical care assessment criteria have been defined clinical care assessment criteria have been defined care Clinical care assessment criteria have been defined clinical care assessment criteria have been defined care Clinical care assessment criteria have been defined clinical care assessment criteria have been defined care Clinical care assessment criteria clinical care assessment criteria clinical care assessment criteria care Clinical care assessment criteria clinical and table patients clinical and table patients clinical matteria criteria clinical care assessment criteria clinical care assessment criteria clinical care assessment criteria clinical and defined criteria clinical and defined criteria clinical matteria clinical mattericanteria clinical matteria clinical matteria clinical matt | | | Check periodic assessment of medication and patient | 2 | | Verify with the records. A comprehensive risk assessment of all | |
| ME 610.3 Clicical care assessment criteria have been defined and communicated The facility has stabilished process to review the clinical care 2 Check parameter are defined & implementer to review the clinical care. the through Ward composition & proteins Stability Review, patient feedback, clinical audit & clinical outcomes. Image: Stability Review, patient care and composition & progress Check regular ward rounds are taken to review case progress 2 10 Both critical and stable patients (2) Check thre case progress is documented in Birt/ progress notes- notes- notes- 10 Both critical and stable patients (2) Check thre case progress is documented in Birt/ progress notes- notes- notes- 10 Both critical and stable patients (2) Check thre case progress is documented in Birt/ progress notes- notes- notes- 10 Both critical and stable patients (2) Check thre case progress is documented in Birt/ progress notes- notes- notes- 10 Both critical and stable patients (2) Check thre case progress is documented in Birt/ progress notes- notes- notes- 10 Both critical and check thread and the case notes- notes- Image: Stable filter Addition (2) Check thread and patient framity on health status of notes/addition (2) Check thread thread treatment (2) Check thread treatment 2 Statem in place to review internal referral process, review (2) Check thread treatment | Standard C10 | | periodically | overnance framewo | rk to improve an | in three month. | |
| ME 610.3 Clinical care assessment criteria have been define and communicated Interactiny rais established process to review the clinical care 2 monthly review, patient feedback, clinical audit & clinical outcomes. VIE 610.3 Check regular word rounds are taken to review case progress 2 0 0/100000000000000000000000000000000000 | SIGNORING CILO | | The facility has established clinical G | emance framewo | no to improve qu | Check parameter are defined & implemented to review the | |
| and communicated Care outcomes. Image: Communicated Creck regular ward rounds are taken to review case progress 2 St/RR [1] Both critical and stable patients index- Image: Communicated Check regular ward rounds are taken to review case progress 2 St/RR [1] Both critical and stable patients index- Image: Communicated Check the patient / family participate in the care evaluation 2 Reducts taken from patient/family on health status of individual under treatment individual under treatment individual under information is reviewed 2 Stream in place to review internal referal process, review clinical individual under information in greater under information in the patient and ingine | | | | | | | |
| Check regular ward rounds are taken to review case progress 2 (1) Both critical and stable patients [2] Check the case progress is documented in BHT/ progress notes- syl/RR Check the patient / Jamily participate in the care evaluation 2 Feedback is taken from patient/Tamily on health status of syl/RR Image: Check the care planning and co-ordination is reviewed Check the care planning and co-ordination is reviewed 2 Syl/RR | | | | 2 | | | |
| progress 2 (2) (Dreck the case progress is occumented in any progress index- compared in the case progress is occumented in any progress index- evaluation Check the patient / family participate in the case evaluation 2 Feedback is taken from patient/family on health status of individual under treatment of the case planning and co-ordination is reviewed Check the case planning and co-ordination is reviewed 2 System in place to review internal referant process, review | | | | 2 | SI/RR | | |
| evaluation cell evaluation cel | | | care Check regular ward rounds are taken to review case | | SI/RR | outcomes. (1) Both critical and stable patients | |
| Check the care planning and co- ordination is reviewed 2 clinical handover information, review patient understanding | | | care Check regular ward rounds are taken to review case progress | 2 | | outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- | |
| | | | care Check regular ward rounds are taken to review case progress Check the patient /family participate in the care | 2 | SI/RR | outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- Feedback is taken from patient/family on health status of individual under treatment | |
| | | | care Check regular ward rounds are taken to review case progress Check the patient /family participate in the care evaluation | 2 | SI/RR SI/RR | outcomes. (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes:- Feedback is taken from patient/family on health status of invividual under treatment System in place to review internal referal process, review clinical handower information, review patient understanding | |

| | | | | | (1) Random prescriptions are audited | |
|------------------------|--|---|-----------------------|-------------------|---|--|
| | | | | | (2) Separate Prescription audit is conducted foe both OPD & IPD | |
| | Facility conducts the periodic clinical audits including | | | | cases | |
| ME G10.4 | prescription, medical and death audits | There is procedure to conduct prescription audits | 2 | | (3) The finding of audit is circulated to all concerned | |
| | | | | | (4) Regular trends are analysis and presented in Clinical | |
| | | | | SI/RR | Governance board/Grand round meetings | |
| | | All non compliance are enumerated recorded for | | | | |
| | | prescription audits | 2 | | Check the non compliances are presented & discussed during | |
| | | | | SI/RR | clinical Governance meetings | |
| ME CIOF | Clinical care audits data is analysed, and actions are | Check action plans are prepared and implemented as per | 2 | | Randomly check the actual compliance with the actions taken | |
| ME G10.5 | taken to close the gaps identified during the audit process | prescription audit record findings | <u> </u> | SI/RR | reports of last 3 months | |
| | | 1 | | 31/ KR | Check collected data is analysed & areas for improvement is | |
| | | Check the data of audit findings are collated | 2 | SI/RR | identified & prioritised | |
| | | | | | | |
| | | Check PDCA or revalent quality method is used to | 2 | | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever | |
| | | address critical problems | 4 | | required) for process improvement | |
| | | | | SI/RR | requires the process improvement | |
| | Facility ensures easy access and use of standard | Check standard treatment guidelines / protocols are | | | Staff is aware of Standard treatment protocols/ guidelines/best | |
| ME G10.7 | | available & followed. | 2 | SI/RR | practices | |
| | point of care | | | | | |
| | | Check treatment plan is prepared as per Standard | | | Check staff adhere to clinical protocols while preparing the | |
| | | treatment guidelines | 2 | SI/RR | treatment plan | |
| | | Check the drugs are prescribed as per Standards | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug | |
| | | treatment guidelines | 2 | SI/KR | formulary | |
| | | | | | Check when the STG/protocols/evidences used in healthcare | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | facility are published. | |
| | | and an apparted factor concerne are available | - | , | Whether the STG protocols are according to current evidences. | |
| | | | | | | |
| | | Check the mapping of existing clinical practices | 2 | SI/RR | The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical | |
| | | processes is done | ź | aiy nn | practices using PDCA | |
| | | l | Area of Conce | m - H Outcome | process using PDCA | |
| Standard H1 | | The facility measures Production | vity Indicators and e | nsures compliance | e with State/National benchmarks | |
| ME H1.1 | Facility measures productivity Indicators on monthly | | | BR | Total and age group wise (neonate, 1 month to 6 months. | |
| | basis | | 2 | | 6months to 1 year, 1 -2 year, 2 - 5 years) | |
| | | Number of follow-up cases per month | 2 | 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 | 2 | RR | | |
| | | Number of cases screened under RBSK per month | 2 | RR | Total and age group wise (neonate, 1 month to 6 months, | |
| | | Presenting of some holes along MCC source "" | | 20 | 6months to 1 year, 1 -2 year, 2 - 5 years) | |
| | | Proportion of cases being given IYCF counselling per month | 2 | 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, | |
| | | | 2 | | 6months to 1 year, 1 -2 year, 2 - 5 years) | |
| | | No. of cases disease wise | 2 | RR | Diarrhoea, pneumonia, fever etc. | |
| | | Proportion of cases being referred disease wise | 2 | RR | Diarrhoea, pneumonia, fever etc. | |
| | | Proportion of BPL patients | 2 | RR | Chata (National Deschward) | |
| Standard H2 ME H2.1 | Facility measures efficiency Indicators on monthly | Paediatric OPD per Doctor | | RR RR | h State/National Benchmark | |
| mc n2.1 | Facility measures efficiency indicators on monthly basis | raeulauric Grib per Doctor | 2 | KK | | |
| | | No. of Stock out days for essential medicines | | RR | check for pharmacy/drug dispensing counter dedicated to | |
| | | | 2 | | paediatric OPD | |
| | | Drop out rate for Pentavalent vaccination | 2 | RR | | |
| | | IYCF counselling sessions per counsellor | 2 | RR | | |
| | | No. of paediatric Cases seen per paediatrician | 2 | RR | | |
| Standard H3 | | The facility measures Clinical | Care & Safety Indica | | reach State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on | | 2 | RR | | |
| | monthly basis | No. of needle stick injuries reported Percentage of AEFI cases reported | 2 | RR | | |
| | | Consultation time at Clinic | 2 | RR | Time motion study | |
| | | Number of children with diarrhoea treated with ORS and | 2 | RR | | |
| | | Zinc | 2 | | | |
| | | Number of anaemia cases treated successfully | 2 | RR | | |
| | | Number of children with Pneumonia treated | 2 | RR | | |
| | | Proportion of cases requiring DEIC services out of | 2 | RR | | |
| | | screened | | | | |
| | | Percentage of children on exclusive breastfeeding attending OPD | 2 | RR | up to 6 months of age | |
| | | Attending OPD Number of children with severe & moderate anaemia | | RR | up to o months of age | |
| | | treated | 2 | | | |
| Standard H4 | | The facility measures Service | Quality Indicators a | nd endeavours to | reach State/National benchmark | |
| ME H4.1 | | Patient Satisfaction Score | 2 | RR | | |
| | monthly basis | | - | | Parent- attendant group only | |
| | | Waiting time at nutrition counselling centre | 2 | RR | | |
| | | Waiting time at paediatric clinic | 2 | RR | | |
| | | contained at the data of the experimental second at the second second second second second second second second | | | | |
| | | waiting time at drug dispensing counter dedicated for | 2 | RR | | |
| | | waiting time at drug dispensing counter dedicated for paediatric OPD | 2 | RR | | |
| | | waiting time at drug dispensing counter dedicated for | - | | | |

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|--|--|----------------------|---------------------------------------|------------------------------|---|--|--|--|
| | | Checklist for Paedia | trics Ward | | 6 | | | |
| | | Assessment Su | mmary | I - | | | | |
| Name of the | Hospital | | | Date of Assessment | | | | |
| Names of Ass | essors | | | Names of Assesses | | | | |
| Type of Assessment (Internal/External) | | | Action plan Submission Date | | | | | |
| | | Ра | ediatrics Ward Score Card | | | | | |
| | Area of Concern wise Sc | ore | | MusQan Paediatrics Ward Scor | e | | | |
| Α | Service Provision | 100% | | | | | | |
| В | Patient Rights | 100% | | | | | | |
| с | Inputs | 100% | | | | | | |
| D | Support Services | 100% | | 1000/ | | | | |
| E | Clinical Services | 100% | | 100% | | | | |
| F | Infection Control | 100% | | | | | | |
| G | Quality Management | 100% | | | | | | |
| н | Outcome | 100% | | | | | | |
| | | | | | | | | |
| | Major Gaps Observed | | | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| | Strengths / Good Practices | | | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| | Recommendations/ Opportunities for In | nprovement | | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| | Signature of Assessors | | | | | | | |
| | Date | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | |
| I | | | | | | 1 |
|------------------------|---|--|-------------------------------|------------------------|---|---------|
| | | | | | | |
| | | | | | | |
| Reference No. | Measurable Element | Checkpoint | Compliance Full/Partial/No | Assessment Method | Means of verification | Remarks |
| | | | | Concern - A Service Pr | ovision | |
| Standard A1 | | | The facili | ty provides Curative S | | |
| ME A1.4 | The facility provides Paediatric Services | Availability of dedicated paediatric ward | 2 | SI/OB | (L)Assessment, investigation & Reatment 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 III paediatric care is given in general male/ female ward | |
| | | Availability of diarrhoea treatment unit | 2 | SI/OB | (1) Assessment for dehydration (2) Management according to degree of dehydration (3)Rational use of drugs in children with diarhoeal/spessree (4) Counselling on feeding, danger signs, prevention of dannoea | |
| | | Availability of isolation rooms | 2 | 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 | 2 | SI/PI | | |
| ME A1.17 | The facility provides Intensive care Services | Availability of High dependency unit | 2 | SI/OB | (1) Close , monitoring and treatment to children who have potentia to be physiologically unstable (2) Management of children requiring constant oxygen therapy, cardiorespiratory monitoring, inotropic support. (3) Hospital has established imkage for referal and management with tertary care unit (Pasdiatric intensive Care Unit; P(CJ) if the condition of child deterioates | |
| ME A1.18 | The facility provides Blood bank & transfusion services | Availability of blood transfusion services | 2 | SI/RR | | |
| Standard A2 | | | The facilit | ty provides RMNCHA | | |
| ME A2.4 | The facility provides Child health Services | Indoor Management of Acute respiratory infections | 2 | SI/RR | ARI/Bronchitis, Asthmatics, Pneumonia | |
| | | Indoor Management of Severe Diarrhoea Indoor Management of childhood illness | 2 | SI/RR | Severe dehydration & shock Meningitis, Liver diseases, convulsions disorders, childhood | |
| | | | 2 | SI/RR | malignancies, vision & hearing impairment, severe anaemia, Goitre, Pyrexia of unknown reason. | |
| | | Indoor Management of Severe Acute Malnutrition Management of bones & joints conditions | 2 | SI/RR | Including vitamin & micronutrient deficiency Subluxation of elbow, Rickets, Developmental dysplasia of hip, | |
| | | management of bones & joints conditions | 2 | SI/RR | open & close reduction of bones | |
| | | Management of emergency conditions in children | 2 | SI/RR | Accidental poisoning, Comma, convulsions, stings, bites, poisoning, paediatric surgical conditions | |
| Standard A3 | | | The facilit | y Provides diagnostic | | |
| ME A3.1 | The facility provides Radiology Services | Availability of X ray services | 2 | OB/RR | Check for functional X ray services for indoor patients Check services are available at night Check records no. of paediatric cases seen in past three months to avail X-Ray services for Chest, Skull, Spine, Abdomen, | |
| | | Availability of USG services | 2 | OB/RR | bone & Dental etc (1) Check for functional USG services (2) Check records no. of paediatric cases seen in past three months to avail USG services (3) Availability (VGG services for neonatal head-using probe for anterior fontanel to check gedema | |
| ME A3.2 | The facility Provides Laboratory Services | Availability of laboratory services | 2 | RR/OB | Complete blood profile, CSF analysis, urine & stool analysis (Routine & Microscopy), sickle cell anaemib, thalassemia, culture sensitivity, Wide Elika, RA Actor, CH, TSF, Sreum electrolyte, serum calcium, serum bilirubin, BUN, Elisa for TB, Immunoglobin profile, Clotting time etc. | |
| ME A3.3 | The facility provides other diagnostic services, as mandated | Availability of services for Lumber puncture & fundoscopy | 2 | RR/SI | | |
| Standard A4 | | | es services as ma | indated in national H | ealth 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 | 2 | 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 national | Indoor management of paediatric | | | | |
| ME A4.12 | tuberculosis elimination programme as per guidelines. The facility provides services as per Rashtriya Bal Swasthya | tuberculosis Availability of management services of 4 D's | 2 | SI/RR | 1. Linkages with DEIC for rehabilitative care | |
| Standard A5 | Karykram | (Defects at birth, Deficiencies, Childhood | 2 The facil | SI/RR | 2. Management of developmental dysplasia of hip, congenital | |
| ME AS.1 | The facility provides dietary services | | | ity provides support s | | |
| ME A5.2 | The facility provides laundry services | Availability of dietary services | 2 | SI/OB SI/OB | | |
| ME A5.3 | The facility provides security services | Availability of laundry services | - | | | |
| | | Availability of functional security services | 2 | SI/OB | | |
| ME A5.4 | The facility provides housekeeping services | Availability of Housekeeping services | 2 | SI/OB | including waste disposal | |
| ME AS.7 | The facility has services of medical record department | Availability of services for maintenance & storage of clinical records | 2 | SI/OB | | |
| Standard A6 ME A6.1 | | | ces provided at t | he facility are approp | priate 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 | 2 | SI/RR | Acute encephalitis Syndrome (AES), endosulfane, arsenic poisoning ,haemophilia etc in children. Give full compliance if no such disease exist in area | |
| Standard B1 | T | he facility provides the information to | | f Concern - B Patient | Rights ity about the available services and their modalities | |
| ME B1.1 | The facility has uniform and user-friendly signage | Availability departmental & directional signage | 2 | | Numbering, main department and internal sectional signage. Directional signages are given from the entry of the facility | |
| ME B1.2 | system The facility displays the services and entitlements | Information regarding services are displayed | | | Visiting hours and visitor policy are displayed, Entitlement under | |
| | The facility displays the services and entitlements available in its departments | | 2 | OB | RBSK, PMJAY or any state specific scheme are displayed, | |

| | | Necessary Information regarding services provided is displayed | 2 | 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 | User charges for services are displayed | | | User charges if any, are displayed and communicated to parent- | |
| | patients effectively | | 2 | OB | attendants. | |
| ME B1.5 | Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches | IEC Material is displayed | 2 | ОВ | 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/ | | | Check Paediatric ward, HDU, waiting areas etc. | |
| | | 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 | 2 | OB | | |
| | | No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any product as mentioned under INS Act | 2 | ОВ | 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 | 2 | 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 | on Formula Feed Signages and information are available in | 2 | OB | Check all information for patients/ visitors are available in local | |
| ME B1.8 | understand | local language Discharge summary is given to the patient | - | | language Check discharge summary provides I. Information on follow up | |
| | The facility ensures access to clinical records of patients to entitled personnel | | 2 | RR/OB | 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 | a manner that is sensitive to gender. | religious, and cu | itural needs, and the | re are no barrier on account of physical economic, cultural or social rea | isons. |
| ME B2.1 | Services are provided in manner that are sensitive to | Cots in Paed .ward are large enough for stay | | 1 | Check Paediatric size cots are not used, As mother/ care giver has | |
| | gender | of mother with child | 2 | OB | to stay along with baby through out the treatment days | |
| | | Availability of Breast feeding corner | 2 | ОВ | 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 | 2 | ОВ | | |
| | | Availability of ramps and railing | 2 | ОВ | 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 | 2 | ОВ | Wide , placed at lower level, supported with bars & door of toilet is opening outside | |
| | | Availability of children friendly toilet | 2 | ОВ | 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 | 2 | OB/PI | | |
| | | | | | | |
| Standard B3 ME B3.1 | Adequate visual privacy is provided at every point of | The facility maintains privacy, config Availability of screen at examination room | | 1 | s a system for guarding patient related information. Bracket screen | |
| | care | /area Availability of screen/curtain at breastfeeding | 2 | OB | (1) Secondary curtain/ screen is used to create a visual barrier in | |
| | | corner | 2 | OB | breastfeeding area | |
| ME B3.2 | | Curtains / frosted glass have been provided at windows | 2 | OB | Check all the windows are fitted with frosted glass or curtains have been provided | |
| ME 83.2 | Confidentiality of patients records and clinical information is maintained | Patient Records are kept at secure place beyond access to general staff/visitors | 2 | SI/OB | Check records are not lying in open and there is designated space for keeping records with limited access. 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 | 2 | 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 | 2 | РІ/ОВ | 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 | 2 | 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 | 2 | PI/ OB | Check if HIV status is not displayed / written at bed side or records etc | |
| Standard B4 | Eacility has defined and | established procedures for informing | and involving na | tiont and their famili | es about treatment and obtaining informed consent wherever it is requ | viewed |
| ME B4.1 | There is established procedures for taking informed | Paed. ward has system in place to take | | 1 | Check General Consent is taken in case sheet | |
| ME B4.4 | consent before treatment and procedures | informed consent from patient relative whenever required | 2 | PI/RR | Check parents/ relatives of admitted baby is communicated about | |
| ME B4.5 | Information about the treatment is shared with patients or attendants, regularly The facility has defined and established grievance | Parents/ relatives are communicated about child condition to at least once in day Availability of complaint box and display of | 2 | PI | child condition, treatment plan and any changes at least once in day | |
| | redressal system in place | process for grievance re addressal and whom to contact is displayed | 2 | ОВ | Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution | |
| Standard B5 | The fac | ility ensures that there are no financi | al barrier to acce | ss, and that there is | financial protection given from the cost of hospital services. | |
| ME 85.1 | The facility provides cashless services to pregnant women, mothers and neonates as per prevalent | Indoor treatment is free | 2 | PI/SI | For RBSK, PMJAY or any state specific scheme patient | |
| | government schemes | Availability of for a binned attack of the | 2 | PI/SI | For JSSK, RBSK patient etc | |
| | | Availability of free blood, diagnostic & drugs Availability of free transport services | 2 | PI/SI | Availability of Free referral vehicle/Ambulance services. (1) For both parent-attendant & Child | |
| | | Availability of free stay & Diet | 2 | PI/SI | (2) Availability two meals per paediatric bed per shift (breakfast, lunch & dinner). | |
| ME 85.2 | 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. | 2 | PI/SI | | |
| ME B5.3 ME B5.5 | 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. If any other expenditure occurred it is | 2 | PI/SI | | |
| ME 85.5 | The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients | reimbursed from hospital | 2 | PI/RR | | |
| | | | Are | ea of Concern - C Inpi | its | |
| Standard C1 | | The facility has infrastructure for | delivery of assu | red services, and ava | ilable 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 | 2 | ОВ | (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 1 feet from the opnosite held | |
| ME C1.2 | Patient amenities are provide as per patient load | Functional toilets with running water and flush are available | 2 | OB | feet and 2 feet from the opposite bed. 1 Water Closet for every 6 Indoor beds & 2 washbasin up to 24 persons | |
| | | Functional bathroom with running water are available | 2 | ОВ | 1 bathroom for every 6 indoor beds | |
| | | Availability of potable drinking water Availability of sitting arrangement for patient | 2 | OB | In paediatric ward /in its vicinity Availability shaded waiting area for attendant with functional Reader & Beach working Generating | |
| | | attendant | 1 | 1 | toilet & hand washing facility | |

| | | | 2 | OB | Switches for all beds with indicator lights and | |
|------------------------|--|--|---------------------|-------------------------|---|---------|
| | | Availability of bedside lockers & call bell | 2 | OB | 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 | 2 | OB | | |
| | | Demarcated area for Examination & Treatment | 2 | OB | | |
| | | Availability of isolation room | 2 | SI/OB OB | Separate room/s, preferably close to paediatric ward | |
| | | Availability of Doctor's & nurses Duty room Availability of ancillary area | 2 | OB | Stores, dirty utility areas | |
| ME C1.4 | The facility has adequate circulation area and open | Availability of adequate circulation area for | 1 | | of both staff and equipment | |
| ME CL.4 | spaces according to need and local law | easy moment | 2 | OB | | |
| | | Corridors are wide enough for patient, visitor and trolley/ equipment movement | 2 | ОВ | 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 | 2 | OB | | |
| ME C1.6 | Service counters are available as per patient load | Availability of IPD beds as per case load | 2 | 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 | 2 | OB | | |
| | connersulate war the function of the hospitaly | Arrangement of different section ensures | 2 | OB | | |
| Standard C2 | | unidirectional flow | | the physical safety of | Unidirectional flow of goods and services. | |
| ME C2.1 | | | | | | |
| ME C2.2 ME C2.3 | | | | | DELETED | |
| ME C2.4 | | | | | DELETED | |
| Standard C3 ME C3.1 | The facility has plan for provention of fire | Paediatric ward has sufficient fire exit to | y has established | Programme for fire | safety and other disaster Check the fire exits are clearly visible and routes to reach exit are | |
| m/2 C5.1 | 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 | 2 | 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 | 2 | OB | Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly | |
| ME C3.3 | The facility has a system of periodic training of staff | type Check for staff competencies for operating | | | mentioned Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) & | |
| | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation | fire extinguisher and what to do in case of fire | 2 | SI/RR | Starr is aware of KALE (Rescue, Alarm, Contine & Extinguish) & PASS (Pull, Aim, Squeeze & Sweep) | |
| a | | The facility has a demonstration with the | | f and far and | | |
| Standard C4 ME C4.1 | The facility has adequate specialist doctors as per | Availability of Paediatrician | | | ding the assured services to the current case load | |
| ME C4.2 | service provision The facility has adequate general duty doctors as per | Availability of general duty doctor | 2 | OB/RR | Trained for managing paediatric cases & providing paediatric care | |
| | service provision and work load | | 2 | OB/RR | | |
| ME C4.3 | The facility has adequate nursing staff as per service provision and work load | Availability of nursing staff | 2 | 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 | 2 | SI/RR | Availability of mamta/ ayahs, Sanitary worker & security guard | |
| Standard C5 | | The facility | provides drugs a | ind consumables req | uired for assured services. | |
| ME C5.1 | The departments have availability of adequate medicines at point of use | Availability of antibiotics | 2 | OB/RR | Ampicillin, Gentamicin, ,Cefotaxime, Ceftriaxone, benzyl pencillin,cloxacillin, cephalosporin, ciprofloxacin cotrimoxazole, | |
| | incularies at point of dae | Availability of oral medicines | - | objint | Doxycycline,Metrindazol, Albendazole Syrup Chloroquine, artesunate (Anti malarial medicines), | |
| | | Production in the antical sectors and the sect | 2 | OB/RR | Paracetamol, Vitamin A, IFA tablets, Salbutamol, Frusemide tablets, Anti TB medicines, Iron syrup, adrenaline, | |
| | | | | | calcium gluconate , digoxin, Manitol, Nebuliser solution of salbutamol | |
| | | Availability of parental medicines | | | Ringer's lactate, normal saline, glucose 5%, 10% & 25%, corticosteroid IV,Furosemide IV, diazepam IM/ IV, cephalosporins | |
| | | | 2 | OB/RR | Calcium gluconate, Vit K, Potassium chloride, Sodium bicarbonate, Magnesium sulphate inj, Antihistaminic inj, Ranitidine inj. | |
| | | | | | nŋ. | |
| ME C5.2 | The departments have adequate consumables at point of use | Consumables for Paediatric ward | | | Plastic / disposable syringes · IV cannulas (22G and 24G) | |
| | | | 2 | OB/RR | Scalp vein set No. 22 and 24 IV infusion sets (micro infusion), infusion pump for drip, simple | |
| | | | | | rubber catheter, Nasal prongs, masks | |
| | | Resuscitation consumables | | | Nasogastric tube (8,10,12FG) Suction catheter (6,8,10 FG) | |
| | | | 2 | OB/RR | 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 | Emergency Drug Tray is maintained | | | Normal Saline (NS), Glucose 25%, Ringer Lactate (RL), Dextrose | |
| | care, where ever it may be needed | | | | 5%,Potassium Chloride,Calcium Gluconate,Sodium Bicarbonate,Inj Pheniramine,Inj Hydrocortisone Hemisuccinate/ Hydrocortisone Sodium Succinate ,Inj Phenobarbitone,Inj Phenytoin,Inj | |
| | | | 2 | OB/RR | 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 h | nas 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 & | | | Weighing machine(infant & adult), Stadiometer for height, Infantometer for length, paediatric & adult stethoscope, plus | |
| | | Monitoring | 2 | OB | oximeter. BP apparatus with paediatric cuff, multipara monitor, Thomsenster, tarch | |
| ME C6.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the facility | Availability of instrument for treatment & procedures | | | Thermometer, torch , Nebulizer, spacer with mask for administration of metered doses, otoscope, ophthalmoscope, dressing tray, nebulizer | |
| | processing sincertaken in the idulity | provident to a | 2 | OB | population and the second s | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of Point of care diagnostic instruments | 2 | OB | Glucometer, Urine Dipsticks, RDT for malaria, Typhoid, Dengue & portable x ray (may be shared with main hospital) | |
| | | | | | | |
| 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. | 2 | 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 | and critical care to patients Availability of Equipment for Storage | Availability of equipment for storage for | 2 | OB | Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing | |
| ME C6.6 | Availability of functional equipment and instruments | drugs Availability of equipment for cleaning & | | | trolley Buckets for mopping, mops, duster, waste trolley, Deck brush, | |
| ME (6.3 | for support services | disinfection | 2 | OB | | |
| ME C6.7 | Departments have patient furniture and fixtures as per load and service provision | Availability of patient beds with attachments &accessories | 2 | ОВ | Prop up facility Hospital graded mattress, Bed side locker , IVstand, Bed oan. bed rail | |
| | | Availability of Fixtures | 2 | OB | Electrical fixture for equipment like suction, X ray view box, cool white fluorescent light/CFL or LED , | |
| | | Availability of furniture | 2 | OB | Cupboard, nursing counter, table for preparation of medicines, chair, Call bell | |
| | | | | | | |
| Standard C7 ME C7.1 | Facility h | as a defined and established proced | ure for effective u | utilization, evaluation | and augmentation of competence and performance of DELETED | f staff |

| ME C7.2 | | | | | DELETED | |
|---------------------|--|---|-------------------|-----------------------|---|--|
| ME C7.9 ME C7.10 | | | | | DELETED | |
| | | | Area of (| Concern - D Support S | iervices | |
| Standard D1 | | | Programme for in | spection, 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 | 2 | SI/RR | Weighting machine, Infantometer, suction machine etc | |
| | | There is system of timely corrective break down maintenance of the equipment | 2 | 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 | 2 | OB/ RR | BP apparatus, thermometers weighting scale etc. are calibrated. Check for calibration stickers & records | |
| Standard D2 | Th | e facility has defined procedures for s | storage, inventor | y management and d | dispensing of drugs in pharmacy and patient care areas | |
| ME D2.1 | There is established procedure for forecasting and | There is established system of timely | 2 | SI/RR | 1. Stock is updated on defined intervals | |
| | indenting medicines and consumables | indenting of consumables and medicines at nursing station medicines are intended in Paediatric dosages/formulations only | 2 | OB/RR | 2. Requisition are timely placed based on consumption pattern | |
| | | Forecasting of medicines and consumables is done scientifically based on consumption | 2 | RR/SI | Staff is trained for forecast the requirement using scientific system | |
| ME D2.3 | The facility ensures proper storage of medicines and consumables | medicines are stored in containers/tray/crash cart and are labelled | 2 | ОВ | | |
| | | Empty and filled cylinders are labelled & kept separately | 2 | OB | 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 medicines | Expiry dates' of medicines are maintained | 2 | OB/RR | Records for expiry and near expiry medicines are maintained for drug stored in department & emergency tray | |
| ME D2.5 | The facility has established procedure for inventory | No expired drug found There is practice of calculating and | 2 | OB/RR | Check drug sub store & emergency tray Minimum stock and reorder level are calculated based on | |
| | management techniques | maintaining buffer stock in paediatric ward | 2 | SI/RR | consumption Minimum buffer stock is maintained all the time | |
| | | Department maintained stock and expenditure register of medicines and consumables | 2 | RR/SI | Check stock and expenditure register is adequately maintained | |
| ME D2.6 | There is a procedure for periodically replenishing the medicines in patient care areas | There is no stock out of vital and essential medicines | 2 | SI/RR | There is procedure for replenishing medicines in emergency tray and sub stores maintained in department | |
| ME D2.7 | There is process for storage of vaccines and other medicines, requiring controlled temperature | Temperature of refrigerators are kept as per storage requirement and records are maintained | 2 | OB/RR | Check for temperature charts are maintained and updated periodically. Refrigerators meant for storing medicines should not be used for storing eatables | |
| ME D2.8 | There is a procedure for secure storage of narcotic and psychotropic medicines | Check narcotic and psychotropic medicines are kept in lock & key | 2 | OB/RR | | |
| Standard D3 | | The facility provides | safe, secure and | comfortable environ | ment 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 | 2 | 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 | 2 | OB/PI | Only one female/ family members allowed to stay with the child, Visiting hour are fixed and practiced There is no overcrowding in the ward | |
| 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 | 2 | РІ/ОВ | 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 | 2 | SI/OB | Check availability of Blankets to cover the children/ functional room heaters | |
| | | Side railings has been provided to prevent fall of patient | 2 | OB | | |
| ME D3.4 | The facility has security system in place at patient care areas | Identification band for all children | 2 | ОВ | | |
| | | Security arrangement in Paediatric Ward | 2 | 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 | 2 | SI | | |
| Standard D4 | | The facility has | established Pro | gramme for maintena | ance and upkeep of the facility | |
| ME D4.1 | Exterior & Interior of the facility building is maintained appropriately | Building is painted/whitewashed in uniform colour | 2 | ОВ | Check building is plastered, painted/ whitewashed in uniform colour | |
| | maintained appropriately | Interior walls of ward are brightly painted and decorated | 2 | ОВ | 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 | 2 | OB | All area are clean with no dirt,grease,littering and cobwebs. Surface of furniture and fixtures are clean Cleaniness and maintenance of child zone including their swings and toys is ensured | |
| | | Toilets are clean with functional flush and running water | 2 | ОВ | Check toilet seats, floors, basins etc are clean and water supply with functional cistern | |
| ME D4.3 | Hospital infrastructure is adequately maintained | running water Check for there is no seepage , Cracks, chipping of plaster | 2 | OB | Window panes , doors and other fixtures are intact | |
| | | Patients beds are intact and painted | 2 | OB | Mattresses are Intact and clean | |
| ME D4.5 | The facility has policy of removal of condemned junk material | No condemned/Junk material in the ward | 2 | 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 | 2 | OB | No lizard, cockroach, mosquito, flies, rats, bird nest etc. Anti Termite treatment on wooden items on defined intervals | |
| Standard D5 | | The facility ensures 24X7 water a | and power backu | p 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 | 2 | 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 | 2 | OB/SI | Check availability of power back with 1-2 outlets connected to generator supply, check for functional UPS /emergency lights | |
| StandardD6 | | Dietary services are av | ailable as per co | vice provision and m | utritional requirement of the patients. | |
| ME D6.1 | The facility has provision of nutritional assessment of | Nutritional assessment of all children done | | | 1. Check nutritional Assessment is done to provide age appropriate | |
| | the patients | specially high risk cases | 2 | RR/SI | diet by detician/ nutrition conseller / doctor. 2. Special nutritional advice is given for cases like diarhoes, mild under nutrition & disease conditions / specific food intolerance et a. Check caregiver, monther of all niditione 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 Check for the adequacy and frequency of diet | 2 | 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 meu includes choices that are appropriate to the different cultural needs of children and their families Ask attendant/ patient whether they are satisfied with the Quality | |
| | | as per nutritional requirement | 2 | OB/PI | & quality of food provided | |
| | | | | | - | |

| | | Check facility provide diet for child parents/ | 2 | PI/RR | Check for Two meals / paediatric bed/ shift is ordered | |
|---|--|--|---|--|---|-------------|
| ME D6.3 | | guardian staying along with baby Check paediatric ward is not | | | Give non compliance if same adult food is provided to children in | |
| ME DO.S | | supplied with the same food as adults Check standard procedures are followed for | 2 | PI/SI | paediatric ward 1. Check food is transported in covered trolley from | |
| | | transportation & distribution of diet | 2 | | kitchen/pantry to ward, 2. Food is distributed away from clinical area, | |
| | | | 2 | RR/SI | Distribution staff adhere to their PPE Check utensil provided are not broken & chipped off. | |
| | | | | | 5. Check the condition of trolley whether it is clean and free from | |
| Standard D7 ME D7.1 | The facility has adequate sets of linen | Clean Linens are provided for all occupied | | isures clean linen to | the patients Check adequate availability of Blankets, draw sheet, bed sheets, | |
| WE 07.1 | The facility has adequate sets of linen | bed Child friendly bright coloured and soft linen is | 2 | OB/RR | pillow with pillow cover and mackintosh. Check linen used in paediatric ward is having cartoon characters/ | |
| ME D7.2 | The facility has established procedures for changing of | used Linen is changed every day and whenever it | 2 | OB/RR | animals/ plants/ jungle themes etc. Ask parents whether the linen is changed as soon as it gets soiled | |
| | linen in patient care areas | get soiled | 2 | PI/RR | | |
| ME D7.3 | The facility has standard procedures for handling , collection, transportation and washing of linen | There is system to check the cleanliness and Quantity of the linen received from laundry | 2 | 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 | | | statutory and rep | gulatory requirement | t 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 | 2 | RR | Shared with main hospital building | |
| | | Availability of authorization for handling Bio Medical waste from pollution control board | 2 | RR | Shared with main hospital building | |
| | | Availability of certificate of inspection of | | | Shared with main hospital building | |
| | | electrical installation Availability of licence for operating lift | 2 | RR | Shared with main hospital building | |
| ME D10.2 | | , | | | DELETED | |
| ME D10.3 Standard D11 | Pala | s & Responsibilities of administrative | and clinical staff | are determined as n | er govt. regulations and standards operating procedure | |
| Standard D11 ME D11.1 | Role The facility has established job description as per govt | s & Responsibilities of administrative | | | er govt. regulations and standards operating procedure | |
| ME D11.2 | guidelines The facility has a established procedure for duty roster | communicated to all concerned staff There is procedure to ensure that staff is | 2 | RR | Check for system for recording time of reporting and relieving | |
| | and deputation to different departments | available on duty as per duty roster | 2 | RR/SI | (Attendance register/ Biometrics etc) | |
| ME D11.3 | The facility ensures the adherence to dress code as mandated by its administration / the health | Doctor, nursing staff and support staff adhere to their respective dress code | - | | As per hospital dress code | |
| | department | | 2 | OB | | |
| Standard D12 ME D12.2 | There is a system of periodic review of quality of out | The facility has established procedur There is procedure to monitor the quality | e for monitoring | the quality of outsou | reed services and adheres to contractual obligations | |
| | sourced services | and adequacy of outsourced services on regular basis | 2 | SI/RR | (cleaning/Laundry/Security/Maintenance) provided are done by designated in-house staff. | |
| | | | Area of | Concern - E Clinical S | | |
| Standard E1 | | The facility has defi | | | ultation and admission of patients. | |
| ME E1.1 | The facility has established procedure for registration | Unique identification number is given to | | | Check for that patient demographics like Name, age, Sex, UID Chief | |
| | of patients | each patient during process of registration & admission | 2 | RR | complaint, etc. are recorded in admission records | |
| ME E1.3 | There is established procedure for admission of patients | There is established criteria for admission | 2 | 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 | 2 | 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. | | | | | |
| 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 | 2 | OB/SI | 1. Check for provision of extra beds | |
| ME E1.4 Standard E2 | in case beds are not available at the facility | Procedure to cope with surplus patient load as defined and established p | | OB/SI | | reparation. |
| | in case beds are not available at the facility The facility have There is established procedure for initial assessment of | | | OB/SI | 1. Check for provision of extra beds 2. Check no two children are treated at one bed | reparation. |
| Standard E2 | in case beds are not available at the facility The facility has been been been been been been been bee | | | OB/SI | 1. Check for provision of extra beds 2. Check no two children are treated at one bed ment, reassessment and treatment plan p | reparation. |
| Standard E2 | in case beds are not available at the facility The facility have There is established procedure for initial assessment of | as defined and established p | rocedures fo | oB/SI | Check for provision of extra beds Check for work oblighter are treated at one bed ment, reassessment and treatment plan p (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 Check BHT | reparation. |
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| Standard E2 | in case beds are not available at the facility The facility have There is established procedure for initial assessment of | as defined and established p Criteria for initial assessment is defined & practiced Patient History, Physical Examination & Provisional Diagnosis is done and recorded | rocedures fo | OB/SI r clinical assessi RR/SI | Check for provision of extra beds Check not two children are treated at one bed ment, reassessment and treatment plan p (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 Check BHT - . General condition including vital signs are documented . Postemt H/O is taken & documented . Protectional diagnosis is made & written . Initial treatment to tarts is recorded | reparation. |
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| Standard E2 | in case beds are not available at the facility The facility have There is established procedure for initial assessment of | as defined and established p Criteria for initial assessment is defined & practiced Patient History, Physical Examination & Provisional Diagnosis is done and recorded immediately There is fixed schedule for assessment of | 2 2 2 | OB/SI r clinical assess RR/SI RR | Check for provision of extra beds Check not two children are treated at one bed ment, reassessment and treatment plan p (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 Check BHT - . General condition including vital signs are documented . Postemt H/O is taken & documented . Protectional diagnosis is made & written . Initial treatment to tarts is recorded | reparation. |
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| | | | | | (1) Check for referral cards filled from lower facilities (2) ANM of nearby PHC/HWC is informed about discharge follow | |
|---|---|--|---|---|--|--|
| | | Facility has functional referral linkages with lower facilities | 2 | RR | ups | |
| ME E3.3 | A person is identified for care during all steps of care | Duty Doctor and nurse is assigned for each | | | | |
| | A person is identified for care during an steps of care | patients | 2 | RR/SI | | |
| Standard E4 | | | ility has defined | and established proc | edures 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 | 2 | OB/SI | Identification tags are used for children less than 5 yrs. There is system in place to identify the patient before drug | |
| ME E4.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | Treatment chart are maintained | 2 | RR | administration or performing any clinical procedure Check treatment chart are updated and drugs given are marked in. Co relate it with drugs and doses prescribed. Dispensing feed, time | |
| | per treatment plan is established at the facility | There is a process to ensure the accuracy | - | | of oral drugs, supervision of intravenous fluids etc is recorded (1) Check system is in place to give telephonic orders & practised | |
| | | of verbal/telephonic orders | 2 | SI/RR | (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 | 2 | SI/RR | Nursing Handover register is maintained | |
| | whenever starr daty enange happens | Hand over is given bed side | _ | 3914 | Check staff follows SBAR protocol (situation, background, | |
| | | | 2 | SI/RR | assessment and recommendation) | |
| ME E4.4 | Nursing records are maintained | Nursing notes are maintained adequately | 2 | 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 | | | Check for TPR chart, I/O chart, any other vital required is monitored viz lower chest indrawing, coma score or level of consciousness | |
| | | | 2 | RR/SI | [AVPU: [Alert, Responding to voice, responding to pain, unconscious], temperature and body weight | |
| Chandrad FT | | The feetline | | id-alf, bisk sid | | |
| Standard E5 ME E5.1 | The facility identifies vulnerable patients and ensure their | Vulnerable patients are identified and | y nas a procedur | e to identify high risk | c and vulnerable patients. | |
| | safe care | measures are taken to protect them from any harm | 2 | OB/ SI | ,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 | | | Triage is done and provide emergency treatment keeping in mind the ABCD steps: Airway, Breathing, | |
| | | | 2 | OB/SI | Circulation, Coma, Convulsion, and Dehydration. | |
| Standard E6 | | Fai | cility ensures rati | ionale prescribing and | d use of medicines | |
| ME E6.1 | The facility ensured that drugs are prescribed in generic | Check for BHT if drugs are prescribed under | | RR RR | Check all the drugs in case sheet and discharge slip are written in | |
| ME E6.2 | name only There is procedure of rational use of drugs | generic name only Check for that relevant Standard treatment | | | generic name only. STG for Management of Pneumonia, Diarrhoea, ARI/Bronchitis | |
| | - | guideline are available at point of use | 2 | RR | Asthmatic, Severe acute malnutrition, vitamin deficiencies and micronutrient deficiencies, Haematological | |
| | | Check staff is aware of the drug regimen and doses as per STG | 2 | SI/RR | Check BHT that drugs are prescribed as per treatment protocols &Check for rational use of antibiotics | |
| | * | Availability of drug formulary | 2 | SI/OB | Staff is aware of formulary | |
| ME E6.3 | There are procedures defined for medication review and optimization | Complete medication history is documented for each patient | 2 | RR/OB | Check complete medication history including over-the- counter medicines is taken and documented | |
| | | Medicine are reviewed and optimised as per individual treatment plan Complete medication history is documented | 2 | SI/RR SI/RR | Medicines are optimised as per individual treatment plan for best possible clinical outcome 1. Discharge summary includes known drug allergies and reactions | |
| | | complete medication history is documented and communicated for each patient at the time of discharge | 2 | 21/88 | Discharge summary includes known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced | |
| | | time of discharge | | | Changes in prescribed medicines, including medicines started or stopped, or dosage changes, and reason for the change are clearly | |
| | | | | | documented in the case sheet and case summary" | |
| | | Patients are engaged in their own care | 2 | PI/SI | "1. Clinician/Nurse counsel the patient on medication safety using ""5 moments for medication safety app"" | |
| | | | | | 2. Nurse highlights the medications to be taken by the patient at home and counsel the patient and family on drug intake as per | |
| | | | | | treatment plan for discharge" | |
| Standard E7 | | The fa | acility has define | d procedures for safe | e 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 | | | Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, | |
| | | | 2 | SI/OB | Adrenergic agonist & primaquine not to be given to infants etc | |
| | | | | | | |
| ME E7.2 | | Maximum dose of high alert drugs are | 2 | SI/RR | Value for maximum doses as per age, weight and diagnosis are | |
| MIC E7.2 | Medication orders are written legibly and adequately | defined and communicated There is process to ensure that right doses of | | | 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 | |
| mt 27.2 | Medication orders are written legibly and adequately | defined and communicated There is process to ensure that right doses of drugs are only given | 2 | SI/RR SI/RR | Value for maximum doces 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 | |
| mt E/-2 | Medication orders are written legibly and adequately | defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date , time and | | | 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 | |
| mE C/.2 | Medication orders are written legibly and adequately | defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is | 2 | SI/RR | Value for maximum doces 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 67.2 | Medication orders are written legibly and adequately | defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily | 2 | SI/RR 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 proore medical ableviations are avoided Verify case sheets of sample basis | |
| | | defined and communicated There is process to ensure that right doses of drugs are only given Every Medical advice and procedure is accompanied with date , time and signature Check medication orders are legible & easily comprehendible by the clinical staff | 2 | SI/RR 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 Verify case sheets of sample basis Verify case sheets of sample basis | |
| | There is a procedure to check drug before | defined and communicated There is process to ensure that right does of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Any adverse drug reaction is recorded and | 2 | SI/RR RR RR/SI | 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 proore medical ableviations are avoided Verify case sheets of sample basis Verify case sheets of sample basis 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 Check | |
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| | There is a procedure to check drug before administration/ dispensing There is a system to ensure right medicine is given to | defined and communicated There is process to ensure that right does of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Any adverse drug reaction is recorded and reported W Fluid and drug dosages are calculated | 2 | RR RR/SI RR/SI | 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 proore medical above stores are would Verify case sheets of sample basis Verify case sheets of sample basis Onech 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 Oneck . J. Saff is avaer of ADR | |
| ME £7.3 | There is a procedure to check drug before administration/ dispensing | defined and communicated There is process to ensure that right does of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Any adverse drug reaction is recorded and reported VI Pluid and drug dosages are calculated according to body weight | 2 2 2 2 2 2 2 2 2 | | 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 proore medical ableviations are avoided Verify case sheets of sample basis Verify case sheets of sample basis 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 Check 1. Staff is avare of ADR 2. Check variability of ADR formats 3. Check when is the last ADR reported /NI reporting Check for calculation chart | |
| ME £7.3 | There is a procedure to check drug before administration/ dispensing There is a system to ensure right medicine is given to | defined and communicated There is process to ensure that right does of drugs are only given Every Medical advice and procedure is accompanied with date, time and signature Check medication orders are legible & easily comprehendible by the clinical staff Drugs are checked for expiry and other inconsistency before administration Any adverse drug reaction is recorded and reported W Fluid and drug dosages are calculated | 2 | RR RR/SI RR/SI | 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 ableviations are avoided Verify case sheets of sample basis Verify case sheets of sample basis 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 Check Samf do availability of ADR formats 2. Check for availability of ADR formats 3. Check when a black ADR reported /Nil reporting Check the nursing staff how they calculate infusion and monitor it Check Staff Globos SRA's practice | |
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| | | All register/records are identified and | 2 | RR | Unique identification number is given & staff is able to retrieve | | | | |
|--------------------------|---|--|--------------------|-------------------------|--|--|--|--|--|
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | numbered Safe keeping of patient records | | | previous register/records (1) Records of discharged cases are kept in MRD/ department sub store | | | | |
| | retrieval of medical records | | 2 | ОВ | (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 ME E9.1 | | Paed. HDU has established criteria to | has defined and | established procedur | es for discharge of patient. | | | | |
| ME E9.1 | Discharge is done after assessing patient readiness | Paed. HDU has established criteria to transfer to step down | 2 | SI/RR | Criteria for transfer to step down: Respiratory distress improves, babies on antibiotics for completion of therapy, children who are otherwise stable. | | | | |
| | | | | | Primary illness is resolved, All infections and other medical | | | | |
| | | Paediatric ward has established criteria for | 2 | SI/RR | complications have been treated, baby maintain temp, baby is accepting mothers milk/feed, Child is provided with micronutrients | | | | |
| | | discharge Discharge is done by a responsible and | | | Immunization is updated etc Discharge is done in consultation with treating doctor | | | | |
| | | qualified doctor after assessment in consultation with treating doctor | 2 | SI/RR | | | | | |
| | | Patient / attendants are consulted before discharge | 2 | 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 | patients clinical condition, treatment given, | 2 | RR/PI | See for discharge summary, referral slip provided. | | | | |
| | | Nutritional status and follow up Discharge summary is give to all patients | 2 | SI/RR | Including LAMA/Referral patient | | | | |
| ME E9.3 | Counselling services are provided as during discharges wherever required | Patient is counselled before discharge | 2 | SI/PI | Advice includes the information about the nearest health centre for further follow up. Counsel mother for treatment, follow up, | | | | |
| ME E9.4 | | | | | feeding, discharge timings are explained prior | | | | |
| ME E9.4 | The facility has established procedure for patients leaving the facility against medical advice, absconding, | Declaration is taken from the LAMA patient | 2 | RR/PI | | | | | |
| | etc | | | | | | | | |
| Standard E11 | | The facility has defined a | and established p | rocedures for Emerge | ncy Services and Disaster Management | | | | |
| | Emergency protocols are defined and implemented | Staff is aware of process & steps for emergency management of sick children | | | Triage - ETAT protocol - keeping in mind ABCD steps Ascertaining the group of baby - Emergency, Priority and non | | | | |
| ME E11.2 | | | 2 | SI/RR | 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 | 2 | SI/RR | Role and responsibilities of staff in disaster are defined | | | | |
| 0 | | | | ., | Mock drills have conducted from time to time | | | | |
| Standard E12 ME E12.1 | There are established procedures for Pre-testing | Container is labelled properly after the | 1 | 1 | rres of diagnostic services Protocols are defined & followed for sample collection & transfer | | | | |
| ME E12.1 ME E12.3 | Activities There are established procedures for Pre-testing There are established procedures for Post-testing | sample collection Nursing station is provided with the critical | 2 | OB | Protocols are defined & followed for sample collection & transfer timely from ward to lab for testing | | | | |
| | Activities | value of different tests | 2 | 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 | | | | |
| Standard E13 ME E13.9 | | 1 | d established pro | cedures for Blood Bai | nk/Storage Management and Transfusion. | | | | |
| ME E13.9 | There is established procedure for transfusion of blood | Consent is taken before transfusion | 2 | RR | and cross validates it with written advice | | | | |
| | | Protocol of blood transfusion is monitored & regulated | | | Blood is kept on optimum temperature before transfusion. Blood transfusion is monitored and regulated by qualified person | | | | |
| | | | 2 | RR | | | | | |
| | | Blood transfusion note is written in patient records | 2 | RR | Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet | | | | |
| | | Paediatric blood transfusion bags are used | | | Check for adequate availability and utilization of paediatric blood | | | | |
| ME E13.10 | There is a established procedure for monitoring and | for transfusion | 2 | RR | bags Check - | | | | |
| | reporting Transfusion complication | Any major or minor transfusion reaction is | 2 | RR | Staff is aware of the protocol to be followed in case of any transfusion reaction | | | | |
| | | recorded and reported to responsible person | | | | | | | |
| Standard E15 ME E15.2 | The facility has established procedures for | | is defined and est | ablished procedures | of Operation theatre services Vitals , Patients fasting status etc. is managed & informed to OT. | | | | |
| | Preoperative care | Patient evaluation before surgery is | 2 | RR/SI | | | | | |
| | The facility has established procedures for Post | coordinated and recorded Staff is aware of the care protocol of children | | | 1. Staff frequently assess the surgical site in case of any redness, | | | | |
| | operative care | returned back from surgery | | | 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. | | | | |
| ME E15.4 | | | 2 | SI/RR | 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 | | | | |
| | | | | | 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 | | | | |
| | | | | | inger sucking etc. | | | | |
| Standard E16 | | The facility has defined and es | stablished proced | lures for the manager | nent of death & bodies of deceased patients | | | | |
| ME E16.1 | Death of admitted patient is adequately recorded and | Facility has a standard procedure to | 2 | SI | Bad news/adverse event/ poor prognosis are disclosed in quite & private setting | | | | |
| ME E16.2 | communicated The facility has standard procedures for handling the | decent communicate death to relatives | | 21 | hume writing | | | | |
| | death in the hospital | | | | Child death are recorded as per CDR guideline. Death note | | | | |
| | | Death note is written as per child death | 2 | RR | including efforts done for resuscitation. Death summary is given to patient attendant quoting the immediate cause and underlying | | | | |
| Standard E20 | | review guidelines | lished procedure | s for care of new bor | cause if possible | | | | |
| | | The facility has established procedures for care of new born, infant and child as per guidelines | | | | | | | |
| | The facility provides immunitation convices or | | | | Check MCB card is available & updated Master from an of the | | | | |
| ME E20.1 | The facility provides immunization services as per guidelines | Immunization services are provided as immunization schedule | 2 | SI/RR | Check MCP card is available & updated. Mother /care provider is counselled and directed to immunize the child Screening of (ick child is check to directive management as ner | | | | |
| | | Immunization services are provided as immunization schedule Triage of sick children is done as per | | | counselled and directed to immunize the child Screening of sick child is done to prioritize management as per classification : Emergency sign, priority sign & non urgent sign. | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Triage of sick children is done as per | 2 | SI/RR SI/RR | counselled and directed to immunize the child Screening of sick child is done to prioritize management as per | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Triage of sick children is done as per | 2 | | counseled and directed to immunite the child Screening of sick fulls is done to prioriture management as per classification : Emergency aign, priority sign & non urgent aign. All emergency & priority sign are stabilities and child is referred to HUU / higher centre for management Obstructed or absent breathing, severe respiratory distress, central cynanosis, | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Trage of sick children is done as per protocols | 2 | | counselied and directed to immunize the child Screening of sick fulls is done to prioritum amagement as per classification : Emergency aign, priority sign & non urgent aign. All emergency & protry sign are stabilize and child is referred to HOU / higher centre for management Obstructed or absent breathing, severe respiratory distress, central connosis, signs of hock (kold hands, capillary refilt time longer than 3 s, high heart | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Trage of sick children is done as per protocols | 2 | SI/RR | counselied and directed to immunite the child Screening of sick fulls is done to prioritum amagement as per classification : Emergency aign, priority sign & non urgent aign. All emergency & protry sign are stabilities and child is referred to HOU / higher centre for management. Obstructed or absent breathing, severe respiratory distress, central cynansis, signs of hock (cold hands, capillary refilt time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure).come, convisions | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Trage of sick children is done as per protocols | 2 | SI/RR | counselied and directed to immunize the child Screening of sick fueld is done to prioriture management as per classification : Emergency sign, priority sign & non urgent sign. All emergency & priority sign are stabilita and child is referred to HOU / higher centre for management Obstructed or absent breathing, severe respiratory distress, central connosis, signs of hock (cold hands, calpillary refilt time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure).como, convisions signs of severe dehydration in a child with diarrhoea Truy finalt: any sick child aged < 2 monts, Emergenture: child is child | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Triage of sick children is done as per protocols Staff is aware of emergency signs in Sick child | 2 | SI/RR | counselled and directed to immunize the child Screening of sick fueld is done to prioriture management as per classification : Emergency aign, priority sign & non urgent aign. All emergency & protry sign are stabilities and child is referred to HUU / higher centre for management. Obstructed or absent breathing, severe respiratory distress, central cynonsis, signs of hock (kold hands, capillary refilt time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure),como, convulsions signs of severe dehydration in a child with diarrhoea Truy Infantz: wijk child aged < 2 months, Temperature: child is very hot, Trauma or other urgent surgical condition, severe Palar, poisoning, severe Palm, Respiratory distress, Restless, continuosity | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunization services are provided as immunization schedule Triage of sick children is done as per protocols Staff is aware of emergency signs in Sick child | 2 | SI/RR SI/RR | counselled and directed to immunize the child Screening of sick fulls is done to prioritize management as per classification : Emergency sign, priority sign & non urgent sign. All emergency & provinty sign are stabilize and child is referred to HOU / higher centre for management Obstructed or absent breathing, severe respiratory distress, central quoties, and the severe respiratory distress, central quoties, and the severe respiratory distress, central tack with weak puble, and low or unmeasuble blood pressury coma, convulsions tarso of severe dehydration in a child with diarchoea Thiny infant: any sick child aged < 2 months, Temperature: child is they hot, Traum or other urgent surgical condition, severe Pallor, - | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunitation services are provided as immunitation schedule Trage of sick children is done as per protocols Staff is aware of emergency signs in Sick child Staff is aware of priority signs in Sick child Assessment & Management of alway due to | 2 2 2 2 2 2 2 | SI/RR SI/RR | counselled and directed to immunize the child Screening of sick fueld is done to prioriture management as per classification : Emergency aign, priority sign & non urgent aign. All emergency & protry sign are stabilities and child is referred to HUU / higher centre for management Obstructed or absent breathing, severe nespiratory distress, central cynonsis, signs of hock (kold hands, capillary refilt time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure),como, convolutions signs of severe dehydration in a child with diarrhoea Timy Infantz: way skold lag eel 2 armoths, Temperature: child is very hot, Trauma or other urgent surgical condition, severe Palor, Poisoning, severe Palon, Repeiratory distress, Retelss, continuously iritabile or lethangic, visible severe wasting. Dedema of both feet & migh burn Assess ainway & breathing- severe respiratory distress, central | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunitation services are provided as immunitation schedule Trainage of size children is done as per protocols Staff is aware of emergency signs in Sick child Staff is aware of priority signs in Sick child | 2 2 2 2 2 2 2 | SI/RR SI/RR | counselled and directed to immunize the child Screening of sick fueld is done to prioriture management as per classification : Emergency aign, priority sign & non urgent aign. All emergency & priority sign are stabilities and child is referred to HUU / higher centre for management Obstructed or absent breathing, severe nespiratory distress, central cynonsis, signs of hock (kodh hands, capillary refill time longer than 3 s, high heart rate with weak pulse, and low or unmeasurable blood pressure),como, convolutions signs of severe dehydration in a child with diarrhoea Timy infrat: my sick lidl aged < 2 months, Temperature: child is very hoch ritraum or other urgent surgical condition, severe Palor, Poisoning, severe Palon, Respiratory distress, Retetes, continuously rittable or iethangic, visible severe wasting, Dedema of both feet & major burn Assess ainway & breathing- severe respiratory distress, central cynonsis & obstructed/absent breathing (any of sign positive)- foxek (1) if foreigne obsy aspirated. Manage airway in choking | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunitation services are provided as immunitation schedule Trage of sick children is done as per protocols Staff is aware of emergency signs in Sick child Staff is aware of priority signs in Sick child Assessment & Management of alway due to | 2 2 2 2 2 2 2 | SI/RR SI/RR | counselled and directed to immunize the child Screening of sick fulls is done to profrive management as per classification : Emergency sign, profriny sign & non urgent sign. All emergency & profriny sign as schallar and hild is referred to HOU / higher centre for management Obshutched or absent breathing, severe nespiratory distress, central signs of shock (cold hands, capillary refill time longer than 3 s, high haar rate with weak pulse, and low or unmeasurable blood pressure/promotion of the strength of the strength of the signs of shore dehydration in a child with diarchoea Timy infant: any sick-hild aged < 2 months, Temperature: child is maided on the strength of the strength of the strength of the strength haar control of the strength of the strength of the strength of the pressure/profile strength of the strength of the strength of the maided on the strength of the strength of the strength of the maided on the strength of the strength of the strength of the strength weak is benefiting severe respiratory distress, central opanosis & obstructed /absent breathing (any of sign positive)- cex(1) if foreign obsygsprietd. Manage arwey in choking child. Check staff is avare of management of choking child, by back sign-heat breat (findi space) (dild sign y; childing severe strength of the strength of t | | | | |
| ME E20.1 | guidelines Triage, Assessment & Management of new-borns, infant & | Immunitation services are provided as immunitation schedule Trage of sick children is done as per protocols Staff is aware of emergency signs in Sick child Staff is aware of priority signs in Sick child Assessment & Management of alway due to | 2 2 2 2 2 | SI/RR SI/RR SI/RR | counselled and directed to immunize the child Screening of sick full is done to prioritize management as per classification : Emergency sign, protry sign & non urgent sign. Altemegency & protry sign are shall be and hild is referred to HOU / higher centre for management Obstructed or absent breathing, severe respiratory distress, central cyanosis, signs of hock (told hands, capillary refill time longer than 3 s, high hart rate with weak pulse, and low or unmeasurable blood pressure), comparison Signs of severe dehydication of sign some chart in the strength of the severe separation of the severe Pallor, Prisoning, severe Paln, Respiratory distress, central cyanosis, consultation severe musting. Orderna of both freet & major burn that the severe management of both freet & major burns, severe respiratory distress, central cyanosis & obstructed/absent breathing, ord sign positive)- Check (1) if foreign body aspirated. Manage arway in choking di. Check staff is aware of management of choking child, by | | | | |

| Mittageneration 2 3/44 (1) Lot Age and multiple about the statushing of the status | |
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| More case: None 2 Synth Participants and properties. Programment of chainers in proceedings of the second address of the second a | |
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| 2 S/RR ar // every 6 hrs. 2 S/RR Germanicity 5 mg/s M or Vonce in a dy Give Cloacilline davalance and Staphylococcal infectors issuppeted (presence of shiputules to boil) Give Ceffrizione with withouthing to boil) Give Ceffrizione with withouthing to boil (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third does not show sign of inprovement with n Shiputuse) (1) third and the show sign of inprovement with show set (1) the shape not show sign of inprovement with show set (1) the shape not show sign of inprovement show sign of inprovement with show set (1) the shape not show sign of inprovement with show set (1) the shape not show show shape not show shape not show show shape not show shape not show show shape not show show shape not | |
| 2 S/RR other emergency sign like shock etc.) 1 Use nask process preferred method of oxygen delivery to young infant. Staff is aware of Oxygen therapy given for severe pneumonia in children 2 months to 5 S/RR Use pulse owneet not guide the oxygen delivery to young infant. Management of child presenting with severe anaemia Management of child presenting with severe anaemia Other a blocd transfusion to 2al children with as UF 51 Zive rH 5 g/g/li with any of the condition: bock, impaired consciouries, respiratory actions (dee), indications of thy other analytics (dee), indications of the presenting with line, very high parasitemia > 2005 rd ed cells parasited). | |
| Management of child presenting with severe anaemia Give a blood transfusion to: all children with a EV \$128 or Hb \$2 dr/dl & less exerely anaemic children (EV \$2-125; Ho \$4-5 g/dl) with any of the condition: shock, impaired consciousness, respiratory actions (seep, laboure bransing), less the laboure high parasitaemia [>2366 red cells parasitaed). | |
| 2 S//RR Check the respiratory rate and pulse rate every 15 min. If one of them rises, transfuse more slowly. | |
| 2 S/AII children with Hb 54 gm/di, Children w | |
| transfusion due to severe anaemia (>10% of RBC) 2 SI/RR If packed cells are available, give 10 mi/kg over 3-4 hours | |
| Staff is aware of blood transfusion protocols preferably. If or, give whole blood 20 m/kg over 3-4 hours. Management of children with seizures (1) Children presenting with acte seizures IV diasepan or IV lorzepam may be used. In case, IV access in one available non-parenteral or contrast and inducation and rectal or intransal inducationam and rectal or intransal inducationam and rectal or intransal inducationam and rectal or intransal lorzepam. (2) In children with stabilized strutus epilepticus, i.e. seizures persisting all actes and the seizures of seizures in the seizures of seizures in the seizures. | |
| ME 20.0 Management of children with severe Acute Mainutrition is done as per guidelines Management of child presented in shock with severe mainour/ahment. 2 RR 2 R | |
| ME 20.9 Management of children presenting diarhoea is done per guidelines debydration cases debydration cases 2 S/RR J Control and the control of the severe mainutrition give fluids rapidly & start diarhoea the sever | |

| Checklist No. 5 | | | | Paediatrics Ward | |
|-----------------|---|---|------------------|--------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Treatment of child presenting with severe dehydration | | | |
| | | | | | Start IV fluids imme ORS solution if the chil |
| | | | 2 | SI/RR | (2) Start isotonic solut saline solution (0.9% N |
| | | | | | solution. If age <12 m |
| | | | | | radial pulse is weak & If age is more than or |
| | | Staff is aware of Care of children with | | | 30min & repeat if radia |
| | | Developmental Dysplasia of Hip | | | Management in chil Harness |
| | | | 2 | SI/RR | 2. Management of Chi |
| | | | | | spica application 3. Follow-up with the |
| VIE E20.10 | Facility ensures optimal breast feeding practices for | Communication and counselling the mothers | | | Frequent Skin care Staff support the me |
| | new born & infants as per guidelines | for exclusive breastfeeding up to 6 months | 2 | PI/OB | explaining the benefits 2. Staff is aware and fo |
| | | Staff counsel the mother for complementary | | | cracked nipples, invert Awareness is generate |
| | | feeding as per IYCF guidelines | 2 | PI/OB | of age till two years of |
| | | Communication and counselling on optimal | | | For children born prer |
| | | infant & young child feeding practices for sick babies | 2 | PI/SI | counselling session should be cond |
| | | Breast milk substitutes are not promoted for | | | up visits to the centre Ask Parents about the |
| | | newborn or infant unless medically indicated | 2 | PI/OB | Point arento about the |
| Standard E23 | | The facility provi | des National hea | Ith Programme as I | per operational/Clini |
| VE E23.1 | The facility provides services under National Vector | Management of child presenting with | | | For P. vivax, give a 3-da |
| | Borne Disease Control Programme as per guidelines | uncomplicated malaria | | | therapy. For P. falciparum (with |
| | | | 2 | SI/RR | sulfadoxine-pyrimetha |
| | | | | | kg, taken with food on |
| | | | | | Give oral chloroquine a with primaquine. |
| | | Admission criteria is defined for dengue | | | 1. Child having high fee |
| | | cases | | | (Bleeding, red spots or gums, black-coloured s |
| | | | | | Frequent vomiting, Seconfusion or seizures, |
| | | | 2 | SI/RR | Difficulty in breathing) 2 If platelet count < 10 |
| | | | | | 3 If haematocrit is risin |
| | | Charle (- 11 | | | 1.5 |
| | | Staff follows the management protocol for Dengue management. | | | Encourage oral fluid fluid therapy with or w |
| | | | | | isotonic solutions. Start with 5 |
| | | | | | 2ml/kg/hour every 2 H improvement and hae |
| | | | | | fluids are usually requ |
| | | | 2 | SI/RR | Reassess the clinica hours. If the haemator |
| | | | | | same rate for another signs/haematocrit is w |
| | | | | | immediately. 3. Switch to oral as so |
| | | | | | 48 hrs, |
| | | | | | titrated to adequate u |
| | | Staff frequently assess the child during the | | | 1. Temperature, Pulse, |
| | | management | | | every hour (or more of 2. Hourly fluid balance |
| | | | 2 | SI/RR | fluid and the rate and adequacy of fluid repla |
| | | | | | 3. Chest X-ray, ultrasor |
| | | | | | when clinically indicate |
| | | Discharge criteria is defined for dengue cases | | | Absence of fever for 2. Return of appetite. |
| | | | 2 | SI/RR | Clinical improvement Good urine output. |
| | | | - | | 5. Stable haematocrit. |
| | | | | | 2 days after recover No respiratory distribution |
| WE E23.11 | The facility provide services under National viral Hepatitis Control Programme | Staff is aware of clinical presentation of Acute Hepatitis | | | Signs of Jaundice, une etc |
| | | | | | Acute case - elevations aspartate aminotransf |
| | | | 2 | SI/RR | to 2000 international u |
| | | | | | phase with ALT being h Chronic is clinically sali |
| | | Staff is aware of the treatment regimen of HBV Chronic Infection | | | Entecavir (in children 2 10kg. the oral solution |
| | | | | | given to children with |
| | | | | | Recommended once-d Body weight (kg) Treat |
| | | | | | 10 to 11 - 3 |

The facility measures hospital associated infection rates

There is procedure for collection & reporting of incidences of HAI cases

2

SI/RR

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(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 & analyse the data & feed is given to departments.

| | Treatment of child presenting with severe | | | | |
|---|---|------------------|---|---|---|
| | dehydration | 2 | SI/RR | (1) Start IV fluids immediately. While the drip is being set up, give ORS solution if the child can drink. (2) Start isotonics solutions: Ringer's listcate solution and normal saline solution. (19, ex) Status 10, and (19, drink of the chosen solution. (11, ex) crunnth: frst give 30m/kg in 1 hr. & repeat if radial publics is weak & then 70m/kg in 5 hr. | |
| | Staff is aware of Care of children with | | | 30min & repeat if radial pulse is weak & then 70ml/kg in 2.5 hrs) | |
| | Developmental Dysplasia of Hip | 2 | SI/RR | Management in child up to 4 months - Application of Pavlik Harness Z. 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 | |
| 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 | 2 | PI/OB | Staff support the mother by providing adequate privacy and explaining the benefits of exclusive breastfeeding 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 | 2 | РІ/ОВ | Awareness is generated for complementary feeding from 6 months of age till two years of age For children born prematurely or with low birth weight, one to one | |
| | infant & young child feeding practices for sick babies Breast milk substitutes are not promoted for | 2 | PI/SI | counselling session should be conducted with the mother/caregiver and follow up visits to the centre requested. Ask Parents about the counselling | |
| | newborn or infant unless medically indicated | 2 | PI/OB | Ask Parents about the counselling | |
| | The facility provi | des National hea | ith Programme as pe | r operational/Clinical Guidelines | |
| The facility provides services under National Vector | Management of child presenting with | | | For P. vivax, give a 3-day course of artemisinin-based combination | |
| Borne Disease Control Programme as per guidelines | uncomplicated malaria | 2 | SI/RR | therapy. For P. faloparum (with the exception of artesunate plus sulfadorine-pyrimethamine) combined with primaquine at 0.25 mg base/ kg, taken with food once daily for 14 days. Give oral chiforoguine at a total dose of 25 mg base/kg, combined with primaquine. | |
| | Admission criteria is defined for dengue cases | 2 | SI/RR | Child having high fever, poor crail intake, or any danger signs [lidenting, red spoor spathcs on the skin, bledning from ones or gams, black-coloured stook, heavy menstruation/avginal bledning requeent vomiting, severe absomal ban, Drowschness, mental confusion or seizures, paie, cold or clammy hands and feet, pffcully in breakting] If platelet count - 100,000 /cu.mm or rapidly decreasing trend. If haematocitis rising trend. | |
| | Staff follows the management protocol for Dengue management. | 2 | SI/RR | Encourage onl fluids. If not tolerated, start intravenous isotonic fluid theragy with or without destrote at maintenance. Give only isotonic sotonic with 5 mi/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 heramizant's ita sporografely improving. IV fluids are usually required for 1-2 days. Reassess the clinical status and repeat the haematorit after 2 hours. If the haematorit is approaches. If the haematorit after hours, if the haematorit remains the same, continue with the same rate for another 2-4 hours and reass. If the vital align/haematorit is worsning increase the fluid rate and refer immediately. Switch to onil as soon as tolerated, total fluid therapy usually 24- da hrs, thirded to adequate unine output. | |
| | Staff frequently assess the child during the management | 2 | SI/RR | Temperature, Polas, blood pressure and respiration- every hour (or more often) until stable subsequently. 2 hourly, 2 hourly that bases cheet recording the type of a hour of the stable stable stable stable stable adequary of fluid replacement. Chest X-rey, unissional abdomen, electrolytes 12-24 hrly as when clinically indicated | |
| | Discharge criteria is defined for dengue cases | 2 | SI/RR | 1. Absence of fever for at least 24 hrs. 2. Return of appetite. 3. Clinical improvement. 4. Good urine output. 5. Stable haemstoort. 6. 2 days after recovery from shock 7. No respiratory distress from pleural effusion and acites | |
| The facility provide services under National viral Hepatitis Control Programme | Staff is aware of clinical presentation of Acute Hepatitis | 2 | SI/RR | Signs of Jaundice, unexplaned weight loss, loss of appetite, fatigue etc Acute case - elevations in the concentration of alanine and aspartate aminorandresse levels (LT and AST); values up to 1000 to 2000 international units/L are typically seen during the acute phase with AT Leiph Ighger than AST. Chronic is clinically salient | |
| | Staff is aware of the treatment regimen of HBV Chronic Infection | 2 | SI/RR | Interawic (in children 2 years of age or oldrer and weighing at least 10% the oral solution should be given to children with a body weight up to 30% a Recommended once - daily doue 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 2-7 >23 to 26 - 8 >26 to 9 - 7 >23 to 26 - 8 >26 to 9 - 10mil (0.5 mg) / 0.5 mg tablet once daily Renal function should be montored annually in persons on long-term tendovior or encavir therapy, and growth monitored carefully in children | |
| | aan a sware of the treatment regimen for | 2 | SI/RR | Velptatsvi(100mg) for 84 day(12 wk.) once a day. Children with chross(Pup)B and (-) decompensated- Sofosbuvi(400mg) = Velptatswi(-) Sofosbuvi(600-1200mg*) for 84 day(12 wk.) once a day. Ribavirin based on body weight | |
| The | facility has infection control Program | | Concern - F Infection res in place for preve | Control ntion and measurement of hospital associated infection | n |
| | | | | | |
| The facility has functional infection control committee | | 2 | SI/RR | Shared with main hospital. Check paediatrician is part of the committee | |
| The facility has provision for Passive and active culture surveillance of critical & high risk areas | Surface and environment samples are taken for microbiological surveillance | 2 | SI/RR | Swab are taken from infection prone surfaces such as examination tables, injection tray, isolation wards etc. | |

| | There is Provision of Periodic Medical Check-up and | There is procedure for immunization & | | | 1 | |
|------------------------|--|--|------------------|------------------------|---|------|
| ME F1.4 | immunization of staff | periodic check-up of the staff | 2 | SI/RR | Hepatitis B. Tetanus Toxoid etc | |
| | The facility has established procedures for regular monitoring of infection control practices | Regular monitoring of infection control practices | - | | (1) Hand washing and infection control audits done at periodic intervals | |
| ME F1.5 | | | 2 | SI/RR | (2) There is designated person for coordinating infection control activities | |
| | The facility has defined and established antibiotic policy | Check for Doctors are aware of Hospital Antibiotic Policy | | | (1) There is system for reporting Anti Microbial Resistance with in the facility | |
| | | | 2 | SI/RR | (2) Policy Includes Rational Use of Antibiotics (3) Check facility measure antibiotic consumption rate & paediatric ward is aware of it | |
| ME F1.6 Standard F2 | | The facility has defined an | d Implemented p | procedures for ensur | ing hand hygiene practices and antisepsis | |
| | Hand washing facilities are provided at point of use | Availability of hand washing with running Water Facility at Point of Use | 2 | OB | Check for availability of wash basin near the point of use. Check the regularity of water supply. | |
| ME F2.1 | | Availability of antiseptic soap with soap dish/ | 2 | | Check the regularity of water supply. Check for availability/ Ask staff if the supply is adequate and | |
| | | liquid antiseptic with dispenser. | 2 | OB/SI | uninterrupted. 2. Availability of Alcohol based Hand rub | |
| | | Display of Hand washing Instruction at Point of Use Availability of elbow operated taps & Hand | 2 | OB | Prominently displayed above the hand washing facility , preferably in Local language Check wash basin is wide and deep enough to prevent splashing | |
| | The facility staff is trained in hand washing practices | washing sink Adherence to 6 steps of Hand washing | 2 | OB | and retention of water | |
| ME F2.2 | and they adhere to standard hand washing practices | | 2 | SI/OB | Ask of demonstration & check staff awareness about when to wash the hands | |
| | | Mothers are aware of importance of washing hands | 2 | SI/PI | Mothers are aware of importance of washing hands .Washing hands after using the toilet/ changing diapers and before feeding | |
| | | Mothers/care giver adhere to hand washing practices with soap | 2 | PI/OB | children. Ask for demonstration | |
| | The facility ensures standard practices and materials for antisepsis | Availability Use of Antiseptic Solutions | 2 | OB | | |
| ME F2.3 | | The facility of | ensures standard | practices and mater | ials for Personal protection | |
| Standard F3 | The facility ensures adequate personal protection | | | | 1.Check if staff is using PPEs. | |
| ME F3.1 | Equipment as per requirements | Availability of PPE (Gloves, mask, apron & caos) | 2 | RR/SI | Ask staff if they have adequate supply. Verify with the stock/Expenditure register | |
| | The facility staff adheres to standard personal protection practices | caps) No reuse of disposable PPE | 2 | OB/SI | No reuse of gloves, Masks, caps and aprons etc. | |
| | | Compliance to correct method of wearing | 2 | SI | | |
| Standard F4 | | and removing the gloves & Other PPEs The facility has | standard proced | lures for processing o | Ask for demonstration. of equipment and instruments | |
| | | Decontamination of examination and | | | Ask staff how they decontaminate Examination table , Patients | |
| ME F4.1 | decontamination and cleaning of instruments and procedures areas | procedural surfaces | 2 | SI/OB | Beds Stretcher/Trolleys/ Examination table etc. (Wiping with 1% Chlorine solution) | |
| | | | | | Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, | |
| | | | 2 | SI/OB | Blood Pressure Cuff etc (Soaking in 1 % Chlorine Solution, Wiping with 1% Chlorine Solution | |
| | | Proper Decontamination of instruments after use | | | or 70% Alcohol as applicable Contact time for decontamination of instruments | |
| | | Proper handling of Soiled and infected linen Cleaning of instruments | 2 | SI/OB | No sorting "Rinsing or sluicing at Point of use/ Patient care area Cleaning is done with detergent and running water after | |
| | | Staff know how to make chlorine solution | 2 | SI/OB SI/OB | decontamination | |
| | The facility ensures standard practices and materials for | Toys washed regularly, and after each child uses Equipment and instruments are sterilized | 2 | SI/OB | Check records for decontamination and washing of toys 1. Ask staff about temperature, pressure and time for autoclaving. | |
| | | after each use as per requirement | 2 | OB/SI | Ask staff about method, concentration and contact time required for chemical sterilization. | |
| ME F4.2 | | | | | 3. Check records Check staff is aware of how long autoclaved items can be stored. | |
| | | Staff is aware of storage time for autoclaved | 2 | OB/SI | Also, autoclaved items are stored in dry, clean, dust free, moist free environment | |
| Standard F5 | | items Physical layout and en | vironmental con | trol of the patient ca | re areas ensures infection prevention | |
| Standard 15 | The facility ensures availability of standard materials for | Availability of disinfectant & cleaning as per | | | | |
| ME F5.2 | cleaning and disinfection of patient care areas | requirement Availability of cleaning agent as per | 2 | OB/SI | Chlorine solution, Glutaraldehyde, carbolic acid | |
| | | requirement | 2 | OB/SI | Hospital grade disinfectant & detergent solution | |
| | The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas | Spill management protocols are implemented | 2 | SI/RR | 1. Check availability of Spill management kit , | |
| ME F5.3 | | Cleaning of patient care area with detergent | | | 2. Staff is trained for managing small & large spills , 3. Check protocols are displayed Three bucket system is followed | |
| | | solution Standard practice of mopping and scrubbing | 2 | SI/RR | Unidirectional mopping from inside out is followed. | |
| | | are followed | 2 | OB/SI | Staff is trained for preparing cleaning solution as per standard procedure. | |
| | The facility ensures segregation infectious patients | Isolation and barrier nursing procedure are | | | Cleaning equipment like broom are not used in patient care areas | |
| | | followed | | | Check there is a separate area for infectious patients like chicken pox, measles, diarrhoea cases. | |
| | | | 2 | OB/SI | 2. Check staff is aware of barrier and reverse barrier nursing | |
| ME F5.4 | The fee | ility has defined and established area | edures for some | gation, collection, tr | Give non compliance if Diarrhoea or infectious disease cases are kept in corridors or with general patients eatment and disposal of Bio Medical and hazardous Wa | aste |
| Standard F6 | | | | | | |
| | 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 | 2 | OB | | |
| ME F6.1 | ······································ | waste generation Availability of Non chlorinated colour coded | 2 | OB | | |
| | | plastic bags Segregation of Anatomical and soiled waste | 2 | OB/SI | | |
| | | in Yellow Bin Segregation of infected plastic waste in red bin | 2 | OB | | |
| | | Display of work instructions for segregation | 2 | OB | Pictorial and in local language | |
| | | and handling of Biomedical waste There is no mixing of infectious and general | 2 | OB | | |
| | The facility ensures management of sharps as per guidelines | waste Availability of functional needle cutters and puncture proof box | | | Check if needle cutter has been used or just lying idle. (2) it should be available near the point of generation like nursing station | |
| ME F6.2 | - ** | | 2 | OB | | |
| | | Availability of post exposure prophylaxis | 2 | OB/SI | Staff knows what to do in case of needle stick injury. Staff is aware of whom to report Charl if aware the here does | |
| | | Glass sharps and metallic implants are | | | 3. Check if any reporting has been done 4. Also check PEP issuance register Includes used vials, slides and other broken infected glass | |
| | | disposed in Blue colour coded puncture proof box | 2 | OB | and a second s | |
| | | Check bins are not overfilled & staff is aware | | | Bins should not be filled more than 2/3 of its capacity | |
| ME F6.3 | waste as per guidelines | of when to empty the bin | 2 | SI/OB | | |
| | | Transportation of bio medical waste is done in close container/trolley | 2 | SI/OB | | |
| | | | | | • | |

| | | Staff aware of mercury spill management | | | Check whether department is replacing mercury products with | |
|------------------------|---|---|-------------------|--------------------------------|--|---------------------------------------|
| | | , spin margement | 2 Area of Co | SI/RR ncern - G Quality Mar | digital products (Aspire for mercury free) | |
| Standard G1 | | The facility h | | | ork for quality improvement | |
| ME G1.1 | | | | | DELETED | |
| ME G1.2 | | The facilit | y has establisher | i system for natient a | DELETED Ind employee satisfaction | |
| Standard G2 ME G2.1 | Patient satisfaction surveys are conducted at periodic | Client satisfaction survey is done on monthly | | | Feedback is taken from parents/guardians | |
| ME G2.2 | Intervals The facility analyses the patient feed back, and root- | basis Analysis of low performing attributes is | 2 | SI/RR SI/RR | recuback is taken nom parents/guardians | |
| ME G2.3 | cause analysis The facility prepares the action plans for the areas, | undertaken Action plan is prepared and improvement | | | | |
| | contributing to low satisfaction of patients | activities are undertaken | 2 | SI/RR | | |
| Standard G3 | | | ternal and exter | | 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 | 2 | SI/RR | Findings /instructions during the visit are recorded and actions are taken | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | | | NQAS assessment toolkit is used to conduct internal assessment | |
| | | | 2 | RR/SI | | |
| | | Departmental checklist are used for | | | Staff is designated for filling and monitoring of these | |
| | | monitoring and quality assurance | 2 | SI/RR | checklists | |
| | | | | | | |
| | | Non-compliances are enumerated and recorded | | | | |
| | | | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during | | | | | |
| | quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| | | record findings | | | | |
| ME G3.5 | The feature | v has established documented in the | mented and mail | intained Standard Cr | DELETED erating Procedures for all key processes and support so | ervices |
| Standard G4 ME G4.1 | | Standard operating procedure for | | | Check that SOP for management of departmental services has been | ervices. |
| ME 64.1 | Departmental standard operating procedures are available | standard operating procedure for department has been prepared and approved | 2 | 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 | 2 | OB/RR | Check current version is available with the departmental staff | |
| | | Work instruction/clinical protocols are displayed | 2 | 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 | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures | Department has documented Procedure for receiving and initial assessment of the patient | 2 | 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 | 2 | RR | Review the SOP has adequately cover procedure for reassessment, follow up and referral of patient | |
| | | condition Department has documented procedure for general patient care processes | 2 | 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 | |
| | | Department has documented procedure for specific processes to the department | 2 | RR | as per defined citeria Department has documented procedure for emergency triage, assessment and treatment. Documented procedure for Management of fever, cough breatheseness, pneumonia, diarhoes and mainutrition, documented procedure for blood transfusion, documented procedure reguisition and reporting of diagnostics, documented procedure for end of life care | |
| | | Department has documented procedure for support services & facility management. | 2 | RR | Review the SOP has adequately cover procedure of nutritional assessment & age appropriate diet, provision of micronutrient supplementation der 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 | 2 | 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 | 2 | RR | Check availability of documented procedure for taking consent, maintenance of privacy during physical examination. Due care is taken in examining older female child (ich 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 | 2 | 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 | |
| | | Department has documented procedure for quality management & improvement | 2 | RR | Review SOP for procedure to constitute quality circles, their regular 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 | 2 | RR | Check the availability of updated Risk Management Framework. Check the components of physical, fire, operational and pt safety are covered. 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 | 2 | SI/RR | | |
| Standard G 5 | T | The facility maps its key processes an | d seeks to make | them more efficient I | by reducing non value adding activities and wastages | · · · · · · · · · · · · · · · · · · · |
| ME G5.1 | | | | | DELETED | |
| ME G5.2 | | | | | DELETED | |
| ME G5.3 | | | | | DELETED | |
| | | The facility has defined acted | | y policy & objectives | & prepared a strategic plan to achieve them | |
| Standard G6 ME G6.4 | | | , values, Qualit | y policy & objectives | DELETED | |
| ME G6.5 | | | | | DELETED | |
| Standard G7 | | The facility see | ks continually im | provement by practic | ing Quality method and tools. | |
| | | | | | | |

| ME G7.1 | | | | | DELETED | |
|--------------|---|---|---------------------|------------------------|--|--|
| | | | | | DELETED | |
| ME G7.2 | | | | | DELETED | |
| Standard G9 | | Facility has established procedure | es for assessing, r | eporting, evaluating | and managing risk as per Risk Management Plan | |
| ME G9.6 | 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 | 2 | 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. | |
| Standard G10 | | The facility has established clin | nical Governance | framework to improv | ve quality and safety of clinical care processes | |
| ME G10.3 | | | | | DELETED | |
| | | | | | | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | There is procedure to conduct medical and referral audits | 2 | SI/RR | (1) Bandom referral sign are audited (2) The reasons of the referral is (carly mentioned (3) Referral is written by authorized competent person (4) A through action taken report is prepared and presented in clinical covernmace Board meetings / during grand round (wherever required) | |
| | | There is procedure to conduct child death audits | 2 | SI/RR | (1) All the deaths are audited by the committee. (2) The reasons of the death is Clearly mentioned (3) Data pertaining to deaths are collisted and trend analysis is done (4) A through action taken report is prepared and presented in dinical Governments Board meetings / during grand round (wherever required) | |
| | | There is procedure to conduct prescription audits | 2 | SI/RR | Pandom prescriptions are audited Separate Prescription audit is conducted foe both OPD & IPD cases The finding of audit is circulated to all concerned Regular trends are analysis and presented in Clinical Governance board/Grand round meetings | |
| | | All non compliance are enumerated recorded for medical and referral audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are | All non compliance are enumerated recorded for prescription audits Check action plans are prepared and | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | taken to close the gaps identified during the audit process | implemented as per medical and referral audit record findings Check action plans are prepared and | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | implemented as per death audit record's findings Check action plans are prepared and | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months Randomly check the actual compliance with the actions taken | |
| | | implemented as per prescription audit record findings | 2 | SI/RR | reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | SI/RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| | | Check PDCA or revalent quality method is used to address critical problems | 2 | SI/RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | for process improvement Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines Check the drugs are prescribed as per | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan Check the drugs prescribed are available in EML or part of | |
| | | Standards treatment guidelines | 2 | SI/RR | drug formulary Check when the STG/protocols/evidences used in healthcare | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | facility are published. Whether the STG protocols are according to current evidences. | |
| | | Check the mapping of existing clinical practices processes is done | 2 | SI/RR | The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA | |
| | | | Area | of Concern - H Outco | me | |
| Standard H1 | | The facility measures Pro | oductivity Indicat | ors and ensures comp | pliance with State/National benchmarks | |
| ME H1.1 | Facility measures productivity Indicators on monthly basis | | 2 | RR | | |
| | | Total admissions Bed Occupancy Rate | 2 | RR | | |
| | | Proportion of admissions by gender | 2 | RR | | |
| Standard H2 | | The facility measu | res Efficiency Ind | icators and ensure to | reach State/National Benchmark | |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Referral Rate | 2 | RR | | |
| | | Discharge Rate | 2 | RR | | |
| | | Delesse este | 2 | RR | | |
| | | Relapse rate Percentage of children with emergency signs received hildren time compression | 2 | RR | | |
| Standard H3 | | initial treatment in emergency The facility measures C | linical Care & Saf | ety Indicators and tri | es to reach State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on | Average length of Stay | 2 | RR | | |
| | monthly basis | Case fatality rate in Paed. Ward | 2 | RR | | |
| | | No of adverse events per thousand patients | 2 | RR | | |
| | | % of infants exclusively breastfed from admission to discharge | 2 | RR | | |
| | | No. of cases treated for severe Anaemia | 2 | RR | | |
| | | No. of cases treated for pneumonia with shock | 2 | RR | | |
| | | No. of cases treated for severe dehydration | 2 | RR | | |
| | | Percentage of viral hepatitis cases managed | 2 | RR | | |
| Standard H4 | | The facility measures Se | ervice Quality Ind | icators and endeavou | urs to reach State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly | LAMA Rate | 2 | RR | | |
| | basis | Parent/caregiver Satisfaction Score | 2 | RR | In Paed. Ward | |

| | Na | ational Quality Assurance Stand Checklist for Special New | | | | Version: DH/NQAS-2020/00 7 |
|------------------------|--|--|--------------------------------|--|--|-------------------------------|
| | | Assessment Su | mmary | | | |
| Name of the | e Hospital | | | | Date of Assessment | |
| Names of As | ssessors | | | | Names of Assesses | |
| Type of Asse | essment (Internal/External) | | | | Action plan Submission Date | |
| | | | SNCU Sc | ore Card | | |
| | Area of Concern w | ise Score | | | MusQan SNCU Score | |
| A | Service Provision | 100% | | | | |
| | | | | | | |
| В | Patient Rights | 100% | | | | |
| с | Inputs | 100% | | | | |
| D | Support Services | 100% | | | | |
| E | Clinical Services | 100% | | | 100% | |
| F | Infection Control | 100% | | | | |
| | Quality Management | | | | | |
| G | | 100% | | | | |
| | Outcome | | | | | |
| н | | 100% | | | | |
| | Major Gaps Observed | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 1 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | Recommendations/ Opportunities fo | r Improvoment | | | | |
| 1 | Recommendations/ Opportunities to | rimprovement | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | | |
| Reference | ME Statement | Checkpoint | Compliance/Full/ Partial/No | Assessment Method | Means of verification | Remarks |
| Standard A2 | | | | oncern - A Service Provision rovides RMNCHA Service | | |
| ME A2.3 | The Facility provides Newborn health Services | Management of low birth weight infants <1800 gm and preterm | 2 | SI/RR | | |
| | | Prevention of infection including management of newborn sepsis | 2 | SI/RR | | |
| | | Management of Neonatal Jaundice Management of Neonatal Asphyxia | 2 | SI/RR SI/RR | Phototherapy for new born | |
| | | Emergency Management of Newborn Illnesses | 2 | SI/RR SI/RR | ETAT , Resuscitation Maintenance of Warmth , Breast feeding/feeding support | |
| | | Management of Hypothermia Lactation support & Management Services | 2 | SI/RR/OB | and Kangaroo Mother care (KMC) Counselling, Storage, promotion & support for optimal feeding practices | |
| | | second support & management services | | SI/RR/OB | feeding oractices (1) On fixed Day- for routine examination i.e. anthropometry growth. developmental screening | |
| Standard A3 | | Provision for follow up of high risk babies discharged from the SNCU ' | 2 | | (2) Valid referral linkage inhouse or with higher centre equipped with developmental/ interventional facilities | |
| Standard A3 ME A3.2 | The Facility Provides Laboratory Services | | Facility P | rovides diagnostic Service | S (1) Serum bilirubin, Plasma glucose, Serum creatinine, | |
| | | | 2 | | 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. | |
| Standard A4 | | SNCU has side lab /Linkage for laboratory investigation. | des services as mon | SI/OB | | |
| ME A4.12 | The facility provides services as per Rashtriya Bal Swasthya Karykram | Facility prov Identification of the New born for Birth Defects & referral for management | des services as man | idated in national Health Si/RR | Programs, state scheme (1) Neural tub edetts, down's syndrome, cleft lip & palate, developmental dysplasia of hip. Club foot, congenital cataract, defines, heart diseaser, etimopathy of prematurity, Linlage with DEIC for rehabilitative care prematurity, Linlage with DEIC for rehabilitative care create a complete accurate records are uploaded SLAR-HBBO tatabase (online) | |
| | | | | Concern - B Patient Rights | | |

| Standard B1 | | Facility provides the information t | <mark>o care seekers, atte</mark> | | ut the available services and their modalities | I |
|------------------------|---|---|-----------------------------------|-----------------------------------|---|--------------------------|
| ME B1.1 | The facility has uniform and user-friendly signage system | | 2 | OB | Numbering, main department and internal sectional signage, Restricted area signage displayed. | |
| | | Availability of departmental signages | | | (2) Directional signages are given from the entry of the facility | |
| ME 81.2 | The facility displays the services and entitlements available in its departments | Necessary Information regarding services provided is displayed | | | Name of doctor and Nurse on duty are displayed and updated. | |
| | | | 2 | | (2) Contact details of referral transport / ambulance displayed. | |
| | | | | OB | (3) Entitlements under JSSK, RBSK, or any relevant scheme are displayed | |
| ME 81.5 | Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches | | | | Display of pictorial information/ chart regarding expression | |
| | ······· | | 2 | | of milk/ techniques for assisted, feeding , KMC, complimentary feeding, Nutrition requirement of children , | |
| | | Display of information for education of mother /relatives Parents/family attendants are educated for providing | | OB | hand washing & Breastfeeding policy etc. | |
| | | care to their admitted sick new-born | 2 | PI/OB | As per family participatory care guidelines | |
| | | Counselling aids are available for education of parents/ guardian | 2 | 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 | | 08 | | |
| | | part of the Health facility for the promotion of breast milk substitute , feeding bottles, teats or any product as | 2 | | Check in Immunization, paediatric OPDs , waiting areas/ outside SNCU etc. | |
| | | mentioned under IMS Act | | OB | | |
| | | No display of items and logos of companies that produce breast milk substitute, feeding bottles, teats or any | 2 | OB | Check in SNCU Complex including waiting areas Check staff is not using pen, note pad, pen stand etc. | |
| | | product as mentioned under IMS Act | | | 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 | 2 | ОВ | During counselling Mothers and families are specially educated about ill effects of breast milk substitutes. | |
| ME 81.6 | Information is available in local language and easy | Signages and information are available in local language | 2 | | Check all information for patients/ visitors are available in | |
| Standard B3 | to understand | | | OB v of patient, and has a sys | local language tem for guarding patient related information. | |
| ME 83.1 | Adequate visual privacy is provided at every point | , | | OB | (1) Screens / Partition has been provided between mothers | |
| | of care | Privacy is maintained in breast feeding and KMC | 2 | | (2) Visual privacy is maintained in milk expression area | |
| ME B3.2 | | room/area | | SI/OB | (1) Check records are not lying in open and there is | |
| | Confidentiality of patients records and clinical | | 2 | | designated space for keeping records with limited access. (2) Records are not shared with anybody without written | |
| | information is maintained | Patient Records are kept at secure place beyond access | - | | permission of parents & appropriate hospital authorities | |
| ME B3.3 | The facility ensures the behaviours of staff is | to general staff/visitors Behaviour of staff is empathetic and courteous | | OB/PI | Check staff is not providing care in undignified manner such | |
| | dignified and respectful, while delivering the services | | 2 | | as yelling, scolding, shouting and using abusive language to mother in SNCU and MNCU | |
| Standard B4 ME B4.1 | Facility has de | fined and established procedures for informin | ng and involving pat | ient and their families ab | out treatment and obtaining informed consent w | /herever it is required. |
| | informed consent before treatment and | SNCU has system in place to take informed consent from | 2 | JUNN | | |
| ME 84.2 | Patient is informed about his/her rights and | parent/ guardian/ relative whenever required Check mothers of inborn and outborn baby have been | | OB/PI | Check BHT/ Pt file General Consent form is taken and signed. Also check provision for their stay and diet | |
| | responsibilities | allotted space to stay especially in case of long stay of sick newborn. | 2 | | | |
| ME B4.4 | Information about the treatment is shared with patients or attendants, regularly | SNCU has system in place to involve patient /relatives in | 2 | PI | Check parents/ relatives of admitted baby is communicated about newborn condition, treatment plan and any changes | |
| ME 84.5 | Facility has defined and established grievance | decision making as per Family Participatory guidelines | | OB | at least once in day | |
| | redressal system in place | Availability of complaint box and display of process for | 2 | | Check the completeness of the Grievance redressal mechanism , from complaint registration till its resolution | |
| Standard B5 | | grievance re addressal and whom to contact is displayed The facility ensures that there are no finan | icial barrier to acces | s, and that there is financ | ial protection given from the cost of hospital ser | vices. |
| ME 85.1 | The facility provides cashless services to pregnant | 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 | |
| | women, mothers and neonates as per prevalent government schemes | diagnostics and blood are provided free of cost | 2 | | or any informal fees given to service providers | |
| | - | Availability of free transport services | 2 | PI/SI | Availability of Free drop back, availability of Free referral | |
| | | | | PI/SI | vehicle/Ambulance services Check with mother about stay facility (specially mother of | |
| | | | 2 | | outborn newborn) Check with mother if she is getting adequate meal at least 3 | |
| ME 85.2 | The facility ensures that drugs prescribed are | Availability of free stay & Diet to mother Check that patient party has not spent on purchasing | 2 | PI/SI | times Ask parent attendants/guardians if they purchased any | |
| ME 85.3 | available at Pharmacy and wards It is ensured that facilities for the prescribed | drugs or consumables from outside. Check that patient party has not spent on diagnostics | 2 | PI/SI | drug/consumable from outside Ask parent attendants/guardians if they got any diagnostic | |
| ME 85.5 | investigations are available at the facility The facility ensures timely reimbursement of | from outside. System of reimbursement exist in case any expenditure | | PI/SI/RR | investigation done from outside | |
| | financial entitlements and reimbursement to the patients | incurred in the treatment | 2 | | | |
| Standard C1 | | | | of Concern - C Inputs | | |
| ME C1.1 | Departments have adequate space as per patient | Adequate space in SNCU without cluttering | or delivery of assure | OB | infrastructure meets the prevalent norms (1) Floor area of 50 sq. ft per bed is required for patient care | |
| | or work load | | 2 | | 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 | 2 | OB | As per MNCU guideline | |
| ME C1.2 | Patient amenities are provide as per patient load | | 2 | OB | Waiting areas are along with toilet, Drinking water, seating arrangement, TV for entertainment & Health Promotion | |
| | | Availability adequate waiting area for patient relatives Availability of space for mothers of admitted sick | | OB | activities , Tea/coffee vending machine Check availability of beds, bathing facility, toilets and diet | |
| ME C1.3 | Departments have layout and demarcated areas | newborn to stay | 2 | | supply | |
| | as per functions | SNCU has earmarked triage area | 2 | OB | Demarcated reception and resuscitation area | |
| | | CNCI has nowhere one are: | 2 | | To accommodate at least 20 radiant warmer, separate | |
| | | SNCU has newborn care area SNCU has designated area for infected cases as isolation | 2 | OB | outborn may not required if strict asepsis is followed (1) Varicella, Diarrhoea | |
| | | ward Clean area for mixing intravenous fluids and | 2 | OB | (2) Strict asepsis protocol are followed Area is clean & entry to area is restricted | |
| | | Medications/ fluid preparation area SNCU has a designated follow-up area | 2 | OB | For counselling during discharge and imparting FPC training | |
| | | | | | | |
| | | Mother's area for expression of breast milk/ Breast feeding, gowning area & Handwashing area | 2 | OB | SNCU has system in place to call mother's of baby for feeding | |
| | | SNCU Complex has designated space for MNCU | 2 | OB | (1) Part of SNCU complex/ Area in close proximity (2) Check Stepdown and KMC unit amalgamated as part of | |
| | | | | | MNCU | |
| | | Dedicated space for support services | 2 | OB | Autoclaving room, washing area, change room & Dirty Utility , Dining area | |
| ME C1.4 | The facility has adequate circulation area and | Demarcated ancillary area | 2 | OB | Doctors duty room Unit stores & Side Lab | |
| MC C1.4 | The facility has adequate circulation area and open spaces according to need and local law | Availability of adequate circulation area for easy | 2 | | | |
| | | movement Check availability of buffer zone beyond the door of | 2 | OB | Check entry is restricted - visitors are not allowed without | |
| ME C1.5 | The facility has infrastructure for intramural and | SNCU Availability of functional telephone and Intercom | 2 | OB | permission | |
| ME C1.6 | extramural communication Service counters are available as per patient load | Services Availability of adequate patient care units as per case | 2 | OB | | |
| ME C1.7 | The facility and departments are planned to | load | | OB | | |
| | ensure structure follows the function/processes (Structure commensurate with the function of the | | 2 | | SNCU is easily accessible from labour room, maternity ward | |
| | (structure commensurate with the function of the hospital) | Check maternity complex & SNCU is in close proximity Arrangement of different section ensures unidirectional | | OB | and obstetric OT | |
| Standard C2 | | flow | 2 | OB | Unidirectional flow of goods and services. | |
| Standard C2 ME C2.1 | The facility ensures the seismic safety of the | Non structural components are properly secured | | physical safety of the infr OB | Check for fixtures and furniture like cupboards, cabinets, and | 8 |
| | Infrastructure | | 2 | | 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 | 2 | OB | Switch Boards other electrical installations are intact | |
| | | SNCU has mechanism for periodical check / test of all | 2 | OB/RR | SNCU has system for power audit of unit at defined intervals | |
| | | electrical installation by competent electrical Engineer | | OB/RR | and records of same is maintained | |
| | | 10 central Voltage stabilize outlets are available with each | 2 | | 50% of each should be Samp and 50% should be 15 amp to bandle load of equipment | |
| | | warmer in main SNCU, Step down area and triage room | 1 | 1 | handle load of equipment | 1 |

| | | | | 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 | |
| | | | 2 | | earth to neutral voltage. (3) Earth resistance should be measured twice in a year and logged. Normal range 3-S V (if | |
| | | | | | exceed to report immediately) | |
| ME C2.4 | Physical condition of buildings are safe for | SNCU has earthling system available | 2 | | | |
| | providing patient care | Floors of the SNCU are non slippery and even Windows/ ventilators if any are intact and sealed | 2 | OB OB | The floor of the SNCU complex is made of anti-skid material. | |
| Standard C3 | | | lity has established | program for fire safety and | d other disaster | |
| ME C3.1 | The facility has plan for prevention 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 | |
| | | SNCU has sufficient fire exit to permit safe escape to its occupant at time of fire | 2 | | 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 | 2 | OB | Check the expiry date for fire extinguishers are displayed as well as due date for next refilling is clearly mentioned | |
| | | | | OB | SNCU has electrical and automatic fire alarm system or alarm | |
| | | SNCU has provision of Smoke and heat detector & fire alarm | 2 | | system sounded by actuation of any automatic fire | |
| ME C3.3 | The facility has a system of periodic training of | Check for staff competencies for operating fire | | SI/RR | extinguisher Staff is aware of RACE (Rescue, Alarm, Confine & Extinguish) | |
| | staff and conducts mock drills regularly for fire and other disaster situation | extinguisher and what to do in case of fire | 2 | | &PASS (Pull, Aim, Squeeze & Sweep) | |
| Standard C4 | | The facility has adequate qualifi | ed and trained staff | , required for providing t | he assured services to the current case load | |
| ME C4.1 | The facility has adequate specialist doctors as per service provision | Availability of fulltime Paediatrician | 2 | OB/RR | At least one paediatrician/ FBNC trained medical officer per shift | |
| ME C4.3 | The facility has adequate nursing staff as per | | 2 | OB/RR/SI | 3 per shift | |
| ME C4.4 | service provision and work load The facility has adequate technicians/paramedics | Availability of Nursing staff Availability technician for side lab | | OB/SI | 1 technician (if side lab is available). | |
| | as per requirement | | 2 | | 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 | | | SI/RR | Availability of sanitary staff and ayahs, Security staff & data | |
| | The locality has decenate support / Beneral start | Availability of SNCU support staff | 2 | ., | entry operator | |
| Standard C5 ME C5.1 | The departments have availability of adequate | Facility pr | | nsumables required for as OB/RR | Ampicillin, Cefotaxime, Gentamycin, Amikacin, Piperacillin, | |
| | medicines at point of use | Availability of Antibiotics | 2 | | Meropenem | |
| | | Availability of antiepileptic medicines (AEDs) Availability of analgesics and antipyretics | 2 | OB OB/RR | Lorazepam, Phenytoin and Phenobarbitone Paracetamol | |
| | | | | OB/RR | 5%, 10%, 25% Dextrose Normal saline, Inj. Potassium Chloride 15%, Isolyte-P, distilled | |
| | | Availability of IV Fluids & medicines for electrolyte | 2 | | water. Inj. Calcium Gluconate 10% | |
| | | imbalance | | | | |
| ME C5.2 | The departments have adequate consumables at | Availability of Supplements | 2 | OB/RR OB/RR | Vit D, Calcium, Phosphorus, multivitamin & iron | |
| | point of use | Availability of consumables for new born care | 2 | | Gauze piece and cotton swabs, Diapers, Baby ID tag, cord clamp, mucus sucker, Gauze piece and cotton swabs. | |
| | | evenuently or consumables (or new born care | | OB/RR | | |
| | | Availability of syringes and IV Sets /tubes | 2 | | 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 | 2 | OB/RR | Gowns (disposable /autoclavable) while entering inside SNCL and also while providing KMC | |
| ME C5.3 | Emergency drug trays are maintained at every | Emergency Drug Tray is maintained | | OB/RR | Ini.Adrenaline (1:10000) | |
| | point of care, where ever it may be needed | | 2 | | Inj. Naloxone Sodium Bicarbonate Injection Aminophylline | |
| | | | 2 | | Phenobarbitone (Injection +oral) Injection Hydrocortisone, Inj. Dexamethasone, Inj. Phenytoin | |
| | | | | | Vit K . Caffeine citrate | |
| Standard C6 ME C6.1 | Availability of equipment & instruments for | Availability of functional Equipment &Instruments | nas equipment & ins | truments required for ass | | |
| | examination & monitoring of patients | for examination & Monitoring | 2 | | Multipara monitor, Thermometer, Weighing scale, pulse oximeter, Stethoscope (binaural, neonate), stethoscope | |
| | | | | OB | (paediatric), Infantometer , Measuring tape, fluxmeter Availability of services in side lab; Micro | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the | Availability of diagnostic instruments for side laboratory | 2 | | hematocrit, Multistix, Bilirubinometer, Microscope, Dextromet | |
| | facility | | - | OB | er, Glucometer, test stripes, 26 gauge needle or lancet, alcohol for skin preparation | |
| ME C6.4 | Availability of equipment and instruments for resuscitation of patients and for providing | | | | Infusion pumps,Oxygen cylinder/central line/Oxygen | |
| | intensive and critical care to patients | | 2 | | concentrator, oxygen hood, Self inflating Bag and masks (Size | |
| | | Functional Critical care equipment for Resuscitation. | | OB | 00, 0 & 1) 250 ml &500 ml, laryngoscope (with 0 &1 size straight blades) , ET tubes, suction machine | |
| | | Functional Patient care units | 2 | 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 | 2 | | Refrigerator, Crash cart/Drug trolley, instrument trolley, | |
| ME C6.6 | Availability of functional equipment and | Availability of neonatal transport equipment | | OB | dressing trollev Transport incubator with temp probes, digital thermometer, | |
| | instruments for support services | | 2 | | oxygen cylinder with flowmeters, oxygen tubing adapter, oxygen hood, neonatal size masks & cannula, resuscitation | |
| | | | 2 | | bags, nasal prong, endotracheal tubes, mucus suction trap, | |
| | | | | OB | feeding tube, infusion pump etc | |
| | | Availability of equipment for cleaning, washing sterilization and disinfection | 2 | | Buckets for mopping, Separate mops for ward and circulation area, duster, waste trolley, Deck brush, washing | |
| ME C6.7 | Departments have patient furniture and fixtures | | | OB | machine, Autoclave Cupboard, nursing counter, table for preparation of | |
| | as per load and service provision | | 2 | | medicines, chair, furniture at breast feeding room, X ray | |
| Standard C7 | Facility has a defined and established proc | Availability of furniture & fixture edure for effective utilization, evaluation and | augmentation of co | OB OB OB OB OB OB | view box. ace of staff | |
| ME C7.1 | Criteria for Competence assessment are defined for clinical and Para clinical staff | | | SI/RR | Check objective checklist has been prepared for assessing | |
| | conneur allia inalia cilinical statt | Check parameters for assessing skills and proficiency of | 2 | | competence of doctors, nurses and paramedical staff based | |
| ME C7.2 | Competence assessment of Clinical and Para clinical | clinical staff has been defined Check for competence assessment is done at least once | | SI/RR | on job description defined for each cadre of staff. Check for records of competence assessment including filled | |
| | staff is done on predefined criteria at least once in a year | in a year | 2 | | checklist, scoring and grading . Verify with staff for actual competence assessment done | |
| ME C7.9 | | Facility based New Born Care (FBNC) training | | SI/RR | To all Medical Officers and Nursing Staff posted at SNCU | |
| | The Staff is provided training as per defined core | | 2 | | -4 days class room training followed by 14 days observership | |
| | competencies and training plan | NRP module training for updated protocols of neonatal | 2 | SI/RR | at recognized collaborating centre | |
| | | resuscitation ETAT training | 2 | SI/RR | To all Medical Officers and Nursing Staff posted at SNCU 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 | |
| | | | 2 | | 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 | 2 | SI/RR | Check training records | |
| ME C7.10 | There is a stabilized to see that for the set | | | SI/RR | Check supervisors make periodic rounds of department and | |
| 112 C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive | | 2 | ылк | monitor that staff is working according to the training | |
| | supervision | Check facility has system of on job monitoring and 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 | |
| | | | 2 | | on care of normal and sick newborn at time of birth & | |
| | | Nursing staff is skilled to train parent-attendants for | 2 | SI/ PI | beyond & Breast feeding support As per family participatory care guidelines | |
| | | providing care to the sick newborn | | oncern - D Support Service | | |
| Standard D1 | | Facility has established | | tion, testing and maintena | ance 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 | 2 | SI/RR | Radiant warmer, Phototherpy units suction machine, Oxygen | |
| | | | - | SI/RR | concentrator, pulse oximeter/ Multipara monitor | |
| | | | | ылк | Check for breakdown & Maintenance record in the log book Back up for critical equipment. Label Defective/Out of order | |
| | | | 2 | | equipment and stored appropriately until it has been repaired. | |
| | | There is system of timely corrective break down maintenance of the equipment | | | | |
| | | Staff is skilled for cleaning, inspection & trouble shooting | | SI/RR | (1) Staff is trained for use, preventive maintenance and | |
| | | of the equipment malfunction | 2 | | 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. | |

| Res Res Res Res Res Res Res Res Res Res Res Res Res Res Res Res Res Res Res< | | | | | | | |
|--|--|--|--|---|---|---|-----|
| Result Result <thresult< th=""> <thresult< th=""> <thresult< td="" th<=""><td></td><td></td><td>Check the skill of staff for maintenance & trouble</td><td></td><td>SI/ OB</td><td>Maintenance-</td><td>]</td></thresult<></thresult<></thresult<> | | | Check the skill of staff for maintenance & trouble | | SI/ OB | Maintenance- |] |
| Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector Normal Sector <td></td> <td></td> <td></td> <td></td> <td>31/ 08</td> <td>Coarse filter- Ensure it is dust free & wash daily</td> <td></td> | | | | | 31/ 08 | Coarse filter- Ensure it is dust free & wash daily | |
| Result Result <thresult< th=""> <thresult< th=""> <thresult< td="" th<=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thresult<></thresult<></thresult<> | | | | | | | |
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| Result Automathematical and a second se | | | | 2 | | | |
| Result Image: Section of the secti | | | | | | | |
| Note: < | | | | | | so decrease flow rate. | |
| Note Note <t< td=""><td></td><td></td><td></td><td></td><td></td><td>Compressor heats up- Malfunctioning of compressor- Look at fan, it may be jammed, & hence need repair.</td><td></td></t<> | | | | | | Compressor heats up- Malfunctioning of compressor- Look at fan, it may be jammed, & hence need repair. | |
| Image: Problem in the standard regime has a problem in the standard regim in the standard regime has a problem in the standard regime h | | | | | | If central oxygen supply is used - Check staff is aware of it | |
| Note: Note: <t< td=""><td></td><td></td><td></td><td></td><td>C1/00</td><td></td><td></td></t<> | | | | | C1/00 | | |
| And and a probability of a probab | | | shooting of phototherapy units | 2 | ., | bulbs covered with dust or dirty reflectors) | |
| Note: Note: <t< td=""><td>ME D1.2</td><td></td><td>All the measuring equipment/ instrument are calibrated</td><td></td><td>OB/ RR</td><td>warmer etc are calibrated . (2) Check for records</td><td></td></t<> | ME D1.2 | | All the measuring equipment/ instrument are calibrated | | OB/ RR | warmer etc are calibrated . (2) Check for records | |
| Note Control of the section of the secti | | | | 2 | | /calibration stickers. (3) There is system to label/ code the enuinment to indicate status of calibration/ verification when | |
| Image: black start in the | | | | | (*) | recalibration is due. | |
| NameUnder and a proper problem and a problem | MED1.3 | | | 2 | OB/SI | Check operating and trouble shooting instructions of equipment are available in SNCU | |
| NAMERestant and set of the s | Standard D2 | | | torage inventory m | anagement and dispensir | or of medicines in pharmacy and patient care are | 25 |
| No. 1No. 1 <t< td=""><td></td><td></td><td>There is established system of timely indenting of</td><td></td><td>SI/RR</td><td>Stock level are daily updated</td><td></td></t<> | | | There is established system of timely indenting of | | SI/RR | Stock level are daily updated | |
| Part of the sector of the | | indenting drugs and consumables | consumables and drugs | 2 | | | |
| Note: Note: Note: Note: Note: Note: Note:< | | | Drugs are indented & supplied in Paediatric dosages | | OB/RR/SI | Check with stock and indent registers. Check drugs are available in paediatric doses/formulation | |
| Note Note <t< td=""><td></td><td>M. C. 196</td><td>only</td><td>2</td><td></td><td></td><td></td></t<> | | M. C. 196 | only | 2 | | | |
| Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: Note: | ME D2.3 | | | 2 | UB UB | | |
| Part of the second o | | | Empty and filled cylinders are labelled and updated | | OB | | |
| App Result of the second se | | | | 2 | | flow meter is working and pressure/ flow rate is updated in | |
| Note of the section of the | ME D2.4 | | Expiry and near expiry dates are maintained | | OB/RR | | |
| Note: Note: Note: Note: Note: Note: Note: Note: 1000: Note: No | | near expiry drugs | | | | Records for expiry and near expiry drugs are maintained for emergency tray and drug stored at department | |
| Note of the sector of the | MEDZE | The facility has established and 1 | | 2 | | In SNCU sub store as well as drug/emergency trays | |
| Image: state in the | MIC DES | | | 2 | 51/KK | Minimum stock and reorder level are calculated based on | |
| Note: Note: <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | | | | | | | |
| Mathematical problem in the second secon | | | | 2 | RR | | |
| Name Mathematication of the second seco | ME D2.6 | | There is procedure for replenishing drug tray /crash cart | 2 | SI/RR | There is no stock out of drugs and | |
| Result | ME D2.7 | drugs in patient care areas There is process for storage of vaccines and other | ' | <u> </u> | OB/RR | Procedure for reolenishing drug in place Check for temperature charts are maintained and updated | |
| Note Defense of the control of the | | | Temperature of refrigerators are kent as ner storage | 2 | | periodically. Refrigerators meant for storing drugs should not | |
| Name Provide and stands and st | | | requirement and records are maintained | | | | |
| Appendix and the second se | | The facility provides adequate illumination level at | | es safe, secure and c | comfortable environment | to staff, patients and visitors. | |
| Note:::::::::::::::::::::::::::::::::::: | | | | | | | |
| MAD2 In back by large control were and were | | | | 2 | | Illumination level at nursing station- 150-300 Lux | |
| Appendix set in the section of the section | ME D3.2 | The facility has provision of restriction of visitors | Adequate Illumination patient care unit & nursing station | | OB/SI | Light source is glare free or veiling reflections (1) One trained female family member allowed to stay with | |
| Hand And set of the state of | | | | | | the new born in step down after undertaking all universal | |
| Notion Notion protects in advancementary intervention particles and service partinteres and service partinteres and service particles a | | | | 2 | | head cap etc. | |
| Mail Binding water shaded control for particular delegation in program and the particular delegation in program and the particular delegation in the particular delegatio | | | Visitor policy is defined & implemented | | | | |
| Number of the section of the secti | ME D3.3 | | SNCU has system to control temperature and humidity | | | | |
| Result Subsymptote backs in superiods of the one planting with the bick in superiods of the one planting with the one plantin | | environment for patients and service providers | and record of same is maintained | 2 | | | |
| Provide of the second secon | | | | | SI/RR | control. Relative humidity of 30-60% should be maintained | |
| BCDATE produce that the Wager and a set of the Wage | | | | | | | |
| Image: section of the section of t | | | SNCU has procedure to check the temperature of | 2 | | | |
| Result Result <td></td> <td></td> <td></td> <td></td> <td>SI/RR</td> <td></td> <td></td> | | | | | SI/RR | | |
| Provide Sector of Sector of Sector | | | | | | | |
| IndexSubstrate <th< td=""><td></td><td></td><td></td><td>2</td><td></td><td>telephone sounds, staff area and equipment). Should not</td><td></td></th<> | | | | 2 | | telephone sounds, staff area and equipment). Should not | |
| No.0000 No.000000000000000000000000000000000000 | | | SNCU has system to control & monitor sound level | | SI/RR | | |
| Middle Intelligible i | | | SNCU has system of switching off light when not | 2 | | | |
| Alt A ROSE Note down districtions have also be provided in the prime water 0 Description of the prime prime prime of the prime prime prime of the prime prima prime prima prime prime prime prima prima prime prime prime pr | ME D3.4 | The facility has security system in place at patient | | 2 | | There is procedure for handing over the baby to | |
| Arr Data Part of the Second programment of SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Model Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Model Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Model Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Model Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Model Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total Model Part of the Society arrangement af SOL arr total Part of the Society arrangement af SOL arr total | | | New born identification band and foot prints are used | | 08 | mother/father/Legal Guardian | |
| Note of the section of the sectin of the section of the section of the section of the se | | | | 2 | 08 | CCTV camera, define & practice procedure for handing over | |
| sector of streem out The facility has exable hadron out Control A survey of the facility MB1421 Control A survey of the facility hadron on tha | | | Check security arrangement at SNCU are robust | | | the baby to mother/father | |
| Standard of Unitary Sta | 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 | 2 | SI | | |
| spropriate spropriate <td>Standard D4</td> <td></td> <td></td> <td>as established Progr</td> <td>amme for maintenance a</td> <td>nd upkeep of the facility</td> <td></td> | Standard D4 | | | as established Progr | amme for maintenance a | nd upkeep of the facility | |
| Name Patient care areas are clean and hygionic Walk & sink are chened a per schedule 2 0.01 (1) A basin core a day (1) Minimized pack desintent No. Prove the form of the f | ME D4.1 | | Interior & exterior of patient care areas are plastered & | | | Wall and Ceiling of SNCU is painted and made of white wall | |
| Image: Section of the section of t | | | | | | | |
| Image: Section of the section of t | ME D4.2 | Patient care areas are clean and hygienic | | | | (2) With hospital grade disinfectant | |
| Image: | | | | | OB/ RR OB | (1) At least 3 times in a day | |
| ME DA1 Propisal infrastructure is adequately maintained Cale for them is no sepage, Cask, chipping of passe 2 Supply with functional citem has been provided. ME DA3 Hotpital infrastructure is adequately maintained Cale for them is no sepage, Cask, chipping of passe 2 OB Check for pastent care as well a sunling y areas ME DA3 The folly has policy of enroluoi of condemend/line material in the SEQL 2 OB Check for pastent care as well a sunling y areas ME DA3 The folly has policy of enroluoi of condemend/line material in the SEQL 2 OB Check for any doubles article including equipment, instrument, record, dug and consumables ME DA3 The folly has adequate arringement storage and passe storage and passe storage and passe storage requirement of SAP analability of SAP a | | | circulation areas are Clean | 2 | | Surface of furniture and fixtures are clean | |
| Image: Second | | | rollets are clean with functional flush and running water | 2 | OB | LINECK tollet seats, floors, basins etc are clean and water supply with functional cistern has been provided. | |
| Image: Second | ME D4.3 | Hospital infrastructure is adequately maintained | Check for there is no seepage. Cracks: chinning of | | OB | | |
| Mc Dot Mc double prior Mc doube prior | | | | | | | |
| ME Basility has policy of removal of condemed funk material in the SQU 0 0.0% for the for any globade stricle including equipment, instrument, recercity, range double stricle including equipment, instrument, range double stricle including equipment, instrument, recercity, range double stricle including equipment, instrument, range double stricle including equipment, instrument, recercity, range double stricle including equipment, instrument, range double stricle including equipment, instrument, range double stricle including equipment, instrument, range double stricle including equipment, range double stricle inc | | | Window panes , doors and other fixtures are intact | 2 | | | |
| ME Bading Park Setabilished procedures for park park park park park park park par | ME D4.5 | | | 2 | OB | | |
| Indext of Dots Net stray stand/reduct/bit/s The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms. ME 05.1 The facility has adequate arrangement storage and supply for potential water in all functional actions. Availability of 2AX7 running water & how tester facility. ME 05.2 The facility ensures adequate power backup in all running and potable water in all functional actions. Availability of 2AX7 running water & how tester facility. ME 05.3 Check for zaX7 availability of power backup in all running and potable water in all functional actions. Availability of power backup in all running water is a power backup in all running water is a power backup in cluding discussed water in all power backup in patient care areas a power backup in cluding discussed water patient provides discussed water patient provides and the subset provides discussed water patient provides d | ME D4.6 | The facility has established procedures for pest, | | 2 | OB | | |
| M8 05.2 The facility has adequate arrangement storing and supply for proteive law water facility. Availability of 24.7 Running water & hot water facility. M8 05.2 The facility ensures adequate power backup in all functional assessment. Availability of power backup in all functional assessment. Availability of 24.7 Running water & hot water facility. M8 05.2 The facility ensures adequate power backup in all functional assessment. Availability of contrakted / local power backup in all functional assessment. Availability of contrakted / local power backup in all functional assessment. M8 05.2 The facility ensure and evaluate power backup in all functional assessment. Availability of contrakted / local power backup in all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional in provide different and class in form of all functional assessment. Nutritional assessment of patient done specially for outpower backup in all functional in provide different and class in form on al | Standard DS | rogent and animal control | | | as per requirement of sev | rvice delivery, and support services norms | |
| atom intervent work in motion motion intervent work in the motion work in the work in the motion work in the work in the motion work in the work in | | | Availability of 24x7 running and potable water | | OB/SI | Availability of 24X7 Running water & hot water facility. | |
| M6 B5.2 The faility resurses adequate power backup into a method participation of the state of the sta | | | | 2 | | | |
| M6 B0.2 orgen, medial gates and vacuum gayle standard 000 Critical area of the facility murris availability of certralised/local pipe Oxygen and gates/local pipe Oxygen, medial gates and vacuum gayle Analability of certralised/local pipe Oxygen and gates/local pipe Oxygen, medial gates and vacuum gayle Mediates/local pipe Oxygen, medial gates and vacuum gayle Mediates/local pipe Oxygen, medial gates, medial pipe Oxygen, medial gates, medial pipe Oxygen, medial gates, median distances medi | ME D5.2 | The facility ensures adequate power backup in all | Availability of annual to the second | 2 | OB/SI | | |
| ordeget ordeget ordeget ordeget ordeget Selected DS Detary services are valiable as per service provision and nutritice requirement of the patients. ME DS.2 The facility has provision of nutritice requirement of patient done specially for ordeget or advanted by and the patients. requirement of the patients. ME DS.2 The facility has provision of nutritice requirement of patient done specially for ordeget or advanted by and the patients. requirement of the patients. requirement of the patients. ME DS.2 The facility provide diets according to nutritice and particle patients. requirement of the patients. requirement of the patients. ME D7.4 The facility has advanted by and the facility provide diet facility provide diet facility provide diet facility provide diet and the provide unificient and clean inne for each particle. requirement of patient as the patient of the patients. ME D7.4 The facility has advanted procedures for each particle. requirement diet and the patient or are mained. requirement diet and the patient or are mained. ME D7.4 The facility has advanted procedures for each particle. requirement is devel diet and every day and whenever if et solid 0 ME D7.4 The facility has strabilized procedures for handing, internet. requirement is devel diet recever for each particle. 2 00/////////////////////////////////// | ME D5.3 | Critical areas of the facility ensures availability of | | , | OB | ucultated UPS and emergency light | |
| ME 06.20 Met 00.20 Met 00.20 | Standard D6 | oxygen, medical gases and vacuum supply | vacuum supply | | ice provision and nutritio | nal requirement of the patients | |
| of the gatients mather of admitted buby Med by 2 Reg(s) Reg(s) Reg(s) Md by 2 The facility provides diets succording to nutritional requirements of the patients Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients If Deck for the adequacy and frequency of diet a per voltant and the patients Md Dy 2 The facility has adequate sets of linem Standard DY If Deck for the address and Quantity of the patient set of the patients If Deck for the address and Quantity of the patient set of the patient set of the patient set of the patient set of the patients Md Dy 3 The folly has adequate sets of innem for particular provides If Deck the deck the cleaniness and Quantity of the patient set | | | Nutritional assessment of patient done specially for | | | | |
| requirements of the patients Check for the adequacy and frequency of diet ap provide sufficient approximation of autom babiles) Control of the patients Control of the patients Standard D2 Uniformat requirement Double of the patients OutPatient | | of the patients The facility provides diets according to nutritional | mother of admitted baby | <u> </u> | RR/SI | | |
| Sender 07 The facility has adequate est of linen Autilities of demonstrative month Control of the facility of the set of the patients ME 07.1 The facility has adequate est of linen SKULh is facility to provide ufficient and clean linen for exch parent attendant 0.08/8 Check linen is clean, stains free & not torn. ME 07.2 The facility has adequate est of linen SKULh is facility to provide ufficient and clean linen for exch parent attendant. 0.08/8 Check linen is clean, stains free & not torn. ME 07.2 The facility has astabilished procedures for changing of linen in a changed every day and whenever it get solid 0 0.08/8 Check linen is checked presenting it to linen its checked reserved from ME 07.3 The facility has astandard procedures for handing, checked network if get solid 0 0.08/8 Check linen is checked network from ME 07.3 The facility has astandard procedures for handing, linen is checked network of the linen Check linen is a kept doe point in adjuint requirement of the linen Check linen is kept doe point in adjuint requirement of the linen Senderd 011 Check linen is a stabilished procedures for during in adjuint requirement of the solid adjuint requirement of the reserved in the solid adjuint requirement of the reserved removed a line of the reserved removed a line of the reserved removed a line of the reserved removed and the reserved removed and the reserved removed a line of the reser | ME D6.2 | | Check for the adequacy and franciance of distance of | 2 | | | |
| ME 02.1 The facility has adequate etc of linem SKOL has facility provide ufficient and claim line for exch parent attendant Q QR/R Check line is clean, stains free & not tom. ME 02.2 The facility has stabilished procedures for changing of line in line in changed every day and whenever it get solide ALL DPA C QR/R C ME 02.3 The facility has stabilished procedures for changing of line in line in changed every day and whenever it get solide to leaden 2 QR/R C ME 02.4 The facility has stabilished procedures for handing, checking of gene in advessing of line in the heart to leaden There is system to check the cleanines and Quantity of line in the heart to leaden C C Stadeword D1 C- C- C C C Stadeword D1 C- C C C C Stadeword D1 C- C C C C Stadeword D1 C- C C C C Stadeword D1 C C C C C Stadeword D1 C | ME D6.2 | | | | | (2) Check that all items fixed in diet menu is provided | |
| ME D2 a Call of face in patient care rates and parent-steed data of a vert day and wherever it get solid of them in patient care rates and procedures for handing. Collection, transportation and washing of lines in patient care rates and there were it get solid of them in patient care rates and procedures for handing. Collection, transportation and washing of lines in patient care rates and there were it get solid of them in patient care rates and procedures for handing. Collection, transportation and washing of lines in patient care rates and there were it get solid of them in patient care rates and procedures for handing. Collection, transportation and washing of lines in there is system to check the cleanliness and Quantity of them is checked endered are maintained or there is used and out the target of the care target maintained over the face over and there were it get solid of them is there is a verable blice encourse a line of the care target and there is a verable to the care target and there were it get solid of them is a verable blice encourse a line of the verable state of the verable care encourse and there encourse a line of the verable state for solid or there is per get over, regulations and standards operating procedures. ME D3.1 The facility has a stabilished procedure for duty in there is procedure to ensure that statif is available on releving dutation of afferent departing and dray main there is per get or regulations and standards operating procedures. | | | nutritional requirement | The facility en | | | |
| changing of lines in patient care areas Lenis changed every day and wherever it get solid a Cuantity of lines is checked before sending it to lundry. ME 07.3 The facility has standard procedures for handing, or lundry of lines is checked before sending it to lundry. Slandard 01 Slandard 01 Standard 011 Check declarate checked head is standard or get and shandard every day and wherever it get solid Slandard 01 Slandard 01 Slandard 01 Standard 011 Check declarate checked head is standard or | Standard D7 | | | | | and a second status ince a not torn. | |
| ME 07.3 The facility has standard procedures for handing, collection, transportation and washing of lies There is system to check the cleantines and Quantity of lies Quantity of lies is checked before sending it to bundly. Sender 0.11 Check in the standard procedure for duty lies Check in the standard operating and standard soperating and check in the standard soperating and lies Quantity of lies is checked before sending it to bundly. Sender 0.11 Check in the standard soperating and lies Check in the standard soperating and releving Method sover Check in the standard soperating and releving Method senders registrandard soperating and releving Method senders registrand senders registrand senders registrand releving Method senders registrand senders registrand senders registrand releving Method senders registrand senders registrandard soperating and releving Method senders registrand senders registrandard senders registrandard releving Method senders registrandard senders registrandard senders registrandard senders registrandard senders registrandard senders registrandard senders registrandard releving Method senders registrandard senders registrandarece registrandard senders registrandarece registrandard senders | Standard D7 ME D7.1 | The facility has adequate sets of linen | SNCU has facility to provide sufficient and clean linen for | | | | |
| Number of the line Isourty: Records are multilitied below of the line below of the line constraints Check declicated closed bin is kept for storage of dirly line 2 Standard D11 Check declicated closed bin is kept for storage of dirly roter and deputation to different departs Check declicated closed bin is kept for storage of dirly line ME 013 The facility has a stabilished procedure for durly roter and deputation to different departs All Si available on 2 RR/SI (1) Check for system for recording time of reporting and releving Mandarma cregistry dired mander sized if releving Mandarma cregistry dired manders sized if Sized and the receives dired mandarma cregistry dired mander sized if releving Mandarma cregistry dired manders sized if Sized and the receives dired mandarma cregistry dired mandarma c | Standard D7 ME D7.1 ME D7.2 | The facility has adequate sets of linen The facility has established procedures for | SNCU has facility to provide sufficient and clean linen for each parent-attendant | 2 | OB/RR | | |
| Standard 011 Check decidated closed bin is kept for storage of dirty ison 2 One Check line is kept closed bin & emptior regultyr, Plantic bag is used in double & the bag bag are used before removed. Standard 011 The facility has a stabilished procedure for durty to facer and deputation to different department. durty are produced with staff is available on roter and deputation to different department. Note and stabilished procedure for durty to facer and deputation to different department. | Standard D7 ME D7.1 ME D7.2 | The facility has adequate sets of linen The facility has established procedures for changing of linen in patient care areas The facility has standard procedures for handling , | SNCU has facility to provide sufficient and clean linen for each parent -attendant Linen is changed every day and whenever it get soiled | 2 | OB/RR | | |
| Bender D11 Intend Intender Over ME D12 The facility has a established procedure for duty Toter and deputations of different deputations different deputations and strandards operating procedure (and procedure for duty and procedure for duty) There is procedure to ensure that staff is available on procedure and upprocedure for duty There is procedure to ensure that staff is available on procedure to duty outprocedure for duty | Standard D7 ME D7.1 ME D7.2 | The facility has adequate sets of linen The facility has established procedures for changing of linen in patient care areas The facility has standard procedures for handling , | SNCU has facility to provide sufficient and clean linen for each parent-attendant Linen is changed every day and whenever it get solled There is system to check the cleanliness and Quantity of | 2 | OB/RR SI/RR | Cleanliness & Quantity of linen is checked received from laundry. Records are maintained | |
| ME D112 The facility has a stabilished procedure for day 1 There is procedure to ensure that staff is available on roter and deputation to different deputations. divers and end vary start end vary start end vary start end vary start end vary start end end vary start end va | Standard D7 ME D7.1 ME D7.2 | The facility has adequate sets of linen The facility has established procedures for changing of linen in patient care areas The facility has standard procedures for handling , | SNCUI has facility to provide sufficient and clean linen for each parent-attendant Linen is changed every day and whenever it get solied There is system to check the cleanliness and Quantity of the linen | 2 2 2 2 | OB/RR SI/RR | Cleanliness & Quantity of linen is checked received from laundry. Records are maintained Check linen is kept closed bin & emptied regularly. Plastic bag | |
| roster and deputation to different departments duly as per duly roster 2 relieving (Attendance register/ Biometrics etc) 2 127 Area Constraints reliables to an | Standard D7 ME D7.1 ME D7.2 ME D7.3 | The facility has adequate sets of linen The facility has established procedures for changing of linen in patient care areas The facility has standard procedures for handling , | SNCU has facility to provide sufficient and clean linen for exch parent attendent Unen is changed every day and whenever it get solled There is system to check the cleanliness and Quantity of the linen Oncick dedicated closed bin is kept for storage of drify linen. | 2 2 2 2 2 | OB/RR SI/RR OB | Cleanliness & Quantity of linen is checked received from laundry. Records are maintained Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed & handed over | |
| | Standard D7 ME D7.1 ME D7.2 ME D7.3 Standard D11 | The facility has adequate sets of linen The facility has established procedures for changing of linen in patient care areas reading, collection, transportation and washing of linen The facility has a established procedure for duty | SNCU has facility to provide sufficient and clean inner for exch parent attendent Unen is changed every day and whenever it get solled There is system to check the cleanliness and Quantity of the lean Oncide decisted closed bin is kept for storage of dirty free There is procedure to summer that staff is available on | 2 2 2 2 2 | OB/RR SI/RR OB rre determined as per gov | Cleaniness & Quantity of linen is checked received from lundrar, Becords are maintained Check linen is kept closed bin & emptied regularly. Flastic bag is used in dustbin & these bags are sealed before removed & handed over t. regulations and standards operating procedum (1) Check for system for recording time of reporting and | 25. |
| [2] Unlex Pre-Doste of nurses for providing training to Parent/ standard | Standard D7 ME D7.1 ME D7.2 ME D7.3 Standard D11 | The facility has adequate sets of linen The facility has established procedures for changing of linen in patient care areas reading, collection, transportation and washing of linen The facility has a established procedure for duty | SNCU has facility to provide sufficient and clean inner for exch parent attendent Unen is changed every day and whenever it get solled There is system to check the cleanliness and Quantity of the lean Oncide decisted closed bin is kept for storage of dirty free There is procedure to summer that staff is available on | 2 2 2 2 ve and clinical staff a | OB/RR SI/RR OB rre determined as per gov | Cleaniness & Quantity of linen is checked received from lundrar, Becords are maintained Check linen is kept closed bin & emptied regularly. Flastic bag is used in dustbin & these bags are sealed before removed & handed over t. regulations and standards operating procedum (1) Check for system for recording time of reporting and | s. |

| ME D11.3 | The facility ensures the adherence to dress code | | | OB | As per hospital administration or state policy. | |
|--------------------------|---|--|----------------------------|--------------------------------------|--|---|
| | as mandated by its administration / the health department | Doctor, nursing staff and support staff adhere to their respective dress code | 2 | | Check SNCU doctors and nurses follow the dress code | |
| Standard D12 ME D12.1 | There is established system for contract management | | | he quality of outsourced se SI/RR | ervices and adheres to contractual obligations Verification of outsourced services (cleaning/ | |
| | for out sourced services | There is procedure to monitor the quality and adequacy of outsourced services on regular basis | 2 | | Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff | |
| Standard E1 | | The facility has de | Area of Co | oncern - E Clinical Services | n and admission of patients. | |
| ME E1.1 | The facility has established procedure for registration of patients | Unique identification number & patient demographic | 2 | RR | Check for that patient UID & demographics like Name, age, | |
| ME E1.3 | There is established procedure for admission of | records are generated during process of registration & admission | 2 | SI/RR | Sex, Chief complaint, etc. are recorded Baby weight <1800 or more >4 Kg, gestation- <34 weeks, | |
| IVIC E1.5 | patients | | | SIVER | perinatal asphyxia, apnoea, refusal to feed, respiratory distress(Rate >60/min,severe jaundice, hypothermia <35.4 | |
| | | | 2 | | deg C & hyperthermia >37.5 deg C, central cyanosis, shock (CFT>3 sec)bleeding, abdominal distension, diarrhoea & | |
| | | Admission criteria for SNCU is defined & followed | | | major malformation | |
| | | | 2 | 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 | There is no delay in admission of patient | | OB/SI | | |
| | patients, in case beds are not available at the facility | Procedure to cope with surplus patient load | 2 | | | |
| Standard E2 ME E2.1 | | | lished procedures f | or clinical assessment, rea | ssessment and treatment plan preparation. | |
| ME EZ.1 | There is established procedure for initial assessment of patients | Initial assessment of all admitted patient done as per | | | sick new born, Kramer's criteria for assessment of Jaundice, Silverman Anderson Score for assessment of severity of | |
| | | standard protocols | 2 | | respiratory distress and Ballard score for assessing gestation of new born etc. | |
| | | Patient History, Physical Examination & Provisional | | RR/SI RR | Check bed head ticket | |
| | | Diagnosis is done and recorded | 2 | | | |
| | | Initial assessment and treatment is provided immediately | 2 | 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 | 2 | ing si | There is fix schedule of reassessment as per protocols. | |
| | | & critical patients | - | RR/OB | Reassessment finding are recorded in BHT | |
| | | There is system in place to identify and manage the changes in Patient's health status | 2 | SI/RR | Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating | |
| | | Check the treatment or care plan is modified as per re | 2 | 7*** | Check the re assessment sheets/ Case sheets modified | · |
| | There is established procedure to plan and | assessment results | - | SI/RR | treatment plan or care plan is documented Assessment includes physical assessment, history, details of | |
| ME E2.3 | deliver appropriate treatment or care to individual as per the needs to achieve best | Check healthcare needs of all hospitalised patients are identifed through assessment process | 2 | | existing disease condition (if any) for which regular medication is taken as well as evaluate psychological | |
| | possible results | | | SI/RR | ,cultural, social factors (a) According to assessment and investigation findings | |
| | | | | | (a) According to assessment and investigation initiality (wherever applicable). (b) Check inputs are taken from patient or relevant care | |
| | | Check treatment/care plan is prepared as per patient's need | 2 | | provider while preparing the care plan. | |
| | | | | RR | | |
| | | Check treatment / care plan is documented | 2 | | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, | |
| | | Check care is delivered by competent multidisciplinary | | RR | patient educationdischarge plan etc Check care plan is prepared and delivered as per direction of | |
| Standard E3 | | team | 2 ned and established | SI/RR | oualified physician of care of patient and referral | |
| ME E3.1 | The facility has established procedure for | | 2 | procedures for continuity | | |
| | continuity of care during interdepartmental transfer | There is procedure of taking over of new born from labour , OT/ Ward to SNCU | 2 | 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 | 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 & | |
| | facilities to assure the continuity of care. | | 2 | | 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 | |
| | | | | | | |
| | | | | | (1) A referral slip/ Discharge card is provide to patient when referred to another health care facility . (2) Referral slip | |
| | | | 2 | | 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 | |
| | | Patient referred with referral slip Reason for referral is clearly stated and referral is written | | RR/SI | signature of approving medical officer (1) Verify with referral records that reasons for referral were | |
| | | by authorized competent person (Paediatrician or Medical Officer on duty) | 2 | | clearly mentioned (2) SNCU staff confirms the suitability of referral with higher | |
| | | | | RR/ SI | centres to ascertain that case can be managed at higher centre and will not require further referrals | |
| | | | | KK/ SI | (1) Check SNCU staff facilitates arrangement of ambulance for transferring the patient to higher centre. | |
| | | | | | ror transferring the patient to higher centre. (2) Patient attendant are not asked to arrange vehicle by their own | |
| | | | 2 | | Check if SNCU staff checks ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in | |
| | | Advance communication is done with higher centre & | | | terms of necessary equipment, or ogs, accompanying start in terms of care that may be required in transit | |
| | | Referral vehicle is being arranged Referral checklist & Referral in/ Out register is | | SI/PI/RR | (1) Referral check list is filled before referral to ensure all | |
| | | maintained for all referred cases | | | (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 | |
| | | | 2 | SI/RR | (2) Check referral records has information regarding advance communication, transport arrangement, accompanying care provider, reason for referral, time taken | |
| | | | | 39700 | for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up | |
| | | | | | , service as a service or resorrely and follow up | |
| | | | | | Check that SNCU staff take follow up of referred cases for timely arrival and appropriate care provided at higher centre. | |
| | | | 2 | SI/RR | (2) Outcome and deficiencies if any should be recorded in referral out register & analysed for improvement | |
| | | There is a system of follow up of referred patients | | | (1) Check for referral cards filled from lower facilities | |
| | | | 2 | SI/RR | CHEW of nearby PHC/HWC is informed about discharge for follow ups | |
| ME E3.3 | | Facility has functional referral linkages to lower facilities | | | DELETED | |
| Standard E4 ME E4.1 | Procedure for identification of patients is | The fa | | od established procedures | for nursing care | |
| ME E4.2 | established at the facility Procedure for ensuring timely and accurate nursing | before any clinical procedure | 2 | RR | Identification tags are used for new-borns Check for treatment chart are updated and drugs given are | |
| | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | Treatment chart are maintained | 2 | | 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 | 2 | SI/RR | Verbal orders are rechecked before administration. Verbal orders are documented in the case sheet | |
| | | Parent/ attendants are encouraged to provide basic care | 2 | PI/SI | Breastfeeding, KMC, cleaning of baby can be undertaken by trained parent/attendant under the supervision of doctor/ | |
| ME E4.3 | There is established procedure of patient hand | to the newborn Patient hand over is given during the change in the shift | - | SI/RR | nurse Nursing Handover register is maintained | |
| | over, whenever staff duty change happens | gran and an age of energy in the Shift | 2 | | 0 | |
| | | Hand over is given bed side | | SI/RR | Handover is given during the shift change explaining the condition, care provided and any specific care if required. | |
| | | | 2 | | (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 | |
| ME E4.4 | There is procedure for periodic monitoring of | Vital are monitored for stable & critical patients and | 2 | RR/SI | written Check for TPR chart, Phototherapy chart, any other vital | |
| Standard ES | patients | recorded periodically | 2 lity has a procedure | to identify high risk and v | required is monitored | |
| ME E5.1 | The facility identifies vulnerable patients and ensure | Measures are taken to protect new born from any harm | 2 | OB/SI | Check the measure taken to prevent new born theft/swapping ,baby fall, baby charring, adverse drug | |
| ME E5.2 | their safe care The facility identifies high risk patients and ensure | High risk patients are identified and treatment given on | | OB/SI | theft/swapping ,baby fall, baby charring, adverse drug events etc New born with emergency & priority signs assessed & | |
| WIELENZ | The facility identifies high risk patients and ensure their care, as per their need | priority | 2 acility onsures ratio | OB/SI nale prescribing and use o | immediate treatment is given | |
| Standard E6 | | | | | | |

| ME E6.1 | The facility ensured that drugs are prescribed in | Check for BHT if drugs are prescribed under generic | 2 | RR | Check prescriptions are not written with brand name | |
|------------------------|---|--|---|--|--|--|
| ME E6.2 | generic name only There is procedure of rational use of drugs | name only Check for that relevant Standard treatment guideline are | 2 | RR | | |
| | | available at point of use | 2 | | Essential newborn care, Newborn Resuscitation, management of hypothermia. LBW, Fluid management, | |
| | | Check staff is aware of the drug regime and doses as per | 2 | SI/RR | hypoglycaemia, neonatal jaundice, ETAT etc Check BHT that drugs are prescribed as per protocols and | |
| ME E6.3 | There are procedures defined for medication review | STG Complete medication history is documented for each | 2 | RR/OB | &Check for rational use of drugs Check complete medication history including over-the- | |
| | and optimization | patient Medicine are reviewed and optimised as per individual | 2 | SI/RR | counter medicines is taken and documented Medicines are optimised as per individual treatment plan for | |
| | | treatment plan | | | best possible clinical outcome "1. Clinician/Nurse counsel the patient on medication safety | |
| | | | | | using ""S moments for medication safety app"" 2. Nurse highlights the medications to be taken by the | |
| | | Patients are engaged in their own care | 2 | PI/SI | patient at home and counsel the patient and family on drug intake as per treatment plan for discharge" | |
| | | | | | | |
| Standard E7 ME E7.1 | There is process for identifying and cautious | The High alert drugs available in department are identified | facility has defined | procedures for safe drug SI/OB | administration Electrolytes like Potassium chloride, Dopamine, dobutamine, | |
| | administration of high alert drugs (to check) | | 2 | | Hydrocortisone, Phenytoin, Phenobarbitone, Adrenergic agonist, Opioids, Anti thrombolytic agent etc. as applicable | |
| | | Maximum dose of high alert drugs are defined and | 2 | SI/RR | Value for maximum doses as per age, weight and diagnosis | |
| ME E7.2 | Medication orders are written legibly and | communicated There is process to ensure that right doses of drugs are | | SI/RR | are available with nurses and doctor. A system of independent double check before | |
| | adequately | only given | 2 | | administration, Error prone medical abbreviations are avoided | |
| | | Every Medical advice and procedure is accompanied with date , time and signature | 2 | RR | Verify case sheets of sample basis | |
| | | Check for the writing, It comprehendible by the clinical staff | 2 | 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 | 2 | OB/SI | Check for any open single dose vial with leftover content intended to be used later on .In multi dose vials, needle is | |
| | | Any adverse drug reaction is recorded and reported | 2 | RR/SI | not left in the seotum Check if adverse drug reaction form is available in SNCU and | |
| ME E7.4 | There is a system to ensure right medicine is given | Fluid, drug & dosages are calculated according to body | 2 | SI/RR | its reporting is in practice. Check for calculation chart | |
| | to right patient | weight Drip rate and volume is calculated and monitored | 2 | SI/RR | Check the nursing staff how they calculate Infusion and | |
| | | Check Nursing staff is aware 7 R's of Medication and | | SI/OB | monitor it Administration of medicines done after ensuring right | |
| | | follows them | 2 | | patient, right drugs , right route, right time, Right dose , Right Reason and Right Documentation | |
| Standard E8 ME E8.1 | All the assessments, re-assessment and | New born's progress is recorded as per defined | plished procedures f | or maintaining, updating o RR | of patients' clinical records and their storage Check BHT is updated following each reassessment | |
| ME E8.2 | investigations are recorded and updated All treatment plan prescription/orders are | assessment schedule Treatment plan are written on BHT and all drugs are | - | RR | (1) Check Medication order, treatment plan, lab investigation | |
| | recorded in the patient records. | written legibly in case sheet. | 2 | | & 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 | 2 | RR | Treatment given is recorded in treatment chart | |
| ME E8.4 | Procedures performed are written on patients records | Procedure performed are recorded in BHT | 2 | RR | Resuscitation, blood transfusion, suctioning, phototherapy etc | |
| ME E8.5 | Adequate form and formats are available at point of use | | | RR/OB | Availability of formats for neonatal case sheet, Treatment | |
| | of the | | 2 | | Charts, TPR Chart , Intake Output Chart, Investigation sheet, Community follow up card, BHT/ newborn case record , | |
| | | | | | treatment continuation sheet, Discharge card, nomographs, congenital anomaly if any. etc | |
| ME E8.6 | Register/records are maintained as per guidelines | Standard Formats are available | | RR | Check forms & formats are being used | |
| | | | 2 | | General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, | |
| | | Registers and records are maintained as per guidelines | | | referral slip, referral in/referral out register, Diet register, Linen register, Drug indent register etc | |
| ME E8.7 | The facility ensures safe and adequate storage and | All register/records are identified and numbered | 2 | RR OB | Check records are numbered and labelled legibly (1) Records of discharged cases are kept in MRD/ | |
| | retrieval of medical records | | 2 | | department sub store (2) Check records are retrieval in case of re admission | |
| | | | 2 | | | |
| | | | | | (3) Copy of records is given to next kin only with permission from authorised staff only | |
| Standard E9 | | The facili | y has defined and e | stablished procedures for | from authorised staff only | |
| Standard E9 ME E9.1 | Discharge is done after assessing patient readiness | The facili High risk identification checklist is available & filled at time of discharge | <mark>y has defined and e</mark> 2 | stablished procedures for | from authorised staff only | |
| | Discharge is done after assessing patient readiness | High risk identification checklist is available & filled at | <mark>y has defined and e</mark> 2 | stablished procedures for SI/RR | from authorised staff only discharge of patient. Checklist having information regarding babies birth weight, | |
| | Discharge is done after assessing patient readiness | High risk identification checklist is available & filled at time of discharge | 2 | SI/RR | from authorised staff only discharge of patient. Checkist having information regarding babies birth weight, gestational age, particular age shaft of date, hypoglycaemia, neonaal seizures, sepsis with memigits, shock requiring wayersors rupport to lais errum bilitabin exchange range, suboptimal home environment etc. | |
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| | | Staff is aware of indications of correct placement of | | SI/OB | (1) Improved vital signs | |
|--------------------------|--|---|---|--|--|--|
| | | endotracheal tube | 2 | | (2) Breath sounds over both lung fields (3) No gastric distention | |
| | | | 2 | | (4) Vapours in tube during exhalation (5) Chest movement in each breath | |
| Chanderd F11 | | The facility has defined | and octabliched pro | codures for Emorgoneus | (6) Direct visualization of tube passing between vocal cords ervices and Disaster Management | |
| Standard E11 ME E11.2 | Emergency protocols are defined and implemented | | and established pro | cedures for Emergency a | (1) Triage - ETAT protocol - keeping in mind ABCD steps (2) Ascertaining the group of baby - Emergency, Priority and | |
| | Implemented | | | | Accertaining the group of baby - Energency, Priority and non urgent. After identification of emergency & priotize sign- prompt | |
| | | | 2 | | emergency treatment is to be given to stabilize. | |
| | | Staff is aware of process & steps for emergency management of sick neonate | | SI/RR | | |
| ME E11.3 | The facility has disaster management plan in place | Staff is aware of disaster plan | 2 | 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 | | | SI/RR | Check ambulance/ vehicle used for neonatal transport have | |
| | availability of ambulances services and mobilisation of resources, as per requirement | | | | following requirements: (1) Secure fixation for transport incubator (2) Secure fastening of other equipment (e.g. Monitoring | |
| | | | 2 | | equipment) (3) Independent power source to supplement equipment | |
| | | SNCU has provision of Ambulances to refer the case to higher centre | | | batteries to ensure uninterrupted operation of the equipment | |
| | | | 2 | SI/RR | Ambulance/transport vehicle have adequate arrangement for Oxygen therapy, mechanical ventilation, resuscitation/ | |
| | | Ambulance has provision/ method for maintenance of Warm chain while referring baby to higher centre | | SI/RR | essential supplies kit and emergency drug kit Check Constant vigilance (maintaining TOPS_ temp. oxygen, | |
| | | Transfer of patient in Ambulance /patient transport vehicle is accompanied by trained medical Practitioner | 2 | SI/KK | perfusion & sugar) during journey. | |
| Standard E12 ME E12.1 | There are established procedures for Pre-testing | | ity has defined and | established procedures o | f diagnostic services Protocols are defined & followed for sample collection. Also | |
| | Activities | container is labelled property area to a sample conceasion | 2 | | check procedure to transfer to lab (if need to send to inhouse/outsource lab.) | |
| ME E12.3 | There are established procedures for Post-testing Activities | | 2 | SI/RR | (1) Critical values are defined and intimated timely to treat medical officer | |
| | | SNCU has defined critical values of various lab test | | | (2) List of Normal reference ranges as per available in NRC | |
| Standard E13 ME E13.9 | There is established procedure for transfusion of | Patient's identification is confirmed & Consent is taken | nd established proc | edures for Blood Bank/Sto RR | orage Management and Transfusion. | |
| | blood | before transfusion | | RR | Blood is kept on optimum temperature before transfusion. | |
| | | Protocol of blood transfusion is monitored & regulated | 2 | | Blood transfusion is monitored and regulated by qualified person | |
| ME E13.10 | There is a established procedure for monitoring | Blood transfusion note is written in patient records | 2 | RR | Blood bag details sticker is pasted in case file, patient monitoring status is recorded in case sheet Check - | |
| WE 215.10 | and reporting Transfusion complication | Any major or minor transfusion reaction is recorded and | 2 | | Staff is aware of the protocol to be followed in case of any transfusion reaction | |
| Standard E16 | | reported to responsible person | established procedu | res for the management | of death & bodies of deceased patients | |
| ME E16.1 | Death of admitted patient is adequately recorded and communicated | SNCU has system for conducting grievance counselling of | 2 | SI | Bad news/adverse event/ poor prognosis are disclosed in quite & private setting | |
| ME E16.2 | The facility has standard procedures for handling | parents in case of newborns' mortality | | RR | | |
| | the death in the hospital | | 2 | | New born death are recorded as per CDR guideline. Death note including efforts done for resuscitation is noted in | |
| | | Death note is written as per new born death review guidelines | | | 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 | | (2) Avoid negative comments about parents, referring physician. | |
| | | | | | (3) There is a procedure to allow parents to observe patient in last hours | |
| ME E16.4 | The facility has standard procedures for | Parent's consent is taken if autopsy required | | | | |
| | conducting post-mortem, its recording and | | 2 | PI/ SI/ RR | Check there is process to call parents after a month to explain findings of autopsy & if required to discuss the | |
| free dead F20 | conducting post-mortern, its recording and meeting its obligation under the law | | | | explain findings of autopsy & if required to discuss the possibility of the problem occurring in next baby. | |
| Standard E20 ME E20.1 | conducting post-mortem, its recording and meeting its obligation under the law The facility provides immunization services as per | The facility has esta | ablished procedures | | explain findings of autopsy & if required to discuss the possibility of the problem occurring in next baby. ant and child as per guidelines | |
| | conducting post-mortem, its recording and meeting its obligation under the law The facility provides immunization services as per guidelines | The facility has esta Immunization services are provided as immunization schedule | | | explain findings of autopay & if required to discuss the possibility of the problem occurring in next baby. ant and child as per guidelines Check MCP card is available & updated. Mother /care provider is counciled and directed to immunize the child | |
| ME E20.1 | conducting post-mortem, its recording and meeting its obligation under the law The facility provides immunization services as per | The facility has esta | ablished procedures | for care of new born, inf | explain findings of autopsy & II required to discuss the possibility of the problem occurring in net baby. ant and child as per guidelines Check MCP card is available & updated. Mother / care provider is counseled and directed to immunice the child Staff is aware of the per ostring cargengire to prioritive management i.e EPN (Emergency sign, priority sign & non urrent sign) | |
| ME E20.1 | conducting post-mortem, its recording and meeting its obligation under the law The facility provides immunization services as per guidelines Triage, Assessment & Management of newborns having | The facility has esta Immunization services are provided as immunization schedule Rapid assessment of sick neonates is done for | ablished procedures | for care of new born, inf | explain findings of autopsy & II required to discuss the possibility of the problem occurring in next baby. ant and child as per guidelines Check MCP card is available & updated. Mother / care provider is counseled and directed to immunite the child Staff is aware of Targer or string cargengrise to priorities management i.e EPN (Imergence, sign, priority sign & non urgent sign) (1) Hypothermia temp. e 35.5 [°] C, (2) Apneoar on spain preshting, Severe | |
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| Checklist No. 6 | | |
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| | | Part I among a state of the second state of th | | ~ | Production and the state | , |
| | 1 | Statt is aware of clinical presentation of LBW | 2 | SI | spells, Intraventricular haemorrhage, hypoglycaemia, | |
| Image: Section of the section of t | | | - | | | |
| Image: Source of the second | | | | SI/RR | Use of Overhead radiant warmer or incubator to keep baby | |
| | | Sur (24 mees) | 2 | | 6-8hrs . | |
| Image: Section of the section of t | | | | | | |
| Image: Section of the section of th | | Staff is aware of frequency & type of feeding to LBW | | SI/RR | LBW babies should fed with mother's milk every 2 hrs. | |
| Image: Source of the second | | | | | | |
| Image: Source of the second | | | | | | |
| | | | 2 | | breastfeeding | |
| Image: set in the set in th | | | | | Minimum entral feeds : Small volume of expressed breastmilk i.e. 12 to 24 ml/kg/day given every 1-3 hours | |
| Image: Control of the second secon | | | | | delivered intra gastric. | |
| Image: Control of the second secon | | | | | | |
| | 1 | Check staff is aware of importance of hind milk | | SI | | |
| Image: Section of the stand sta | | | 2 | | | |
| | | | | SI/RR | | |
| $ \left \begin{array}{c c c } \hline \begin{array}{c c } \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c c } \hline \end{array} \\ \hline \end{array} \\ \hline \begin{array}{c c } \hline \end{array} \\ \hline \\ \hline$ | | | 2 | | Guidelines for fluid requirement of neonate (ml/kg/day)_ | |
| Image: Second | | | 2 | SI/RR | Check quantity given is monitored & charted | |
| Image: Source of the second | 1 | Check staff skill for various techniques/modes of feeding | | SI/RR | | |
| Image: Section of the section of th | 1 | to LBW | | | | |
| Image: Section of the section of t | | | | | Non nutritive sucking: In premature or small babies - to | |
| Image: Section of the section of t | | | | | Gavage feeds: Using feeding catheter - baby is fed with 10 ml | |
| Image: Section of the section of t | | | | | & milk is allowed to trickle by gravity. The baby should be | |
| Image: Section of the section of t | | | | | placed in left lateral position for 15-20min to avoid | |
| Image: Second | | | 2 | | Katori Spoon Feed: Feeding with spoon or paladai, specially | |
| Image: Section of the section of t | | | | | position to swallow. Take required amount of expressed | |
| Image: Section of the section of th | | | | | 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 | |
| Image: Section of the section of t | | | | | the baby and let the milk flow into babies mouth slowly, the | |
| Image: Section of the section of th | | | | | baby will actively swallow the milk | |
| Image: Section of the section of th | | | | | | |
| Image: Section of the section of th | | Check fluid and nutritional supplementation is fulfilled as | | OR/SI | Fluid requirement: First day of fluid requirement range from | |
| Image: Section of the section of t | | | | , | 60-80 ml/kg. | |
| Image: Section of the section of t | | | | | Nutritional Supplementation_ Vit K : All LBW<1000gm - | |
| Image: Section of the section of t | | | | | receive 0.5 mg IM of Vit K at birth & all other 1mg IM. All LBW | |
| Image: Source of the second | | | | | vit K from first day of life to once baby start accepting full | |
| Image: Section of the section of t | | | | | 1000IU for small babies (<1500gm) | |
| Image: Section of the section of t | | | 2 | | Multivitamin drops: 0.3 ml/day from 2 week of age All LBW receive calcium and phosphorus at 120-140 | |
| Image: Second | | | | | mg/kg/day & 60-90 mg/kg/day respectively. & continue till | |
| Image: Section of the section is notified and section is not interval in the section is notified and section is not interval in the sectin interval in the section is not interval in the section | | | | | Iron Supplementation_2-3mg/kg/day at 6-8 wks. and as | |
| In the orbital In the orbital 10 for the orbital <td></td> <td></td> <td></td> <td></td> <td>early as 2wks in <1500gm</td> <td></td> | | | | | early as 2wks in <1500gm | |
| In the orbital In the orbital 10 for the orbital <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
| In the orbital In the orbital 10 for the orbital <td> </td> <td>Check the second to meniter intake 9 output to account</td> <td></td> <td></td> <td></td> <td></td> | | Check the second to meniter intake 9 output to account | | | | |
| 1 2 1 <td></td> <td></td> <td></td> <td></td> <td>(1) IV-fluids are given are compared with prescribed volume</td> <td></td> | | | | | (1) IV-fluids are given are compared with prescribed volume | |
| Image: Control of the second of the secon | | | | | & recorded in fluid monitoring chart every 2 hrly. | |
| Image: Control of the subsection frequency of the subsection frequenc | | | 2 | | low (<45mg/dl) or high (150mg/dl) blood glucose | |
| Image: Second | | | | | | |
| Image: Section of the section of t | | | | SI/RR | | |
| Image: Construction of the consthe construction of the construction of the construction o | | Staff infusion site is inspected frequently | 2 | | If there is redness and swelling seen at any time stop the | |
| Deck Growth monitored is LBW balow 1048 Balch check for warphild (alls), hand counterenced and the second of the second of the second of the second in the second of the second of the second of the second will be deck to the feet Image: A second of the second of the second of the second interval of the second of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second of the second interval of the second of the second of the second interval of the second of the second of the second of the second interval of the second of the second of the second of the second of the second interval of the second of the second of the second of the second of the second interval of the second of the second of the second of the second interval of the second of the second of the second of the second of the second interval of the second of th | | | - | SI | | |
| Image: Section of the section of t | | Check Growth is monitored in LBW babies | | SI/RR | Babies checked for weight (daily), head circumference(| |
| Image: set of an isotenet and by protect LUW bady from hyperhenesis and set op on the set of a se | | | 2 | | Fenton's growth chart is used for pre term babies. | |
| Image: state of the state o | | | | | | |
| Image: Solution of the second seco | 1 | Precautions are taken to protect LBW baby from hypothermia | 2 | | Heat loss is minimized by kangaroo-care and a cap on the head and socks on the feet | |
| 2 Cot Strain S-4 and? Moderal hypothemis 3-5-3/°C Soles in Soles of the same of discussion is which have an inference in Sole in Sole of the same of discussion is which have an inference in Sole in Sole of the same of discussion is which have an inference in Sole inference inferen | | | | SI/RR | | |
| 2 Moderate hypothemia-35-31/2 Sectra searce of assessment & galang of hypothemia 50H a searce of assessment & galang of hypothemia 50H 50H a searce of discal conditions in which halty can enthic age of hypothemia 2 1 Hording at hypothemia (balang hypothemia) 1 1 Hording at hypothemia (balan at an eff management of mith hypothemia enthic age of hypothemia enthic | | | | | | |
| Soff a save of assessment & galarge of hypothemia 308 Soff a save of assessment & galarge of hypothemia Soff a save of clinical conditions in which baby can shade age of hypothemia 2 1000 Soff a save of clinical conditions in which baby can shade age of hypothemia 2 1000 Soff a save of clinical conditions in which baby can shade age of hypothemia 2 1000 Soff a save of insugement of nails hypothemia (bar age of hypothemia bab age of hypothemia (bar age of hypothemia bab age of hypothemia (bar age of hypothemia bab age of hypothemia (bar age of | | | 2 | | | |
| Staff a ware of insummit & grading of hypothermia gdaft is ware of classic in which budy can be bibling on of photogeners in which budy can extra a bledeling Staff a ware of classic in which budy can extra a bledeling Staff is ware of classic in which budy can extra a bledeling Staff is ware of classic in which budy can extra a bledeling Staff is ware of classic in which budy can extra a bledeling Staff is ware of classic in which budy can extra a bledeling Staff is ware of classic in which budy can extra a bledeling Staff is ware of management of mid hypothermia (term extra a bledeling Staff is ware of management of mid hypothermia extra a bledeling Staff is ware of management of mid hypothermia extra a bledeling Staff is ware of management of extra hypothermia (Staff is ware of management of extre hypothermia (term or classic in the starte classic extra a ble demonstrate the protein of device hypothermia (term or classic interm is classic interm is classic interm is extra a ble demonstrate the protein of device hypothermia (term or classic interm is classic interm is extra a ble demonstrate the protein of device hypothermia (term or classic interm is classic interm is extra a ble demonstrate the protein of device hypothermia (term or classic interm is classic interm is extra a ble demonstrate the protein of device hypothermia (term or classic interm is classic interm is classic interm is extra a ble demonstrate the protein of device hypothermia (term or classic interm is classic interm is classic interm is extra a ble demonstrate the protein is ble demonstrate the protein of device hypothermia (term or classic interd is classic extra a distanconterd in the classic interd is classic interd is classic extra a | | | | | Severe Hypothermia- <32 ⁰ C. | |
| add 1 source of clocal conducts in which halp can be defined by pothermia (d) 1 source of productions (d) 1 source of productions (d) source of productions (d) 1 source of productions (d) 1 source of productions (d) 1 source of productions (d) source of productions (d) 1 source of productions (d) source of productions (d) 1 source of productions (d) source of productions (d) source of productions (d) 1 source of productions (d) source of productions (d) source of productions (d) 1 source of productions (d) source of productions (d) 1 source of productions (d) source of productions (d) source of productions (d) source of productions (d) 1 source of productions (d) source (d) source of productions (d) source (d) sour | | Staff is aware of assessment & grading of hypothermia | | SI/RR | radiant warmer probe) and Human touch. | |
| Start a source of duraci conducts in which also y can Si If profession duracing of the start of advection of the start | | | 2 | | internal bleeding | |
| Suff is saver of management of mit hypothermia (temp v3.5-5 8.6 °C) (1) Power add, Corr winn bally with mid hypothermia or if KKC is not possible. (2) Corr addquarky & must to replace cold Colther with warm Colther. (2) Corr addquarky & must to replace cold Colther with warm Colther. (2) Corr addquarky & must to replace cold Colther with warm Colther. (2) Corr addquarky (if the coll coll coll coll coll coll coll col | : | Staff is aware of clinical conditions in which baby can exhibit signs of hypothermia | 2 | SI | feeding, tachypnoea/apnoea etc | |
| 2 If MC is not possible (1) (Cover adjustable Resurts to replace cold clothes with usamic lobes 2 If a legs room arm (Ds 22°C) & draught free (1) Cover adjustable Resurts to replace cold clothes with usamic lobes 3 Staff is aware of management of severe hypothermia (tem < 45.5°C) | | Staff is aware of management of mild hypothermia (temp | | | (1) Provide KMC to re warm baby with mild hypothermia or | |
| 2 and columns and colums and columns a | | <s5.5-36.4°c)< td=""><td></td><td></td><td>if KMC is not possible.</td><td></td></s5.5-36.4°c)<> | | | if KMC is not possible. | |
| 2 31 Keep room warm D2-37 (2 & drught free (4) Continue terms, & capitary filing time during rearing, Witch for approx and hypodycause. 3 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) 2 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) 2 2 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) 2 2 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) 2 2 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) 3 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (terms q-25.5°C) 3 Staff is aware of management of severe hypothermia (terms q-25.5°C) Staff is aware of management of severe hypothermia (| | | | | | |
| 1 Image: Control of Section 1 (Control of Section 1) (Contro of Section 1) (Control of Section 1) (Control of Sect | | | 2 | | (3) Keep room warm (26-28°C) & draught free | |
| 1 Image: Construction of the second seco | | | | | (5) Monitor temp . & capillary filling time during re earning. | |
| 2 the nouny for net 4 nr, 2 hr, 6 r at 2 hr, 5 hr after 3 hr, 2 hr, 6 r at 2 hr, 5 hr after 3 hr, at route 4 at r | | | | | Watch for apnoea and hypoglycaemia . | |
| Staff is aware of management of severe hypothermia (lemp-GJS.5°C) Remove cold clothes from haby and replace with warm clother Place under radiant warmed or one may use room haber or other means to wirm baby monitor temp every 15-5 min, monitor BP, Hit, Hump & Making and replace with warm clother 2 2 Remove cold clothes from haby and replace with warm clother 3 Staff is aware of management of severe hypothermia (lemp-GJS.5°C) Remove cold clothes from haby and replace with warm clother 2 2 Staff is able to demonstrate the process of Kangaroo Staff is able to demonstrate the process of Kangaroo | | | | 51/00 | then hourly for next 4 hrs, 2 hrly for 12 hrs thereafter 3 hrly | |
| 2 Piece under radiust warmer or one may use nonh heater or other means to warm bady monthor temp every 51-30 min, monitor BP, Hit, Hemp & By Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, monitor BP, Hit Hemp & Bady and Devery 51-30 min, Bady and Advery 51-30 min, Bady andethemp & Bady Advery 51-30 min, Bady and Advery 51-30 mi | | | | JIJAN | Remove cold clothes from baby and replace with warm | |
| 2 a bit of the means to warm baby monitor term per yr 3-3 mit, monitor 18-JR, temp & glocces as needed. John Wig of ringer lactite or normal alles. Give VK K - Img U/M & gronde ongen & monitor '3-OL. Access for sepsis 3//R 5//R 5//R 5//R | | (temp <35.5 ^o C) | | | Place under radiant warmer or one may use room heater or | |
| 2 Building and the second second of the second se | | | | | other means to warm baby | |
| 2 10ml/kg of ringer lactite or normal saline. Give VK K-Img JVK & groute same kanned to same same kanned to same kanned to same kanned to same same kanned to same kanned to same kanned to same kanned to same same kanned to same kanned to same kanned to same kanned to same kanned to sam | | | 2 | | glucose as needed. | |
| 2 3/8 Image: Control the mother and take consent for initiating UMC. 2 Safets Software Control the mother and take consent for initiating UMC. 3 Safets Software Control the mother and take consent for initiating UMC. 3 Safets Software Safets Software 3 Safets Software Safets Software 3 Safets Software Safets Software 3 Safet Software Safet Software 3 Safet Software Safet Software 3 Safet Software Safet Software | | | | | 10ml/kg of ringer lactate or normal saline. Give Vit K -1mg | |
| 2 SI/RR SI/RR 2 SI/RR Coursel the mother and take consent for initiating XMC. Give mother/care taker from spen toops shirt or blocks out the mother/care taker is not insert exclining conting up that the side to demonstrate the process of Kangaroo 3 Staff is able to demonstrate the process of Kangaroo | | | | | I/M & provide oxygen & monitor SPO2. | |
| 2 Course the mother and take consent for initiating KMC. Give the mother/care takes consent for initiating KMC. Give the mother/care takes to sin term identing could be unknown of the mother/care takes to sin term identing could be unknown of the mother/care takes to sin term identing could be unknown of the mother and take consent for initiating KMC. Give the mother/care takes to sin term identing could be unknown of the sing the position on mother's treast The sating at the bay from signing down Staff is able to demonstrate the process of Kangaroo Staff is able to demonstrate the process of Kangaroo | | | | 51/00 | | |
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| 2 Staff a able to demonstrate the process of Kangaroo Staff a bale to demonstrate the process of Kangaroo | | | | | | |
| 2 Suff is able to demonstrate the process of Kangaroo Suff is able to demonstrate the process of Kangaroo | | | | | | |
| 2 Induction top 2-3 buttors and sign bady with only mapkin, socks and cog, on into short Ensure skin to skin contact by bady and are taker Bady should be in forg kep option on which head turned to one side and placed between nomber's threast The asting and between the bady form slipping down | | | | | Guide the mother/ care taker to sit in semi reclining position | |
| Staff is able to demonstrate the process of Kangaroo Staff is able to demonstrate the process of Kangaroo Staff is able to demonstrate the process of Kangaroo | | | 2 | | Unbutton top 2-3 buttons and slip baby with only napkin, | |
| Staff is able to demonstrate the process of Kangaroo Balky shuid be in fing like position with head turned to one side and placed between mother's breast the bay from slipping down Staff is able to demonstrate the process of Kangaroo Cover mother and balky dyad with woollen or sheet | | | 4 | | | |
| Ties a string at bet level to prevent the baby from slipping down Staff is able to demonstrate the process of Kangaroo Cover mother and baby dyad with woollen or sheet | | | | | Baby should be in frog like position with head turned to one | |
| Staff is able to demonstrate the process of Kangaroo Cover mother and baby dyad with woollen or sheet | | | | | Tie a string at belt level to prevent the baby from slipping | |
| mother care Protocols SI Encourage frequent treastfeeding | | Staff is able to demonstrate the process of Kangaroo | | | Cover mother and baby dyad with woollen or sheet | |
| | | mother care Protocols | | SI | Encourage frequent breastfeeding | |

| | | | | | Blood glucose level less than 45mg/dl in all new-borns Symptoms of hypoglycaemia: | |
|----------|--|--|---|---|--|--|
| | | | | | (1) Jitteriness, irritability (2) Lethargy, limpness | |
| | | Staff is able to access the clinical definition and | | | (3) Weak or high pitched cry (4) Poor feeding , vomiting | |
| | | symptoms of hypoglycaemia is new-borns | 2 | | (5) Tachycardia (>180/min) (6) Sweating | |
| | | | | | (7) Hypothermia (8) Poor respiratory effort or apnoea, tachypnoea | |
| | | | | | (9) Cyanosis | |
| | | Staff is skilled for technique of estimating blood sugar | | SI | (10) Seizures or coma Common site- Heel. | |
| | | using regent strips in neonates | | | Ensure heel is not cold. Heel can be warmed by holding it in hand for few minutes | |
| | | | | | Prepare the site with 70% Isopropyl alcohol. Allow to dry. Make needle stick puncture of posterolateral aspect of | |
| | | | 2 | | 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 | |
| | | | | SI | confirmation | |
| | | Staff is competent in management of hypoglycaemia | | 1 | (1)Establish IV line, infuse bolus of 2ml/kg body weight of 10% dextrose over 1min. | |
| | | | | | (2) If an IV line can not be established quickly, give 2ml/kg | |
| | | | | | body weight of 10% dextrose orogastric tube (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 | |
| | | | | | (4) If glucose remain below 45mg/dl GIR is increased in steps of 2mg/kg/min to max. of 12mg/kg/min | |
| | | | 2 | | (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. | |
| | | | | | (6) If blood glucose is less than 25mg/dl, repeat the bolus of dextrose and GIR as needed. | |
| | | | | | (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%. | |
| | | | | SI/RR | Conc. higher than this necessitate central line placement & | |
| | | Staff is aware of frequency of blood glucose measurement after blood glucose return to normal | 2 | | Every 8 hrs as long as baby require IV fluid. If the baby is no longer required or is not receiving IV fluid, | |
| | | | | SI/RR | measure blood glucose every 12 hrs for 24 hrs | |
| | | Charts/guidelines are readily available & followed in SNCU for estimating glucose infusion rates in neonates | | | Infusion rates with birth weight more than or equal to 1500gm using Mixture of D10 & D25. | |
| | | | 2 | | 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 | |
| | | | 2 | | (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 | |
| | | | | SI/RR | hospital (6) Mother/parents are available to identify danger sign | |
| | | Check important information like ROP screening and | 2 | SIJAK | LBW (32 weeks/<1500gm) are advised for ROP screening at 1 month of postnatal age and hearing evaluation at 40 weeks | |
| | | hearing evaluation is given to parents/mother of LBW babies | 2 | SI/RR | corrected gestational age | |
| ME E20.4 | Management of neonatal asphyxia is done as per guidelines | Staff is aware of clinical presentation of asphyxia | | | 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 | |
| | | | 2 | | difficult breathing or renal failure or feeding intolerance or hepatic dysfunction or haematological abnormalities) in | |
| | | | 2 | | difficult breathing or renal failure or feeding intolerance or | |
| | | | 2 | SI SI/RR | difficult breathing or renal failure or feeding intolerance or hepatic dysfunction or haematological abnormalities) in immediate neonatal period Using Levene's grading HIE - assessment of consciousness, | |
| | | | | | difficult breathing or rend falure or feeding intolerance or hepatic dys/notion or hematological abnormalities) in immediate neonatal period Using Levene's grading HE - assessment of consciousness, toone, activities and autonomic disturbances like sucking & regregation - Severity is docided. | |
| | | Grading of hypoxic schaemic encephalopathy (HE) is | 2 | | difficult breathing or renal failure or feeding intolerance or hepatic dysfunction or haematological abnormalities) in immediate neonatal period Using Levene's grading HIE - assessment of consciousness, tone , seizure activities and autonomic disturbances like | |
| | | Grading of hypoxic ischaemic encephalopathy (HE) is done & recorded on case sheet | | SI/RR | difficult breaking or rend failure or feeding intolerance or hepsatic dyfurction or heternatobigical abnormalities) in immediate neonatal period. Ubig tervnerk ynding tif a sakessmert of consciousness, toas selvare erabling and sakessmitia classifications in sakettag & reparties and kathonic classifications. Decks seguerting gang is gang is done every 8-12 hrs to assess the progression of HE. | |
| | | Grading of hyposic sichaemic encephalopathy (HE) is done & recorded on case sheet initial stabilization & management of apphysic cases is done as per protocol. | | | difficult breaking or rend failure or feeding intolerance or hepsatic dyfurction or hetenatobigkal abnormalities) in immediate neonatal period Using Levene's grading HE - assessment of consciousness, trom subure activities and autonomic disturbance. He suburing & respirator - Servity is declarational of Chapter and the service of the service of the service of an entropy and the service of the service of the service of the service of the service (section of the service) (1) Maintenance of temperature (keep the baby under radiant warrer & temps in maintal est contral range) | |
| | | done & recorded on case sheet Initial stabilization & management of asphyxia cases is | | SI/RR | difficult breaking or rend failure or feeding intolerance or hepsatic dyfurction or hetenatobigical abnormalities) in immediate neonatal period Using Levene's grading HE - assessment of consciousness, trom suburg & respiration - Swerthy is declarational counting & respiration - Swerthy is declarational Chapter and the second second second counting and the second second second counting and the second second of the second second second 11) Maintenance of temperature (keep the baby under radianit warms? & temps in administed on romal range) perfusion, ventilation (monitoring of oxgens saturation- SPC2 maintained (we 90-9954) and oranal Metabloc state | |
| | | done & recorded on case sheet Initial stabilization & management of asphyxia cases is | | SI/RR | difficult breaking or rend failure or feeding intolerance or hepsatic dyfurction or hetenatobigkial abnormalities) in immediate neonatal period Using Levene's grading HE ⁻ assessment of consciousness, trom subrue activities and autonomic disturbances like sucking & regularities and autonomic disturbances like sucking and autonomic disturbances and a sucking perfusion, versitation (montaring of oxgens subrustion- SPO2 annitiation (W 90-9954) and normal Metabloit, state including glucose, calcium and acid base balance (Pf Uhid), enternal feeding jucces comotion; management of | |
| | | done & recorded on case sheet Initial stabilization & management of asphyxia cases is | 2 | SI/RR | difficult breaking or read failure or feeding inteleance or hepsatic dyflurch or hiematological abnormalities) in immediate neonatal period dising Levene's grading HE - assessment of consciousness, trom s-picture activities and autonomic disturbances like sucking & registring or sensity is deduced and the Check sequential grading is done every 9-12 hrs to assess the progression -104 (99-99-98); and check and the constrain- raging sensition (196) (99-984); and check and the constrain- gene fail out the sensition (monitoring of oxgens saturation- perfusion, ventilation (monitoring of oxgens saturation- SPC) amaintande (196) (99-984); and normal Metablo state including glucose, calcium and acid base balance (104 (hids, enteral feeding glucose combinition, mangement of hypocolasemia & administration of vit X timg (M) | |
| | | done & recorded on case sheet Initial stabilization & management of asphyxia cases is | 2 | SI/RR | difficult breaking or read failure or feeding intolerance or hepsatic dyfurction or herenatological althoromalities) in immediate neonatal period Using Levenn's grading ME-assessment of conscisuoses, toor a scirce archives and autonomic discubsances. Ite Check sequential grading is done every 8-12 hrs to assess the progression of HE (1) Maintenance of temperature (keep the baby under naziant warmer & temp inmitistinged at normal templotics table including locace, activm and acti babane. (N house SPCD amintained by 50-943) and normal Metabolic state including jources, activm and acti babane. (N house SPCD amintained by 50-943) and normal Metabolic state including jources, adiaministration of Hz (tag NA) hypocalesmal & adiaministration of Hz (tag NA) | |
| | | done år recorded en case sheet indan stabilization annagement of aphysia cases is done as per protocols Clinical monitoring or bed side tests of aphysiated | 2 | SI/RR | difficult breaking or read failure or feeding intolerance or hepsatic dyfurction or hermatological alternamilities) in limitediate neonatal period Using Leven*'s grading HIT - assessment of conscisuoses, toor, acture activities and autonomic disturbances. Bite succing a respiration - Severity is decided. Check seguential grading is done every 9-12 hrs to assess the progression of HIT - additional warmer, & temps multicative (teps the baby onder radiation warmer, & temps multicative) and anomal Metabolic state including publicas, excluminatad and anomal Metabolic state including publicas, excluminatad and semant of hypocalsemia & daministration of 4 km get has progression, event badimistration of at km get number of hypocalsemia & daministration of the time of done to prevent extension of credential injury (1) Levene's staging for neurological status. | |
| | | done à recorded on case sheet Initial stabilization a management of apphysia cases is done as per protocols | 2 | SI/RR SI/RR | difficult breaking or read faulture or feeding incleance or hepsatic dyfurction or herenatological althormatilies) in immediate neonatal period to service a second second second second second second to second second second second second second second to second second second second second second second to check sequential grading is done every 9-12 hrs to assess the progression of HE (1) Maintenance of temperature (keep the baby under nachart warmer & temp is ministinged at normal templotics state including glocose, accision and accisionations that the SPCO maintained by 50-9451, and normal Metabolics state including glocose, administration of Hz (Ling NA) (2) Early detection & management of complications must be done to prevent tentesion of crebrid lighty (2) Lineme's staging for meurological status (2) Doney SSCOR for respiratory status (2) Cardiovascular status ke. here in reface court, CRT, | |
| | | done år recorded en case sheet indan stabilization annagement of aphysia cases is done as per protocols Clinical monitoring or bed side tests of aphysiated | 2 | SI/RR SI/RR | difficult breaking or read faults or freeding incleance or hepsatic dyfluction or hematological alternmatilies) in immediate neonatal period Using Levens's grading MS-assessment of consciousness, toor a scirce archives and autooma clisturbances. Itse sucking & regination - Severity is decided. Check segurettal grading is done every 8-12 hrs to assess the progression of HE (1) Maintenance of temperature (keep the baby under radiant warmer & temp is ministrated at normal faraging) sucking & temperature (keep the baby under radiant warmer & temp is ministrated at normal faraging) sucking & decision of HE (2) Maintenance distribution of the baby under radiant warmer & temp is ministrated at normal faraging success motioning, management of hypocolasemia & deministration of returbain (Furg MA) (2) Earner's staging for neurological status (2) Dones - Score for respiratory status (2) Danes - Score for respiratory status (2) Danes - Score for respiratory status (2) Danes - Score for respiratory status (3) Automa - Score for respiratory status (4) Abdomal circumferences to rule out levs | |
| | | done år recorded en case sheet indan stabilization annagement of aphysia cases is done as per protocols Clinical monitoring or bed side tests of aphysiated | 2 | SI/RR SI/RR | difficult breaking or read failure or feeding incleance or hepsate dyflurchen or hematological alternmatilies) in immediate neonatal period Using terven's grading ME-assessment of consciourses, trons - spicine schells and autonomic inductbances. Itie use high a registration - Severity is decided. Check sequential grading is done every 8-12 hrs to assess the progression of HE (1) Maintenance of temperature (keep the baby under radiant warmer & temp is maintained a bahance (h flucks), entradiant warmer & temp is maintained a bahance (h flucks), entradiant warmer & temp is maintained a bahance (h flucks), entradiant warmer & temp is maintained a bahance (h flucks), entradiant warmer & temp is maintained a bahance (h flucks), entradiant warmer & temp is maintained and the bahance (h flucks), entradiant warmer & temp is maintained and the bahance (h flucks), entradiant warmer & temp is maintained and the bahance (h flucks), entradiant warmer & temp is maintained and the bahance (h flucks), entradiant warmer & temp is maintained and the temp of hypocolacients & daminization of net Kim (M) (2) Lardwards status is, is hent rate, colour, CRT, preighenal publics, non-investe BB (d) Abomain current extensions and (3) Cardinassacher status is no heat rate, colour, CRT, preighenal publics, non-investe BB (d) Abomain currenters on under thes (5) Urite output - to check for surun electrolytes, blood urea & serum creatine | |
| | | done & recorded on case sheet initial stabilization a margement of applysia cases is done as per protocols Clinical monitoring or bed side tests of asphysiated bables is performed Clinical monitoring is performed & updated in case sheet | 2 | SI/RR SI/RR | difficult breaking or read failure or feeding incleance or hepsatic dyflurchen or herenatological abnormalities) in immediate neonatal period Using terronity ground for the substance of the substance of the substance of the substance of the substance of the substance of the substance of the progression of HE (1) Maintenance of temperature (keep the baby under radiant warms & the mis invanished and normal range) perfusion, vertilation (monitoring of oxgens subtration- SIG2) amaintained (We 90-494) all on termal Metables table including glucose, calcium and acid base balance (IV fulls), enterial feeding glucose, calcium and acid base balance (IV fulls), enterial feeding glucose, calcium and acid base balance (IV fulls), enterial feeding glucose, calcium and acid base balance (IV fulls), enterial feeding clucose monitoring, management of (2) Lawner's staging for neurological status (2) Clowen's Store for respiratory status. (2) Clowen's Store for respiratory status (3) Levenen's status; he heart rate, colour, CRT, peripherial plucose, clucose non-investure B (4) Advoimal circumferences to rule out lieus (3) Amointained in check for some metchyste, blood ureas (4) Maintorian of blood surarr (1) Levenen's tables (for even of the some some some some some some some som | |
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| | | done & recorded on case sheet initial stabilization amagement of applysia cases is done as per protocols Clinical monitoring or bed side tests of asphysiated bables is performed Clinical monitoring is performed & updated in case sheet | 2 | SI/RR SI/RR SI/RR | difficult breaking or read faulture or feeding intolerance or hepsatic dyfurction or heternatobigkial abnormalities) in immediate neonatal period Using Levens's grading HE - assessment of consciousness, trans_science activities and autonomic diduct bances like construct a scheduler grading in the sease science in the progression of HE (1) Maintenance of temperature (keep the baby under radiant warmer & temps instructioned to complex and the progression of HE (1) Maintenance of temperature (keep the baby under radiant warmer & temps instructioned to complex and the progression of HE (1) Maintenance of temperature (keep the baby under radiant warmer & temps instructioned to complex and the including glucose, cakium and add base balance (IV huid, enternal feeding glucose comotring_magement of hypocolacemia & anarigement of complications must be done to prevent extension of cerebra layury (1) Levene's staging for neurological status (2) Down's Score respiratory status - Le hert rate, colour, CRT, peripheral pluce, to neither the colour, CRT, peripheral pluce, to here its to balance (IV) hold, entry and the scheduler status - Le hert rate, colour, CRT, peripheral pluce, and fault status - Le hert rate, colour, CRT, peripheral pluce, non-investure B (3) Maintening of Blood under (4) Abdominal circumferences - to rule out less (3) Cardiovascular status - Le hert rate, colour, CRT, peripheral pluce, non-investure B (4) Abdominal circumferences - to rule out less (4) Cardiovascular status - Le hert rate, colour, CRT, peripheral pluce, non-investure B | |
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| | | Staff is aware of next line of treatment if shock persists | | SI/RR | Dobutamine - Dose same as dopamine | |
|-----------|--|---|---|--------|--|--|
| | | after max dose of dopamine | 2 | Jan | Hydrocortisone - stank by opportunity 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 | |
| | | Staff is aware of further line of treatment in case baby is unresponsive to shock | 2 | 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 | 2 | 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 | 2 | SI/RR | Once hypotension improves (BP normal for 4-6hrs) & tissue perfusion improves, inotropes should be tapered slowly @Smicrogm/kg/min every 1-2 hrly provided neonate | |
| | | Staff is aware of causes of neonatal Seizures | 2 | SI | maintain the list of therapeutic end point Asphysia (Most common), birth injuries, meningitis, intracranial bleeding or due to metabolic problems like | |
| | | Staff knows d/f in spasm due to tetanus and jitteriness | _ | SI | hypoglycaemia, hypocalcaemia, and hypo or hypernatremia Spasm due to tetanus: Appear after 48hrs, Involuntary | |
| | | | 2 | | contraction of muscles, fists often persistently and tightly clenched, Trismus opisithotonus, triggered by touch, light & sound and Baby is conscious throughout, often crying with pain. Jitteriness: Provoked by stimulus, abolished by restraining. | |
| | | Staff is aware of diagnostic approach for seizure | | SI | Not associated with autonomic changes, examination of neonatal is normal b/w seizure episodes & EEG is normal In sick babies: blood glucose, serum ionized calcium, serum | |
| | | | 2 | | sodium & Sepsis screen. Detailed history is taken and examination is done after initial acute management to determine the underlying cause. | |
| | | Staff is skilled to provide treatment of neonate with selaures | 2 | SI/RR | 1st Step: Resuscitate if needed: in thermoneutral environment ensure TAG. Start organ if required IV account bodo sigura; neuro TAG. Start organ if required IV account bodo sigura; neuro calcium & electro/ytes Step 2: If bodo sugar less than 45mg/d I correct by maintenance infusion of 6 mg/lsg/min 3 rd step: Estimate calcum levels. Constager oping 10% calcium gluconate am/lg VI over 5:10min 45 Step. And I consultant drug (ACD) wer 6 i Seinure persists even after correction of hypoglycaemia and hypocalcaemia | |
| | | Staff is aware of 1st and 2nd line ACD along with their doses | 2 | SI/RR | 14 Line ACD: In Phenobarbitone 20mg/Rg IV over 20min. If baly han of further seizures don to start maintenance. If seizures persists and irritially henobarbitone initiation, administer bolues of 5 mg/Rg put total 40 mg/Rg. 20 Line ACD: In phenytan on Footperiora 20mg/Rg/ over 20 min if seizures are not controlled with the henotop provide host controlled with influed. Once the seizures are controlled, start maintenance does of 3-dmg/Rg ut yets 12 hr of loading does of phenobarbitone and phenytoin | |
| | | Saff is aware of therapeutic action for neonate with setures | 2 | SI/RR | (1) Transient metabolic problem i.e. hypoglycaemia, hypocalaemia, dynelectrolytemia: Treat the cause, stop ACD immediately 18 stretd (2) Setures controlled with 15 bolus of phenobarhitome- No maintenance ACD, downer for 48 hir 15 storates re occur (3) Seture controlled with multiple doue of phenobarhitome- start maintenance ACD, downer for 48 hir 15 storates re occur (4) Officials to control velocities: Stop Phenophin fastures free for 48 hrs, causes neurological status: if normal-Stop phenobarhitome, Assess neurological status: if normal-Stop henobarhitome, and the abnormal-may continue oral maintenance phenobarbitome. | |
| | | Staff is competent to identify conditions when to refer the neonatal asphysia cases to higher centre | 2 | SI/RR | (1) when baby need respiratory support - as PPV required for Smin or longer (2) Onset of actures within 12 hrs-refractory seizures (uncontrolled with phenobarhitone & 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 | 2 | SI/RR | To attend follow up clinic for monitoring of their growth & development and to identify post asphyxia sequelae and | |
| ME E 20.5 | Management of sepsis is done as per guidelines | Staff is aware of classification of neonatal sepsis | | SI | development delays Early onset sepsis (EOS): where sign & symptoms of sepsis | |
| | | | 2 | | appear within 72 hrs of birth due to pathogens in maternal genital tract or delivery area, respiratory distress due to congenital preumonia. 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 Septicaenia, pneumonia, or | |
| | | Shiff is aware of signs of neonatal sepsis | 2 | SI | memotizis (1) Cinical pricture is highly variable. Sign & symptom are minimal, subtle or non specific. (2) Cinical ramalification of nonsulta sposis. Lethangy, refuse to suckies, poor ary on high patienties or an excessive to suckies poor ary on high patienties or an excessive to suckies poor ary on high patienties or an excessive to suckies poor ary on high patienties or an excessive transmission of the second second second second second protections, poor ary on such as a second second second shock, therefore, protection, size and second second second transmission of the second se | |
| | | Staff is competent to identify clinical manifestation of meningitis | 2 | SI | fever, seizures, blank look, high pitched cry to excessive crying/irritability, neck retraction & bulging fontanel | |
| | | Laboratory investigations are performed to confirm neonatal sepsis | 2 | SI/RR | Direct method: Isolation of micro-organism from blood, CSF, urine or put. Indirect method: Leukopenia (TLC< 5000/cu mm), Neuropenia (AVC< 5800/cu mm), Immature neurophil to tatal neurophil ratio (10-2), Nicce CSR/JSFm 13 hour) passive Chrotein. 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 | 2 | SI/RR | Maintain TABC Ensure 500-90-94% Maintain normoglycemia Administer Ini yit K Img VI, if there is active bleeding from any site Avoid entral feed if henodynamically compromised & start feed as henodynamically stable. Consider exchange transfusion if there is sclerema | |
| | | Appropriate antibiotics are given according to age and weight of the baby | 2 | 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 Klebsiela Freeumonia Every new horn with urst have its own antibiotic policy based on profile of pathogen & local sensitivity pattern | |
| | | Staff administer antibiotic as per protocols for confirmed Sepsis | 2 | SI/RR | Give injection ampicilin and gentamicin, as first line of treatment. Give doncellin (# available) instead of ampicilini, if there are extensive skin pistules or abscesses, as these might be signs of Staphylococcus infection. In fluid using a microdrip set or influsion pump. Never mix two ambiotics in same syringe. | |

| | | Check algorithm & treatment charts for management of neonatal sepsis is available & practices | 2 | 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 antibitotics 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 | |
| | | | 2 | | 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 | |
| | | The response to treatment is monitored | | SI/RR | nj Amikacin-24hrly (0-7 days of age) or 24 hrly (>7days of ane) 10/ for 2 weeks Empirical upgradation can be considered if there is no clinical | |
| | | | 2 | SI/RR | improvement by 48hrs of institution of antibiotic or there is sign of deterioration Pneumonia in 0-59 days children - difficult to diagnose as per | |
| | | | | SI/RR | clinical conditions Possible serious bacterial infections can be pneumonia, | |
| | | | 2 | | 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 °C (or feel hot to touch) (6) or Axillary tem <35.5 oC (or feel cold to | |
| | | Staff assess the clinical presentation of possible serious bacterial infection among children of 0-59 days | | | touch) or movement only when stimulated or no movement at all | |
| | | | | SI/RR | Hospitalise, Maintain nutrition & hydration, Give Oxygen (if SpO2 <90), | |
| | | | 2 | | Check availability charts for prescribing antibitotics for serious bacterial infections. | |
| | | Management of Possible serious bacterial infections | | SI | Check dose, duration, frequency is given as per indicated | |
| | | Staff is competent to identify conditions that do not require antibiotic for management | 2 | 21 | syndrome, Mild respiratory distress, perinatal asphyxia, Asymptomatic neonates with present of 1-2 risk factors of | |
| | | Chaff in some share to "direction theory" | | SI/RR | EOS, jaundice and prematurity | |
| | | Staff is competent to identify when to refer the baby | | SI/KR | If condition worsen or no improvement after 48hrs (1) Respiratory failure requiring mechanical ventilation (2) Unresponsive shock | |
| | | | 2 | | (3) Persistent convulsions (4) DIC (5) Baby require exchange transfusion (& facility is not | |
| ME E20.6 | Management of jaundice is done as per guidelines | Staff is aware of alert sign of neonatal nathological | | SI | available Clinical Jaundice in first 24 hrs of life or Total serum bilirubin | |
| | generation and a per generalities | jaundice | 2 | | (TSB) increasing by Smg/dl/day or 0.5mg/dl/hr or TSB >15mg/dl to Conjugated serum bilirubin >2mg/dl or clinical | |
| | | Staff is aware of causes of onset of Jaundice within 24 hrs | | SI | jaundice persisting for > 14 days in term and > 21 days in preterm infants (1) Haemolytic disease of newborn: RH, ABO and minor | |
| | | of age | 2 | | group incompatibility,(2) Infection: Intrauterine viral- bacterial, malaria | |
| | | Staff is aware of causes of onset of Jaundice after 24 hrs | | S | (3) G6PD deficiency Physiological, Polycythaemia, Concealed haemorrhage, | |
| | | of age | 2 | | Sepsis, neonatal hepatitis, metabolic disorder | |
| | | Clinical assessment of severity of Jaundiced neonate is done as per Kramer's criteria | 2 | SI/RR | Kramer's criteria: Jaundice limited to face: Serum Bilirubin- about 6mg/dl, Jaundice extended to trunk- 9mg/dl, Extended to abdemen 12mg/dl. Extended to log. 15mg/dl. 8 | |
| | | | 2 | | 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 | 2 | SI | Hypotonia, lethargy, high pitched cry, poor suck, hypertonia of external muscles, irritability, fever, seizures, opisthotonus, | |
| | | Staff is aware of Jaundice evaluation protocols | 2 | SI | shrill crv. apnoea. coma 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. | |
| | | | 2 | | Prevention of hyperbilirubinemia: by early & frequent feeding Reduction of bilirubin: Achieved by phototherapy and /or | |
| | | Normogram is used to imitate phototherapy & exchange | 2 | SI/RR | exchange transfusion Check normogram is available & practiced for new born | |
| | | transfusion Guidelines for phototherapy & exchange transfusion is readily available and being followed | 2 | SI/RR | more than 35 week For new born <35 week | |
| | | Staff is aware of precautions to be taken while giving | | SI/RR | Baby should be naked eyes & genitals should be covered. | |
| | | phototherapy to baby | 2 | | New born should be kept at distance of more than 45 cm below light source. Frquent 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 | |
| | | 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 | |
| | | | 2 | | 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 | |
| | | Check the availability & use of fluxmeter | 2 | RR | mittens on, while under phototherapy) Use Fluxmeter to check for and ensure optimal irradiance in | |
| ME E20.7 | Management of children presenting with fever, cough or respiratory distress is done | Staff is aware of common causes of hyperthermia | | SI | phototherapy units (1) Sepsis (2) Envt. too hot for baby | |
| | as per guidelines | | _ | | (3) Wrapping the baby in too many layers of clothes, esp. in hot humid climate | |
| | | | 2 | | (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/to 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 concerned with tend water at any 25°C until temperature is | |
| | | | | | sponged with tepid water at app. 35°C until temperature is below is below 38 °C (2) If temp. is 37.5- 39°C- Undressing & exposing to room | |
| | | | 2 | | temp is usually all that is necessary. (3) If due too envt. 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 | |
| | | Staff is able to identify the babies with respiratory | | SI/RR | (6) Measures the temp. hourly till it become normal (1) RR >60 breaths per min | |
| | | Staff is able to identify the babies with respiratory distress | 2 | JI/IN | (2) Severe chest in drawing (3) Grunting | |
| | | Staff is aware of common causes of respiratory distress in newborn | | SI | (4) Apnoea or gasping (1) Pre Term : RDS, Congenital pneumonia, hypothermia & huponhycaemia | |
| | | n newodii | 2 | | hypoglycaemia (2) Term: Transient tachypnoea of newborn (TTNB), meconium aspiration, pneumonia, asphyxia | |
| | | | ź | | (3) Surgical cases: Diaphragmatic hernia, Trachea - oesophageal fistula, B/L choanal atresia | |
| | | Detailed antenatal & perinatal history is taken based on | | SI/RR | (4) other causes: Congenital heart disease, acidosis, inborn errors of metabolism H/O gestation, onset of distress, previous preterm babies | |
| | | causes of respiratory distress & recorded | 2 | | 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 | 2 | SI/RR | Using Downe's score and status is recorded in BHT | |
| | | | | | | |

| | | Staff is aware of parameters & interpretation of Downe's | | SI/RR | Parameter: RR, Cyanosis, Air entry, Grunt and retraction. | 1 |
|-----------|---|--|---|--|--|---|
| | | Starr is aware of parameters & interpretation of Downe's Score | 2 | SI/RR | 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 | |
| | | | 2 | | (3) CRT (4) Hepatomegaly (5) Central Cyanosis or low oxygen saturation | |
| | | Staff is competent to identify conditions when to order | | SI | (6) Features of sepsis (7) Evidences of malformation (1) All babies with moderate to severe respiratory distress- to | |
| | | chest X ray | 2 | ١ | (2) An babes with midder are to severe respiratory discless 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 | |
| | | Staff follow support management protocols for all sick | | SI/RR | need supplementary oxygen (1) Maintain body temp. | |
| | | newborn | | | (2) Give Oxygen with oxygen hood or nasal prongs to achieve appropriate oxygen saturation. Titrate oxygen delivery, | |
| | | | 2 | | 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 | |
| | | | 2 | | 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 resoiratory distress | 2 | 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 | |
| | | | 2 | | positive & culture is negative give antibiotic for 5-7days (3) Id 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 | |
| | | Staff is skilled to provide oxygen therapy | | SI/RR | blood culture sensitivity pattern (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 | |
| | | | 2 | | 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 | |
| | | Staff is competent in oxygen weaning protocols | | SI/RR | oxygen saturation Once baby's oxygen saturation on pulse oximeter is 90-94%, gradually wean oxygen. Reduce the oxygen flow rate by | |
| | | | 2 | | 1/2litre/min every few minutes to observe the oxygen saturation. If oxygen saturation remain in normal range | |
| | | Staff is competent to identify when to refer the baby | | SI/RR | gradually remove oxygen. (1) If baby with breathing difficulty needs CPAP or mechanical ventilation | |
| | | | 2 | | (2) persistent central cyanosis or low oxygen saturation despite oxygen supplementation (3) Repeated appoet spells | |
| | | Discharge & follow up advice is given as per protocols | | PI/RR | Always stabilize before referral & transport Babies with respiratory distress should be seen 48hrs after | |
| | | | | | discharge, either at hospital or during home visit by ASHA. | |
| | | | 2 | | 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 | 2 | PI/ Si | maintenance and immunization Should be done Check with mother when she has provided breastmilk to baby after delivery | |
| ME E20.10 | | | | PI/ SI SI | maintenance and immunization Should be done Check with mother when she has provided breastmilk to baby after. delivery Women produce colostrum in first few days after delivery. It is thick yellowin in colour & contain antibodies, white blood | |
| ME E20.10 | | hour after birth Check colostrum is given to baby & staff is aware of its | | | maintenance and immunitation Should be done Check with mother when she has provided breastmilk to baby after delivery Women produce colostrum in first few days after delivery. It is thick yellowish in colour & contain antibodies, white blood cells an odthera millinetive proteins importance: Help to fight diseases that baby is likely to be responded that effekery. Helps to cale thaby is all of meconicul | |
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| ME E20.10 | | hour after birth Check colostrum is given to baby & staff is aware of its importance No glutti, gripe water, honey or any other milk is given | 2 | St | maintenuire and immunisation Should be done Check with mother when she has provided breastmilk to baby after delivery Women produce colors yourn in first free days after delivery, it better personal in colors its constraints. The should be reflexed other and infective proteins. Inportance: Help find fide dass that have is field you for exposed after delivery. Help to clear baby's gut of meconium. Case billioshift mother age it & all of being to prevent | |
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| | | Check mother is encouraged to visit, touch and care her | | SI/PI | Ask mother how often she visits her baby in SNCU | |
|--------------|--|--|---|--|---|---|
| | | baby | 2 | | | |
| | | Check mothers are encouraged to learn milk expression | 2 | SI/PI | Both manual and through breast pump. Check instructions are displayed in milk expression room. | |
| | | SNCU has provision to collection, & storage breast milk | 2 | SI/OB | Functional electrical pumps are available Check availability of milk expression room & refrigerator to | |
| | | SNCU has system to label & identify the expressed milk | | SI/OB | store milk (1) Unique ID of baby, date of expression of milk or Date & | |
| | | or milk received from CLMC | 2 | | 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. | |
| | | | 2 | | 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 | 2 | PI/RR | Check Bed head tickets whether mother milk or milk substitute is prescribed for admitted new born. Give non | |
| | | | 2 | | compliance if milk substitute is prescribed (until clinically indicated) | |
| | | Check breastfeeding policy is displayed | | RR | Mentioning 10 steps of successful breastfeeding. Check Staff | |
| | | | 2 | | is able to explain at least 3 components of breastfeeding policy | |
| | | Check SNCU promotes breastfeeding during follow up visits | 2 | RR/OB | (1) Exclusive during 6 months (2) initiate complementary feeding after 6 months & (3) continue breastfeeding up to 2 | |
| | | | - | | vrs. and bevond | |
| | | Check SNCU has linkage with Comprehensive lactation management centre | 2 | SI/PI | Inhouse or outsourced for ensuring breastmilk to the babies | |
| ME E20.11 | | | | | DELETED | |
| | | Area of Concer | n - F Infection Contro | ol | | |
| Standard F1 | The facility has provision for Passive and active | The facility has infection control Progra | mme and procedure | es in place for prevention | and measurement of hospital associated infection | n |
| c | culture surveillance of critical & high risk areas | Surface and environment samples are taken for | 2 | | | |
| ME F1.2 | The facility measures hospital associated infection | microbiological surveillance | | SI/RR | Swab are taken from infection prone surfaces Patients are observed for any sign and symptoms of HAI. HAI | |
| | rates | There is procedure to report cases of Hospital acquired infection | 2 | SI/RR | reporting formats are available. Staff Know whom to report & action are taken on feed back. | |
| т | There is Provision of Periodic Medical Check-up | There is procedure for immunization & periodic check-up | 2 | | | |
| | and immunization of staff The facility has established procedures for regular | of the staff | | SI/RR | Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic | |
| n | monitoring of infection control practices | Reader menitories of the state and the | 2 | | intervals for Staff as well as mothers/care givers visiting | |
| ME F1.5 | | Regular monitoring of infection control practices Check each person enter SNCU after hand washing & | 2 | SI/RR | regularly | |
| | The facility has defined and established antibiotic | gawning | | OB | | |
| ME F1.6 p | policy | Check doctors are aware of Hospital Antibiotic Policy | 2 | SI/RR | | |
| Standard F2 | Hand washing facilities are provided at point of | The facility has defined a Availability of hand washing with running Water Facility | | rocedures for ensuring ha | nd hygiene practices and antisepsis | |
| | Hand washing facilities are provided at point of use | at Point of Use | 2 | OB | At least 1 wash basin for every 5 beds | |
| | | Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser. | 2 | | Check for availability/ Ask staff if the supply is adequate and | |
| | | | | OB/SI | uninterrupted. Availability of Alcohol based Hand rub Prominently displayed above the hand washing facility. | |
| | | Display of Hand washing Instruction at Point of Use | 2 | OB | preferably in Local language | |
| | | Availability of elbow operated taps | 2 | OB | Hand washing sink is wide and deep enough to prevent splashing and retention of water | |
| | | Separate Handwashing facilities are available for parent/ | 2 | | Only parents who follow the hygiene practices are allowed to | |
| т | The facility staff is trained in hand washing | attendant Adherence to 6 steps of Hand washing | | OB/SI | provide care to their sick newborn | |
| | practices and they adhere to standard hand washing practices | | 2 | SI/OB | (1) Ask for demonstration (2) Staff aware of when to hand wash | |
| NE P2.2 | wasning practices | Check each person enter SNCU after hand washing & | 2 | | Ask for demonstration - mothers/guardian aware Steps of | |
| | | gowning Mothers/care giver adhere to hand washing practices | - | OB/ PI | HW. Mothers are aware of importance of washing hands | |
| | | with soap | 2 | PI/OB | .Washing hands after using the toilet/ changing diapers and | |
| Standard F3 | | The facilit | y ensures standard | practices and materials for | before feeding children. r Personal protection | |
| | The facility ensures adequate personal protection | Clean gloves are available at point of use | 2 | OB/SI | Handwaching h /w cash nations 9, changes of slower | |
| VE F3.1 | Equipment as per requirements | Availability of Mask caps & shoe cover | 2 | OB/SI | Handwashing b/w each patient & change of gloves | |
| 1 | The facility staff adheres to standard personal | Availability of gown/ Apron & mask | 2 | OB/SI | Staff, visitors and parent/attendants | |
| | protection practices | No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing | 2 | OB/SI | | |
| | | the gloves & other PPEs | 2 | SI | Ask for demonstration. | |
| | | Mother's/parents are allowed to entre SNCU after gowning only | 2 | SI | | |
| Standard F4 | | The facility h | as standard proced | ures for processing of equi | | |
| | The facility ensures standard practices and materials for decontamination and cleaning of instruments and | Decontamination of operating & Procedure surfaces | 2 | | Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds | |
| P ME F4.1 | procedures areas | | - | SI/OB | Stretcher/Trolleys etc. (Wiping with 1% Chlorine solution | |
| | | Cleaning of instruments | 2 | | Cleaning is done with detergent and running water after decontamination | |
| | | | 2 | SI/OB | No sorting ,Rinsing or sluicing at Point of use/ Patient care | |
| | | Proper handling of Soiled and infected linen | 2 | SI/OB | area Staff is trained for preparing cleaning solution as per | |
| | | Staff know how to make chlorine solution Proper handling of Soiled and infected linen | | SI/OB | standard procedure No sorting ,Rinsing or sluicing at Point of use/ new-born care | |
| | | | | | | |
| | | | 2 | SI/OB | area | |
| | The facility ensures standard practices and materials for disinfection and sterilization of instruments and | Disinfection of instruments is done as per protocols | 2 | SI/OB | area Achieve within 20 min contact period with 2% glutaraldehyde | |
| fi | 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 SI/OB | area Achieve within 20 min contact period with 2% glutaraldehyde | |
| fi | for disinfection and sterilization of instruments and | | | | area Achieve within 20 min contact period with 2% glutaraldehyde (1) Individual item like stethoscope, thermometer measuring taps, probe should be done with 70% isopropyl alcohol daily | |
| fi | for disinfection and sterilization of instruments and | Disinfection of instruments is done as per protocols | | | area Achieve within 20 min contact period with 2% glutaraldehyde | |
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| NE F4.2 C | For disinfection and sterilization of instruments and equipment Functional area of the department are arranged to ensure infection control practices The facility ensures swalability of standard materials for cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas | Deinfection of instruments is done as per protocols Deinfection of instruments is done as per protocols Deinfection of instruments are sterilized after each use as per resultement Autochaving of instruments is done as per protocols Chemical sterilization of instruments/equipment is done as per protocols Staff is aware of storage time for autochaved items Autochaving of instruments in the autochaved items Autochaving of instruments are used for SNUU Physical apport and the storage area of storage time are used for SNU Physical apport and the storage and out born unt Entry in SNUL is restricted Availability of deaning agent as per requirement Spill management protocols are implemented Standard practice of mopping and scrubbing are followed | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SJ/08 SJ/08 O8/S O8/S O8/S O8/S O8/S O8/S O8/S O8 O8 O8 O8 O8 O8 SJ/RR | stea Achieve within 20 min contact period with 2% glutaratethyde (1) Individual lam like dethocoge, thermometer measuring (apps, probe should be done with 70% isopropy alcohol day or wherever used for another baby. (1) Cup agoon and paladai are boiled for at least 15 min before use (After every feed Autoclaving/Chemical Sterilization Ack staff about temperature, pressure and time Ack staff about temperature, pressure and contact time required for chemical sterilizations Ack staff about temperature, pressure and contact time required for chemical sterilization(stort) how long the glutaratethyde is active once prepared Check staff a sware of how long autoclaved items can be stored. Also, audoued items are stored in dry, clean, dust free, mobils free emicial sterilization(stort) as ensures infection prevention Facility inpout ensures separation of general traffic from patient traffic. Check starfs in on overcrowding inside the SNCU. Hospital staff without having a valid reason are not allowed in SYCU Choirne solution, Glutaratethyde etc Hospital grand R Lings galts, check parotoch bit, staff is trained for Chananging grand R Lings galts, check parotoch bit, staff is trained for Chananging grand R Lings galts, check parotoch bit of the displayment undivident density of Spill management bit, staff is trained for Chananging grand R Lings galts, check parotoch bit staffs to bake for chananging grand R Lings galts, check parotoch bit staffs to bake for chananging grand R Lings galts, check parotoch bit staffs to bake for chananging grand R Lings galts, check parotoch bit staffs to bake for chananging grand R Lings galts, check parotoch bits about to bake and the paratetory of Spill management bits staffs to bake for system for mopping. | |
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| NE F4.2 C | Functional area of the department are arranged to essure infection control practices are followed for the cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas | Deinfection of instruments is done as per protocols Deinfection of instruments is done as per protocols Deinfection of instruments are sterilized after each use as per resourcement Autocharge of instruments is done as per protocols Chemical sterilization of instruments/equipment is done as per protocols Staff is aware of storage time for autocharvel items Autochard dessing materia & lines are used for SXUL Physical Staguout and/ Phy | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Si/08 Si/08 O8/51 O8/51 O8/51 O8/51 O8/51 O8/51 O8 O8 O8 O8 O8 O8 O8 O8 Si/08 O8 O8 O8 O8 O8 O8 O8 O8 O8 O | stea Achieve within 20 min contact period with 2% glutaraldehyde Achieve within 20 min contact period with 2% glutaraldehyde Achieve within 20 min contact period with 2% glutaraldehyde (1) Individual Item Ike stehoscope, thermometer measuring thermometer feed Autoclaving(Chemical Sterilization Ask staff about temperature, pressure and time Ask staff about temperature, pressure Ask | |

| Checklist | No. | 6 |
|-----------|-----|---|

| | Facility Ensures segregation of Bio Medical Waste | Availability of colour coded bins at point of waste | 2 | | | |
|-------------------------|--|--|------------------------|---|---|----------|
| ME F6.1 | as per guidelines | generation Availability of Non chlorinated plastic colour coded | | OB | | |
| | | plastic bags | 2 | OB | | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | | |
| | | Segregation of infected plastic waste in red bin | 2 | OB | | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | OB | Pictorial and in local language | |
| | | There is no mixing of infectious and general waste | 2 | OB | | |
| | Facility ensures management of sharps as per | Availability of functional needle cutter & Puncture proof | | | (1) Check if needle cutter has been used or just lying idle. (2) | |
| ME F6.2 | guidelines | container | 2 | OB | it should be available near the point of generation like nursing station | |
| | | Availability of post exposure prophylaxis | | | 1. Staff knows what to do in case of needle stick injury. | |
| | | | 2 | | Staff is aware of whom to report | |
| | | | | OB/SI | 3. Check if any reporting has been done 4. Also check PEP issuance register | |
| | | Glass sharps and metallic implants are disposed in Blue | 2 | OB | Includes used vials, slides and other broken infected glass | |
| | Facility ensures transportation and disposal of | colour coded puncture proof box Check bins are not overfilled | | | Bins should not be filled more than 2/3 of its capacity | |
| ME F6.3 | waste as per guidelines | | 2 | SI | | |
| | | Disinfection of liquid waste before disposal Transportation of bio medical waste is done in close | 2 | SI/OB | | |
| | | container/trolley | | SI/OB | | |
| Standard G1 | | The facility | | cern - G Quality Managem anizational framework for | | |
| ME G1.1 | | , | | | DELETED | |
| ME G1.2 Standard G2 | | The faci | lity has established | system for patient and em | ployee satisfaction | |
| ME G2.1 | Patient satisfaction surveys are conducted at | Patient relative satisfaction survey done on monthly | 2 | RR | | |
| ME G2.2 | periodic intervals The facility analyses the patient feed back, and | basis Analysis of low performing attributes is undertaken | | RR | | |
| | root-cause analysis | | 2 | | | |
| 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 | 2 | RR | | |
| | areas, contributing to low substation of patients | | | | | |
| Standard G3 ME G3.1 | The facility has established internal quality | The facility have established | internal and extern | al quality assurance Progra | ammes wherever it is critical to quality. Findings /instructions during the visit are recorded | |
| | assurance programme in key departments | There is system daily round by matron/hospital | 2 | JUNN | | |
| | | manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services | | | | |
| ME G3.3 | Facility has established system for use of check | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS assessment toolkit is used to conduct internal | |
| | lists in different departments and services | | ź | | assessment | |
| | | Departmental checklist are used for monitoring and | 2 | SI/RR | Staff is designated for filling and monitoring of these | |
| | | quality assurance Non-compliances are enumerated and recorded | | RR | checklists | |
| | | | 2 | | Check the non compliances are presented & discussed | |
| ME G3.4 | Actions are planned to address gaps observed | Check action plans are prepared and implemented as per | | | during quality team meetings Randomly check the details of action, responsibility, time line | |
| | during quality assurance process | internal assessment record findings | 2 | RR | and feedback mechanism | |
| ME G3.5 | | | | | DELETED | |
| Standard G4 ME G4.1 | Describer and a second se | | | tained Standard Operatin | g Procedures for all key processes and support s | ervices. |
| IME G4.1 | available | Standard operating procedure for department has been prepared and approved | 2 | | Check that SOP for management of services has been prepared and is formally approved | |
| | | Current version of SOP are available with process owner | 2 | OB/RR | Check current version is available | |
| | | | | OB | | |
| | | | | | WI for phototherapy, Grading and management of hypothermia, Expression of milk, KMC, Management of | |
| | | | 2 | | hypoglycaemia, housekeeping protocols, Administration of | |
| | | Work instruction/clinical protocols are displayed | | | commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc | |
| ME G4.2 | Standard Operating Procedures adequately | SNCU has documented procedure for ensuring patients | 2 | RR | Review the SOP has adequately cover procedure for taking | |
| | describes process and procedures | rights including consent, privacy, confidentiality & entitlement | 2 | | consent, maintenance of privacy, confidentiality & entitlements | |
| | | SNCU has documented breastfeeding policy | 2 | RR | Review the SOP has adequately explaining implementation of 10 steps of breastfeeding | |
| | | SNCU has documented procedure for safety & risk | | RR | Check availability of risk management record/register to | |
| | | management | 2 | | identify risk & action taken to address them | |
| | | SNCU has documented procedure for support services & | | RR | Documented procedure for preventive- break down | |
| | | facility management. | 2 | | maintenance and calibration of equipment, Maintenance of infrastructure, inventory management & storage, retaining | |
| | | | | | ,retrieval of SNCU records | |
| | | SNCU has documented procedure for general patient | | RR | Availability of documented criteria & procedure for triage, | |
| | | care processes | 2 | | 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. | |
| | | | 2 | | ,drugs,intravenous,and fluid management and nutrition | |
| | | | | | management of new born | |
| | | SNCU has documented procedure for infection control & bio medical waste management | 2 | RR | Check availability of documented procedure for infection control practices& BMW | |
| | | SNCU has documented procedure for quality | | RR | Check availability of documented procedure for | |
| | | management & improvement | 2 | | departmental quality activities viz: nomination of department Nodal officer, internal assessments, audits, patient | |
| | | | | | satisfaction survey, internal & external quality assurance | |
| | | SNCU has documented procedure for data collection, | | RR | processes, Check availability of documented departmental Data set | |
| | | analysis & use for improvement | 2 | | need to be measured monthly & procedure for their | |
| ME G4.3 | Staff is trained and aware of the procedures | | 2 | SI/RR | collection, analysis & improvement | |
| | written in SOPs | Check staff is a aware of relevant part of SOPs | | em more efficient hurset | Icing non value adding activities and wastages | |
| Standard G 5 ME G5.1 | | The facility maps its key processes a | seeks to make th | encient by redu | DELETED | |
| ME G5.2 ME G5.3 | | | | | DELETED | |
| Standard G6 | | The facility has defined mis | sion, values, Quality | policy & objectives & pre | pared a strategic plan to achieve them | |
| ME G6.4 | | | | | DELETED | |
| ME G6.5 Standard G7 | | The facility se | eks continually imp | rovement by practicing Qu | JELETED | |
| ME G7.1 | | | | | DELETED | |
| ME G7.2 | | <u> </u> | | | DELETED | |
| Standards G9 | | Facility has established procedu | ires for assessing, re | porting, evaluating and m | anaging risk as per Risk Management Plan | |
| ME G9.6 | | Check periodic assessment of medication and patient | | SI/RR | Verify with the records. A comprehensive risk assessment of | |
| | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. | care safety risk is done using defined checklist periodically | 2 | | all clinical processes should be done using pre define criteria at least once in three month. | |
| Standard G10 | survey risks is usine as per-defined criteria. | The facility has established c | linical Governance f | | lity and safety of clinical care processes | |
| ME G10.3 | | | | SI/RR | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity | |
| | Clinical care assessment criteria have been defined and communicated | The facility has established process to review the clinical care | 2 | | & mortality reivew, patient feedback, clinical audit & clinical | |
| | | | | | outcomes. | |
| | | Check regular ward rounds are taken to review case | 2 | | (1) Both critical and stable patients (2) Check the area areases is desumented in BUT/ areases | |
| | | progress | | SI/RR | (2) Check the case progress is documented in BHT/ prgoress notes- | |
| | | Check the patient /family participate in the care evalution | 2 | SI/RR | Feedback is taken from patient/family on health status of | |
| | | | | Jijnn | individual under treatment System in place to review internal referral process, review | |
| | | | | | | |
| | | Check the care planning and co- ordination is reviewed | 2 | 51/00 | clinical handover information, review patient understanding | |
| ME G10.4 | | | 2 | SI/RR | clinical handover information, review patient understanding about their progress | |
| ME G10.4 | | | 2 | SI/RR | clinical handover information, review patient understanding about their progress Check medical audit records | |
| ME G10.4 | | | 2 | SI/RR | about their progress Check medical audit records (a) Completion of the medical records i.e Medical history, | |
| ME G10.4 | | | 2 | SI/RR | about their progress Check medical audit records | |
| ME G10.4 | Facility conducts the periodic clinical audits | Check the care planning and co-ordination is reviewed | | SI/RR | about their progress Check medical audit records (a) Completion of the medical records i.e Medical history, assessments, reassessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient deucation, definited ion of responsibilities, | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | | 2 | SI/RR | about their progress Check medical audit records (a) Completion of the medical records is Medical history, assessments, resessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of reports/billets, discharge etc. (b) Check whether treatment plan worked for the patient | |
| ME 610.4 | including prescription, medical and death | Check the care planning and co-ordination is reviewed | | SI/RR | about their progress Check medical audit records (a) description of the medical records is Medical history, (a) description of the medical records in conducted, progress notes, harvenitors conducted, automore of the case, patient education, defineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (b) Opercy whether the admits starts of the patients in meniones | |
| ME GID.4 | including prescription, medical and death | Check the care planning and co-ordination is reviewed | | SI/RR | about their progress Check medical audit records is in Medical history, advanced to the medical records is Medical history, advanced to the medical history, (1) Ones whether treatment plan worked for the patient (1) whether the goals defined in treatment plan is met for the individual cases. | |
| ME GIDA | including prescription, medical and death | Check the care planning and co-ordination is reviewed | | | about they process Clack medical audit records (a) Completion of the medical records, i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, historentions conducted, outcome of the discharge etc. (b) Deck whether treatment plane worked for the patient (b) Open whether headmost of the patient is metricond (c) progress notes have head status of the patient is metricond the individual cases. | |
| ME G10.4 | including prescription, medical and death | Check the care planning and co-ordination is reviewed | | SI/RR SI/RR | about their progress Check medical audit records is in Medical history, advanced to the medical records is Medical history, advanced to the medical history, (1) Ones whether treatment plan worked for the patient (1) whether the goals defined in treatment plan is met for the individual cases. | |

| | | There is procedure to conduct newborn death audits | 2 | SI/RR | (1) All the deaths are audited by the committee. (2) The reasons of the death in (dearly mentioned (2) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required) | |
|-------------|--|---|-----------------------|----------------------------|--|--|
| | | There is procedure to conduct referral audits | 2 | SI/RR | Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken | |
| | | All non compliance are enumerated recorded for medical audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for newborn death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for referral audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per medical audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per newborn death audit record's findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per referral audit record's findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | SI/RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan | |
| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug formulary | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. | |
| | | | Area | of Concern - H Outcome | | |
| Standard H1 | | | roductivity Indicato | rs and ensures compliance | e with State/National benchmarks | |
| ME H1.1 | Facility measures productivity Indicators on monthly | Percentage of babies weighting less than 1800gm are admitted to SNCU | 2 | | No. of babies weighting less than 1800gm admitted / Total admission in SNCU in Month | |
| | basis | Bed Occupancy Rate | 2 | RR | admission in SNCO in Month | |
| | | Proportion of female babies admitted | 2 | RR | | |
| | | No. of FPC sessions conducted in a month | 2 | RR | FPC register | |
| Standard H2 | | | ures Efficiency India | cators 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 | 2 | RR | No. of very low birth weight babies (< 1200 gm)/No. of Low birth+ Very low birth babies | |
| | | Down time Critical Equipment | 2 | RR | and the second sec | |
| | | Referral Rate | 2 | RR | | |
| | | Survival rate | 2 | RR | Discharge rate | |
| Standard H3 | | Average waiting time for initiation of treatment The facility measures | | | reach State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on | Percentage of new-born deaths among inborn weighting | | | | |
| | monthly basis | 2500gm or more Percentage of new-born deaths among intoin weighting | 2 | RR | | |
| | | vercentage or new-born deaths among out-born weighting 1200 to 1800g | 2 | RR | | |
| | | Antibiotic use rate | 2 | RR | | |
| | | Average length of stay | 2 | RR | | |
| | | Percentage of new-born survived following Resuscitation | 2 | RR | Baby theft, wrong drug administration, needle stick injury, | |
| | | Adverse events are reported | 2 | RR | Baby theft, wrong drug administration, needle stick injury, absconding patients etc | |
| Standard H4 | | | Service Quality Indi | | reach State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly | | 2 | | | |
| | basis | | | RR | | |
| | | Parent/ care giver Satisfaction Score | 2 | RR | | |

| | Nat | tional Quality Assurance Sta | | | tals | Version: DH/NQAS-2020/00 |
|---------------------------------|---|--|-----------------------|---------------------------------------|--|--------------------------|
| | | Checklist for Ope | | | | 9 |
| | | 1 | Assessme | nt Summary | 1 | 1 |
| Name of the Names of A | | | | | Date of Assessment Names of Assessees | |
| Names of A | 33633013 | | | | Names of Assessees | |
| Type of Ass | essment (Internal/External) | | | | Action plan Submission Date | |
| | | Ol | peration The | eatre Score C | ard | |
| | Area of Concern w | vise Score | | | Operation Theatre Score | |
| A | Service Provision | 100% | | | | |
| В | Patient Rights | 100% | | | | |
| с | Inputs | 100% | | | | |
| D | Support Services | 100% | | | 100% | |
| E | Clinical Services | 100% | | | 100/0 | |
| F | Infection Control | 100% | | | | |
| G | Quality Management | 100% | | | | |
| н | Outcome | 100% | | | | |
| | Major Gaps Observed | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | Recommendations/ Opportu | nitios for Improvement | | | | |
| 1 | Recommendations/ Opportu | nities for improvement | | | | |
| 2 | | | | | | |
| 3 4 | | | | | | |
| 5 | 6' | | | | | |
| | Signature of Assessors Date | | | | | |
| | | | | | | |
| Reference No. | ME Statement | Checkpoint | Compliance | Assessment Method | Means of Verification | Remarks |
| Standard A1 | | | | ncern - A Servic Provides Curative | Services | |
| ME A1.2 | The facility provides General Surgery services | Availability of General Surgery procedures | 2 | SI/OB | Appendectomy, Intestinal Obstruction, Perforation, Tongue Tie, Inguinal Hernia, haemorrhoidectomy, Abscess drainage (perianal), Liver abscess, Cholecystectomy, superficial tumour excision. | |
| ME A1.3 | The facility provides Obstetrics & Gynaecology Services | Availability of Gynaecology procedures | 2 | SI/OB | (a) D & C, Hysterectomy, Cervical Cautery, Bartholin cyst excision, explorative laparotomy (uterine perforation, twisted ovarian), sling operation, haematocolpus drainage colpotomy (b) Lump excision, Simple mastectomy, Mammary fistula excision, Abscess drainage (breast) | |
| ME A1.4 | The facility provides Paediatric Services | Availability of Paediatric Surgery procedure | 2 | SI/OB | exclauri, Auscess drainage (breast) 18.D, Pepuceal Dilation, Meatomy, Gland Biopsy, Reduction Paraphimosis, Brachial/Thyroglossal Cyst and Fistula, Inguinal | |
| ME A1.5 | The facility provides Ophthalmology | | 2 | SI/OB | Herniotomy, Neonatal Intestinal Obstruction Cataract Extraction with IOL, Canthotomy, Paracentesis, | |
| MC ALS | Services | Availability of Ophthalmic Surgery procedures | 2 | 51/UB | Enucleation, Glaucoma surgery, Conjunctival Cyst, Nose, Ear and Throat surgical procedures | |
| | | | | | Packing, therapeutic removal of granulation (nasal, aural, oropharynx), Mastold abscess, myringoplasty, endoscopic sinus surgery, Antral Puncture, Fracture Reduction, Mastold Abscess I & D, | |
| ME A1.6 | The facility provides ENT Services | Availability of ENT surgical procedure | 2 | SI/OB | periauricular sinus excision, stitching of CLW (nose & ear) | |
| ME A1.6 ME A1.7 | The facility provides Orthopaedics | Availability of ENT surgical procedure Availability of Orthopaedic surgical procedures | 2 | SI/OB SI/OB | periauricular sinus excision, stitching of CLW (nose & ear) Open and Closed Reduction, Nailing and Plating, Amputation, | |
| | The facility provides Orthopaedics Services The facility provides Dental Treatment | | | | periauricular sinus excision, stitching of CLW (nose & ear) | |
| ME A1.7 | The facility provides Orthopaedics Services The facility provides Dental Treatment Services Services are available for the time | Availability of Orthopaedic surgical procedures | 2 | SI/OB | periauricular sinus excision, stitching of CLW (nose & ear) Open and Closed Reduction, Nailing and Plating, Amputation, Disarticulation of Hip and Shoulder | |
| ME A1.7 ME A1.10 | The facility provides Orthopaedics Services The facility provides Dental Treatment Services Services are available for the time period as mandated The facility provides Accident & | Availability of Orthopaedic surgical procedures Availability of Oral surgery procedures OT Services are available 24X7 Availability of terregnery OT services as and even | 2 | SI/OB SI/OB SI/RR | periauricular sinus excision, stitching of CLW (nose & ear) Open and Closed Reduction, Nailing and Plating, Amputation, Disarticulation of Hip and Shoulder Trauma including Vehicular Accidents, Fracture Wiring Check the number of emergency surgeries conducted in last 3 | |
| ME A1.7 ME A1.10 ME A1.14 | The facility provides Orthopaedics <u>Services</u> The facility provides Dental Treatment <u>Services</u> Services are available for the time period as mandated | Availability of Orthopaedic surgical procedures Availability of Oral surgery procedures OT Services are available 24X7 | 2 2 2 2 2 | SI/OB SI/OB SI/RR | periauricular sinus excision, stitching of CLW (nose & ear) pen and Closed Reduction, Nailing and Plating, Amputation, Disarticulation of Hip and Shoulder Trauma Including Vehicular Accidents , Fracture Wring Check the number of emergency surgeries conducted in last 3 months | |

| Standard A3 | | | | Provides diagnosti | |
|-------------|--|---|---------------------------------|---------------------------|---|
| ME A3.1 | The facility provides Radiology Services | Availability of portable x-ray machine | 2 | SI/OB | Check availability of functional C arm for 300 and above beds |
| ME A3.2 | The facility Provides Laboratory Services | Availability of point of care diagnostic test | 2 | SI/OB | Blood gas analyser& USG |
| Standard A4 | The facility provides services under | Facility provid | es services as ma | | I Health Programs/ state scheme |
| ME A4.3 | National Leprosy Eradication Programme as per guidelines | Availability of Reconstructive Surgery | 2 | SI/OB | Reconstruction of hand (tendon repair), polio surgery |
| | | Availability of Amputation Surgery | 2 Area of (| si/ов Concern - В Pati | ent Rights |
| Standard B1 | | | | | nity about the available services and their modalities |
| ME B1.1 | The facility has uniform and user- friendly signage system | Availability of departmental & directional signages | 2 | ОВ | Numbering, main department and internal sectional signage are played |
| | | Signage for restricted area are displayed Zones of OT are marked | 2 | OB | |
| ME B1.2 | The facility displays the services and entitlements available in its | Information regarding services are displayed | 2 | ОВ | Display doctor/ Nurse on duty and updated OT schedule |
| | departments | OT schedule displayed | 2 | OB | displayed |
| ME B1.6 | Information is available in local language and easy to understand | Signage's and information are available in local language | 2 | ОВ | |
| Standard B2 | | in a manner that is sensitive to gender, | , religious and cu | tural needs, and t | here 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 female staff if a male doctor examination/ conduct surgery of a female | 2 | OB/SI | Availability of female staff in pre and post operative room |
| | Access to facility is provided without | patients Availability of Wheel chair or stretcher for easy | | | |
| ME B2.3 | any physical barrier & and friendly to people with disabilities | Access to the OT | 2 | OB | |
| Standard B3 | | Availability of ramps with railing The facility maintains privacy, confid | 2 dentiality & digni | OB ty of patient, and | At least 120 cm width, gradient not steeper than 1:12 has a system for guarding patient related information. |
| ME B3.1 | Adequate visual privacy is provided at every point of care | Availability of screen between OT table | 2 | ОВ | |
| | and the second sec | Patients are properly draped/covered before and after produce | 2 | ОВ | |
| ME B3.2 | Confidentiality of patients records and | Patient Records are kept at secure place beyond | 2 | SI/OB | |
| | clinical information is maintained | access to general staff/visitors No information regarding patient identity and | | .,. | |
| | The facility ensures the behaviour of | details are unnecessary displayed | 2 | SI/OB | |
| ME B3.3 | The facility ensures the behaviours of staff is dignified and respectful, while | Behaviour of staff is empathetic and courteous | 2 | PI/OB | |
| | delivering the services The facility ensures privacy and | | | | |
| ME B3.4 | confidentiality to every patient, especially of those conditions having | Privacy and Confidentiality of HIV cases | 2 | SI/OB | |
| | social stigma, and also safeguards vulnerable groups | | | | |
| Standard B4 | Facility has defined an There is established procedures for | d established procedures for informing | <mark>; and involving pa</mark> | tient and their fai | nilies about treatment and obtaining informed consent wherever it is required. |
| ME B4.1 | taking informed consent before | Consent is taken before major surgeries | 2 | SI/RR | |
| | treatment and procedures | Anaesthesia Consent for OT | 2 | SI/RR | |
| ME B4.4 | Information about the treatment is shared with patients or attendants, | Patient attendant is informed about clinical condition and treatment been provided | 2 | PI/SI | |
| Standard B5 | regularly | Facility ensures that there are no | financial barrier | to access and that | there is financial protection given from cost of care. |
| ME 85.1 | The facility provides cashless services to pregnant women, mothers and | | | PL (C) | |
| WE 85.1 | neonates as per prevalent government schemes | Free medicines and consumables are available | 2 | PI/SI | JSSK |
| | | All surgical procedure are free of cost as per entitlements | 2 | PI/SI | PMJAY beneficiaries/ state scheme etc |
| ME 85.2 | The facility ensures that drugs prescribed are available at Pharmacy | Check that patient party has not spent on | 2 | PI/SI | |
| | and wards It is ensured that facilities for the | purchasing drugs or consumables from outside. | - | | |
| ME 85.3 | prescribed investigations are available | Check that patient party has not spent on diagnostics from outside. | 2 | PI/SI | |
| | at the facility The facility provide free of cost | | | | |
| ME B5.4 | treatment to Below poverty line patients without administrative hassles | Surgical services are free for BPL patients | 2 | PI/SI/RR | |
| | | | Area | of Concern - C | Inputs |
| Standard C1 | Departments have adequate space as | The facility has infrastructure for Adequate space for accommodating surgical | | | available infrastructure meets the prevalent norms |
| ME C1.1 | per patient or work load | load | 2 | OB | |
| | | Availability of OT for elective major surgeries | 2 | OB OB | 100-200 -1OT, 200-300-2, 300-400 -3 |
| | | Availability of OT for Emergency surgeries Availability of OT ophthalmic/ENT | 2 | OB | Emergency OT 1 Ophthalmic/ENT- 1 |
| ME C1.2 | Patient amenities are provide as per | Waiting area for attendants Functional toilets with running water and flush | 2 | OB OB | In the OT waiting area for patient relatives/ in the vicinity of OT |
| | patient load | are available Availability of drinking water | 2 | ОВ | Check for availability of Hot water facility |
| ME C1.3 | Departments have layout and | Availability of seating arrangement Demarcated of Protective Zone | 2 | OB | |
| | demarcated areas as per functions | Demarcated of Protective Zone Demarcated Clean Zone | 2 | OB | |
| | | Demarcated sterile Zone Demarcated disposal Zone | 2 | OB OB | |
| | | Availability of Changing Rooms Availability of Pre & post Operative Room | 2 | OB | |
| | | Availability of Scrub Area Availability of Autoclave room/ TSSU | 2 2 2 | OB | |
| | | Availability of dirty utility area | 2 2 2 2 | OB OB OB | |
| ME CLA | The facility has adequate circulation | Availability of store Corridors are wide enough for movement of | | | 3 2 motor |
| ME C1.4 | area and open spaces according to need and local law | trolleys | 2 | OB | 2-3 meters |
| ME C1.5 | The facility has infrastructure for intramural and extramural | Availability of functional telephone and Intercom Services | 2 | ОВ | |
| | communication Service counters are available as per | | | | Hydraulic OT Tables |
| ME C1.6 | patient load | OT tables are available as per load | 2 | ОВ | As per case load at least two for 100 - 200 bedded DH and 4 for More than 200 beds |
| | The facility and departments are planned to ensure structure follows the | | | | |
| ME C1.7 | function/processes (Structure commensurate with the function of the | Unidirectional flow of goods and services | 2 | ОВ | No cris cross of infectious and sterile goods |
| Standard C2 | commensurate with the function of the hospital) | | facility on survey | the physical cafet | r of the infrastructure. |
| | The facility ensures the seismic safety | | | | Check for fixtures and furniture like cupboards, cabinets, and |
| ME C2.1 | of the infrastructure | Non structural components are properly secured | 2 | OB | heavy equipment , hanging objects are properly fastened and secured |
| ME C2.3 | The facility ensures safety of electrical establishment | OT does not have temporary connections and loosely hanging wires | 2 | ОВ | |
| | | Adequate electrical socket provided for safe and smooth operation of equipment | 2 | ОВ | Power boards are marked as per phase to which it belongs |
| | | Availability of three phase electricity supply | 2 | ОВ | |
| | - | | | | |

| | | OT has mechanism for periodical check / test of | | | 1 | |
|------------------------|---|--|-------------------------|--------------------|--|------|
| | | all electrical installation by competent electrical Engineer | 2 | ОВ | | |
| | | Wall mounted digital display is available in OT to show earth to neutral voltage | 2 | ОВ | | |
| | | Quality output of voltage stabilizer is displayed in | 2 | ОВ | | |
| | Physical condition of buildings are safe | each stabilizer as per manufacturer guideline | | | | |
| ME C2.4 | for providing patient care | Floors of the ward are non slippery and even Walls and floor of the OT covered with joint less | 2 | OB | | |
| | | tiles Windows/ ventilators if any in the OT are intact | 2 | OB | | |
| 51 J 1 55 | | and sealed | 2 | OB | | |
| Standard C3 ME C3.1 | The facility has plan for prevention of | OT has sufficient fire exit to permit safe escape | 2 | OB/SI | fire safety and other disaster | |
| | fire | to its occupant at time of fire Check the fire exits are clearly visible and routes | 2 | ОВ | | |
| ME C3.2 | The facility has adequate fire fighting | to reach exit are clearly marked. OT room has installed fire Extinguisher that is | 2 | ОВ | | |
| | Equipment | Class A , Class B, C type or ABC type Check the expiry date for fire extinguishers are | - | | | |
| | | displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3 | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other | Check for staff competencies' for operating fire extinguisher and what to do in case of fire | 2 | SI/RR | | |
| Standard C4 | disaster situation | The facility has adequate qualified | and trained staf | f, required for pr | oviding the assured services to the current case loa | id . |
| ME C4.1 | The facility has adequate specialist doctors as per service provision | Availability of Obg & Gynae Surgeon | 2 | OB/RR | As per case load | |
| | | Availability of general surgeon Availability of Orthopaedic Surgeon | 2 | OB/RR OB/RR | As per case load As per case load | |
| | | Availability of ophthalmic surgeon Availability of ENT surgeon | 2 | OB/RR OB/RR | As per case load As per case load | |
| | | Availability of anaesthetist | 2 | OB/RR | As per case load | |
| ME C4.3 | The facility has adequate nursing staff as per service provision and work load The facility has adequate | Availability of Nursing staff | 2 | OB/RR/SI | As per patient load , at least two | |
| ME C4.4 | technicians/paramedics as per requirement | Availability of OT technician | 2 | OB/SI | | |
| ME C4.5 | The facility has adequate support / general staff | Availability of OT attendant/assistant | 2 | SI/RR | | |
| | general stan | Availability CSSD/ TSSU Asstt. | 2 | SI/RR SI/RR | | |
| Standard C5 | | Availability of Security staff Facility prov | 2 vides drugs and co | | red for assured list of services. | |
| ME C5.1 | The departments have availability of adequate drugs at point of use | Availability of Medical gases | 2 | OB/RR | Availability of Oxygen Cylinders / Piped Gas supply, Nitrogen | |
| | | Availability of Anti-Infective medicines - Antibiotics, Antifungal | 2 | OB/RR | Inj. Ampillicin, Inj. metronidazole Inj. Gentamycin, | |
| | | Availability of Antihypertensive medicines | 2 | OB/RR OB/RR | Injectable preparations Tab Paracetamol, Ibuprofen, Inj. Diclofenac, Sodium plasma | |
| | | Availability of analgesics and antipyretics Availability of Solutions Correcting Water, | 2 | OB/RR | expender | |
| | | Electrolyte Disturbances and Acid-Base Disturbances | 2 | OB/RR | IV fluids, Normal saline, Ringer lactate, | |
| | | Availability of anaesthetic agents | 2 | OB/RR | As per the State's EML - Topical agents: Lignocaine, Xylocaine Inhaled agents: Halothane, Nitrous oxide. Injectable: Barbiturates (Thiopental, Thiamylal, methohexital, Benzodiazepines) | |
| | | Availability of other medicines | 2 | | Tab B complex, Inj. Betamethasone, Inj. Hydralazine, Methyldopa, HIV drugs | |
| | | Availability of emergency drugs | 2 | OB/RR | Init: Magnesium sulphate 50%, Inj. Calcium Gluconate 10%, Inj. Dexamethasone, Inj. Hydrocortisone Succinate, Inj. Diazepam, Inj. Pheniramine maleate, Inj Corboprost, Inj. Pentazocine, Inj. Promethazine, Betamethason, Inj. Hydrazaline, Nifedipine, Methyldopa, Cettriaxone | |
| ME C5.2 | The departments have adequate consumables at point of use | Availability of dressings and Sanitary pads | 2 | OB/RR | | |
| | | Availability of syringes and IV Sets Availability of Antiseptic Solutions | 2 | OB/RR OB/RR | Ethyl Alcohol, Povidone Iodine Solution | |
| | | Availability of consumables for new born care | 2 | OB/RR | | |
| | | Availability of personal protective equipment | 2 | OB/RR | | |
| ME C5.3 | Emergency drug trays are maintained at every point of care, where ever it may be needed | Emergency drug tray is maintained in OT in pre and post operative room | 2 | OB/RR | | |
| Standard C6 | Availability of equipment & instruments | | as equipment & | instruments requ | ired for assured list of services. | |
| ME C6.1 | for examination & monitoring of patients | Availability of functional Equipment &Instruments for examination & Monitoring | 2 | ОВ | BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter , PV Set | |
| ME C6.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the facility | Availability of functional General surgery equipment | 2 | ОВ | Diathermy (Unit and Bi Polar), Proctoscopy set, general Surgical Instruments for Piles, Fistula, & Fissures. Surgical set for Hernia & Hydrocele, Cautery | |
| | · · | Availability of functional orthopaedic surgery | 2 | ОВ | Carm, check OT table is Carm compatible, Thomas Splint, IM | |
| | | equipment | 2 | | Nailing Set, SP Nailing, Compression Plating Kit, Dislocation Hip Screw Fixation Operating Microscope, IOL Operation Set, Ophthalmoscope | |
| | | Availability of Ophthalmic surgery equipment | 2 | ОВ | Operating Microscope, IOL Operation Set, Ophthalmoscope Keratometer, A Scan Biometer Operating Microscope, ENT Operation set, Mastoid Set, | |
| | | Availability of functional ENT surgery equipment | 2 | OB | Tracheotomy set, Microdrill System set | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Operation Table with Trendelenburg facility Availability of Point of care diagnostic instruments | 2 | OB | Portable X-Ray Machine, Glucometer, HIV rapid diagnostic kit, USG and Blood gas analyser | |
| ME C6.4 | undertaken in the facility Availability of equipment and instruments for resuscitation of patients and for providing intensive and | Availability of functional Instruments | 2 | OB | Ambu bag, Oxygen, Suction machine , laryngoscope scope, Defibrillator (Paediatric and adult) , LMA, ET Tube | |
| | critical care to patients | | | | Boyles apparatus, Bains Circuit or Soda lime absorbent in close | |
| | | Availability of functional anaesthesia equipment Availability of equipment for storage for | 2 | OB | circuit Refrigerator, Crash cart/Drug trolley, instrument trolley, | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage of sterilized items | 2 | OB OB | dressing trolley Instrument cabinet and racks for storage of sterile items | |
| ME C6.6 | Availability of functional equipment and | | 2 | ОВ | Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush | |
| | instruments for support services | Availability of equipment for CSSD/TSSU | 2 | ОВ | Autoclave Horizontal & Vertical, Steriliser Big & Small | |
| | | | 2 | ОВ | Shadow less Major & Minor, Ceiling and Stand Model, Focus | |
| ME C6.7 | Departments have patient furniture and fixtures as per load and service | Availability of functional OT light | | | Lamp | 1 |
| | | | | | | |
| | and fixtures as per load and service | Availability of functional OT light Availability of attachment/ accessories with OT table | 2 | OB | Hospital graded mattress , IVstand, Bed pan | |
| | and fixtures as per load and service | Availability of attachment/ accessories with OT | | | | |

| Standard C7 | Facilit | y has a defined and established proced | ure for effective u | utilization, evaluat | tion and augmentation of competence and perform | nance 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 | 2 | 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 | 2 | SI/RR | Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done | |
| VIE C7.9 | The Staff is provided training as per defined core competencies and training plan | Advance Life support | 2 | SI/RR | ALS and CPR by recognized agency to all category of staff. | |
| | | OT Management | 2 | SI/RR | OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols. | |
| | | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Training on processing/sterilization of equipment | 2 | SI/RR | | |
| | | Patient Safety | 2 | SI/RR | Assessment, action planning, PDCA, 5S & use of checklist | |
| | | Training on Quality Management System | 2 | SI/RR | To all category of staff. At the time of induction and once in a year. | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Staff is skilled for resuscitation and intubation | 2 | SI/RR | | |
| | | Nursing Staff is skilled for maintaining clinical records | 2 | SI/RR | | |
| | | Staff is Skilled to operate OT equipment Staff is skilled for processing and packing | 2 | SI/RR SI/RR | | |
| | | instrument | | oncern - D Suppo | ort Services | |
| Standard D1 | | The facility has established P | | | ind maintenance and calibration of Equipment. | |
| VE D1.1 | The facility has established system for maintenance of critical Equipment | All equipment are covered under AMC including preventive maintenance | 2 | SI/RR | 1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under AMC. | |
| | | | | | (1) Check log book is maintained & it shows time taken to repair | |
| | | There is system of timely corrective break down maintenance of the equipment | 2 | SI/RR | equipment. (2) Backup of critical equipment (3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance | |
| | | There has system to label Defective/Out of order equipment and stored appropriately until it has been repaired | 2 | OB/RR | | |
| | | Staff is skilled for trouble shooting in case equipment malfunction | 2 | SI/RR | | |
| | | Periodic cleaning, inspection and maintenance of the equipment is done by the operator | 2 | SI/RR | | |
| ME D1.2 | The facility has established procedure for internal and external calibration of measuring Equipment | All the measuring equipment/instrument are calibrated | 2 | OB/ RR | Boyles apparatus, cautery, BP apparatus, autoclave etc. | |
| | | There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due | 2 | OB/ RR | | |
| WE 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 staff. | 2 | OB/SI | | |
| Standard D2 | There is established procedure for | | storage, inventor | <mark>ry management ar</mark> | nd dispensing of drugs in pharmacy and patient card stock level are daily updated | e areas |
| ME D2.1 | forecasting and indenting drugs and consumables | There is established system of timely indenting of consumables and drugs | 2 | SI/RR | Indent are timely placed | |
| ME D2.3 | The facility ensures proper storage of drugs and consumables | Drugs are stored in containers/tray/crash cart and are labelled | 2 | ОВ | Check drugs and consumables are kept at allocated space in Crash cart/ Orug trolleys and are labelled. Labelled with drug name, drug strength and expiry date. Lock alike and sound alike drugs are kept separately from their identical one in look or | |
| | | | | | sound. | |
| | | Empty and filled cylinders are labelled | 2 | OB | Flow meter , humidifier, key & updated data sheet is available with in use cylinders | |
| VIE D2.4 | The facility ensures management of expiry and near expiry drugs | Empty and filled cylinders are labelled Expiry dates' are maintained at emergency drug tray | 2 | OB/RR | with in use cylinders Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT | |
| VIE D2.4 | | Expiry dates' are maintained at emergency drug | - | - | with in use cylinders Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEFO) Is in practice Check drug sub store & emergency tray | |
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| ME D2.5 ME D2.6 ME D2.7 ME D2.7 ME D2.8 ME D2.8 ME D3.1 ME D3.1 ME D3.2 ME D3.3 ME D3.4 ME D3.4 | expiry and near expiry drugs expiry and near expiry drugs The facility has established procedure for inventory management techniques There is a procedure for periodically replenishing the drugs in patient care areas There is process for storage of vaccines and other drugs, requiring controlled temperature There is a procedure for secure storage of narcotic and psychotropic drugs The facility provides adequate illumination level at patient care areas The facility provides adequate The facility aptient areas The facility provides adequate The facility ensures safe and comfortable environment for patients and service providers The facility has providers The facility ensures safe and comfortable environment for patients and service providers | Capit dates' are maintained at emergency drug tray No expired drug found Records for expiry and near expiry drugs are maintained for drug stored at department There is practice of calculating and maintaining buffer stock Department maintained stock register of drugs and consumables Drugs are categorized in Vital, Essential and Devirable There is no stock out of drugs thore is no stock out of drugs transmittained Narcotic and psychotropic drugs are kept an per storage requirement and records twice a day are maintained Narcotic and psychotropic drugs are kept in lock and key Anaesthetic agents are kept at secure place The facility provides Adequate Illumination at OT table Adequate Illumination at OT table Adequate Illumination at pre operative and post operative area Entry to OT is restricted Warning light is provided outside OT and its been used when OT is functional Temperature is maintained and record of same is kept Humidity is maintained at desirable level Deotive pressure is maintained in OT Security arrangement at OT | - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB/RR OB/RR RR SI/RR OB/RR SI/RR OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB SI/RR SI/RR SI/RR SI/RR SI/RR | with in use cylinders Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEO) is in practice Check drug sub store & emergency tray Records for expiry and near expiry drugs are maintained for drug stored at department FIRST EXPIRY and HIRST OUT (FEO) is in practice Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time Check record of drug received, issued and balance stock in hand and are maintained Check all Vital drugs are available Procedure for replenishing drug in place Random tock check of some drugs Check for refigner/OILB temperature charts. Charts are maintained Check all vital drugs are available Procedure for replenishing drug in place Random tock check of some drugs Check for refigner/OILB temperature charts. Charts are maintained and updated twice a day. Refrigerators meant for searable. 20-250C, ICU bas functional room thermometer and temperature is regularly maintained So. 60%. | |
| ME D2.5 ME D2.6 ME D2.7 ME D2.7 ME D2.8 Standard D3 ME D3.1 ME D3.2 | expiry and near expiry drugs expiry and near expiry drugs The facility has established procedure for inventory management techniques There is a procedure for periodically replenishing the drugs in patient care areas There is process for storage of vaccines and other drugs, requiring controlled temperature There is a procedure for secure storage of narcotic and psychotropic drugs The facility provides adequate illumination level at patient care areas The facility ensures safe and comfortable environment for patients and service providers The facility has security system in place at patient care areas The facility has established measure for adders. | Acception date: "are maintained at emergency drug tray No expired drug found Records for expiry and near expiry drugs are maintained for drug stored at department There is practice of calculating and maintaining buffer stock Department maintained stock register of drugs and commabiles Drugs are categorized in Vital, Essential and Desizable There is procedure for replenishing drug tray /crash.cart There is no stock out of drugs There is no stock out of drugs transtained Narcotic and psychotropic drugs are kept as per storage requirement and records twice a day are maintained Narcotic and psychotropic drugs are kept in lock and key Anaesthetic agents are kept at secure place The facility provides Adequate Illumination at OT table Adequate Illumination at pre operative and post operative area Entry to OT is restricted Warning light is provided outside OT and its been used when OT is functional Entry to OT is restricted Warning light is maintained and record of same is kept Humidity is maintained at desirable level Deotive pressure is maintained in OT Security arrangement at OT Female staff feel secure at work place The facility has | - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB/RR OB/RR RR SI/RR OB/RR SI/RR OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB SI/RR SI/RR SI/RR SI/RR SI/RR | with in use cylinders Records for expiry and near expiry drugs are maintained for emergency tray (FIRST EXPIRY and FIRST OUT (FEO) is in practice Check drug sub store & emergency tray Records for expiry and near expiry drugs are maintained for drug stored at department FIRST EXPIRY and HIRST OUT (FEO) is in practice Minimum stock and reorder level are calculated based on consumption Check record of drug received, issued and balance stock in hand and are maintained Check all Vital drugs are available Procedure for replenishing drug in place Random tock check of some drugs Check for refigner/OILB temperature charts. Charts are maintained Check all vital drugs are available Procedure for replenishing drug in place Random tock check of some drugs Check for refigner/OILB temperature charts. Charts are maintained and updated twice a day. Refigerators meant for sorting drugs abound not be used for sorting other items such as catable. | |
| ME D2.5 ME D2.6 ME D2.6 ME D2.7 ME D2.8 ME D3.1 ME D3.1 ME D3.1 ME D3.1 ME D3.2 ME D3.2 ME D3.3 ME D3.4 ME D3.5 ME | expiry and near expiry drugs expiry and near expiry drugs The facility has established procedure for inventory management techniques There is a procedure for periodically replenishing the drugs in patient care areas There is process for storage of vaccines and other drugs, requiring controlled temperature There is procedure for secure storage of narcotic and psychotropic drugs The facility provides adequate Illumination level at patient care areas The facility provides adequate Illumination level at patient care areas The facility provides adequate The facility has provision of restriction of visitors in patient areas The facility assures safe and comfortable environment for patients and service providers The facility has security system in place at the facility care arease The facility care arease The facility care arease The facility has security system in place at the facility care arease The facility and accurty of female staft | Expir dates' are maintained at emergency drug tray No expired drug found Records for expired drugs are maintained for drug stored at department There is practice of calculating and maintaining buffer stock Department maintained stock register of drugs and comunables Drugs are categorized in Vital, Essential and Desirable There is protected for replenishing drug tray (reach cart There is no stock out off drugs) Temperature of the drugs taken the drugs transpection of the drugs taken the drugs have been been been been been been been storage requirement and records twice a day are maintained Narcotic and psychotropic drugs are kept in lock and key Anaesthetic agents are kept at secure place The facility provides Adequate Illumination at OT table Adequate Illumination at OT table Adequate Illumination at OT table Adequate Illumination at OT table Adequate Illumination at or cord of same is kept Humidity is maintained at desirable level Positive pressure is maintained in OT Security arrangement at OT Female staff feel secure at work place | - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB/RR OB/RR RR SI/RR OB/RR SI/RR OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI OB OB SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI SI SI | with in use cylinders Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEO) is in practice Check drug sub store & emergency tray Records for expiry and near expiry drugs are maintained for drug stored at department FIRST EXPIRY and HIRST OUT (FEO) is in practice Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time Check record of drug received, issued and balance stock in hand and are maintained Check all Vital drugs are available Procedure for replenishing drug in place Random tock check of some drugs Check for refigner/OILB temperature charts. Charts are maintained Check all vital drugs are available Procedure for replenishing drug in place Random tock check of some drugs Check for refigner/OILB temperature charts. Charts are maintained and updated twice a day. Refrigerators meant for searable. 20-250C, ICU bas functional room thermometer and temperature is regularly maintained So. 60%. | |

| ME D4.2 | Patient care areas are clean and | Floors, walls, roof, roof topes, sinks patient care | 2 | ОВ | All area are clean with no dirt,grease,littering and cobwebs | |
|------------------------|---|--|---------------------------------|-------------------------|--|-----------|
| MC 04.2 | hygienic | and circulation areas are Clean Surface of furniture and fixtures are clean | 2 | ОВ | An area are clean with no dirt, grease, littlering and cooweps | |
| | | Toilets are clean with functional flush and running water | 2 | ОВ | | |
| ME D4.3 | Hospital infrastructure is adequately maintained | Check for there is no seepage , Cracks, chipping of plaster | 2 | ОВ | | |
| | | Window panes , doors and other fixtures are intact | 2 | ОВ | | |
| ME D4.5 | The facility has policy of removal of | OT Table are intact and without rust No condemned/Junk material in the OT | 2 | OB | Check Mattresses are intact and clean | |
| ME D4.6 | condemned junk material The facility has established procedures | No pests are noticed | 2 | ОВ | | |
| | for pest, rodent and animal control | | | | ent of service delivery, and support services norms | |
| Standard D5 | The facility has adequate arrangement | | | | int of service derivery, and support services norms | |
| ME D5.1 | storage and supply for portable water in all functional areas | Availability of 24x7 running and potable water | 2 | OB/SI | | |
| | The facility ensures adequate power | Availability of Hot water supply | 2 | OB/SI | | |
| ME D5.2 | backup in all patient care areas as per load | Availability of power back up in OT | 2 | OB/SI | 2 tier backup with UPS | |
| | | Availability of UPS Availability of Emergency light | 2 | OB/SI OB/SI | | |
| ME D5.3 | Critical areas of the facility ensures availability of oxygen, medical gases and | Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply | 2 | ОВ | | |
| Standard D7 | vacuum supply | | The facility er | nsures clean linen | to the patients | |
| ME D7.1 | The facility has adequate sets of linen | OT has facility to provide sufficient and clean linen for surgical patient OT has facility to provide linen for staff | 2 | OB/RR OB/RR | Drape, draw sheet, cut sheet and gown | |
| | | Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh | 2 | OB/RR | | |
| ME D7.2 | The facility has established procedures for changing of linen in patient care | Linen is changed after each procedure | 2 | OB/RR | | |
| | areas The facility has standard procedures for | | | ., | | |
| ME D7.3 | handling, collection, transportation and washing of linen | There is system to check the cleanliness and Quantity of the linen received from laundry | 2 | SI/RR | | |
| | | Check dedicated closed bin is kept for storage of dirty linen | 2 | ОВ | Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed & | |
| Standard D11 | | | and clinical staff | are determined a | handed over as per govt. regulations and standards operating pro | ocedures. |
| ME D11.1 | The facility has established job description as per govt guidelines | Job description is defined and communicated to all concerned staff | 2 | RR | Regular + contractual | |
| | | Staff is aware of their role and responsibilities | 2 | SI | | |
| ME D11.2 | The facility has a established procedure for duty roster and deputation to | There is procedure to ensure that staff is available on duty as per duty roster | 2 | RR/SI | Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) | |
| | different departments | There is designated in charge for department | 2 | SI | | |
| | The facility ensures the adherence to | Doctor, nursing staff and support staff adhere to | | | | |
| ME D11.3 | dress code as mandated by its administration / the health department | their respective dress code | 2 | OB | | |
| Standard D12 | | Facility has established procedure to monitor the quality and | f <mark>or monitoring th</mark> | e quality of outso | urced services and adheres to contractual obligation | ns |
| ME D12.1 | There is established system for contract management for out sourced services | adequacy of outsourced services on regular basis | 2 | SI/RR | Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff | |
| | | | | oncern - E Clinio | cal Services | |
| Standard E2 ME E2.1 | There is established procedure for | There is procedure for Pre Operative assessment | 2 | RR/SI | Physical examination, results of lab investigation, diagnosis and | n |
| | initial assessment of patients There is established procedure to plan | | | | proposed surgery | |
| ME E2.3 | and deliver appropriate treatment or care to individual as per the needs to | Check care is delivered by competent multidisciplinary team | 2 | SI/RR | Check care plan is prepared and delivered as per direction of qualified physician | |
| | achieve best possible results | | | | The care plan include:, investigation to be conducted, | |
| | | Check treatment / care plan is documented | 2 | RR | intervention to be provided, goals to achieve, timeframe, patient education, discharge plan etc | |
| Standard E3 | Facility has established procedure for | Facility has defined There is procedure of handing over & receiving | and established | procedures for co | ntinuity of care of patient and referral | |
| ME E3.1 | continuity of care during interdepartmental transfer | patient | 2 | SI/RR | form OT to ward and ICU/HDU | |
| | | There is a procedure for consultation of the patient to other specialist with in the | 2 | RR/SI | | |
| ME E3.3 | A person is identified for care during all steps of care | hospital Duty Doctor and nurse is assigned for each patients | 2 | RR/SI | | |
| Standard E4 | | | ility has defined a | and established p | rocedures for nursing care | |
| ME E4.1 | Procedure for identification of patients is established at the facility | There is a process for ensuring the patient's identification before any clinical procedure | 2 | OB/SI | Patient id band/ verbal confirmation etc. | |
| | Procedure for ensuring timely and accurate | | | | (1) Check system is in place to give telephonic orders & | |
| ME E4.2 | nursing care as per treatment plan is established at the facility | There is a process to ensue the accuracy of verbal/telephonic orders | 2 | SI/RR | (1) Check system is in place to give telephonic orders & practised (2) Verbal orders are verified by the ordering physician within | |
| | There is established procedure of | Patient hand over is given during the change in | | | defined time period | |
| ME E4.3 | patient hand over, whenever staff duty change happens | the shift | 2 | SI/RR | | |
| ME E4.5 | There is procedure for periodic | Nursing Handover register is maintained Patient Vitals are monitored and recorded | 2 | RR RR/SI | Check for use of cardiac monitor/multi parameter | |
| Standard E5 | monitoring of patients | periodically Facility | | | sk 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 | 2 | OB/SI | Check the measure taken to prevent new born theft, sweeping and baby fall | |
| ME E5.2 | The facility identifies high risk patients and | High risk patients are identified and treatment | 2 | OB/SI | HIV, Infectious cases | |
| | ensure their care, as per their need | given on priority | | | and use of medicines | |
| Standard E6 | | Fa | | RR | | |
| Standard E6 ME E6.1 | Facility ensured that drugs are prescribed | Check for BHT if drugs are prescribed under | 2 | | | |
| | Facility ensured that drugs are prescribed in generic name only There is procedure of rational use of drugs | generic name only Check staff is aware of the drug regime and | 2 | SI/RR | Check BHT that drugs are prescribed as per STG | |
| ME E6.1 | in generic name only | generic name only | | SI/RR SI/OB | | |
| ME E6.1 | in generic name only | generic name only Check staff is aware of the drug regime and doses as per STG | 2 | | Check BHT that drugs are prescribed as per STG Patient's name, prescription details and medical history is taken before surgery. Check complete medication history including over-the- counter medicines is taken and documented | |
| ME E6.1 ME E6.2 | in generic name only There is procedure of rational use of drugs There are procedures defined for | generic name only Check staff is aware of the drug regime and doses as per STG Availability of drug formulary Complete medication history is documented for each patient Medicine are reviewed and optimised as per | 2 | SI/OB | Patient's name, prescription details and medical history is taken before surgery. Check complete medication history including over-the- counter | |
| ME E6.1 ME E6.2 | in generic name only There is procedure of rational use of drugs There are procedures defined for | generic name only Check staff is aware of the drug regime and doses as per STG Availability of drug formulary Complete medication history is documented for each patient Medicine are reviewed and optimised as per individual treatment plan | 2 2 2 2 2 2 | SI/OB RR/OB SI/RR | Patient's name, prescription details and medical history is taken before surgery. Check complete medication history including over-the- counter medicines is taken and documented | |

| | There is process for identifying and | | | | Electrolytes like Potassium chloride, Opioids, Neuro muscular | |
|--------------------------|---|--|-------------------|-------------------------|---|---|
| ME E7.1 | cautious administration of high alert drugs (to check) | High alert drugs available in department are identified | 2 | SI/OB | blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable | |
| | | Maximum dose of high alert drugs are defined and communicated | 2 | SI/RR | Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor | |
| | | There is process to ensure that right doses of | 2 | SI/RR | A system of independent double check before administration, | |
| | | high alert drugs are only given | - | | Error prone medical abbreviations are avoided | |
| ME E7.2 | Medication orders are written legibly and adequately | Every Medical advice and procedure is accompanied with date , time and signature | 2 | RR | | |
| | | Check for the writing, It comprehendible by the clinical staff | 2 | RR/SI | | |
| ME E7.3 | There is a procedure to check drug before administration/ dispensing | Drugs are checked for expiry and other inconsistency before administration | 2 | OB/SI | | |
| | | Check single dose vial are not used for more than one dose | 2 | ОВ | Check for any open single dose vial with left over content intended to be used later on | |
| | | Check for separate sterile needle is used every time for multiple dose vial | 2 | ОВ | In multi dose vial needle is not left in the septum | |
| | | Any adverse drug reaction is recorded and reported | 2 | RR/SI | Adverse drug event trigger tool is used to report the events | |
| ME E7.4 | There is a system to ensure right medicine is given to right patient | Check Nursing staff is aware 7 Rs of Medication and follows them | 2 | SI/RR | Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, Right Reason and Right Documentation | |
| Standard E8 | | | ed procedures fo | or maintaining, up | dating of patients' clinical records and their storage | 2 |
| ME E8.1 | All the assessments, re-assessment and investigations are recorded and | Records of Monitoring/ Assessments are maintained | 2 | RR | PAC, Intraoperative monitoring | |
| | All treatment plan prescription/orders | | | RR | | |
| ME E8.2 | are recorded in the patient records. | Treatment plan, first orders are written on BHT | 2 | KK | Treatment prescribed in nursing records (Manually/e-records) | |
| ME E8.4 | Procedures performed are written on | Operative Notes are Recorded | 2 | RR | Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated blood loss, Fluid administered, specimen | |
| | patients records | | | | removed, complications etc. (Manually/e-records) | |
| ME E8.5 | Adequate form and formats are | Anaesthesia Notes are Recorded Standard Formats available | 2 | RR RR/OB | (Manually/e-records) Consents, surgical safety check list | |
| ME E8.6 | available at point of use Register/records are maintained as per | Registers and records are maintained as per | 2 | RR | OT Register, Schedule, Infection control records, autoclaving | |
| | guidelines | guidelines All register/records are identified and numbered | 2 | RR | records etc | |
| | The facility ensures safe and adequate | | | | | |
| ME E8.7 | storage and retrieval of medical records | Safe keeping of patient records | 2 | RR | | |
| Standard E11 ME E11.3 | The facility has disaster management | The facility has defined a Staff is aware of disaster plan | and established p | si/RR | ergency Services and Disaster Management | |
| | plan in place | Role and responsibilities of staff in disaster is | 2 | SI/RR | | |
| Standard E12 | | defined The facilit | | | edures of diagnostic services | |
| ME E12.1 | There are established procedures for Pre-testing Activities | Container is labelled properly after the sample collection | 2 | OB | | |
| ME E12.3 | There are established procedures for Post-testing Activities | OT is provided with the critical value of different test | 2 | SI/RR | | |
| Standard E13 ME E13.8 | There is established procedure for | The facility has defined and Availability of blood units in case of emergency | | | Bank/Storage Management and Transfusion. The blood is ordered for the patient according to the MSBOS | |
| ME E13.8 ME E13.9 | issuing blood There is established procedure for | with out replacement | 2 | RR/SI RR | (Maximum Surgical Blood Order Schedule) | |
| ME E13.9 | transfusion of blood | Consent is taken before transfusion Patient's identification is verified before | 2 | SI/OB | | |
| | | transfusion blood is kept on optimum temperature before | 2 | RR | | |
| | | transfusion Blood transfusion is monitored and regulated by | 2 | SI/RR | | |
| | | qualified person Blood transfusion note is written in patient | 2 | RR | | |
| ME E13.10 | There is a established procedure for | recorded Any major or minor transfusion reaction is | 2 | | | |
| | monitoring and reporting Transfusion complication | recorded and reported to responsible person | | RR | | |
| Standard E14 ME E14.1 | Facility has established procedures for | There is procedure to ensure that PAC has been | 2 2 | RR/SI | r Anaesthetic Services | |
| | Pre Anaesthetic Check up | done before surgery There is procedure to review findings of PAC | 2 | RR/SI | | |
| | | | | , | in emergency & life saving conditions, surgery may be started | |
| | | Minimum PAC for emergency cases | 2 | RR/SI | with General physical examination of the patient & sending the sample for lab. Examination | |
| ME E14.2 | monitoring during anaesthesia | Anaesthesia plan is documented before entering into OT | 2 | RR | | |
| | | Anaesthesia Safety Checklist is used for safe administration of anaesthesia | 2 | RR | Check use of WHO Anaesthesia Safety Checklist | |
| | | Anaesthesia equipment are checked before induction | 2 | RR | Sufficient reserve of gases. Vaporizers are connected, Laryngoscope, ET tube and suction App are ready and clean | |
| | | Food intake status of Patient is checked | 2 | RR/SI | | |
| | | Patients vitals are recorded during anaesthesia Airway security is ensured | 2 | RR RR/SI | Heart rate , cardiac rate , BP, O2 Saturation, Breathing system is securely and correctly assembled | |
| | | Potency and level of anaesthesia is monitored | 2 | RR/SI | | |
| | | Anaesthesia note is recorded Any adverse Anaesthesia Event is recorded and | 2 | RR | Check for the adequacy | |
| ME E14.3 | Facility has established procedures for | reported Post anaesthesia status is monitored and | 2 | RR RR/SI | | |
| ME E14.3 Standard E15 | Post Anaesthesia care | documented | | | edures of Surgical Services | |
| ME E15.1 | Facility has established procedures OT Scheduling | There is procedure OT Scheduling | 2 | RR/SI | Schedule is prepared in consonance with available OT house and patients requirement | |
| ME E15.2 | Facility has established procedures for Preoperative care | Patient evaluation before surgery is done and recorded | 2 | RR/SI | Vitals , Patients fasting status etc. | |
| | | Antibiotic Prophylaxis given as indicated Tetanus Prophylaxis is given if Indicated | 2 | RR/SI RR/SI | | |
| | | There is a process to prevent wrong site and | 2 | RR/SI | Surgical Site is marked before entering into OT | |
| | | wrong surgery | | | | |
| | | | 2 | RR/SI | Cleaning , Asepsis and Draping | |
| ME E15.3 | Facility has established procedures for Surgical Safety | wrong surgery | 2 | RR/SI RR/SI | Cleaning , Asepsis and Draping Check for Surgical safety check list has been used for surgical procedures | |
| ME E15.3 | | wrong surgery Surgical site preparation is done as per protocol | | | Check for Surgical safety check list has been used for surgical | |
| ME E15.3 | | wrong surgery Surgical site preparation is done as per protocol Surgical Safety Check List is used for each surgery Sponge and Instrument Count Practice is | 2 | RR/SI | Check for Surgical safety check list has been used for surgical procedures Instrument, needles and sponges are counted before beginning | |
| ME E15.3 | | wrong surgery Surgkal site preparation is done as per protocol Surgkal Safety Check List is used for each surgery Sponge and Instrument Count Practice is implemented Adequate Haemostasis is secured during surgery | 2 2 2 2 | RR/SI RR/SI RR/SI | Check for Surgical safety check list has been used for surgical procedures instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure Check for Cautery and suture legation practices Check for what kind of sutures used for different surgeries. | |
| ME E15.3 | | wrong surgery Surgical site preparation is done as per protocol Surgical Safety Check List is used for each surgery Sponge and Instrument Count Practice is implemented | 2 | RR/SI RR/SI | Check for Surgical safety check list has been used for surgical procedures instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure Check for Cautery and suture legation practices | |
| ME E15.3 | | wrong surgery Surgical site preparation is done as per protocol Surgical Safety Check List is used for each surgery Sponge and Instrument Count Practice is implemented Adequate Haemostasis is secured during surgery Appropriate suture material is used for surgery | 2 2 2 2 | RR/SI RR/SI RR/SI | Check for Surgical safety check list has been used for surgical procedures instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure Check for Cautery and suture legation practices Check for what kind of sutures used for different surgeries . Braided Biological asturies are not used for diffy wounds, Cagture is not used for closing fascial layers of adominal wounds or | |

| ME E15.4 | Facility has established procedures for Post operative care | Post operative monitoring is done before discharging to ward | 2 | RR/SI | Check for post operative operation ward is used and patients are not immediately shifted to wards after surgery | |
|-----------------------------------|---|---|---|--|--|-------|
| | | Post operative notes and orders are recorded | 2 | RR/SI | Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other | |
| Standard E16 | | The facility has defined and es | tablished proced | ures for the mana | medications and Laboratory investigations gement of death & bodies of deceased patients | |
| ME E16.1 | Death of admitted patient is adequately recorded and communicated | | 2 | RR | | |
| ME E16.2 | The facility has standard procedures for handling the death in the hospital | Death note including efforts done for resuscitation is noted in patient record | 2 | RR | Includes both maternal and neonatal death | |
| | | Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible | 2 | RR/SI | | |
| | | cause it possible | Area of Co | oncern - F Infect | tion Control | |
| Standard F1 | Facility has provision for Passive and | | and procedures | <mark>in place for preve</mark> | ntion and measurement of hospital associated infe | ction |
| ME F1.2 | active culture surveillance of critical & high risk areas Facility measures hospital associated | Surface and environment samples are taken for microbiological surveillance There is procedure to report cases of Hospital | 2 | SI/RR | Swab are taken from infection prone surfaces Patients are observed for any sign and symptoms of HAI like | |
| ME F1.3 | infection rates | acquired infection | 2 | SI/RR | fever, purulent discharge from surgical site . | |
| ME F1.4 | There is Provision of Periodic Medical Check-ups and immunization of staff | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxoid etc | |
| | | Periodic medical check-up of the staff | 2 | SI/RR | | |
| ME F1.5 | Facility has established procedures for regular monitoring of infection control practices | Regular monitoring of infection control practices | 2 | SI/RR | Hand washing and infection control audits done at periodic intervals | |
| ME F1.6 | Facility has defined and established antibiotic policy | Check for Doctors are aware of Hospital Antibiotic Policy | 2 | SI/RR | | |
| Standard F2 | | Facility has defined and | | | ring hand hygiene practices and antisepsis | |
| ME F2.1 | Hand washing facilities are provided at point of use | Availability of hand washing Facility at Point of Use | 2 | OB | Check for availability of wash basin near the point of use | |
| | | Availability of running Water Availability of antiseptic soap with soap dish/ | 2 | OB/SI OB/SI | Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and | |
| | - | liquid antiseptic with dispenser. Availability of Alcohol based Hand rub | 2 | OB/SI OB/SI | uninterrupted Check for availability/ Ask staff for regular supply. | |
| | | Display of Hand washing Instruction at Point of Use | 2 | ОВ | Prominently displayed above the hand washing facility , preferably in Local language | |
| | | Availability of elbow operated taps | 2 | OB | preservery III EUCO IONGUOGE | |
| | Staff is trained and adhere to standard | Hand washing sink is wide and deep enough to prevent splashing and retention of water | 2 | OB | | |
| ME F2.2 | hand washing practices | Adherence to 6 steps of Hand washing | 2 | SI/OB | Ask of demonstration | |
| | | Adherence to Surgical scrub method | 2 | SI/OB | procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. The hands and forearms should be dried with a sterile towel only. | |
| | Profile | Staff aware of when to hand wash | 2 | SI | | |
| ME F2.3 | Facility ensures standard practices and materials for antisepsis | Availability of Antiseptic Solutions | 2 | OB | | |
| | | Proper cleaning of procedure site with antisepsis | 2 | OB/SI | like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter | |
| | | Proper cleaning of perineal area before | | | | |
| | | procedure with antisepsis | 2 | SI | | |
| | | procedure with antisepsis Check Shaving is not done during part preparation/delivery cases | 2 | SI SI | | |
| | | Check Shaving is not done during part | | | Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field. | |
| Standard F3 | | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery | 2 | SI OB/SI | Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field. rials for Personal protection | |
| Standard F3 ME F3.1 | Facility ensures adequate personal protection equipment as per requirements | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use | 2 2 Isures standard p 2 | SI OB/SI ractices and mate OB/SI | kept within the sterile field. | |
| | protection equipment as per | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks Sterile is gloves are available at OT and Critical | 2 2 Isures standard p | SI OB/SI ractices and mate | kept within the sterile field. | |
| | protection equipment as per | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks | 2 2 sures standard p 2 2 2 2 | SI OB/SI ractices and mate OB/SI OB/SI OB/SI | kept within the sterile field. | |
| | protection equipment as per | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks Sterile 3 gloves are available at OT and Critical areas Use of elbow length gloves for obstetrical purpose Availability of gown/ Apron | 2 2 Isures standard p 2 2 | SI OB/SI ractices and mate OB/SI OB/SI | kept within the sterile field. | |
| | protection equipment as per | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility or Clean gloves are available at point of use Availability of Masks. Steriles gloves are available at OT and Critical sterious gloves are available at OT and Critical Use of elbow length gloves for obstetrical possibility of glown/ Apron Availability of glown/ Apron | 2 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 | SI OB/SI ractices and mate OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI | kept within the sterile field. rials for Personal protection | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delivery cases: Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks Sterile is gloves are available at OT and Critical areas Use of elow length gloves for obstetrical purpose Availability of gown/ Apron Availability of gas. | 2 2 sures standard p 2 2 2 2 2 2 2 | Si OB/Si ractices and mate OB/Si OB/Si OB/Si OB/Si OB/Si OB/Si OB/Si OB/Si | kept within the sterile field. | |
| | protection equipment as per | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery Facility or Clean gloves are available at point of use Availability of Masks Sterile is gloves are available at OT and Critical areas Use of eloow length gloves for obstetrical purpose Availability of gown/ Apron Availability of caps Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and aprons. | 2 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 | Si 08/Si rattices and mate 08/Si | kept within the sterile field. rials for Personal protection | |
| ME F3.1 | protection equipment as per requirements Staff is adhere to standard personal | Check Shaving is not done during part preparation/delivery cases Check steril field is maintained during surgery Facility or Clean gloves are available at point of use Availability of Masks Sterile 5 gloves are available at OT and Critical areas Use of elow length gloves for obstetrical purpose Availability of gown/ Apron Availability of caps Personal protective kit for infectious patients No reuse of disposable gloves, Maskx, caps and aprons. Compliance to correct method of wearing and removing the PPE | 2 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 5I | kept within the sterile field. rials for Personal protection | |
| ME F3.1 | protection equipment as per requirements Staff is adhere to standard personal protection practices | Check Shaving is not done during part preparation/delvery cases: Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical atess Use of elow length gloves for obstetrical purpose Availability of gown/ Apron Availability of approx/ Apron Approx. Compliance to correct method of waring and removing the FPE Facility has s | 2 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 5I | kept within the sterile field. rials for Personal protection HIV kit Gloves, Masks, Caps, Aprons of equipment and instruments | |
| ME F3.1 | protection equipment as per requirements Staff is adhere to standard personal | Check Shaving is not done during part preparation/delivery cases Check steril field is maintained during surgery Facility or Clean gloves are available at point of use Availability of Masks Sterile 5 gloves are available at OT and Critical areas Use of elow length gloves for obstetrical purpose Availability of gown/ Apron Availability of caps Personal protective kit for infectious patients No reuse of disposable gloves, Maskx, caps and aprons. Compliance to correct method of wearing and removing the PPE | 2 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 08/SI 5I | kept within the sterile field. rials for Personal protection | |
| ME F3.1 ME F3.2 Standard F4 | protection equipment as per requirements | Check Shaving is not done during part preparation/delivery cases Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical areas Use of febow length gloves for obstetrical purpose Availability of gown/ Apron Availability of gown and the available Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing the PPE Pecontamination of operating & Procedure | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Si 08/Si ractices and mate 08/Si Si res for processing | kept within the sterile field. rials for Personal protection HIV kit Gloves, Masks, Caps, Aprons of equipment and instruments Ask staff about how they decontaminate the procedure surface IIIs Of Table, Streht/Tolley set. | |
| ME F3.1 ME F3.2 Standard F4 | protection equipment as per requirements | Check Shaving is not done during part preparation/delivery cases: Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical areas Use of elow length gloves for obstetrical purpose Availability of gown/ Apron Availability of gown/ Apron Availability of gos Apron Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing the PPE Becontamination of operating & Procedure surfaces | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI res for processing SI/08 | kept within the sterile field. rials for Personal protection HIV site Gioves, Masis, Caps, Aprons of equipment and instruments Ask staff about how they decontaminate the procedure surface Bio OT Table, Stretcher//Tolley etc. Wiping with 0.5% Chlorine solution Ask staff how they decontaminate the instruments Kastaff how they decontaminate the instruments Ask staff how they decontaminate the Chlorine | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Steriles gloves are available at OT and Critical areas Use of elbow length gloves for obstetrical purpose Availability of Caps Personal protective kit for infectious patients Availability of Caps Personal protective kit for infectious patients No rouse of disponable gloves, Masks, caps and agrons. Facility has s Decontamination of operating & Procedure surfaces | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI res for processing SI/08 | kept within the sterile field. rials for Personal protection HIV kit Gloves, Masis, Caps, Aprons of equipment and instruments Ak staff about how they decontaminate the procedure surface IIIe OT Table, Stracher/Trolley etc. (Wiping with 0.5% Chlorine solution Ak staff how they decontaminate the instruments like ambubag, suction canules, Surgical instruments Solution 70% Alcohol as applicable 10 minutes | |
| ME F3.1 ME F3.2 Standard F4 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases. Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks. Steriles gloves are available at OT and Critical areas. Use of elbow length gloves for obstetrical purpose Availability of Caps Personal protective kit for infectious patients Availability of Caps Personal protective kit for infectious patients No rouse of disponable gloves, Masks, caps and agrons. Facility has s Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI res for processing SI/08 SI/08 | kept within the sterile field. rials for Personal protection International protection International protection International protection International instruments Adv staff how they decontaminate the procedure surface International instruments Adv staff how they decontaminate the instruments like ambubage, such canuele, SurgRaI Instruments (Saaking to 55% Chlorine Solution, Wping with 0.5% Chlorine Solution or 70% Alcohol as applicable International Instruments | |
| ME F3.1 ME F3.2 Standard F4 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Steriles gloves are available at OT and Critical acces Steriles gloves are available at OT and Critical acces Use of elbow length gloves for obstetrical purpose Availability of Gaps Availability of Gaps Availability of Gaps Availability of Gaps Availability of Gaps Personal protective kit for infectious patients To route of disposable gloves, Masks, caps and agross. Compliance to correct method of waring and the PPS Facility has s Decontamination of operating & Procedure surfaces Contact time for decontamination is adequate Cleaning of instruments after decontamination | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 06/51 ractices and mate 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 51/08 SI/08 SI/08 SI/08 | kept within the sterile field. rials for Personal protection HIV kit Gloves, Masks, Caps, Aprons of equipment and instruments Ask staff about how they decontaminate the procedure surface like 0T table, Stretcher/Trolley, etc. (Wping with 0.5% Choine solution, Meing with 0.5% Choine Solution or 70% Alcohol as applicable 10 minutes Cleaning is for ewith detergent and running water after decontamination | |
| ME F3.1 ME F3.2 Standard F4 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Masks Sterile s gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical areas Use of elibow length gloves for obstertical purpositive of gown/ Apron Availability of aprometers of the sterile Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and aprons. Compliance to correct method of wearing and removing the PPS Facility has s Decontamination of operating & Procedure surfaces Contact time for decontamination is adequate Ceaning of instruments after decontamination Proper handling of Solied and infected linen | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/OB SI/OB SI/OB SI/OB SI/OB | kept within the sterile field. rials for Personal protection HIV kit Gloves, Masks, Caps, Aprons of equipment and instruments Ask staff about how they decontaminate the procedure surface like 0T table, Stretcher/Trolley, etc. (Wping with 0.5% Choine solution, Meing with 0.5% Choine Solution or 70% Alcohol as applicable 10 minutes Cleaning is for ewith detergent and running water after decontamination | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases. Check sterile field is maintained during surgery Facility er Clean gloves are available at point of use Availability of Masks. Sterile is gloves are available at OT and Critical areas. Viel of elbow length gloves for obstetrical purpose Availability of Gays Personal protective kit for infectious patients No reuse of diposable gloves, Masks, caps and apros. Facility has s Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chome solution | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/53 ractices and mate 08/53 08/53 08/53 08/53 08/54 08/53 08/54 08/53 08/54 08/54 08/54 51/08 SI/08 SI/08 SI/08 SI/08 SI/08 SI/08 SI/08 SI/08 | kept within the sterile field. rials for Personal protection HIV kit Gioves, Masks, Caps, Aprons of equipment and instruments Ask staff about how they decontaminate the procedure surface like 0T table; Stretcher/Trolley, etc. (Wiphg with 0.5% Choine solution, Mayney, Mayney, Scholme Sulution Ask staff how they decontaminate the instruments like ambubag, surction ranulae. Surgical instruments Solution or 70% Alcohol as applicable 10 minutes Cleaning is foro with detergent and running water after decontamination No sorting, Rinsing or duking at Point of use/ Patient care area | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases. Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks. Steriles gloves are available at OT and Critical areas. Use of elbow lengt gloves for obstetrical purpose Availability of Caps Personal protective kit for infectious patients Availability of Gaps Personal protective kit for infectious patients No rouse of disposable gloves, Masks, caps and arons. Facility has s Decontamination of operating & Procedure surfaces Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper Decontamination of instruments after use Contact time for Soiled and infected linen Staff know how to make chlorine solution Staff know how to make chlorine solution Chemical sterilization of instruments/equipment is done as per protocols | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/08 SI O8/SI O8/SI | kept within the sterile field. rials for Personal protection International protection Internation International protection Internation Interna | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases. Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical areas. Use of elbow length gloves for obstetrical purpose Availability of Caps Personal protective kit for infectious patients No rause of diposable gloves, Masks, caps and agross. No rause of diposable gloves, Masks, caps and agross. Facility has s Concluster of the content of a sterile sterile surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chlorine solution Equipment and instruments are sterilized after each use as per requirement High level Disinfection of instruments/equipment is done as per protocols Formaldelyde or gluaradehyde solution replaced as per manufacturer instructions | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/08 SI SI SI </td <td>kept within the sterile field. rials for Personal protection HIV bit Gioves, Masks, Caps, Aprons of equipment and instruments Adv staff about how they decontaminate the procedure surface Ille OT Table, Steriler/Tolley set. (Wiping with 0.5% Chiorine solution Adv staff how they decontaminate the instruments like ambubag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination Ns sorting, filnsing or sluking at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Adk staff about method and time required for boiling Adk staff about method, concentration and contact time</td> <td></td> | kept within the sterile field. rials for Personal protection HIV bit Gioves, Masks, Caps, Aprons of equipment and instruments Adv staff about how they decontaminate the procedure surface Ille OT Table, Steriler/Tolley set. (Wiping with 0.5% Chiorine solution Adv staff how they decontaminate the instruments like ambubag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination Ns sorting, filnsing or sluking at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Adk staff about method and time required for boiling Adk staff about method, concentration and contact time | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases. Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks. Sterile is gloves are available at OT and Critical areas. Use of elbow length gloves for obstetrical purpose Availability of Caps Personal protective kit for infectious patients Availability of Gaps Personal protective kit for infectious patients No rouse of disposable gloves, Masks, caps and agrons. No rouse of disposable gloves, Masks, caps and agrons. Facility has s Decontamination of operating & Procedure surfaces Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper house to make chlorine solution Equipment and instruments acture after each use as per requirement High level Disinfection of instruments/equipment Sione as per protocols Formalelpyde or glutaraldehyde solution replaced as per mandacture instructions Autoclaved dires mandacture instructions Autoclaved men are used for procedure and calculave | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/08 SI O8/SI O8/SI | kept within the sterile field. rials for Personal protection HIV bit Gioves, Masks, Caps, Aprons of equipment and instruments Adv staff about how they decontaminate the procedure surface Ille OT Table, Steriler/Tolley set. (Wiping with 0.5% Chiorine solution Adv staff how they decontaminate the instruments like ambubag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination Ns sorting, filnsing or sluking at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Adk staff about method and time required for boiling Adk staff about method, concentration and contact time | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases. Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks. Sterile is gloves are available at OT and Critical areas. Use of elbow length gloves for obstetrical purpose Availability of Caps Personal protective kit for infectious patients Availability of Gaps Availability of Gaps Personal protective kit for infectious patients No rouse of disposable gloves, Masks, caps and arons. Facility has s Decontamination of operating & Procedure surfaces Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chlorine solution Equipment and instruments after each use as per requirement High level Disinfection of Instruments/equipment is done as per protocol Chemical sterilization of instrumenty/equipment is done as per protocols Formatiletyide or glustraidehyde solution replaced as per manufacturer instructions Autoclaved men are used for procedure Autoclaved men are used for procedure instruments are packed according for autoclaving as per standard protocol | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/OB SI/OB <t< td=""><td>kept within the sterile field. rials for Personal protection HIV bit Gioves, Masks, Caps, Aprons of equipment and instruments Adv staff about how they decontaminate the procedure surface Ille OT Table, Steriler/Tolley set. (Wiping with 0.5% Chiorine solution Adv staff how they decontaminate the instruments like ambubag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination Ns sorting, filnsing or sluking at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Adk staff about method and time required for boiling Adk staff about method, concentration and contact time</td><td></td></t<> | kept within the sterile field. rials for Personal protection HIV bit Gioves, Masks, Caps, Aprons of equipment and instruments Adv staff about how they decontaminate the procedure surface Ille OT Table, Steriler/Tolley set. (Wiping with 0.5% Chiorine solution Adv staff how they decontaminate the instruments like ambubag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination Ns sorting, filnsing or sluking at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Adk staff about method and time required for boiling Adk staff about method, concentration and contact time | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical areas. Use of elbow length gloves for obstetrical purpose Availability of gown/ Apron Availability of agown/ Apron Complement to correct method of wearing and removing the PP. Facility has s Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff known how to make chlorine solution Equipment and instruments are sterilized after each use as per requirement High level Disfraction of Instruments/sequipment is done as per protocols Chemical serification of instruments/equipment is done as per manufacturer instructions Autoclaved diressing material is used Instruments aceded accordure Autoclaved diressing material is used | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/08 SI/08/SI | kept within the sterile field. rials for Personal protection HIV bit Gioves, Masks, Caps, Aprons of equipment and instruments Adv staff about how they decontaminate the procedure surface Ille OT Table, Steriler/Tolley set. (Wiping with 0.5% Chiorine solution Adv staff how they decontaminate the instruments like ambubag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination Ns sorting, filnsing or sluking at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Adk staff about method and time required for boiling Adk staff about method, concentration and contact time | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical atess Use of eldow length gloves for obstetrical purpose Availability of gown/ Apron Availability of og wn/ Apron Availability of og the store obstetrical purpose Availability of og the store obstetrical purpose Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and agrons. Compliance to correct method of wearing and removing the PP. Facility has s Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chlorine solution Proper handling of Soiled and infected linen Staff know how to make chlorine solution replaced as per manufacture instructions Autoclaved diresting material is used instruments signer used for prococlus Autoclaved diresting material is used instruments are used for procedure Autoclaved diresting material is used instruments are safed according for autoclaving a per standard protocol Autoclaving of instruments after protocols Regular validation of sterilization through | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/08 SI O8/SI O8/SI O | kept within the sterile field. rials for Personal protection International protection HiV kit Gioves, Masks, Caps, Aprons of equipment and instruments Ads staff about how they decontaminate the procedure surface Ille Of Table, Steriler/Trolley set. (Wiping with 0.5% Chiorine solution Ads staff how they decontaminate the instruments like ambudag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination No sorting, Rinsing or sluicing at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Ads staff about method, concentration and contact time required for chemical sterilization | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical atess Use of eldow length gloves for obstetrical purpose Availability of gown/ Apron Availability of og wn/ Apron Availability of og the story obstetrical purpose Availability of og the story obstetrical purpose Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and agrons. Compliance to correct method of wearing and removing the PFE Eacility has s Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chlorine solution Play the star bisferiction of instruments are used for procedure Autoclaved diresting material is used instruments packed according for autoclaving of instruments after optical Autoclaved diresting material is used instruments are used for procedure Autoclaved diresting material is used instruments are suched accordure. Autoclaved diresting material is used instruments are suched accordure. Autoclaved diresting material is used instruments are suched accordure. Autoclaved diresting material is used instruments are packed according for autoclaving a per standard protocol Autoclaving diresting as per stand | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/OB OB/SI OB/SI OB/SI OB/SI OB/SI OB/SI/RR | kept within the sterile field. rials for Personal protection International protection HiV kit Gioves, Masks, Caps, Aprons of equipment and instruments Ads staff about how they decontaminate the procedure surface Ille Of Table, Steriler/Trolley set. (Wiping with 0.5% Chiorine solution Ads staff how they decontaminate the instruments like ambudag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination No sorting, Rinsing or sluicing at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Ads staff about method, concentration and contact time required for chemical sterilization | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical ateas. Use of elbow length gloves for obstetrical purpose Availability of gown/ Apron Availability of agown/ Apron Compaince to correct method of wearing and removing the PP. Personal protective kit for infectious patients No reuse of disposable gloves, Masks, caps and agrons. Compaince to correct method of wearing and removing the PP. Personal protective kit for infectious patients Comparison of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Soiled and infected linen Staff know how to make chlorine solution Proper handling of Soiled and infected linen Staff know how to make chlorine solution Requires and ser manufacture instructions Autoclaved for suing material is used instruments are used for procedure Autoclaved diresting material is used instruments a paced according for autoclaving a per standard protocol Autoclaved diresting material is used instruments a paced according for autoclaving a per standard protocol Autoclaved diresting material is used instruments a paced according for autoclaving as per standard protocol Natications of instruments a standardsor Maintenance of crocing standard protocol Naticationa of instruments is done as per protocols | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/OB OB/SI OB/SI/RR OB/SI/RR | kept within the sterile field. risils for Personal protection International protection HV kit Gloves, Masks, Caps, Aprons of equipment and instruments Ask staff about how they decontaminate the procedure surface Ike OT Table, Scheder Protect/Tolley, etc. (Woping with 0.5% Chlorine solution Ask staff about how they decontaminate the procedure surface Ike OT able, Scheder and Scheder and Scheder Scheder Scheder Casaling in 0.5% Chlorine Solution Ask staff about method, and time required for boiling Ask staff about method, concentration and contact time required for chemical sterilization Ask staff about temperature, pressure and time | |
| ME F3.1 | protection equipment as per requirements | Check Shaving is not done during part preparation/delvery cases Check sterile field is maintained during surgery Facility of Clean gloves are available at point of use Availability of Masks Sterile s gloves are available at OT and Critical areas Availability of Sterile S gloves for obstetrical purpose Availability of gown / Apron Availability of apos Personal protective kit for infectious patients No reuse of diposed gloves, Masks, caps and agrons. Compliance to correct method of wearing and removing the PPE Facility has s Decontamination of operating & Procedure surfaces Proper Decontamination of instruments after use Contact time for decontamination is adequate Cleaning of instruments after decontamination Proper handling of Solied and infected linen Staff.twon two use chaftere solution Equipment and instruments are serilized after each use a per requirement High level Disinfection of instruments/equipment is done as per protocol Chemical serilization of instruments/equipment is done as per requirement Autoclaved dressing material is used Instruments/equipment is done as per protocol Chemical serilization of instruments/equipment is done as per requirement Autoclaved dressing material is used Instruments exided accordure Autoclaved dressing material is used Instruments exided accordure Autoclaved dressing material is used Instruments and exide accordure Autoclaved dressing material is used Instruments and exide accordure Autoclaved dressing material is used Instruments is done as per protocols Serility of autoclaved packs is mantalined during Storage | 2 sures standard p 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI 08/SI ractices and mate 08/SI SI/OB OB/SI OB/SI/RR OB/SI | kept within the sterile field. rials for Personal protection International protection HiV kit Gioves, Masks, Caps, Aprons of equipment and instruments Ads staff about how they decontaminate the procedure surface Ille Of Table, Steriler/Trolley set. (Wiping with 0.5% Chiorine solution Ads staff how they decontaminate the instruments like ambudag, suction canulae, Surgical instruments Solution or 70% Alcohol as applicable Cleaning is done with detergent and running water after decontamination No sorting, Rinsing or sluicing at Point of use/ Patient care area Autoclaving/HLD/Chemical Sterilization Ads staff about method, concentration and contact time required for chemical sterilization | |

| ME F5.1 | Layout of the department is conducive for | Facility layout ensures separation of general | 2 | ОВ | Faculty layout ensures separation of general traffic from patient | |
|------------------------|---|---|------------------------|-------------------------------|--|---------------|
| ME P.J. | the infection control practices | traffic from patient traffic Zoning of High risk areas | 2 | ОВ | traffic | |
| | | Facility layout ensures separation of routes for clean and dirty items Floors and wall surfaces of ICU are easily | 2 | ОВ | | |
| | | cleanable CSSD/TSSU has demarcated separate area for | 2 | OB | | |
| | | receiving dirty items, processes, keeping clean and sterile items | 2 | OB | | |
| ME F5.2 | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Availability of disinfectant as per requirement | 2 | OB/SI | Chlorine solution, Glutaraldehyde, carbolic acid | |
| | | Availability of cleaning agent as per requirement | 2 | 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 Cleaning of patient care area with detergent | 2 | SI/RR | | |
| | | solution Staff is trained for preparing cleaning solution as per standard procedure | 2 | SI/RR SI/RR | | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | | |
| | | Cleaning equipment like broom are not used in patient care areas | 2 | OB/SI OB/SI | | |
| | | Use of three bucket system for mopping Fumigation/carbolization as per schedule External footwares are restricted | 2 2 2 | SI/RR OB | | |
| ME F5.4 | Facility ensures segregation infectious patients | Isolation and barrier nursing procedure are followed for septic cases | 2 | OB/SI | | |
| ME F5.5 | Facility ensures air quality of high risk area | Positive Pressure in OT | 2 | OB/SI | | |
| Standard F6 | Fac | Adequate air exchanges are maintained cility has defined and established proce | 2 dures for segrega | SI/RR ation, collection, t | reatment and disposal of Bio Medical and hazardo | us Waste. |
| ME F6.1 | Facility Ensures segregation of Bio Medical Waste as per guidelines | Availability of colour coded bins & Plastic bags at point of waste generation | 2 | OB | Adequate number. Covered. Foot operated. | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Items contaminated with blood, body fluids,dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | |
| | | Segregation of infected plastic waste in red bin | 2 | OB | Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers' with their needles cut) and gloves | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | ОВ | Pictorial and in local language | |
| | | There is no mixing of infectious and general waste | 2 | OB | | |
| ME F6.2 | Facility ensures management of sharps as per guidelines | Availability of functional needle cutters & puncture proof, leak proof, temper proof white container for segregation of sharps | 2 | ОВ | See if it has been used or just lying idle. | |
| | | Availability of post exposure prophylaxis & Protocols | 2 | OB/SI | Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick injury | |
| | | Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | ОВ | 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 | 2 | SI | Not more than two-third. | |
| | | Disinfection of liquid waste before disposal Transportation of bio medical waste is done in | 2 | SI/OB | Through Local Disinfection | |
| | | close container/trolley | 2 | SI/OB | Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Wear PPE | |
| | | Staff aware of mercury spill management | 2 | SI/RR | 4. Use of thability to locate mercury beads 5. Use syring without a needle/syednopper and sticky tape to suck the beads 6. Collection of beads in leak-poor bag or container 7. Sprinkle sulphur or zinc powder to remove any remaining mercury 8. All the mercury upil surfaces should be decontaminated with 10% sodium those/afte solution 9. All the bags or containers containing items: contaminated with Care ²⁺ 10. Collected mercury wate should be handed over to the | |
| | | | Area of Con | cern - G Quality | CBMWTF | |
| Standard G1 | | The facility h | | | ework for quality improvement | |
| ME G1.1 | The facility has a quality team in place | Quality circle has been formed in the OT | 2 | SI/RR | Check if quality circle formed and functional with a designated nodal officer for quality | |
| Standard G3 ME G3.1 | Facility has established internal quality assurance program at relevant departments | Facility have established in There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services | ternal and extern | nal quality assurat | nce programs wherever it is critical to quality. | |
| ME G3.2 | Facility has established external assurance programs at relevant | | 2 | | | |
| ME G3.3 | departments Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 | Planned actions are implemented through Quality Improvement Cycles (PDCA) | Check PDCA or revalent quality method is used to take corrective and preventive action | 2 | | Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report | |
| Standard G4 | | | | | perating Procedures for all key processes and supp | ort services. |
| ME G4.1 | Departmental standard operating procedures are available | Standard operating procedure for department has been prepared and approved | 2 | RR | | |
| | | Current version of SOP are available with process owner Work instruction/clinical protocols are | 2 | OB/RR | | |
| ME G4.2 | Standard Operating Procedures | displayed Department has documented procedure for | 2 | OB | processing and sterilization of equipment, | |
| ME 04.2 | adequately describes process and procedures | scheduling the Surgery and its booking Department has documented procedure for pre | 2 | RR | | |
| | | operative procedure, in-process check and post operative care | 2 | RR | | |

| | | Department has documented procedure for pre | 2 | RR | | |
|-------------------------|---|---|---------------------------|----------------------------|---|-----|
| | | operative anaesthetic check up Department has documented procedure for post | 2 | RR | | |
| | | operative care of the patient Department has documented procedure for operation theatre asepsis and environment | 2 | RR | | |
| | | management Department has documented procedure for OT documentation. | 2 | RR | | |
| | | Department has documented procedure for reception of dirt packs and issue of sterile packs | 2 | RR | | |
| | | from TSSU Department has documented procedure for | | RR | | |
| | | maintenance and calibration of equipment Department has documented procedure for | 2 | | | |
| | Staff is trained and aware of the | general cleaning of OT and annexes | 2 | RR | | |
| ME G4.3 | standard procedures written in SOPs | Check staff is a aware of relevant part of SOPs | 2 | SI/RR | | |
| Standard G 5 ME G5.1 | Facility maps its critical processes | Process mapping of critical processes done | 2 | em more efficient SI/RR | by reducing non value adding activities and wastag | jes |
| ME G5.2 | Facility identifies non value adding activities / waste / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| ME G5.3 | Facility takes corrective action to improve the processes | Processes are rearranged as per requirement | 2 | SI/RR | | |
| Standard G6 | | The facility has defined missio | on, values, Qualit | y policy & objecti | ves & prepared a strategic plan to achieve them Check short term valid quality objectivities have been framed | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | SI/RR | addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, Relevant and Time Bound. | |
| ME G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | Facility uses a state of face and | Facility seeks | continually impr | | icing Quality method and tools. | |
| ME G7.1 | Facility uses method for quality improvement in services Facility uses tools for quality | Basic quality improvement method | 2 | SI/OB | PDCA & SS | |
| ME G7.2 Standards G9 | improvement in services | 7 basic tools of Quality Facility has established proce | 2 dures for assessing, | SI/RR | Minimum 2 applicable tools are used in each department g and managing risk as per Risk Management Plan | |
| ME G9.6 | 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 | 2 | 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. | |
| 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 | SaQushal assessment toolkit is used for safety audits. | 2 | SI/RR | 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | |
| ME G9.8 | Risks identified are analysed evaluated and rated for severity | Identified risks are analysed for severity | 2 | SI/RR | Action is taken to mitigate the risks | |
| Standard G10 | | The facility has established | d clinical Governanc | e framework to impr | rove quality and safety of clinical care processes | |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated | The facility has established procedures to review the clinical care processes | 2 | SI/RR | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. | |
| | | Check that the patient /family participate in the care evalution | 2 | SI/RR | Feedback is taken from patient/family on health status of individual under treatment | |
| | | Check the care planning and co- ordination is reviewed | 2 | SI/RR | System in place to review internal referral process, review clinical handover information, review patient understanding about their progress | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | There is the procedure to conduct surgical audits | 2 | Si/RR | Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, reassement, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delienation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (c) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission | |
| | | There is procedure to conduct death audits | 2 | Si/RR | (1) All the deaths are audited by the committee. (2) The reasons of the deaths is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical covernmence Board meetings / during grand round (wherever required) | |
| | | All non compliance are enumerated and recorded for surgical audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non-compliance are enumerated and recorded for death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per surgical audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per death audit record's findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | SI/RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| | | Check PDCA or revalent quality method is used to address critical problems | 2 | SI/RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan | |
| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug formulary Check when the STG/protocols/evidences used in | |
| | | Check the updated/latest evidence are | | SI/RR | healthcare facility are published. | |
| | | Check the mapping of existing clinical | | | The gaps in clinical practices are identified & action are | |
|-------------|--|--|--------------------|---------------------------------------|---|--|
| | | | 2 | SI/RR | taken to improve it. Look for evidences for improvement in | |
| | | practices processes is done | | | clinical practices using PDCA | |
| | | | Area o | of Concern - H C | | |
| Standard H1 | | The facility measures Pro | ductivity Indicat | ors and ensures o | ompliance with State/National benchmarks | |
| | Facility measures productivity Indicators on | | | | | |
| ME H1.1 | monthly basis | population | 2 | RR | | |
| | | No. of emergency surgeries done | 2 | RR | | |
| | | Proportion of other emergency surgeries done in | 2 | RR | | |
| | | the night | - | | | |
| | | No. of elective surgeries performed | 2 | RR | | |
| | | CSSD/TSSU productivity index | 2 | RR | No. of packs sterilized against the no. of surgeries | |
| Standard H2 | | The facility measu | res Efficiency Ind | icators and ensur | e to reach State/National Benchmark | |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Downtime critical equipment | 2 | RR | | |
| | | Skin to skin time | 2 | RR | | |
| | | No of major surgeries per surgeon | 2 | RR | | |
| | | Proportion emergency surgeries | 2 | RR | | |
| | | Cycle time for instrument processing | 2 | RR | | |
| Standard H3 | | | linical Care & Saf | ety Indicators an | d tries to reach State/National benchmark | |
| Standard HS | Facility measures Clinical Care & Safety | | | · · · · · · · · · · · · · · · · · · · | No. of observed surgical site infections*100/total no. of Major | |
| ME H3.1 | Indicators on monthly basis | Surgical Site infection Rate | 2 | RR | surgeries | |
| | | Proportion of cases with post surgical | 2 | | Complication grading using Clavien-Dindo scale. All the cases with complication more than graded >2 on the | |
| | | complications | 2 | | Clavien-Dindo scale | |
| | | No of adverse events per thousand patients | 2 | RR | | |
| | | Incidence of re-exploration of surgery | 2 | RR | | |
| | | % of environmental swab culture reported positive | 2 | RR | | |
| | | Perioperative Death Rate | 2 | RR | Deaths occurred from pre operative procedure to discharge of the patient | |
| | | Proportion of General Anaesthesia to spinal anaesthesia | 2 | RR | | |
| | | Proportion of PAC done out of total elective surgeries | 2 | RR | | |
| | | No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle | 2 | RR | | |
| Standard H4 | | The facility measures Se | ervice Quality Ind | licators and ende | avours to reach State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Operation Cancellation rates | 2 | RR | (a) No. of cancelled operation*1000 /total operation done Planned operations cancelled due to any reason like clinical, non clinical (theatre), or by patient | |
| | | Average time taken to conduct the emergency surgery | 2 | RR | Time taken from presentation in emergency department to non- elective surgery conducted | |
| | | | | | | |

| | | National Quality Assu | ranco Stan | larde | | Version: DH/NOAS 2020/00 | |
|--|--|---|---|---|---|--------------------------|--|
| | | | | Version: DH/NQAS-2020/00 | | | |
| | C | hecklist for Maternity | | heatre | | 10 | |
| | | Assessment S | ummary | | 1 | | |
| Name of the | Hospital | | | | Date of Assessment | | |
| Names of Ass | sessors | | | | Names of Assesses | | |
| Type of Asses | ssment (Internal/External) | | | | Action plan Submission Date | | |
| | | On | eration The | atre Score Ca | rd | | |
| | Area of Concern wise f | | | | | | |
| | Area of Concern wise S | core | | | Operation Theatre Score | | |
| A | Service Provision | 100% | | | | | |
| В | Patient Rights | 100% | | | | | |
| с | Inputs | 100% | | | | | |
| D | Support Services | 100% | | | 100% | | |
| E | Clinical Services | 100% | | | 100% | | |
| F | Infection Control | 100% | | | | | |
| G | Quality Management | 100% | | | | | |
| | | | | | | | |
| н | Outcome | 100% | | | | | |
| н | Outcome | 100% | | | | | |
| | Outcome Major Gaps Observed | 100% | | | | | |
| 1 | | 100% | | | | | |
| | | 100% | | | | | |
| 1 2 | | 100% | | | | | |
| 1 2 3 | Major Gaps Observed | 100% | | | | | |
| 1 2 3 4 5 | | 100% | | | | | |
| 1 2 3 4 5 1 | Major Gaps Observed | 100% | | | | | |
| 1 2 3 4 5 | Major Gaps Observed | 100% | | | | | |
| 1 2 3 4 5 1 2 3 3 4 | Major Gaps Observed | 100% | | | | | |
| 1 2 3 4 5 1 2 3 | Major Gaps Observed | | | | | | |
| 1 2 3 4 5 1 2 3 3 4 | Major Gaps Observed | | | | | | |
| 1 2 3 4 5 7 1 2 3 4 5 3 4 5 1 2 | Major Gaps Observed | | | | | | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 3 | Major Gaps Observed | | | | | | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 4 3 4 | Major Gaps Observed | | | | | | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 3 | Major Gaps Observed | | | | | | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 4 1 2 3 4 | Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit | | | | | | |
| 1 2 3 4 5 7 1 2 3 4 5 7 1 2 3 4 5 5 | Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors | | Compliance | Assessment Method | Means of Verification | Renarks | |
| 1 2 3 4 5 | Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors Date | ies for Improvement | Area of Co | ncern - A Service | Provision | Remarks | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 4 5 3 4 5 5 8 eference No. | Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors Date ME Statement | cies for Improvement | Area of Co Facility | ncern - A Service Provides Curative S | Provision | Remarks | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 4 5 3 4 5 5 8 eference No. | Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors Date | ies for Improvement | Area of Co | ncern - A Service | Provision ervices Check with OT records that OT services were functional in 24X7 and surgeries are being | Remarks | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 4 5 5 8 eference No. 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors Date ME Statement Services are available for the time period as mandated The facility provides Accident & | checkpoint | Area of Co Facility | ncern - A Service Provides Curative S | Provision ervices Check with OT records that OT services were | Remarks | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 3 4 4 5 5 8 4 5 5 8 8 6 6 7 8 7 8 8 7 8 8 7 8 7 8 7 8 7 8 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors Date ME Statement ME Statement The facility provides Accident & Emergency Services The facility provides Accident & Emergency Services | ies for Improvement Checkpoint Of Services are available 24X7 Availability of Emergency Of services as and when required Availability and thermicy HDU//CU | Area of Co Facility 2 2 | ncern - A Service Provides Curative S SI/RR SI/OB | Provision ervices Check with OT records that OT services were functional in 24X7 and surgeries are being | Remarks | |
| 1 2 3 4 5 1 2 3 4 5 5 1 2 2 3 4 5 5 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Signature of Assessors Date ME Statement Kestatement Services are available for the time period as mandated The facility provides Accident & Emergency Services | cles for Improvement Checkpoint OT Services are available 24X7 Availability of Emergency OT services as and when required | Area of Co Facility 2 2 2 | ncern - A Service Provides Curative S SI/RR SI/OB SI/OB | Provision ervices Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours | Remarks | |
| 1 2 3 4 5 5 1 2 3 4 5 5 1 2 3 4 5 5 3 4 5 5 3 4 5 5 5 8 5 8 8 1 2 2 3 3 4 5 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Recommendations/ Opportunit Signature of Assessors Date ME Statement Services are available for the time period as mandated ME Statement Fuer Facility provides Accident & Emergency Services The facility provides Reproductive health | ies for Improvement Checkpoint OT Services are available 24X7 Availability of Emergency OT services as and when required Availability of Atternity HDU/CU services in the facility Availability of Post partum sterilization | Area of Co Facility 2 2 2 Facility | ncern - A Service Provides Curative S SI/RR SI/OB SI/OB provides RMNCHA S | Provision ervices Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours ervices | Remarks | |
| 1 2 3 4 5 5 1 2 3 4 5 5 1 2 3 4 5 5 3 4 5 5 8 8 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Strengths / Good Practices Signature of Assessors Date ME Statement ME Statement Exercises are available for the time period as mandated The facility provides Accident & Emergency Services The facility provides Intensive care Services The facility provides Reproductive health Services | ities for Improvement Checkpoint OT Services are available 24X7 Availability of Energency OT services as and when required Availability of Maternity HDU/CU services in the facility Availability of Post partum sterilization services | Area of Co Facility 2 2 2 Facility 2 2 | ncern - A Service Provides Curative S SI/RR SI/OB SI/OB SI/OB | Provision envices Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours intervices tubal ligation | Remarks | |
| 1 2 3 4 5 5 1 2 3 4 5 5 1 2 3 4 5 5 3 4 5 5 8 8 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Recommendations/ Opportunit Recommendations/ Opportunit Signature of Assessors Date ME Statement Services are available for the time period as mandated ME Statement Fuer Facility provides Accident & Emergency Services The facility provides Reproductive health | ies for Improvement Checkpoint OT Services are available 24X7 Availability of Energency OT services as and when required Availability of Maternity HDU/ICU services in the facility Availability of Post partum sterilization services Availability of Elective C-section services | Area of Co Facility 2 2 2 Facility | ncern - A Service Provides Curative S SI/RR SI/OB SI/OB provides RMNCHA S | Provision ervices Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours ervices | Remarks | |
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| 1 2 3 4 5 5 1 2 3 4 5 5 1 2 3 4 5 5 3 4 5 5 8 8 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 | Major Gaps Observed Major Gaps Observed Strengths / Good Practices Strengths / Good Practices Recommendations/ Opportunit Recommendations/ Opportunit Signature of Assessors Date ME Statement ME Statement Services are available for the time period as mandated The facility provides Accident & Emergency Services The facility provides Reproductive health Services The facility provides Maternal health | Checkpoint Checkpoint OT Services are available 24X7 Availability of Emergency OT services as and when required Availability of Post partum sterilization services Availability of Elective C-section services | Area of Co Facility 2 2 Facility 2 2 2 2 | ncern - A Service Provides Curative S SI/RR SI/08 SI/08 provides RMNCHA S SI/08 SI/RR | Provision envices Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours envices tubal ligation Check services are available and are being utilized | Remarks | |

| Math BarbardMath | | | | | | | |
|--|-------------|---|--|--------------------|------------------------|--|--------------------------------------|
| Number of the second | Standard A3 | | | Facility | Provides diagnostic | Services | |
| Momental and any start any star | ME A3.2 | The facility Provides Laboratory Services | Availability of point of care diagnostic test | 2 | SI/OB | Glucometer, RDK , Blood grouping | |
| AndInduction of the second of th | | | | | | | |
| And and a part of the sector of the secto | Standard B1 | Facili | ty provides the information to | care seekers, att | endants & communi | | modalities |
| Intermediate Intermediate IntermediateIntermediate Intermediate | ME B1.1 | | | 2 | OB | signage, Restricted area signage displayed. Directional signages are given from the entry of the | |
| Barbar ConstraintsConstraintsThe Colour and source of the constraints are provided on t | ME B1.2 | | | 2 | OB | Display doctor/ Nurse on duty and updated OT schedule displayed | |
| Note: <th< td=""><td>Standard B2</td><td></td><td>nner that is sensitive to gender,</td><td>, religious and cu</td><td>Itural needs, and the</td><td></td><td>conomic, cultural or social reasons.</td></th<> | Standard B2 | | nner that is sensitive to gender, | , religious and cu | Itural needs, and the | | conomic, cultural or social reasons. |
| And and a probability of the intervention of the origon of the probability of p | ME 82.3 | | OT is easily accessible | 2 | ОВ | | |
| And and and and | Ci | with disabilities | adility maintains privacy, confid | Jantiality 9 digni | the of motions, and he | | in mation |
| add of any and a constraint of a second of a seco | | | | | | | ormation. |
| Normal sectorNormal sectorNorma | ME B3.1 | | | 2 | OB | | |
| At 12Maximum manual manua | | | | 2 | OB | theatre, if it is not possible because of high case load adequate visual privacy should be provided through | |
| RateResult of a stand stand and a stand a st | ME B3.2 | | place beyond access to general | 2 | SI/OB | In drawers/Amirah; preferably with lock facility. | |
| NameInstruction of the second se | ME B3.3 | is dignified and respectful, while delivering | Behaviour of OT staff is dignified and | 2 | OB/PI | undignified manner such as yelling, scolding, | |
| Bit 1 Review classified production for any series of the | ME B3.4 | The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, | unattended or ignored during care in | 2 | OB/PI | Check that care providers are attentive and empathetic to the pregnant women at no point of | |
| 64 Mathematication of a second sec | Standard B4 | Facility has defined and establ | ished procedures for informing | and involving pa | tient and their fami | lies about treatment and obtaining inform | ed consent wherever it is required. |
| Non-the set of the basis of | ME B4.1 | informed consent before treatment and | | 2 | SI/RR | potentials risks and complication. Should be signed | |
| Bask also by a provide generation of the statement of the | | | | 2 | SI/RR | potentials risks and complication. Should be signed | |
| EII.1. approximation mathematical matrix and mathematical | Standard B5 | Fac | ility ensures that there are no | financial barrier | to access and that th | nere is financial protection given from cost | of care. |
| unique de la construction la collection d'activité d'activit | ME B5.1 | pregnant women, mothers and neonates | | | | | |
| Ref 1.00 Reputerior to wark badgues topic and seques to accound of the secues of the secue of the se | Standard C1 | т | he facility has infrastructure for | | | | norms |
| patient or work body area in active the hard patient have bygen in active the hard patient is a part in a | ME C1.1 | Departments have adequate space as per | Adequate space for accommodating | | | OT around 40 Square meter. Two OT tables are not | |
| about person as per functionOmen and person and | | | | | - | · · | |
| Image: second | ME C1.3 | | Demarcated Protective Zone | 2 | OB | and post operative rooms, | |
| Image: space of the space of | | | Demarcated Clean Zone | 2 | ОВ | | |
| Image: the constraint of the set of th | | | Demarcated sterile Zone | 2 | ОВ | | |
| IndexAvailability of series factor208Cale bit is single non-wine a particle.IndexAvailability of series factor208Availability of series factorIndexAvailability of Series Availability of Se | | | | | | | |
| interval inter | | | | | | | |
| Interval Joint Culture Joint Cul | | | Operative Room /area Availability of earmarked area for new | | - | Functional warmer, resuscitation apparatus, | |
| Image: series of the series | | | born Corner | | | scale and sterile gloves. | |
| Autocoloring the instruments and linenAutocoloring the instruments and linenHe facility has adequate (runking and open spaces scoreding to need and incleal lawCorrdon are wide enough for momented to tolegen.2087 to 10 fest.HE G.1.3The facility has adequate (runking and intramulat and exteramural controls are wide enough for momented to tolegen.208heterces should connect: Operation theatre to lary means line (U, Bioda Bais, SCU) ab, Accident and energies, wirds, AdministrationHE G.1.3Extricts are available as per patient bade terms are available as per load208heterces should connect: Operation theatre to lary means line (U, Bioda Bais, SCU) ab, Accident and energies, wirds, AdministrationHE G.1.4Extricts are available as per load208heterces should bais, should bai | | | Availability of Scrub Area | 2 | OB | hot and cold water available. Sink is deep and wide enough to avoid spoiling. Scrub area should not be | |
| He facility the adequate circulation area and open spaces according to need and cocal lawCondours are wide enough for moment of toditys2087 to 10 feet.He C1.3The facility the infrastructure for | | | | | - | | |
| Efe E1.5intrarunal and extramual and intercome services20.8areasilier (U, Bood Bank, SKQ), Lab, Accident and emergency, wards, AdministrationEfe C1.6Service counters are available as per patient toad to ensure structure follows the undivercional flow of goods and services20.8Hydraulic OT Tables A per case load at least twoEfe C1.2The facility and departments are planned to ensure structure follows the undivercional flow of goods and services20.8Services are designed in a way, that there is no criss regoinment etc.Efe C1.2The facility ensures the selsmic safety of territersNon structural on goods and services20.8Services are designed in a way, that there is no criss regoin sin moment of sterile & no sterile & no sterile & no sterile & no sterile as papeins & explanment etc.Efe C1.1The facility ensures the selsmic safety of estandingNon structural components are properly secured20.8No extension cord on multi-plagsEfe C1.2The facility ensures safety of electrical sublishmentOf does on thave temporary connections and loosely hanging were20.8No extension cord on multi-plagsEfe C1.3The facility ensures safety of electrical sublishmentOf does on thave temporary connections and loosely hanging were20.8No extension cord on multi-plagsEfe C1.4Physical condition of buildings are safe providing patient careOf does on thave temporary connections and loosely hanging were20.8No extension cord on multi-plagsEfe C1.2The facility has alguity of t | ME C1.4 | | Corridors are wide enough for | | | 7 to 10 feet. | |
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| The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)Undirectional flow of goods and services208Services are designed in a way, that there is no criss crass in moment of sterile supplies & equipment etc.tandard C2The facility ensures with the function of the hospital)No structural components are properly secured208Services are designed in a way, that there is no criss crass in moment of sterile supplies & equipment etc.EC 2.1The facility ensures the selsmic safety of the infrastructureNon structural components are properly secured208No extension cord or multi-plugsEC 2.3The facility ensures safety of electrical ensublishmentOf does not have temporary connections and loosely hanging wires208No extension cord or multi-plugsEC 2.4Physical condition of buildings are safet of providing patient careOf allos and foor of the OT covered with int less tiles208No extension cord or multi-plugsEC 2.4Physical condition of puildings are safet of providing patient careOf allos and foor of the OT covered with inter structure set sate structure208No tracen glass, gap or cracis in window/ventilator.EC 2.1The facility has plan for prevention of fm funct and set defining Equipment to are inter structure.0No torken glass, gap or cracis in window/ventilator.EC 3.1The facility has a system of periodic regulation and concupt more with structures of the extinguisher a dorpatient fiftere struguisher208/s | ME C1.6 | | OT tables are available as per load | 2 | ОВ | | |
| hospital)HospitalHospitalHospitalHospitalHospitalHospitalHospitalHospitalHospitalHospital safety of legetriaAnisability of tree phase electricitySign colspan="4">Sign colspan="4">Cleck for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly securedCleck for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and securedMet colspan="4">Cleck for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and securedAniability of three phase electricitySign colspan="4">Cleck electricity bil or Power Distribution Board. Meter have three wires coning out (with one neutral).Meter Answ three wires coning out (with one rest for providing patient care providing patient careOBCleck the fire exits are clearly wisble and routes to reach exit and eladedAniability of three phase electricityJoint less tilesProviding patient careProviding patient careOBNo text colspan="4">No text colspan="4">Cleck de fire string of text colspan="4">Cleck to fire string of text colspan="4">Cleck the fire string of text colspan="4">Cleck to fire string of text colspan="4">Cleck to fir | ME C1.7 | The facility and departments are planned to ensure structure follows the function/processes (Structure | | 2 | OB | Services are designed in a way, that there is no criss cross in moment of sterile & no sterile supplies & | |
| RE C2.1 The facility ensures the seismic safety of property secured Non structural components are property secured 2 DB Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are property fastened and secured RE C2.3 The facility ensures safety of electrical establishment Of does not have temporary connections and locsely hanging wires 2 OB No extension cord or multi-plugs RE C2.4 Physical condition of buildings are safe for providing patient care Valiability of three phase electricity juit or to covered with joint less tiles 2 OB Meet have times coming out (with one neutral). RE C2.4 Physical condition of buildings are safe for providing patient care Valia and floor of the OT covered with joint less tiles 2 OB made of anti-sidi & Epoxy flooring Image of anti-sidi & Epoxy flooring Itandard C3 To the facility has plan for prevention of fire secue to its occupant at time of free escape to its occupant at time of free facing binger do each fire extinguishers & expris its oligippeed on each fire extinguisher as edits jand other disaster Check to fire secues are disary boy for check the fire saved as due date for next are learly maixed RE C3.1 The facility has a dequate fire fighting Equipment Labour room has installed fire extinguisher as well as due date for next are elearly marked Check the fire extinguisher as edits jand otheres well adue date for next reclary marked | | | | | | | |
| Infer C2.1 Infer C3.1 Infer C4.1 Infer C4.1 <thinfer c4.1<="" th=""> <thinfer c4.1<="" th=""> <thinfer c4.1<="" th=""></thinfer></thinfer></thinfer> | Standard C2 | | The | facility ensures | the physical safety o | | |
| Initial Columne establishment connections and loosely hanging wires 2 0.00 Note Attending of or multinguigs Initial Columne Availability of three phase electricity supply 2 0.00 Si/0.00 Check electricity bill or Power Distribution Board. Meter have three wires coming out (with one neutral). Initial Columne Mails and floor of the OT covered with joint less tiles 2 0.00 made of anti-skid & Epoxy flooring Initial Columne Mails and floor of the OT covered with joint less tiles 2 0.00 made of anti-skid & Epoxy flooring Initial and sealed Vindowy Ventilators if any in the OT are instant and sealed 2 0.00 No broken glass, gap or cracks in window/tentilator. Initial and sealed Initial and sealed 2 0.00 No broken glass, gap or cracks in window/tentilator. Initial and sealed Initial and sealed 2 0.00 No broken glass, gap or cracks in window/tentilator. Initial and sealed Initial and sealed Initial and sealed 2 0.00 No broken glass, gap or cracks in window/tentilator. Initial and sealed Initial and sealed Initial and sealed Initial and sealed Initial and sealed Initial and sealed Initial and sealed | ME C2.1 | | Non structural components are properly secured | 2 | ОВ | cabinets, and heavy equipment , hanging objects are | |
| Availability for three phase electricity apply 2 5//08 Meter have three wires coming out (with one neutral). HE C2.4 Physical condition of buildings are safe for porviding patient care Walls and floor of the OT covered with joint less tiles 2 OB made of anti-skid & Epoxy flooring HE C2.4 Physical condition of buildings are safe for porviding patient care Walls and floor of the OT covered with joint less tiles 2 OB No broken glass, gap or racks in window/ventilator. Landard C3 The facility has plan for prevention of fir each erit scape to its occupant at time of free The saufficient fire exit to permit scape to its occupant at time of free 2 OB//SI Check the fire exits are clearly marked HE C3.2 The facility has adequate fire fighting Equipment Labour room has installed fire each fire exitinguishers & expire is displayed on each fire exitinguishers a will as due date for next refilling is clearly marked Check for staff competencies for refulling is clearly marked HE C3.3 The facility has a system of perioditis regularly for fire and order disaster situation Check for staff competencies for to in case of fire 2 No Staff and conducts mock drills regularly for fire and ther disaster situation Check for staff competencies for to in case of fire Staff And Staff should be able to demonstrate how to ogen the exiting is clearly mentioned | ME C2.3 | | | 2 | ОВ | | |
| Interaction providing patient care joint tess tiles 2 Obs made of ann-sub & 2 poory topping Image of ann-sub & 2 poory topping Window/ventilators farvy in the OI are instact and sealed 2 Obs No broken glass, gap or cracks in window/ventilator. Image of ann-sub & 2 poory topping Obs No broken glass, gap or cracks in window/ventilator. Image of ann-sub & 2 poor cracks in window/ventilator. Image of ann-sub & 2 poor No broken glass, gap or cracks in window/ventilator. Image of ann-sub & 2 poor The facility has plan for prevention offic OT has sufficient fire exits to ecoupt at time of screape to its occupant at time of ach fire exits are clearly wisble and routes to reach exit are clearly marked Check the fire exits are clearly wisble and routes to reach exit are clearly marked Image of ann-sub & 2 poor The facility has adequate fire fighting Equipment Labour room has installed fire each fire exitinguisher as exit is doue date for next reach exitinguisher as exit is doue date for next reach exitinguisher as well as due date for next reach exitinguisher and conducts mock drills regularly for fire and other disaster situation Check for staff competencies for to in case of fire exiting in certaring fire exiting fire exiting fire exiting fire exiting fire exiting in the origin fire exiting in the origin fire exiting | | Dhusical condition of buildings are sefering | supply | | | Meter have three wires coming out (with one | |
| Image: Constraint of the constr | ME C2.4 | | joint less tiles | 2 | OB | made of anti-skid & Epoxy flooring | |
| tandard C3 The facility has plan for prevention of fire Statisticate Tree stabilised Programme for fire safety and other disaster RE C3.1 DF facility has plan for prevention of fire OT has sufficient fire exit to permit at time of fire 2 Ob/S/I Check the fire exits are clearly wisble and routes to reach exit are dearly marked RE C3.2 The facility has adequate fire fighting guipted not each fire exitinguishers & expiry is displayed on each fire exitinguisher fire exitinguisher and what to do in case of fire exitinguisher and what to do in case of fire fire mark to do in case of fire fire fire fire strained for fire fire strained for mark to do in case of fire fire fire strained for mark to do in case of fire fire mark to do in case of fire fire fire fire fire fire fire fir | | | are intact and sealed | | | | |
| RE C3.1 The facility has plan for prevention of fire safe escape to its occupant at time of fire 2 OB/SI Check the tre exits are clearly usple and routes to reach exit are clearly marked RE C3.2 The facility has adequate fire fighting Equipment Labour room has installed fire Extinguishers & expiry is displayed on each fire extinguishers are extinguisher are suble and exits with are clearly marked Class A, Class B, C type or ABC type. Check the expiry date for fire extinguishers are displayed on each fire extinguishers are exits with and each extinguisher are suble and exits with are exits with are determined. 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 to in case of fire 2 S/RR staff should be able to demonstrate how to open the exclinguisher and exits with and each exits with are operate it. PRS (Pull the pin, Aim at the base of fire, Sway from side to side) | Standard C3 | | The facilit | ty has established | d Programme for fire | e safety and other disaster | |
| RE C3.2 The facility has a dequate fire fighting Equipment Labour 100 miss in same and me exact fire extinguishers are alignable on each fire extinguishers 2 DB expiry date for fire extinguishers are displayed on each extinguisher are alignable regularly for fire and operiodic training of staff and conducts mock drills regularly for fire and other disaster situation Check for staff competencies for to in case of fire on case of fire S/RR staff should be able to demonstrate how to open the extinguisher are of fire, Sway from side to side) | ME C3.1 | The facility has plan for prevention of fire | safe escape to its occupant at time of fire | 2 | OB/SI | reach exit are clearly marked | |
| training of staff and conducts mock drills regularly for fire and other disaster situation | ME C3.2 | Equipment | Extinguishers & expiry is displayed on | 2 | ОВ | expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next | |
| tandard C4 The facility has adequate qualified and trained staff, required for providing the assured services to the current case load | ME C3.3 | training of staff and conducts mock drills regularly for fire and other disaster | operating fire extinguisher and what | 2 | SI/RR | staff should be able to demonstrate how to open the extinguisher and operate it. PASS (Pull the pin, Aim | |
| | Standard C4 | The | e facility has adequate qualified | d and trained stat | ff, required for prov | iding the assured services to the current c | ase load |

| ME C4.1 | The facility has adequate specialist doctors as per service provision | Availability of Obs. & Gynae Surgeon | 2 | OB/RR | 100 beds 2, 200 beds-3, 300 beds-4, 400 beds-5 and 500 beds-6 | |
|-------------|--|--|---------------------|------------------------|---|----------------------|
| | doctors as per service provision | Availability of anaesthetist | 2 | OB/RR | At least One | |
| ME C4.3 | The facility has adequate nursing staff as per service provision and work load | Availability of Nursing staff | 2 | OB/RR/SI | As per patient load , at least two | |
| ME C4.4 | The facility has adequate technicians/paramedics as per requirement | Availability of OT technician | 2 | OB/SI | One per shift. | |
| ME C4.5 | The facility has adequate support / general staff | Availability of OT attendant/assistant & TSSU assistant | 2 | SI/RR | 1 each | |
| Standard C5 | The departments have availability of | | | | d for assured list of services. Availability of Oxygen, nitrogen Cylinders / Piped | |
| ME C5.1 | adequate drugs at point of use | Availability of medical gases Availability of drugs for local | 2 | OB/RR | Gas supply. | |
| | | anaesthesia | 2 | OB/RR | Procaine, lignocaine, bupivacaine, Xylocaine jelly | |
| | | Availability of drugs for general anaesthesia | 2 | OB/RR | Inhaled agents-Halothane, nitrous oxide. Injectable: Barbiturates (Theopental, Thiamylal, methohexital, Benzodiazepines (diazepam, Lorazepam, Midazolam), Ketamine, Etomidate, Propofol . Neostigmine, Naloxone, Flumazenil, Sugammadex-as per EDL/State guidelines. | |
| | | Availability of opioid analgesics. | 2 | OB/RR | Fentanyl, Sufentanil, Morphine, Buprenorphine, Levorphanol, Methadone-As per EDL/State guidelines. | |
| | | Availability of muscle relaxants drugs | 2 | OB/RR | Succinylcholine, Vecuronium, Mivacurlum, Tubocarine as per EDL/state guidelines | |
| | | Availability of emergency drugs | 2 | OB/RR | Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj diazepam, inj Pheneramine maleate, inj Corboprost, Inj Fortwin, Inj Phenergen, Betameathazon, Inj Hydrazaline, Nefidepin, Methyldopa,ceftriaxone | |
| | | Availability of other drugs | 2 | OB/RR | Antibiotics, Analgesics, Uterotonic drugs, IV fluids and anithypertensive drugs as per EDL/ state guidelines | |
| ME C5.2 | The departments have adequate consumables at point of use | Availability of dressings Material | 2 | OB/RR | Adequate quantity of sterile pads, gauze, bandages , Antiseptic Solution. | |
| | | Availability of syringes and IV Sets | 2 | OB/RR | In adequate quantity as per load. Cord Clamp, mucous sucker, airway, NG Tube, | |
| | | Availability of consumables for new born care | 2 | OB/RR | Suction catheter, IV cannula, paed IV set and Bag and Mask (0 & 1 no.) | |
| ME C5.3 | Emergency drug trays are maintained at every point of care, where ever it may be | Emergency drug tray is maintained in OT in pre and post operative room | 2 | OB/RR | Every tray is labelled with name and number of drugs and consumables along with their date of | |
| Standard C6 | needed | | as equipment & | instruments require | expiry. ed for assured list of services. | |
| ME C6.1 | Availability of equipment & instruments | Availability of functional Equipment &Instruments for examination & | 2 | OB | BP apparatus, Thermometer, Pulse Oxy meter, | |
| | for examination & monitoring of patients Availability of equipment & instruments | Availability of functional instruments | | | Multiparameter , PV Set, torch & wall clock. LSCS Set, Cervical Biopsy Set, Proctoscopy Set, | |
| ME C6.2 | for treatment procedures, being undertaken in the facility | for Gynae and obstetrics | 2 | OB | Hysterectomy set, D&C Set | |
| | | Availability of functional equipment/ Instruments for New Born Care | 2 | ОВ | Radiant warmer, Baby tray with Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 &1 no.), sterilized thread for cord/cord clamp, nasogastric tube | |
| | | Availability of functional General surgery equipments | 2 | ОВ | Diathermy (Unit and Bi Polar), Cautery | |
| | | Operation Table with Trendelenburg type | 2 | ОВ | OT Table hydraulic major and OT table hydraulic minor | |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of Point of care diagnostic instruments | 2 | ОВ | Glucometer, HIV rapid diagnostic kit, USG, ABG machine | |
| ME C6.4 | Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients | Availability of functional Instruments Resuscitation for new born & Mother | 2 | OB | Resuscitation bag (Adult & paediatrics) Ambu bag, Oxygen, Suction machine , laryngoscope scope, Defibrillator (Paediatric and adult) , LMA, ET Tube | |
| | | Availability of functional anaesthesia equipment | 2 | ОВ | Boyles apparatus, Bains Circuit or Soda lime absorbent in close circuit ,AGSS (Anaesthesia gas scavenging system) | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage of drugs & Instruments | 2 | ОВ | Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley, Instrument cabinet and racks for storage of sterile items | |
| ME C6.6 | Availability of functional equipment and instruments for support services | Availability of equipments for cleaning | 2 | ОВ | Three Bucket system for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush | |
| | | Availability of equipment for TSSU | 2 | OB | Autoclave Horizontal & Vertical, Steriliser Big & Small | |
| ME C6.7 | Departments have patient furniture and fixtures as per load and service provision | Availability of functional OT light | 2 | ОВ | Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp | |
| | | Availability of Fixtures | 2 | OB | Tray for monitors, Electrical panel for anaesthesia machine with minimum 6 electrical sockets (2=15 amp power point), panel with outlet for Oxygen and vacuum, X ray view box. | |
| Standard C7 | Facility has a d | | ure for effective u | utilization, evaluatio | on and augmentation of competence and p Check objective checklist has been prepared for | performance of staff |
| | 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 | 2 | SI/RR | 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 | 2 | SI/RR | Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done | |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan | Advance Life support | 2 | SI/RR | ALS and CPR by recognized agency to all category of staff. | |
| | | Training on OT Management | 2 | SI/RR | OT scheduling, maintenance, Fumigation, Surveillance, equipment-operation and maintenance, infection control, surgical procedures and emergency protocols. | |
| | | Biomedical Waste Management& Infection control and hand hygiene ,Patient safety | 2 | SI/RR | To all category of staff. At the time of induction and once in a year. | |
| | | Training on Quality Management | 2 | SI/RR | Assessment, action planning, PDCA, 55 & use of checklist | |
| Standard D1 | | The facility has established P | | oncern - D Suppor | t Services d maintenance and calibration of Equipme | nt. |
| ME D1.1 | The facility has established system for maintenance of critical Equipment | All equipment are covered under AMC including preventive maintenance | 2 | SI/RR | look for MOU and visit records of the empanelled agency. | |
| | | There is system of timely corrective | 2 | SI/RR | Back up for critical equipment. Label Defective/Out | |
| | | break down maintenance of the equipment | 4 | Jijnn | of order equipment and stored appropriately until it has been repaired | |

| | | Staff is skilled for cleaning, inspection & trouble shooting in case equipment | 2 | SI/RR | E.g. when to change water of batteries, when to oil, | |
|--------------|---|--|--------------------|---|---|------------------|
| | | malfunction | - | 59744 | change fuse, replace filters etc. | |
| ME D1.2 | The facility has established procedure for internal and external calibration of measuring Equipment | All the measuring equipment/ instrument are calibrated | 2 | OB/ RR | Boyles apparatus, cautery, BP apparatus, autoclave etc. 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 staff. | 2 | OB/SI | If operator doesn't understand English, then instructions should be in local language. | |
| Standard D2 | The faci There is established procedure for | Ity has defined procedures for There is established system of timely | storage, inventor | y management and | dispensing of drugs in pharmacy and patie Stock level are daily updated | ent care areas |
| ME D2.1 | forecasting and indenting drugs and consumables | indenting of consumables and drugs | 2 | SI/RR | Requisition are timely placed | |
| ME D2.3 | The facility ensures proper storage of drugs and consumables | Drugs are stored in containers/tray/crash cart are labelled | 2 | ОВ | Away from direct sunlight and temperature is maintained as per instructions of manufacturer. | |
| | | Empty and filled cylinders are labelled & kept separately | 2 | OB | Each cylinder is provided with a checklist & flow meter and key for opening the cylinder | |
| ME D2.4 | The facility ensures management of expiry and near expiry drugs | | 2 | OB/RR | Records for expiry and near expiry drugs are maintained for drug stored at department. No expired drugs found | |
| ME D2.5 | The facility has established procedure for inventory management techniques | There is practice of calculating and maintaining buffer stock | 2 | SI/RR | At least one week of minimum buffer stock is maintained all the time in the labour room. Minimum stock and reorder level are calculated based on consumption in a week accordingly | |
| | | Department maintained stock and expenditure register of drugs and consumables | 2 | RR/SI | Check that records are regularly updated | |
| ME D2.6 | There is a procedure for periodically replenishing the drugs in patient care areas There is process for storage of vaccines | There is procedure for replenishing drug tray /crash cart | 2 | SI/RR | There is no stock out of drugs | |
| ME D2.7 | and other drugs, requiring controlled temperature | Temperature of refrigerators are kept as per storage requirement and records are maintained | 2 | OB/RR | Check for temperature charts are maintained and updated periodically | |
| ME D2.8 | There is a procedure for secure storage of narcotic and psychotropic drugs | Narcotic ,psychotropic & Anaesthetic agents are kept in lock and key | 2 | OB/SI | Under direct supervision of anaesthetist | |
| Standard D3 | The facility provides adequate illumination | | | | nment to staff, patients and visitors. | |
| ME D3.1 | level at patient care areas | Adequate Illumination at OT table | 2 | OB | 100000 lux | |
| ME D3.2 | The facility has provision of restriction of visitors in patient areas | Warning light outside the OT is switched on when OT is functional | 2 | OB/SI | Only persons required in OT are allowed to enter the OT | |
| ME D3.3 | The facility ensures safe and comfortable environment for patients and service providers | Temperature & humidity is maintained and record of same is kept | 2 | SI/RR | 20-25 ⁰ C, ICU has functional room thermometer and temperature is regularly maintained. 50-60% humidity | |
| ME D3.4 | The facility has security system in place at patient care areas | Security arrangement at OT | 2 | ОВ | Restricted Signage, security guard, CCTV camera | |
| Standard D4 | Eutories of the facility building is | The facility has Department is painted/whitewashed | established Prog | ramme for mainten | ance and upkeep of the facility | |
| ME D4.1 | Exterior of the facility building is maintained appropriately | in uniform colour &plastered & painted Floors, walls, roof, roof tops, sinks | 2 | OB | Painted in soothing colours Not bright colours. | |
| ME D4.2 | Patient care areas are clean and hygienic | patient care and circulation areas are Clean | 2 | OB | All area are clean with no dirt,grease,littering and cobwebs | |
| | | Surface of furniture and fixtures are clean | 2 | OB | Look for dirt above OT light, behind stationary equipment etc. | |
| ME D4.3 | Hospital infrastructure is adequately maintained | Check for there is no seepage , Cracks, chipping of plaster | 2 | OB | check corners, false ceiling. | |
| | | OT Table are intact and without rust | 2 | OB | Mattresses are intact and clean No slabs, almirah, storing unnecessary items like | |
| | | No unnecessary items in sterile zone | 2 | | drums, equipment, Instruments etc Items not required for immediate procedures are kept out of sterile zone | |
| ME D4.5 | The facility has policy of removal of condemned junk material | No condemned/Junk material in the OT | 2 | ОВ | No partial compliance. | |
| ME D4.6 | The facility has established procedures for pest, rodent and animal control | No stray animal/rodent/birds | 2 | ОВ | Check for no stray animal in and around OT. Also no lizard, cockroach, mosquito, flies, rats etc. | |
| Standard D5 | | he facility ensures 24X7 water a | and power backu | p as per requiremen | t of service delivery, and support services | norms |
| ME D5.1 | The facility has adequate arrangement storage and supply for portable water in | Availability of 24x7 running and potable water | 2 | OB/SI | Availability of Hot water supply | |
| ME D5.2 | all functional areas The facility ensures adequate power backup in all patient care areas as per load | Availability of power back up in OT | 2 | OB/SI | 2 tier backup with UPS | |
| | | Availability of UPS & Emergency light | 2 | OB/SI | Check their functionality. | |
| ME D5.3 | Critical areas of the facility ensures availability of oxygen, medical gases and | Availability of Centralized /local piped | 2 | OB | Cylinders are provided with trolleys to prevent fall | |
| Standard D7 | vacuum supply | Oxygen, nitrogen and vacuum supply | The facility er | sures clean linen to | and injuries. | |
| ME D7.1 | The facility has adequate sets of linen | OT has facility to provide sufficient | 2 | OB/RR | Drape, draw sheet, cut sheet and gown | |
| | | and clean linen for surgical patient OT has facility to provide linen for staff | 2 | OB/RR | OT dress, gown. Separate OT dress for OT staff. | |
| ME D7.2 | The facility has established procedures for changing of linen in patient care areas | Linen is changed after each procedure | 2 | OB/RR | Bed sheets, draw sheets and Macintosh. | |
| ME D7.3 | The facility has standard procedures for handling , collection, transportation and | There is system to check the cleanliness and Quantity of the linen | 2 | SI/RR | OT tech/Nurse checks Number of linen, cleanliness, | |
| Standard D11 | washing of linen | received from laundry | and clinical staff | are determined as | whether it is turned or stained per govt. regulations and standards opera | ting procedures. |
| 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 | 2 | OB | Check staff is wearing dress as per their dress code. | |
| Standard E2 | The | facility has defined and establi | | oncern - E Clinical for clinical assessm | Services ent, reassessment and treatment plan pre | paration. |
| ME E2.1 | There is established procedure for initial assessment of patients | There is procedure for Pre Operative assessment | 2 | RR/SI | Physical examination, results of lab investigation, X- Rays, diagnosis and proposed surgery | |
| 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 | Check care is delivered by competent multidisciplinary team | 2 | SI/RR | Check care plan is prepared and delivered as per direction of qualified physician | |
| | | Check treatment / care plan is documented | 2 | RR | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | | | | | |

| Standard E3 | Partile has established according for | | and established | procedures for cont | tinuity of care of patient and referral | |
|--|--|---|---|---|---|---------|
| ME E3.1 | Facility has established procedure for continuity of care during | There is procedure of handing over from OT to Maternity Ward, HDU and | 2 | SI/RR | Transfer Register is maintained. | |
| Standard E4 | interdepartmental transfer | SNCU The fac | ility has defined a | and established pro | cedures for nursing care | |
| ME E4.1 | Procedure for identification of patients is | There is a process for ensuring the patient's identification before any | 2 | OB/SI | Patient id band/ verbal confirmation etc. At least | |
| | established at the facility There is established procedure of patient | clinical procedure | | | two identifiers are used. | |
| ME E4.3 | hand over, whenever staff duty change | Patient hand over is given during the change in the shift | 2 | SI/RR | Handover register is maintained | |
| ME E4.5 | happens There is procedure for periodic | Patient Vitals are monitored and | 2 | RR/SI | Check for use of cardiac monitor/multi parameter | |
| Standard E5 | monitoring of patients | recorded periodically Facility | has a procedure 1 | o identify high risk | and vulnerable patients. | |
| ME E5.1 | The facility identifies vulnerable patients and | Vulnerable patients are identified and measures are taken to protect them | 2 | OB/SI | Check the measure taken to prevent new born theft, | |
| ME E5.2 | ensure their safe care The facility identifies high risk patients and | from any harm High risk patients are identified and | 2 | OB/SI | sweeping of baby or fall HIV, Infectious cases | |
| Standard E6 | ensure their care, as per their need | treatment given on priority | | | nd use of medicines | |
| ME E6.1 | Facility ensured that drugs are prescribed in | Check for Case Sheet if drugs are | 2 | RR | Check at least 5 case sheets selected randomly | |
| | generic name only | prescribed under generic name only Check staff is aware of the drug | | | Check if drugs are prescribed as per STG in at least 5 | |
| ME E6.2 | There is procedure of rational use of drugs | regime and doses as per STG Check Case Sheet that drugs are | 2 | SI/RR | case sheets selected randomly | |
| | | prescribed as per STG | 2 | RR | Check if drugs are prescribed as per STG in at least 5 case sheets selected randomly | |
| ME E6.3 | There are procedures defined for medication review and optimization | Complete medication history is documented for each patient | 2 | RR/OB | Check complete medication history including over- the- counter medicines is taken and documented | |
| | | Medicine are reviewed and optimised | 2 | ci /00 | Medicines are optimised as per individual treatment | |
| | | as per individual treatment plan | | SI/RR | plan for best possible clinical outcome | |
| Standard E7 | There is process for identifying and | | lity has defined | procedures for safe | drug administration Electrolytes like Potassium chloride, Opioids, Neuro | |
| ME E7.1 | cautious administration of high alert drugs (to check) | High alert drugs available in department are identified | 2 | SI/OB | muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as | |
| | | Maximum dose of high alert drugs are | | | applicable Value for maximum doses as per age, weight and | |
| | | Maximum dose of high alert drugs are defined and communicated & there is process to ensure that right doses of | 2 | SI/RR | diagnosis are available with nursing station and doctor. A system of independent double check | |
| | | high alert drugs are only given | | | before administration, Error prone medical abbreviations are avoided | |
| ME E7.2 | Medication orders are written legibly and | Every Medical advice and procedure is accompanied with | 2 | RR | Look for pre-op, Procedure and Post op notes and | |
| | adequately | date , time and signature | | | instructions. | |
| | | Check for the writing, It comprehendible by the clinical staff | 2 | RR/SI | Ask OT/Ward staff to read the orders written by doctor. | |
| | There is a procedure to check drug before | Drugs are checked for expiry and | | | Check for any open single dose vial with left over | |
| ME E7.3 | administration/ dispensing | other inconsistency before administration | 2 | OB/SI | content intended to be used later on. In multi dose vial needle is not left in the septum | |
| | | Any adverse drug reaction is recorded | 2 | 00/0 | Adverse drug event trigger tool is used to report the | |
| | | and reported | 2 | RR/SI | events, Check for ADR forms and records. | |
| ME E7.4 | There is a system to ensure right medicine | | 2 | SI/RR | Administration of medicines done after ensuring right patient, right drugs , right route, right time, | |
| | is given to right patient | Medication and follows them | | | | |
| | | | | | Right dose , Right Reason and Right Documentation | |
| Standard E8 | | | | | Right dose, Right Reason and Right Documentation ating of patients' clinical records and their | storage |
| Standard E8 ME E8.1 | Fi All the assessments, re-assessment and investigations are recorded and updated | acility has defined and establish Records of Monitoring/ Assessments are maintained | <mark>ed procedures fo</mark> 2 | <mark>r maintaining, upda</mark> RR | | storage |
| | All the assessments, re-assessment and | Records of Monitoring/ Assessments | | | ating of patients' clinical records and their | storage |
| ME E8.1 | All the assessments, re-assessment and investigations are recorded and updated All treatment plan prescription/orders are recorded in the patient records. | Records of Monitoring/ Assessments are maintained Treatment plan, first orders are | 2 | RR | ating of patients' clinical records and their PAC, Intraoperative monitoring | storage |
| ME E8.1 | All the assessments, re-assessment and investigations are recorded and updated All treatment plan prescription/orders are | Records of Monitoring/ Assessments are maintained Treatment plan, first orders are | 2 | RR | ting of patients' clinical records and their PAC, Intraoperative monitoring Treatment prescribed in nursing records Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated blood loss, | storage |
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| ME E8.1 ME E8.2 ME E8.4 ME E8.5 ME E8.5 ME E8.6 ME E8.7 ME E1.3 Standard E11 ME E13.3 ME E13.9 ME E13.9 ME E13.9 ME E13.9 ME E13.9 ME E13.9 ME E13.10 ME E13 | All the assessments, re-assessment and investigations are recorded and updated All treatment plan prescription/orders are recorded in the patient records. Procedures performed are written on patients records Adequate form and formats are available at point of use Register/records are maintained as per guidelines The facility ensures safe and adequate storage and retrieval of medical records The facility neures safe and adequate storage and retrieval of medical records The facility has disaster management plan in place There are established procedures for Pre- testing Activities There is established procedure for issuing blood There is established procedure for fransfusion complication There is a established procedure for monitoring and reporting Transfusion complication Facility has established procedures for Pre- Anaesthetic Check up | Records of Monitoring/ Assessments are maintained Treatment plan, first orders are written on Case Sheet Operative Notes are Recorded Anaesthesia Notes are Recorded Standard Formats are available Registers and records are maintained as per guidelines All register/records are identified and numbered Safe keeping of patient records The facility has defined a Staff is avare of disaster plan & their role and responsibilities of staff is defined The facility has defined and Availability of blood units in case of emergency with out replacement Consent is taken before transfusion Patient's identification is verified before transfusion Protocol of blood transfusion reaction is recorded and reported to responsible person Fac There is procedure to ensure that PAC has been done before surgery Minimum PAC for emergency cases | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 4 5 5 5 5 5 5 5 7 2 2 2 2 2 2 2 2 2 2 2 2 | RR/OB RR/OB RR/OB RR/OB RR/OB RR/OB RR RR/SI RR/SI RR/SI RR/SI RR/SI RR RR/SI | ting of patients' clinical records and their PAC, Intraoperative monitoring Treatment prescribed in nursing records Hame of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated biolod loss, Fuid administered, specimen removed, complications etc. notes includes Anaesthesia type, induction, airway, intubation, inhalation agents, epidural, spinal, allergies, Nimes, V fluids, regional block. Consent forms, Anaesthesia form, surgical safety check its. Of Register, Schedule, Infection control records, autoclawing records etc. Register are labelled and numbered. Records are kept in place without seepage, moisture, termite, pests. gency Services and Disaster Management Ask role of staff in case of disaster. Sey, adte, UHD Critical values are displayed. The blood is ordered for the patient according to the MSBOS (Maximum Surgical Blood Order Schedule) Duly signed by patient/next of kin At least two identifiers are used. blood is kept on optimum temperature before transfusion, Reaction form is returned back to blood back, even when there is no reaction. After transfusion, Reaction form is returned back to blood back, even when there is no reaction. After transfusion, Reaction form is returned back to blood back, even when there is no reaction. At here is procedure to review findings of PAC in emergency & iffe saving conditions, surgery may be stared with General physical examination of the patient & sending the sample for lab. Examination | |

| Checklist | |
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| | |

| | | Anaesthesia Safety Checklist is used for safe administration of anaesthesia | 2 | RR | Check use of WHO Anaesthesia Safety Checklist | |
|--------------|--|---|--------------------------------|---------------------|--|------|
| | | Anaesthesia equipment are checked before induction | 2 | RR | Sufficient reserve of gases. Vaporizers are connected, Laryngoscope, ET tube and suction App are ready and clean | |
| | | Food intake status of Patient is checked | 2 | RR/SI | Time of last food intake is mentioned | |
| | | Patients vitals are recorded during anaesthesia | 2 | RR | Heart rate , cardiac rate , BP, O2 Saturation, temperature, Respiration rate. | |
| | | Airway security is ensured | 2 | RR/SI | Breathing system of anaesthesia equipment that delivers gas to the patient is securely and correctly assembled and breathing circuits are clean | |
| | | Potency and level of anaesthesia is | 2 | RR/SI | Recorded in the Anaesthesia Record Form. | |
| | | monitored Anaesthesia note is recorded | 2 | RR | Check for the adequacy, signed, complete, and post | |
| | - | Anaestnesia note is recorded | 2 | nn. | anaesthesia instructions. Reduced level of consciousness, reparatory | |
| | | Any adverse Anaesthesia Event is recorded and reported | 2 | RR | depression, malignant hyperpyrexia, bone marrow depression, life threatening pressure effect, anaphylaxis | |
| ME E14.3 | Facility has established procedures for Post Anaesthesia care | Post anaesthesia status is monitored and documented | 2 | RR/SI | Check for anaesthetic notes & post operating instructions in post operative room & area | |
| Standard E15 | | | has defined and | established proced | Surgery list is prepared in consonance with | |
| ME E15.1 | Facility has established procedures OT Scheduling | List of Elective Surgeries for the day is prepared and displayed outside OT. | 2 | RR/SI | availability of the OT hours and patients | |
| | | Surgery list is complete in all respect | 2 | OB/SI | requirement. Day, date and time of surgeries. Name, Age, Gender of patients. Clear description of the procedure (name of procedure which side,) Name of the surgeon & anaesthetist. Major or minor case. | |
| | | Operation list is sent to OT well in advance | 2 | RR/SI | By 12:00 hours, a day before the surgery. | |
| | | Surgery list is informed to surgeon and ward sister. | 2 | RR/SI | Verify the surgery register/email | |
| | | The operation list does not exceed the time allocated to it. | 2 | RR/SI | This does not refer to the time during an operation of an individual patient | |
| ME E15.2 | | Patient evaluation before surgery is | 2 | RR/SI | Vitals , Patients fasting status etc. | |
| | Preoperative care | done and recorded Antibiotic Prophylaxis and Tetanus | 2 | RR/SI | As per instructions of surgeon/anaesthetist. | |
| | | given as indicated Surgeries planned under local | | | | |
| | | anaesthesia/Regional Block sensitivity test is done There is a process to prevent wrong | 2 | RR/SI RR/SI | lidocaine sensitivity test Surgical Site is marked before entering into OT | |
| | | site and wrong surgery | | | | |
| | | No shaving of the surgical site Skin preparation before surgery is | 2 | SI/RR | Only clipping on the day of surgery in OT is done Bathing with soap and water prior to surgery in | |
| | | done. | 2 | SI/RR | ward. | |
| | | Skin preparation is done as per protocol | 2 | RR/SI | Prepare the skin with antiseptic solution (Chlorhexidine gluconate and iodine), starting in the centre and moving out to the periphery. This area should be large enough to include the entire incision and an adjacent working area. | |
| | | Draping is done as per protocol | 2 | SI/OB | Scrub, gown and glove before covering the patient with sterile drapes. Leave uncovered only the operative field and those areas necessary for the maintenance of anaesthesia. | |
| ME E15.3 | Facility has established procedures for Surgical Safety | Surgical Safety Check List is used for each surgery | 2 | RR/SI | Check for Surgical safety check list has been used for surgical procedures | |
| | | Sponge and Instrument Count Practice is implemented | 2 | RR/SI | Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure & documented | |
| | | Adequate Haemostasis is secured during surgery | 2 | RR/SI | Check for functional Cautery, use of artery forceps and suture ligation techniques | |
| | | Appropriate suture material is used for surgery as per requirement | 2 | RR/SI | For closing abdominal wall or ligating blood vessel use non-absorbable sutures (braided suture, nylon, polyester etc), absorbable sutures in uninary tract. Braided Biological sutures are not used for dirty wounds, Catgut is not used for closing fascial layers of abdominal wounds or where prolonged support is required | |
| | | Check for suturing techniques are applied as per protocol | 2 | RR/SI | Braided sutures for interrupted stiches. Absorbable and non-absorbable monofilament sutures for continuous stiches. | |
| ME E15.4 | Facility has established procedures for Post operative care | Post operative monitoring is done before discharging to ward | 2 | RR/SI | Check for post operative operation room /area is used and patients are not immediately shifted to wards after surgery | |
| | | Post operative notes and orders are recorded | 2 | RR/SI | Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other medications and Laboratory investigations | |
| | | Information & instructions are given to nursing staff before shifting the patient to the ward from the OT | 2 | RR/SI | Instructions given by surgeon and anaesthetist. | |
| Standard E16 | | | tablished proced | ures for the manag | ement of death & bodies of deceased pati | ents |
| | The facility has standard procedures for | Death note including efforts done for | | | Includes both maternal and neonatal death. Death | |
| ME E16.2 | handling the death in the hospital | resuscitation is noted in patient record | 2 | RR | summary is given to patient attendant quoting the immediate cause and underlying cause if possible | |
| Standard E18 | Facility shaff address to store | | <mark>as established pr</mark> | ocedures for Intran | atal care as per guidelines | |
| ME 18.3 | Facility staff adheres to standard procedures for routine care of new-born immediately after birth | Wipes the baby with a clean pre- warmed towel and wraps baby in second pre-warmed towel; | 2 | SI/OB | Check staff competence through demonstration or case observation | |
| | | Performs delayed cord clamping and cutting (1-3 min); | 2 | SI/OB | Check staff competence through demonstration or case observation | |
| | | Initiates breast-feeding soon after birth | 2 | SI/OB | Check staff competence through demonstration or case observation | |
| | | Records birth weight and gives injection vitamin K | 2 | SI/OB | Check staff competence through demonstration or case observation | |
| ME E18.4 | There is an established procedure for assisted and C-section deliveries per scope of services. | Pre operative care and part preparation | 2 | SI/RR | Check for Haemoglobin level is estimated , and arrangement of Blood, Catheterization, Administration of Antacids Proper cleaning of perineal area before procedure with antisepsis | |
| | | Proper selection Anaesthesia technique | 2 | SI/RR | Check Both General and Spinal Anaesthesia Options are available. Ask for what are the criteria for using spinal and GA. Regional block and epidural anaesthesia used wherever required/indicated | |

| | | Intraoperative care | 2 | SI/RR | Check for measures taken to prevent Supine Hypotension (Use of pillow/Sandbag to tilt the uterus), Technique for Incision, Opening of Uterus, Delivery of Foetus and placenta, and closing of Uterine Incision | |
|---|--|---|---|---|---|--------------|
| | | Post operative care | 2 | SI/RR | Frequent monitoring of vitals, Strict IO charting, Flat bed without pillow for SA, NPO depending on type of anaesthesia and surgery. | |
| ME 18.5 | Facility staff adheres to standard protocols for identification and management of Pre Eclampsia / Eclampsia | Management of PIH/Eclampsia | 2 | SI/RR | Ask for how to secure airway and breathing, Loading and Maintenance dose of Magnesium sulphate , Administration of anti Hypertensive Drugs | |
| ME 18.6 | Facility staff adheres to standard protocols for identification and management of PPH. | Postpartum Haemorrhage | 2 | SI/RR | IV fluids, parental oxytocin and antibiotics, manual removal of placenta, blood transfusion, B-lynch suturing, surgery | |
| | | Ruptured Uterus | 2 | SI/RR | Put patient in left lateral position, maintain Airway, breathing and circulation, IV Fluid, antibiotics, urgent laparotomy and hysterectomy. | |
| ME 18.7 | Facility staff adheres to standard protocols for Management of HIV in Pregnant Woman & Newborn | Provides ART for seropositive mothers/ links with ART centre | 2 | SI/RR | Check case records and Interview of staff | |
| | | Provides syrup Nevirapine to new- borns of HIV seropositive mothers | 2 | SI/RR | Check case records and Interview of staff | |
| ME 18.10 | There is Established protocol for new-born resuscitation is followed at the facility. | New born Resuscitation | 2 | SI/RR | Ask Nursing staff to demonstrate Resuscitation Technique | |
| Standard E19 | resublication is followed at the facility. | Facility h | as established pr | ocedures for postna | atal care as per guidelines | |
| | Facility staff adheres to protocol for | | | | | |
| ME E19.1 | assessment of condition of mother and baby and providing adequate postpartum care | Prevention of Hypothermia | 2 | SI/RR | Skin contact, Kangaroo mother care, radiant warmer, warm clothes. | |
| ME E19.2 | Facility staff adheres to protocol for counselling on danger signs, post-partum family planning and exclusive breast feeding | Initiation of Breastfeeding with in 1 Hour | 2 | PI/SI | Shall be initiated as early as possible and exclusive breast feeding | |
| ME E19.5 | The facility ensure adequate stay of mother and new born in a safe environment as per standard protocols | There is established criteria for shifting new born to SNCU | 2 | SI/RR | only the new born requiring intensive care should be transferred to SNCU | |
| Standard F1 | Facilit | v has infection control program | | oncern - F Infectio in place for prevent | in Control ion and measurement of hospital associate | ed infection |
| ME F1.2 | Facility has provision for Passive and active culture surveillance of critical & high risk areas | Surface and environment samples are taken for microbiological surveillance | 2 | SI/RR | Swab are taken from infection prone surfaces | |
| ME F1.3 | Facility measures hospital associated infection rates | There is procedure to report cases of Hospital acquired infection | 2 | SI/RR | Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site . | |
| ME F1.4 | There is Provision of Periodic Medical Check-ups and immunization of staff Facility has established procedures for | There is procedure for immunization medical check-up of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxoid etc | |
| ME F1.5 | regular monitoring of infection control practices Facility has defined and established | Regular monitoring of infection control practices Check for Doctors are aware of | 2 | SI/RR | Hand washing and infection control audits done at periodic intervals Antibiotics prescribed are in line with Antibiotic | |
| ME F1.6 | antibiotic policy | Hospital Antibiotic Policy | 2 | SI/RR | Antibiotics prescribed are in line with Antibiotic | |
| Charles de la Constante de la C | | | In a low ontool or | a a dunce for a neuri | Policy. | |
| Standard F2 | | Facility has defined and | | | ng hand hygiene practices and antisepsis Check for availability of wash basin near the point of | |
| Standard F2 ME F2.1 | Hand washing facilities are provided at point of use | Facility has defined and Availability of hand washing with running Water Facility at Point of Use Availability of antiseptic soap with | 2 | OB | ng hand hygiene practices and antisepsis | |
| | Hand washing facilities are provided at | Facility has defined and Availability of hand washing with running Water Facility at Point of Use Availability of antiseptic soap with soap dish/liquid antiseptic with dispenser. | 2 | OB OB/SI | ng hand hygiene practices and antisepsis Check for availability of wash basin near the point of use Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and uninterrupted. | |
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| | | Cleaning of instruments after use | 2 | SI/OB | Ask staff how they clean the instruments like ambubag, suction canulae, Surgical Instruments (Goaking in C.Sk Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable) | |
|-------------|---|--|-------------------------------|------------------------|---|-----------------|
| | | Proper handling of Soiled and infected | 2 | SI/OB | No sorting ,Rinsing or sluicing at Point of use/ sterile | |
| | - | linen Staff know how to make disinfectant | 2 | SI/OB | area Carbolic acid, chlorine solution, glutaraldehyde or | |
| ME F4.2 | Facility ensures standard practices and materials for disinfection and sterilization of | solution Equipment and instruments are sterilized after each use as per | 2 | OB/SI | any other disinfectant used Autoclaving/Chemical Sterilization | |
| | instruments and equipment's | requirement Chemical sterilization of | | | Ask staff about method, concentration and contact | |
| | | instruments/equipment's is done as per protocols | 2 | OB/SI | time required for chemical sterilization. Date of preparation & due date of change of | |
| | | Glutaraldehyde solution is changed as per manufacturer instructions | 2 | OB/SI | solution is mentioned on container and staff is aware of When to change the chemical. | |
| | | Autoclaved linen and Dressing are used for procedure | 2 | OB/SI | Gowns, draw sheets , Cotton, Gauze, bandages. Etc. Check for Window of autoclave drum is closed, drum | |
| | | Instruments are packed as per standard protocol | 2 | OB/SI | is not filled more than 3/4th, instruments are not hinged, | |
| | | Autoclaving of instruments is done as per protocols | 2 | OB/SI | Ask staff about temperature, pressure and time | |
| | | Regular validation of sterilization through chemical indicators | 2 | OB/SI/RR | Indicators (temperature sensitive tape) that change colour after being exposed to certain temperature. | |
| | | Regular validation of sterilization through biological indictor | 2 | OB/SI/RR | Bacillus Thermophilus spores are used, for measuring biological performance of autoclaving process. Performed monthly, Label the spore ampule, place in horizontal position, kept at the bottom or farthest part of autoclave | |
| | | Maintenance of records of sterilization | 2 | OB/SI/RR | Autoclave Register have column: Date, Time started, Time finished, Temp, pressure, Autoclave tape, spore test, | |
| | | There is a procedure to ensure the traceability of sterilized packs | 2 | OB/SI/RR | Spore test, Each Sterilized pack is marked with Date/Time of sterilization, contents, name/signature of the Technician, | |
| | | Sterility of autoclaved packs is maintained during storage | 2 | OB/SI | Sterile packs are kept in clean, dust free, moist free environment. | |
| Standard F5 | Functional area of the department are | Physical layout and en | <mark>ivironmental con</mark> | trol of the patient o | are 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 | 2 | OB | Facility layout ensures separation of general traffic from patient traffic. Separate disposal zone | |
| | | CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items | 2 | OB | Sterile & unsterile store are separately. | |
| ME F5.2 | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Availability of disinfectant as per requirement | 2 | OB/SI | Chlorine solution, Glutaraldehyde, carbolic acid , fumigation material | |
| | patient tare areas | Availability of cleaning agent as per requirement | 2 | OB/SI | Hospital grade phenyl, disinfectant detergent solution | |
| ME F5.3 | Facility ensures standard practices followed for cleaning and disinfection of patient care areas | Spill management protocols are implemented | 2 | SI/RR | spill management kit. staff training, protocol displayed | |
| | 01603 | Mercury Spill management Kit is available | 2 | SI/OB | Hospital should aspire to be mercury free. If used than Hg spill management kit should be available with gloves, cap, mask, goggles, polybag, Plastic container & torch. | |
| | | Cleaning of patient care area with detergent solution | 2 | SI/RR | Washing of floor with luke warm water and detergent. | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | Use of three bucket system for mopping | |
| | | Cleaning equipment's like broom are not used in patient care areas | 2 | OB/SI | Look in janitors closet | |
| | | Fumigation as per schedule | 2 | SI/RR | check that Formalin is not used. safer commercially available disinfectants such as Bacillicidal are used for fumigation | |
| | | External footwears are restricted | 2 | OB | adequate numbers are available at the entrance | |
| | | Entry to sterile zone is permitted only after hand washing, change of clothes, gowning & PPE | 2 | OB/SI | only persons really required are allowed to enter the sterile zone | |
| ME F5.5 | Facility ensures air quality of high risk area | Positive Pressure in OT | 2 | OB/SI | OT to have an independent air handling unit with controlled ventilation such that the lay-up room and the OT table is under positive pressure | |
| | | Adequate air exchanges are maintained | 2 | SI/RR | Independent AHU also allows to maintain required number of Air exchange side. 20-25. | |
| Standard F6 | | Ausilability of colour coded hims 9 | dures for segrega | ation, collection, tre | eatment and disposal of Bio Medical and h | azardous Waste. |
| ME F6.1 | Facility Ensures segregation of Bio Medical Waste as per guidelines | Availability of colour coded bins & Plastic bags at point of waste generation | 2 | OB | Adequate number. Covered. Foot operated. | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | |
| | | Segregation of infected plastic waste in red bin | 2 | OB | Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | ОВ | Pictorial and in local language | |
| ME F6.2 | Facility ensures management of sharps as per guidelines | Availability of functional needle | 2 | ОВ | See if it has been used or just lying idle. | |
| | | Availability of post exposure prophylaxis & Protocols | 2 | OB/SI | Ask if available. Where it is stored and who is in charge of that. Also check PEP issuance register Staff knows what to do in condition of needle stick injury | |
| | | Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | 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 | 2 | SI | Not more than two-third. | |
| | | Disinfection of liquid waste before disposal | 2 | SI/OB | Through Local Disinfection | |
| | | | Area of Con | cern - G Quality N | lanagement | |

| | | The facility h | ac actabliched or | anizational framou | work for quality improvement | |
|--|---|--|--|--|---|---------------------|
| Standard G1 ME G1.1 | The facility has a quality team in place | Quality circle has been formed in the | as established or | si/RR | vork for quality improvement Check if quality circle formed and functional in the | |
| Standard G3 | The facility has a quality team in place | operation theatre | 2 tornal and ovtor | | OT e programs wherever it is critical to quality | |
| ME G3.1 | Facility has established internal quality assurance program at relevant departments | There is system of daily round by matron/hospital manager/ hospital superintendent/ OT in charge for | 2 | SI/RR | Check for entries in Round Register. | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | monitoring of services Internal assessment is done at periodic interval | 2 | RR/SI | NQAS assessment toolkit is used to conduct internal assessment | |
| | Services | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 | Planned actions are implemented through Quality Improvement Cycles (PDCA) | Check PDCA or prevalent quality method is used to take corrective and preventive action | 2 | SI/RR | Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report erating Procedures for all key processes an | d aumont consister. |
| Standard G4 | Departmental standard operating | Standard operating procedure for | | | Can be prepared by junior surgeon and approved by | a support services. |
| ME G4.1 | procedures are available | department has been prepared and approved Current version of SOP are available | 2 | RR OB/RR | HOD/OT in charge | |
| | | with process owner Work instruction/clinical protocols are | 2 | OB | according and statilization of any important | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures | displayed Department has documented procedure for ensuring patients rights including consent, privacy, | 2 | RR | processing and sterilization of equipment's, Check SOP for adequacy | |
| | | confidentiality & entitlement Department has documented procedure for safety & risk management | 2 | RR | Check SOP for adequacy | |
| | | Department has documented procedure for support services & facility management. | 2 | RR | Check SOP for adequacy | |
| | | Department has documented procedure for general patient care processes | 2 | RR | Check SOP for adequacy | |
| | | Department has documented procedure for specific processes to the department | 2 | RR | Check SOP for adequacy | |
| | | Department has documented procedure for infection control & bio medical waste management Department has documented | 2 | RR | Check SOP for adequacy | |
| | | procedure for quality management & improvement Department has documented | 2 | RR | Check SOP for adequacy | |
| | Staff is trained and aware of the standard | procedure for data collection, analysis & use for improvement Check staff is a aware of relevant part | 2 | RR | Check SOP for adequacy | |
| ME G4.3 | procedures written in SOPs | of SOPs | 2 | SI/RR | Ask staff how they carry out a specific activity. | |
| | | | | | | |
| Standard G 5 ME G5.1 | | | seeks to make th | em more efficient b | y reducing non value adding activities and | wastages |
| ME G5.1 ME G5.2 | | | seeks to make th | em more efficient b | DELETED DELETED | wastages |
| ME G5.1 | | ity maps its key processes and s | | | DELETED DELETED DELETED | wastages |
| ME G5.1 ME G5.2 ME G5.3 | Facil | ity maps its key processes and s | | | DELETED DELETED DELETED | wastages |
| ME G5.1 ME G5.2 ME G5.3 Standard G6 ME G6.4 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval | & prepared a str | <mark>ategic plan to achie</mark> SI/RR SI/RR | DELETED DELETED DELETED DELETED DELETED DELETED DELETED Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | wastages |
| ME 65.1 ME 65.2 ME 65.3 Standard 66 ME 66.4 ME 66.5 ME 66.7 Standard 67 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval | & prepared a str | <mark>ategic plan to achie</mark> SI/RR SI/RR | DELETED DELETED DELETED DELETED DELETED DELETED DELETED DELETED DELETED Review with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed promimetly in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have | wastages |
| ME 65.1 ME 65.2 Standard G6 ME 66.4 ME 66.5 ME 66.7 Standard G7 ME 67.1 ME 67.1 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval Facility seeks | & prepared a str 2 2 continually impr | ategic plan to achie SI/RR SI/RR Ovement by practic | DELETED DELETED DELETED OELETED COLLETED Unterview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet ng Quality method and tools. DELETED DELETED | wastages |
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| ME 65.1 ME 65.3 ME 65.3 Standard 66 ME 66.4 ME 66.5 ME 66.7 Standard 67 ME 67.1 ME 67.2 Standards 69 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Periodic assessment for Medication and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check of the bound action plan is being reviewed at regular time interval Facility seeks Facility seeks Facility as established proce Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically | & prepared a str 2 2 continually impr dures for assessing, 2 | ategic plan to achie Si/RR Si/RR Si/RR ovement by practic reporting, evaluating ; Si/RR | DELETED DELETED DELETED DELETED DELETED DELETED DELETED DELETED DELETED DeleTED Deniss Review the records that action plan on quality Policy is displayed prominently in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet Ing Quality method and tools. DELETED DELETED DELETED DELETED 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. | wastages |
| ME 65.1 ME 65.2 Standard 66 ME 66.4 ME 66.5 ME 66.7 Standard 67 ME 67.1 Standard 67 ME 67.2 Standards 69 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Periodic assessment for Medication and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check of the bound action plan is being reviewed at regular time interval Facility seeks Facility seeks Facility as established proce Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically | & prepared a str 2 2 continually impr dures for assessing, 2 | ategic plan to achie Si/RR Si/RR Si/RR ovement by practic reporting, evaluating ; Si/RR | DELETED DELETED DELETED DELETED DELETED DELETED DELETED DELETED DELETED Review with staff or their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet ing Quality method and tools. DELETED DELETE | wastages |
| ME 65.1 ME 65.2 ME 65.3 Standard 06 ME 66.4 ME 66.5 ME 66.7 Standard 07 ME 67.1 ME 67.2 Standards 09 ME 69.6 Standard G10 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval Facility seeks Facility has established proce Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established The facility has established recurrence | 2 continually impr dures for assessing, 2 d | ategic plan to achie Si/RR Si/RR Si/RR ovement by practic reporting, evaluating ; Si/RR | DELETED DELETE | wastages |
| ME 65.1 ME 65.2 ME 65.3 Standard 06 ME 66.4 ME 66.5 ME 66.7 Standard 07 ME 67.1 ME 67.2 Standards 09 ME 69.6 Standard G10 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check dime bound action plan is being reviewed at regular time interval Facility seeks Facility has established procee Facility has established procee The facility has established proceed The facility has established proceedures to review the clinical care processes Check the patient /family participate | & prepared a str 2 2 continually impr dures for assessing, 2 3 clinical Governanc 2 | ategic plan to achie SI/RR SI/RR ovement by practic reporting, evaluating : SI/RR e framework to improv | DELETED DELETE | wastages |
| ME 65.1 ME 65.2 ME 65.3 Standard 06 ME 66.4 ME 66.5 ME 66.7 Standard 07 ME 67.1 ME 67.2 Standards 09 ME 69.6 Standard G10 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have | ity maps its key processes and s ues, Quality policy & objectives ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval Facility has established proce Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established procedures to review the clinical care processes Check the patient /family participate in the care eplanning and co- | & prepared a str 2 2 continually impr dures for assessing, 2 f clinical Governance 2 2 2 | ategic plan to achie SI/RR SI/RR ovement by practic reporting, evaluating : SI/RR s framework to improv | DELETED DELETE | wastages |
| ME 65.1 ME 65.3 Standard 66 ME 66.4 ME 66.5 ME 66.7 Standard 67 ME 67.2 Standard 67 ME 67.2 Standard 610 ME 610.3 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check of use of the second se | & prepared a str 2 2 continually impr dures for assessing, 2 1 clinical Governanc 2 2 2 2 2 2 2 | ategic plan to achie SI/RR SI/RR ovement by practic reporting, evaluating : SI/RR e framework to improv SI/RR | DELETED DELETED DELETED DELETED CELETED CELETE | wastages |
| ME 65.1 ME 65.2 Standard 66 ME 66.4 ME 66.5 Standard 67 ME 67.2 Standard 67 ME 67.2 Standard 69 ME 69.6 Standard 610 ME 610.3 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical and | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check production of the set of the | 2 continually impr dures for assessing 2 dures for assessing 2 dur | ategic plan to achie SI/RR SI/RR ovement by practic reporting, evaluating : SI/RR e framework to improv SI/RR SI/RR SI/RR | DELETED DELETE | wastages |
| ME 65.1 ME 65.3 ME 65.3 Standard 66 ME 66.4 ME 66.7 Standard 67 ME 67.1 ME 67.2 Standards 69 ME 69.6 Standard 610 ME 610.3 ME 610.4 | Facil The facility has defined mission, values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical and death audits Clinical care audits data is analysed, and actions are taken to close the gaps | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check ime bound action plan is being reviewed at regular time interval Facility seeks Facility has established procee Check periodic assessment of medication and patient care safety risk is done using defined checkdist periodically The facility has established procedures to review the clinical care processes Check the patient /family participate in the care evaluation Check the care planning and co- ordination is reviewed All non compliance are enumerated & records findings Check the data of audit findings are Check are plans are prepared and implemented as per casetion audits Check the data of audit findings are | A prepared a str 2 2 continually impr dures for assessing, 2 continually Governanc 2 c 2 | ategic plan to achie SI/RR SI/RR ovement by practic reporting, evaluating ; SI/RR c framework to improv SI/RR SI/RR SI/RR SI/RR | DELETED DELETE | wastages |
| ME 65.1 ME 65.3 ME 65.3 Standard 66 ME 66.4 ME 66.7 Standard 67 ME 67.1 ME 67.2 Standards 69 ME 69.6 Standard 610 ME 610.3 ME 610.4 | Facil The facility has defined mission, val Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Periodic assessment for Medication and Periodic assessment for Medication and Periodic assessment criteria have been defined and communicated Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical and death audits Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval Facility seeks Facility has established proce Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically The facility has established procedures to review the clinical care processes Check the patient /family participate in the care evaluation Check the care planning and co- ordination is reviewed Ther is a procedure to conduct C- section audits All non compliance are enumerated & records findings | & prepared a str 2 2 continually impr dures for assessing. 2 3 clinical Governance 2 2 2 2 2 2 2 2 2 2 | ategic plan to achie SI/RR SI/RR ovement by practic reporting, evaluating : SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | DELETED DELETE | wastages |
| ME 65.1 ME 65.3 ME 65.3 Standard 66 ME 66.4 ME 66.7 Standard 67 ME 67.1 ME 67.2 Standards 69 ME 69.6 Standard 610 ME 610.3 ME 610.4 | Facil The facility has defined mission, values, Quality policy and objectives are effectively communicated to staff and users of services Facility periodically reviews the progress of strategic plan towards mission, policy and objectives Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. Clinical care assessment criteria have been defined and communicated Facility conducts the periodic clinical audits including prescription, medical and death audits Clinical care audits data is analysed, and actions are taken to close the gaps | ity maps its key processes and s ues, Quality policy & objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check of staff is aware of Mission , Values, Quality Policy and objectives Check time bound action plan is being reviewed at regular time interval Facility seeks Facility has established procee Facility has established proceed The facility has established proceed The facility has established proceed The facility has established proceedures to review the clinical care processes Check the patient /family participate in the care evaluation Check the care planning and co- ordination is reviewed There is a procedure to conduct C- section audits Check to data of audit findings are collated Check POCA or prevalent quality | & prepared a str 2 2 continually impr dures for assessing. 2 dures f | ategic plan to achie Si/RR Si/RR ovement by practic reporting, evaluating : Si/RR Framework to improv Si/RR Si/RR Si/RR Si/RR Si/RR | DELETED DELETE | wastages |

| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug formulary |
|-------------|---|---|--------------------|----------------------|---|
| | | Check the updated/latest evidence are available | 2 | SI/RR | Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. |
| | | Check the mapping of existing clinical practices processes is done | 2 | SI/RR | The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA |
| | | | Area c | of Concern - H Out | tcome |
| Standard H1 | | The facility measures Pro | ductivity Indicat | ors and ensures con | npliance with State/National benchmarks |
| ME H1.1 | Facility measures productivity Indicators on monthly basis | C-Section Rate | 2 | RR | Total LSCS done x 100/Total deliveries conducted (Normal +LSCS) |
| | | Percentage of C-Sections done in the night | 2 | RR | Total C-Section done in night x 100/Total surgeries conducted (Day Night) |
| Standard H2 | | The facility measu | res Efficiency Ind | icators and ensure | to reach State/National Benchmark |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Downtime critical equipment | 2 | RR | Sum total of time Elapsed between when equipment had problem and when the problem is sorted out for critical equipment. |
| | | No of C-Section per OBG surgeon | 2 | RR | Total number of C-Section done/No. of OBG Surgeon available |
| | | Percentage of elective C-Sections | 2 | RR | No. of elective LSCS x 100/Total LSCS (Elective + Emergency) |
| | | No of drug stock out in the month | 2 | RR | |
| Standard H3 | | The facility measures C | linical Care & Saf | ety Indicators and t | tries to reach State/National benchmark |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on monthly basis | Surgical Site infection Rate | 2 | RR | No. of observed surgical site infections*100/total no. of Major surgeries |
| | | No of adverse events per thousand patients | 2 | RR | No of Adverse events reported x 1000/total no of patient treated in OT |
| | | % of environmental swab culture reported positive | 2 | RR | No. of swab culture reported positive x 100/Total no. of swab sent for culture |
| | | Perioperative Death Rate | 2 | RR | Deaths occurred from pre operative procedure to discharge of the patient |
| | | Percentage of C-Sections conducted using Safe Surgery Checklist | 2 | RR | No. of C- Section Conducted using safe surgery checklist *100/Total no. C-Section Conducted |
| Standard H4 | | The facility measures Se | ervice Quality Inc | licators and endeav | ours to reach State/National benchmark |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Operation Cancellation rates | 2 | RR | No. of cancelled operation*1000 /total operation done |

| | National C | Version: DH/NQAS-2020/00 | | | | |
|---|--|---|--|--|--|---------------------------------|
| | | Quality Assurance Standards for Checklist for Intensive Ca | | | | 12 |
| | | Assessment Summary | | | | |
| Name of the H | lospital | Assessment Summary | | | Date of Assessment | |
| Names of Asse | | | | | Names of Assessees | |
| Type of Assess | ment (Internal/External) | | | | Action plan Submission Date | |
| | , <u>,</u> , | Intensiv | e Care Unit Sco | ore Card | | |
| | Area of Concern wis | | | | Intensive Care Un | it Score |
| | | | | | | |
| Α | Service Provision | 100% | | | | |
| | | | | | | |
| В | Patient Rights | 100% | | | | |
| | | | | | | |
| С | Inputs | 100% | | | | |
| | Current Convince | 100% | | | | |
| D | Support Services | 100% | | | 100% | |
| E | Clinical Services | 100% | | | 100% | |
| | | 100% | | | | |
| F | Infection Control | 100% | | | | |
| • | | | | | | |
| G | Quality Management | 100% | | | | |
| | . , 3 | | | | | |
| н | Outcome | 100% | | | | |
| | | | | | | |
| | Major Gaps Observed | | | | | |
| 1 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| | Strengths / Good Practices | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| | Recommendations/ Opportunities for | Improvement | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 5 | | | | | | |
| | Signature of Assessors Date | | | | | |
| | | | | | | |
| | | | | | | |
| Reference No | ME Statement | Checkpoint | Compliance Full/Partial/No | Assessment Method | Means of Verification | Remarks |
| | | | Area of Concern - A | | | |
| Standard A1 | | | Facility Provides Cu | urative Services | Major medical cases like | |
| ME A1.1 | The facility provides General Medicine services | Availability of Intensive care services for medical cases | 2 | SI/OB | CVA, Haematomas, CAD, Haemoptysis, Snake bite, Br. Asthma Poisoning etc | ICU caters all the departments. |
| ME A1.2 | The facility provides General Surgery services | Availability of Intensive care services for Surgical cases | 2 | SI/OB | Major surgical cases including trauma | |
| ME A1.3 | The facility provides Obstetrics & Gynaecology | Availability of Intensive care services for Gynae and | 2 | SI/OB | If ICU services are not available then facility ensure linkages (Partial | |
| | Services Services are available for the time period as | obstetrics cases Availability of ICU services 24X7 | | SI/RR | Compliance) | |
| ME A1.14 | mandated | Preamability of ICU serVICES 24X7 | 2 | SI/KR | Intubation, Tracheotomy, Mechanical | |
| ME A1.17 | The facility provides Intensive care Services | Availability of Intensive care services. | 2 | SI/OB | Ventilation, short term cardio respiratory | |
| first and an | | | | SI/OB | support, Defibrillation, CPR, Mobilization, | |
| Standard A3 ME A3.1 | | | Franklik, P | .,. | support, Defibrillation, CPR, Mobilization, Chest Tube, ventilator | |
| ME A3.1 | The facility provides Radiology Services | Availability of Portable X ray services | Facility Provides dia | agnostic Services | | |
| ME A3.2 | The facility Provides Laboratory Services | Availability of Portable X ray services Availability of USG services Functional side laboratory services are available | Facility Provides dia 2 2 2 2 | ignostic Services | | |
| ME A3.2 ME A3.3 | | Availability of USG services Functional side laboratory services are available Functional ECG Services are available | 2 2 2 2 2 | si/OB Si/OB Si/OB Si/OB Si/OB | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG | |
| ME A3.2 ME A3.3 Standard A4 | The facility Provides Laboratory Services The facility provides other diagnostic services, as | Availability of USG services Functional side laboratory services are available | 2 2 2 2 ces as mandated in n | si/OB Si/OB Si/OB Si/OB Si/OB Si/OB ational Health Prog | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG | |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 | The facility Provides Laboratory Services The facility provides other diagnostic services, as | Availability of USG services Functional side laboratory services are available Functional ECG Services are available | 2 2 2 ces as mandated in n Area of Concern - | si/OB Si/OB Si/OB Si/OB Si/OB ational Health Progr B Patient Rights | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG ams/ state scheme DELETED | dalities |
| ME A3.2 ME A3.3 Standard A4 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage | Availability of USG services Functional side laboratory services are available Functional ECG Services are available Facility provides servi | 2 2 2 ces as mandated in n Area of Concern - | si/OB Si/OB Si/OB Si/OB Si/OB ational Health Progr B Patient Rights | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | dalities |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 Standard B1 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system | Availability of USG services Functional side boratroxy services are available Functional ECG Services are available Facility provides servi Facility provides the information to care se | 2 2 2 ces as mandated in n Area of Concern - I ekers, attendants & c | si/OB si/OB si/OB si/OB si/OB ational Health Progr B Patient Rights community about th | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG ams/ state scheme DELETED e available services and their mo | dalities |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 Standard B1 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage | Availability of USG services Functional die die hortotry ervices are available Functional die Dorototry ervices are available Facility provides are available Facility provides the information to care se Availability of departmental & directional signages Restricted area signage are displayed Services provision in ICU are displayed | 2 2 2 ces as mandated in n Area of Concern - ekers, attendants & c 2 2 2 2 | syloa syloa syloa syloa syloa syloa ational Heath Progu B Patient Rights ommunity about th os os os | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | dalities |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 Standard B1 ME B1.1 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system The facility displays the services and entitlements | Availability of USG services Functional ide biotratory envices are available Functional ide biotratory envices are available Functional ECG Services are available Facility provides the information to care se Availability of departmental & directional signages Restricted area signage are displayed Services provision in ICU are displayed Services not available in ICU are displayed Services and available in ICU are displayed | 2 2 2 ces as mandated in n Area of Concern - ekers, attendants & c 2 2 | gnostic Services Sy(08 Sy(08 Sy(08 Sy(08 ational Health Progu 8 Patient Rights ommunity about th O8 08 | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | dalities |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 Standard B1 ME B1.1 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system The facility displays the services and entitlements | Availability of USG services Functional die bloortory services are available Functional die bloortory services are available Facility provides the information to care se Availability of departmental & directional signages Bestricted area signage are displayed Services not available in ICU are displayed Services not available in ICU are displayed Service and available in ICU are displayed Services and available in ICU are displayed Names of doctor and nursing staff on dury are displayed and updated Inportant rumbers including ambulance, blood bank | 2 2 2 ces as mandated in n Area of Concern - ekers, attendants & c 2 2 2 2 2 2 | agnostic Services Sr/OB Sr/OB Sr/OB Sr/OB Sr/OB Ational Health Progr B Patient Rights ommunity about th OB OB OB OB OB | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | dalities |
| ME A3.2 ME A3.3 Siandard A4 ME A4.8 Siandard B1 ME B1.1 ME B1.2 ME B1.4 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system The facility displays the services and entitlements available in its departments | Availability of USG services Functional die diaoratory envolves are available Functional die dooratory envolves are available Functional die dooratory envolves Facility provides the information to care se Availability of departmental & directional signages Restricted area signage are displayed Services provision in ICU are displayed Services not available in ICU are displayed Services not available in CU are displayed Services not available in CU are displayed Names of doctor and nursing salf on dury are displayed and updated Important numbers including ambulance, blood bank and referral centres displayed | 2 2 2 ces as mandated in n Area of Concern - ekers, attendants & c 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | sylos sylos sylos sylos sylos sylos sylos ational Health Progi b Patient Rights comunity about th os os os os os os os os os os | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | dakties |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 Standard B1 ME B1.1 ME B1.2 ME B1.4 ME B1.4 ME B1.5 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system The facility displays the services and entitlements available in its departments Patients & visitors are sensitised and educated Patients & visitors are sensitised and educated | Availability of USG services Functional die bioratory services are available Functional die bioratory services are available Functional die boratory services are available Facility provides the information to care se Availability of departmental & directional signages Bestricted area signage are displayed Services provision in ICU are displayed Services not available in KU are displayed Services not available in KU are displayed Services mot available in KU are displayed Interportant numbers including ambulance, blood bank and referral centres displayed IEC material displayed in waiting area | 2 2 2 ces as mandated in n Area of Concern - ekers, attendants & c 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | sylos sy | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | Salities |
| ME A3.2 ME A3.3 Standard A4 ME A4.8 Standard B1 ME B1.1 ME B1.2 ME B1.2 ME B1.4 ME B1.5 ME B1.6 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system The facility displays the services and entitlements available in its departments Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand | Availability of USG services Functional die bloortory ervices are available Functional die bloortory ervices are available Functional die bloortory ervices are available Facility provides the information to care se Availability of departmental & directional signages Restricted area signage are displayed Services provision in ICU are displayed Services not available in ICU are displayed Services not available in CU are displayed Services not available in CU are displayed Services and available in ICU are displayed Interpretant numbers including ambulance, blood bank and referral centres displayed IEC material displayed in waiting area Signage's and information are available in local language | 2 2 2 ces as mandated in n Area of Concern - ekers, attendants & c 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | agnostic Services Syloa Sylo | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG arms/ state scheme DELETED e available services and their mo Numbering, main department and | Salities |
| ME 81.2 ME 81.3 Standard AA ME 81.1 ME 81.2 ME 81.4 ME 81.4 ME 81.5 | The facility Provides Laboratory Services The facility provides other diagnostic services, as mandated The facility has uniform and user-friendly signage system The facility displays the services and entitlements available in its departments Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility ensures access to clinical records of patients to criticity ensures access to clinical records of patients to entitity ensures access to clinical records of patients to entitle personnel | Availability of USG services Functional side laboratory services are available Functional side laboratory services are available Facility provides the information to care see Availability of departmental & directional signages Restricted area signage are displayed Services provision in ICU are displayed Services noravailable in ICU are displayed Services noravailable in ICU are displayed Important numbers including ambulance, blood bank and referral centre signalyed ItC material displayed in waiting area Signage's and information are available in local | 2 2 2 ces as annatated in n Area of Concern - ekers, attendants & 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | agnostic Services Sr/OB Sr/OB Sr/OB Sr/OB Sr/OB Sr/OB Sr/OB Sr/OB Sr/OB OB OB OB OB OB OB OB OB OB | Chest Tube, ventilator ABG & Electrolyte 12 lead ECG ams/ state scheme DELETTD OELETTD OELETTD OELETTD OELETTD | |

| ME B2.3 | Access to facility is provided without any physical | Availability of Wheel chair or stretcher for easy Access to the ICU | 2 | OB | | |
|------------------------|--|--|-------------------------|-----------------------|--|---------------------------------|
| | barrier & and friendly to people with disabilities | to the ICU ICU is connected to lift/ramp | 2 | ОВ | for easy , safe and fast transport of | |
| Standard B3 | | The facility maintains privacy, confidentiali | - | | bed/trolley of critically sick patient for guarding patient related inforr | nation. |
| ME B3.1 | Adequate visual privacy is provided at every point of care | Availability of screen/curtain at the examination and procedural area | 2 | OB | | |
| ME B3.2 | Confidentiality of patients records and clinical information is maintained | Patient Records are kept at secure place beyond access to general staff/visitors No information regarding patient identity and details | 2 | SI/OB | | |
| | The facility ensures the behaviours of staff is | are unnecessary displayed | 2 | SI/OB | | |
| ME B3.3 | dignified and respectful, while delivering the services | Behaviour of staff is empathetic and courteous | 2 | PI/OB | | |
| ME B3.4 | The facility ensures privacy and confidentiality to every patient, especially of those conditions having | Privacy and confidentiality of HIV cases | 2 | SI/OB | | |
| | social stigma, and also safeguards vulnerable groups | established procedures for informing and in | | | and a state in the later of the second state o | |
| Standard B4 ME B4.1 | There is established procedures for taking informed | Informed consent for ICU | | SI/RR | Admission, intubation, blood transfusion | unsent wherever it is required. |
| | consent before treatment and procedures | Consent for Invasive procedure | 2 | SI/RR | Admission, Intebation, blobe transiesion | |
| ME B4.3 | Staff are aware of Patients rights responsibilities | Staff is aware of patients rights and responsibilities | 2 | SI | | |
| ME B4.4 | Information about the treatment is shared with | ICU has system in place to communicate with patient/ their family member the nature and seriousness of the | 2 | PI/SI | Ask patients relative about whether they have been communicated about the | |
| | patients or attendants, regularly | illness at least once in day Availability of complaint box and display of process for | | | treatment plan and progress | |
| ME B4.5 | The facility has defined and established grievance redressal system in place | grievance re addressal and whom to contact is displayed | 2 | OB | | |
| Standard B5 | The facility provides cashless services to pregnant | Facility ensures that there are no financia | | | | are. |
| ME B5.1 | women, mothers and neonates as per prevalent government schemes | ICU services are free for beneficiaries | 2 | PI/SI | PMJAY, JSSK and any other beneficiary | |
| ME B5.2 | The facility ensures that drugs prescribed are available at Pharmacy and wards | Check that patient party has not incurred expenditure on purchasing drugs or consumables from outside. | 2 | PI/SI | | |
| ME 85.3 | It is ensured that facilities for the prescribed investigations are available at the facility | Check that patient party has not incurred expenditure on diagnostics from outside. | 2 | PI/SI | | |
| ME B5.4 Standard B6 | | Facility has defined framework for ethical man | agement including dilem | mas confronted during | DELETED delivery of services at public health fa | cilities |
| ME 86.6 | There is an established procedure for 'end-of-life' care | End of life policy & procedure are available and followed | 2 | Si/RR | The policy clearly defines the procedures for managing critical cases in the word, UV/LU, bain each aplatients, conscious patients with serious diseases like motor neurons and brought-in dead cases. It also includes: (a) Patient and family have the right to be informed about their condition and make choices about their condition and make choices about the treatment (b) Withhold or withdraw life-sustaining treatment (c) Organ donation as per NOTTO Bindia's Governing organ donation law (d) All the decisions should be transparent and documented | |
| | | Staff is educated & trained for end of life care The patient's Relatives informed clearly about the | 2 | SI/RR | Periodic update on the patient's | |
| | | deterioration in the health condition of Patient. | 2 | SI/RR | condition is given to the family. Patient right "Do not resuscitate" or " Do | |
| | | Policy & procedures like DNR , DNI etc for critical cases are in consonance with legal requirement | 2 | SI/RR | not intubate"/ allow natural death are respected | |
| | | The is a standard procedure for removal of life- sustaining treatment as per law | 2 | SI/RR | Check about the policy and practice for removing life support Patient or family is involved in decision-making, and patient's or family's choice is respected | |
| | | There is a procedure to allow patient relative/Next of Kin to observe patient in last hours | 2 | SI/OB | | |
| | | Staff is aware of events indicating that conversations about end-of-life care need to start with patient or family | 2 | RR/SI | (a) a patient living with or diagnosed with life-immig libres. (b) patient living libres are listed as a second (b) patient libre limit libre limits, or deteriorates during their admission (c) a patient is dying where Patient (or family member, if the patient lacks capacity) expresses interest in discussing end-of- life care (d) a previously well person who has suffered an acute life-threatening event or illness is admitted (e) unexpected, significant physical deterioration occurs | |
| | | Hospital has documented policy for pain management | 2 | SI/OB | | |
| | | Screening of the patient for pain | 2 | SI/RR | Symptomatic treatment is given to the patient to prevent complications to extent possible | |
| | | Pain alleviation measures or medication is initiated & titrated as per need and response | 2 | SI/RR | | |
| ME B 6.7 | There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific c treatment | Declaration is taken from the LAMA patient | 2 | RR/SI | Consequences of LAMA are explained to patient/relative | |
| Standard C1 | receive specific e treatment | The facility has infrastructure for delive | Area of Conce | | structure meets the provisiont | mc |
| ME C1.1 | Departments have adequate space as per patient or work load | ICU has adequate space as per requirement | 2 | OB | Space requirement in ICU is 100-125 sq. feet area per bed in patient care area including space for storage and duty room etc | |
| | | Availability of adequate waiting area | 2 | ОВ | | |
| ME C1.2 | Patient amenities are provide as per patient load | Availability of seating arrangement Availability of cold Drinking water | 2 | OB | | |
| | Departments have layout and demarcated areas as | Availability of functional toilets | 2 | OB | | |
| ME C1.3 | per functions | ICU has single entry and exit Central nursing station is available in ICU | 2 | | There is no thoroughfare through ICU All monitors/ patients must be observable from nursing station either directly or through central monitoring station | |
| | | ICU has designated Isolation room Availability of Ancillary area | 2 | OB OB | Ancillary area includes: Nursing station, clean and dirty utility area, Unit stores, Hand washing and gowning area, | |
| | | ICU has dedicated change room for staff | 2 | OB | Separate doctor and nurse change room are available | |
| ME C1.4 | The facility has adequate circulation area and open | ICU has dedicated counselling room Corridors are wide enough for easy movement of | 2 | OB OB | 2-3 Meters | |
| | spaces according to need and local law | Trolleys There is sufficient space between two bed to provide bed side nursing care and movement | 2 | ОВ | | |
| ME C1.5 | The facility has infrastructure for intramural and extramural communication | Availability of functional telephone and Intercom Services | 2 | OB | | |
| | | | | | | |

| | | | | | 1 | |
|------------------------|--|---|----------------------------|-------------------------------|--|------------|
| ME C1.6 | Service counters are available as per patient load | Availability of ICU beds as per load | 2 | OB | | |
| ME C1.7 | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) | Unidirectional flow of services | 2 | OB | There is separate nursing station for each ward | |
| | | There is a separate nursing station ICU is in Proximity of OT and has functional linkage | 2 | OB | Location of nursing station and patients beds enables easy and direct observation of patients | |
| Standard C2 | | with OT | 2 y ensures the physica | OB | tructure | |
| | The familie, and the actuarie out at | | | i salety of the miras | Check for fixtures and furniture like | |
| ME C2.1 | The facility ensures the seismic safety of the infrastructure | Non structural components are properly secured | 2 | OB | cupboards, cabinets, and heavy equipment's , hanging objects are properly fastened and secured | |
| ME C2.3 | The facility ensures safety of electrical establishment | ICU building does not have temporary connections and loose hanging wires | 2 | OB | | |
| | | ICU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer | 2 | OB/RR | | |
| | | ICU has dedicated earthling pit system available Wall mounted digital display is available in ICU to show | 2 | OB/RR OB | | |
| | | earth to neutral voltage Quality output of voltage stabilizer is displayed in each | 2 | OB | | |
| | | stabilizer as per manufacturer guideline Power boards are marked as per phase to which it belongs | 2 | OB | | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care | Floors of the ICU are non slippery and even | 2 | OB | | |
| | | Windows/ ventilators if any in the OT are intact and sealed | 2 | OB | | |
| Standard C3 ME C3.1 | The facility has plan for prevention of fire | The facility has e ICU has sufficient fire exit to permit safe escape to its | established Programn | oB/SI | other disaster | |
| | The facility has plan to prevention of the | occupant at time of fire Check the fire exits are clearly visible and routes to | 2 | OB | | |
| ME C3.2 | The facility has adequate fire fighting Equipment | reach exit are clearly marked. OPD has installed fire Extinguisher that is Class A , Class | 2 | ОВ | | |
| | | B C type or ABC type Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | ОВ | | |
| | | ICU has provision of Smoke and heat detector ICU has electrical and automatic fire alarm system or | 2 | OB/RR | | |
| | The facility has a system of periodic training of staff | alarm system sounded by actuation of any automatic fire extinguisher | 2 | OB/RR | | |
| ME C3.3 | 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 | 2 | SI/RR | | |
| Standard C4 ME C4.1 | The facility has adequate specialist doctors as per | The facility has adequate qualified and to Availability of full time intensivist | rained staff, required | for providing the as OB/RR | sured services to the current case | 1090 |
| ME C4.2 | service provision The facility has adequate general duty doctors as | Availability of General duty doctor | 2 | OB/RR | Duty doctor in 1: 5 ratio | |
| ME C4.3 | per service provision and work load The facility has adequate nursing staff as per service | Availability of Nursing staff as per requirement | 2 | OB/RR/SI | As per guideline | |
| ME C4.4 | provision and work load The facility has adequate technicians/paramedics as per requirement | Availability of paramedic staff | 2 | OB/SI | 1: 5 ratio | |
| ME C4.5 | The facility has adequate support / general staff | Availability of ICU attendant | 2 | SI/RR | | |
| | | Availability Security staff Availability of housekeeping staff | 2 | SI/RR SI/RR | 1 in each shift | |
| Standard C5 | The departments have availability of adequate | Facility provides de | rugs and consumable | s required for assure | d list of services. | |
| ME C5.1 | drugs at point of use | Availability of Analgesics/Antipyretics/Anti Inflammatory Availability of Anti Infectives -Antibiotics, Antifungal, | 2 | OB/RR | As per DGESIC RC List | |
| | | Antiprotozoal Availability of Infusion Fluids | 2 | OB/RR OB/RR | As per DGESIC RC List As per DGESIC RC List | |
| | | Availability of Drugs acting on Cardiovascular System | 2 | OB/RR | As per DGESIC RC List | |
| | | Availability of drugs action on Central Nervous system, Peripheral Nervous System Availability of dressing material and antiseptic | 2 | OB/RR | As per DGESIC RC List | |
| | | liquid/lotion Drugs for Respiratory System | 2 | OB/RR OB/RR | As per DGESIC RC List As per DGESIC RC List | |
| | | Hormonal Preparation and Anti- Hormonal Preparation | 2 | OB/RR | As per DGESIC RC List | |
| ME C5.2 | The departments have adequate consumables at | Availability of Medical gases Availability of disposables | 2 | OB/RR OB/RR | Availability of Oxygen Cylinders examination gloves, Syringes, | |
| | point of use | Resuscitation Consumables / Tubes | 2 | OB/RR | Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc | |
| ME C5.3 | Emergency drug trays are maintained at every point of care, where ever it may be needed | Emergency and resuscitation tray are maintained | 2 | OB/RR | Tube, er tubes etc | |
| Standard C6 | | The facility has equ Availability of functional Equipment &Instruments | ipment & instrument | | ed list of services. Bed side monitor, pulse oximeter, | |
| ME C6.1 | | for examination & Monitoring | 2 | OB | thermometer, BP apparatus, ECG | |
| ME C6.2 | treatment procedures, being undertaken in the facility Availability of equipment & instruments for | Availability of dressing tray for ICU Surgical Ward | 2 | OB | | |
| ME C6.3 | diagnostic procedures being undertaken in the facility | Availability of Point of care diagnostic instruments | 2 | OB | ABG Machine, Glucometer, | |
| ME C6.4 | Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients | Availability of Functional Intensive care equipment and instruments | 2 | OB | Ventilator, Infusion pump, C-PAP, | |
| | | Availability of Functional Resuscitation equipment's | 2 | OB | Bag and mask, laryngoscope, ET tubes, fibro optic bronchoscope Oxygen cylinder/central line, oxygen hood, Trey for procedures like central line, Defibrillator (Ambu bag) | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage for drugs | 2 | 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's for cleaning | 2 | OB | Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush | |
| ME C6.7 | Departments have patient furniture and fixtures as per load and service provision | Availability of specialized ICU bed | 2 | OB | ICU bed (shock proof -fibre). | |
| | | Availability of attachment/ accessories with patient bed | 2 | ОВ | Over bed tables, Head end panel, IV stand, Bed pan, bed rail, | |
| | | Availability of Fixtures | 2 | ОВ | Trey for monitors, Electrical panel with bed, bedhead panel with outlet for Oxygen and vacuum, X ray view box. | |
| | | Availability of furniture | 2 | ОВ | Cupboard, nursing counter, table for | |
| Standard C7 | | Facility has a defined and established procedure | for effective utilization, | evaluation and augmer | | e 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 | 2 | RR/SI | Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW can be used for this purpose. | |
| ME C7.2 | Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year | Check for competence assessment is done at least once in a year | 2 | RR/SI | Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done | |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan | Bio Medical waste Management | 2 | SI/RR | | |
| | | | | | | |
| | | Infection control and hand hygiene Advance life support Training Patient safety | 2 2 2 2 | SI/RR SI/RR SI/RR | | |

| | | Training on Quality Management System | 2 | SI/RR | To all category of staff. At the time of induction and once in a year. | |
|-------------|---|---|----------------------|---------------------|---|------------|
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Staff is skilled to operate ICU equipments | 2 | 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 | |
| | | Staff is skilled for resuscitation and intubation | 2 | 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 | |
| | | Nursing staff is skilled identifying and managing complication | 2 | 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 | |
| | | Nursing Staff is skilled for maintaining clinical records | 2 | 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 | |
| Standard D1 | | The facility has established Program | Area of Concern - D | | nce and calibration of Equipment | |
| | The facility has established system for maintenance | | | | 1. Check with AMC records/ Warranty documents | |
| ME D1.1 | of critical Equipment | preventive maintenance | 2 | SI/RR | 2. Staff is aware of the list of equipment covered under AMC. | |
| | | There is system of timely corrective break down maintenance of the equipments | 2 | SI/RR | (1) Check log book is maintained & it shows time taken to repair equipment. (2) Backup of critical equipment such as Ventilator, Infusion pump, CPAPzlet. Is available (3) Check staff is aware of Contact details of the agencies/ person responsible for maintenance | |
| | | There has system to label Defective/Out of order equipments and stored appropriately until it has been | 2 | OB/RR | | |
| | | repaired Staff is skilled for trouble shooting in case equipment | 2 | SI/RR | | |
| | | malfunction Periodic cleaning, inspection and maintenance of the | 2 | SI/RR | | |
| ME D1.2 | The facility has established procedure for internal | equipments is done by the operator All the measuring equipments/ instrument are | 2 | OB/ RR | | |
| MIC D1.2 | and external calibration of measuring Equipment | calibrated There is system to label/ code the equipment to | 2 | | | |
| | | indicate status of calibration/ verification when recalibration is due | 2 | OB/ RR | | |
| ME D1.3 | Operating and maintenance instructions are available with the users of equipment | Up to date instructions for operation and maintenance of equipments are readily available with staff. | 2 | OB/SI | Check the down time of equipments | |
| Standard D2 | | he facility has defined procedures for storage | e, inventory managen | nent and dispensing | | 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 | 2 | SI/RR | Stock level are daily updated Indents are timely placed | |
| ME D2.3 | The facility ensures proper storage of drugs and | Drugs are stored in containers/tray/crash cart and are | 2 | OB | Away from direct sunlight and temperature is maintained as per | |
| | consumables | labelled Empty and filled cylinders are labelled | 2 | OB | instructions of manufacturer. | |
| ME D2.4 | The facility ensures management of expiry and near expiry drugs | Expiry dates' are maintained at emergency drug tray | 2 | OB/RR | Records for expiry and near expiry drugs are maintained for emergency tray FIRST EXPIRY and FIRST OUT (FEFO) is in practice | |
| | | No expired drug found Records for expiry and near expiry drugs are | 2 | OB/RR | Check the drug expiry of drug sub store Check the record of expiry and near | |
| ME D2.5 | The facility has established procedure for inventory management techniques | maintained for drug stored in ICU There is practice of calculating and maintaining buffer stock | 2 | RR SI/RR | A spiry drug Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all | |
| | | Department maintained stock register of drugs and | | | the time Check record of drug received, issued | |
| | | consumables | 2 | RR/SI | and balance stock in hand and are regularly updated | |
| ME D2.6 | There is a procedure for periodically replenishing the | Drugs are categorized in Vital, Essential and Desirable There is established system for replenishing drug tray | 2 | OB/RR SI/RR | Check all Vital drugs are available | |
| ME D2.6 | drugs in patient care areas | /crash cart There is no stock out of drugs | 2 | OB/SI | Check stock of some vital 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 twice a day and are maintained | 2 | OB/RR | Check for temperature charts are maintained and updated twice a daily. | |
| ME D2.8 | There is a procedure for secure storage of narcotic | Narcotic ,psychotropic drugs are kept separately in lock | 2 | OB/SI | Separately kept, away from other drugs and labelled | |
| Standard D3 | and psychotropic drugs | and key The facility provides safe, s | | | | |
| ME D3.1 | The facility provides adequate illumination level at patient care areas | Adequate Illumination at nursing station | 2 | OB | General Patient Care - 200-50 Lux Procedure Spot Light - 1500 Lux | |
| ME D3.2 | The facility has provision of restriction of visitors in | Adequate illumination in patient care unit Entry to ICU is restricted | 2 | OB OB | | |
| ME D3.3 | patient areas The facility ensures safe and comfortable | Visiting hour are fixed and practiced Temperature is maintained in ICU and record of same is | 2 | OB/PI SI/RR | 20-25OC, ICU has functional room | |
| | environment for patients and service providers | kept Humidity is maintained in ICU and record of same is | 2 | | thermometer and temperature is regularly maintained | |
| | | maintained ICU has system to maintain its ventilation and its | 2 | SI/RR SI/RR | 50-60% | |
| | | environment is dust free ICU has system to control the sound producing | | | | |
| | The facility has service runteen in -ttti | activities and gadgets' (like telephone sounds, staff area and equipments) | 2 | SI/RR | | |
| ME D3.4 | The facility has security system in place at patient care areas | Security arrangement at ICU | 2 | OB | Check mechanism at place to track the | |
| ME D3.5 | The facility has established measure for safety and | Identification band for all Female staff feel secure at work place | 2 | OB | patient based on UID | |
| Standard D4 | security of female staff | The facility has establ | | | pkeep of the facility | |
| ME D4.1 | Exterior of the facility building is maintained appropriately | Building is painted/whitewashed in uniform color | 2 | ОВ | | |
| | | Interior of patient care areas are plastered & painted | 2 | OB | All area are close with an | |
| ME D4.2 | Patient care areas are clean and hygienic | Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean Surface of furniture and fixtures are clean | 2 | OB OB | All area are clean with no dirt,grease,littering and cobwebs | |
| | | Toilets are clean with functional flush and running water | 2 | OB | | |
| ME D4.3 | Hospital infrastructure is adequately maintained | Check for there is no seepage , Cracks, chipping of plaster | 2 | ОВ | | |
| | | Window panes , doors and other fixtures are intact | 2 | OB | | |
| ME D4.5 | The facility has policy of removal of condemned junk | Patients beds are intact and painted No condemned/Junk material in the ICU | 2 | OB OB | Mattresses are intact and clean | |
| ME D4.6 | material The facility has established procedures for pest, redent and animal control | No rodent/pests are noticed | 2 | OB | | |
| | rodent and animal control | 1 | 1 | I | 1 | 1 |

| Standard D5 | | The facility ensures 24X7 water and po | wer backup as per ree | quirement of service | delivery, and support services nor | rms |
|--------------------------|--|--|---|--------------------------------|---|---------------|
| 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 | 2 | OB/SI | | |
| ME D5.2 | The facility ensures adequate power backup in all patient care areas as per load | Availability of power back up in ICU | 2 | OB/SI | Power back for all critical equipments | |
| | | Availability of UPS Availability of Emergency light | 2 | OB/SI OB/SI | | |
| ME D5.3 | Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply | Availability of Centralized /local piped Oxygen and vacuum supply | 2 | OB | | |
| StandardD6 ME D6.1 | The facility has provision of nutritional assessment | Dietary services are available Nutritional assessment of patient done as required and | as per service provis | ion and nutritional r RR/SI | requirement of the patients. | |
| ME D6.2 | of the patients The facility provides diets according to nutritional | directed by doctor Check for the adequacy and frequency of diet as per | 2 | OB/RR | Check that all items are as per clinical | |
| ME 00.2 | requirements of the patients | nutritional requirement Check for the Quality of diet provided in ICU | 2 | PI/SI | advice Ask patient/staff weather they are | |
| | Hospital has standard procedures for preparation, | There is procedure of requisition of different type of | | RR/SI | satisfied with the Quality of food | |
| ME D6.3 | handling, storage and distribution of diets, as per requirement of patients | diet from ward to kitchen | 2 facility ensures slop | | te | |
| Standard D7 ME D7.1 | The facility has adequate sets of linen | Clean Linens are provided for all occupied bed | e facility ensures clea | OB/RR OB/RR | | |
| ME D7.2 | The facility has established procedures for changing | Gown is provided to all patients Linen is changed every day and whenever it get soiled | 2 | OB/RR OB/RR | | |
| ME D7.3 | of linen in patient care areas 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 | 2 | SI/RR | | |
| | | Check dedicated closed bin is kept for storage of dirty linen | 2 | OB | Check linen is kept closed bin & emptied regularly. Plastic bag is used in dustbin & these bags are sealed before removed & handed over | |
| Standard D11 | | es & Responsibilities of administrative and cl | inical staff are detern | nined as per govt. re | egulations and standards operating | g procedures. |
| ME D11.1 | The facility has established job description as per govt guidelines | Job description is defined and communicated to all concerned staff | 2 | RR | Regular + contractual | |
| | The facility has a established procedure for duty | Staff is aware of their role and responsibilities | 2 | SI | Check for system for recording time of | |
| ME D11.2 | roster and deputation to different departments | There is procedure to ensure that staff is available on duty as per duty roster | 2 | RR/SI | reporting and relieving (Attendance register/ Biometrics etc) | |
| | The facility ensures the adherence to dress code as | There is designated in charge for department Doctor, nursing staff and support staff adhere to their | 2 | SI | | |
| ME D11.3 | mandated by its administration / the health department | respective dress code | 2 | OB | | |
| Standard D12 ME D12.1 | There is established system for contract management for out sourced services | Facility has established procedure for mo There is procedure to monitor the quality and adequacy of outsourced services on regular basis | 2 | SI/RR | s and adheres to contractual obliga Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are done by designated in- house staff | ations |
| Standard E1 | | The facility has defined pr | Area of Concern - E ocedures for registrat | | nd 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 | 2 | RR | | |
| | | Patient demographic details are recorded in admission records | 2 | RR | Check for that patient demographics like Name, age, Sex, Chief complaint, etc. | |
| ME E1.3 | There is established procedure for admission of patients | There is established criteria for admission at ICU | 2 | SI/RR | Criteria based on Vital sign, Laboratory value/ Diagnostic values and Physical finding | |
| | | There is no delay in admission of patient Admission is done on written order by authorized | 2 | SI/RR/OB SI/RR/OB | | |
| | | doctor Time of admission is recorded in patient record | 2 | RR | | |
| 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 | 2 | OB/SI | Check for admission criteria. Check for linkage with higher facilities | |
| Standard E2 ME E2.1 | There is established procedure for initial assessment of patients | The facility has defined and established p Initial assessment of all admitted patient done as per standard protocols | rocedures for clinical | assessment, reasses RR/SI | ssment and treatment plan prepar Assessment criteria of different kind of medical /surgical conditions is defined and practiced | ation. |
| | | Patient History is taken and recorded Physical Examination is done and recorded wherever | 2 | RR | | |
| | | required Provisional Diagnosis is recorded | 2 | RR | | |
| | | Initial assessment and treatment is provided immediately | 2 | RR/SI | | |
| | | Initial assessment is documented preferably within 1 hours | 2 | RR | | |
| ME E2.2 | There is established procedure for follow-up/ reassessment of Patients | There is fixed schedule for reassessment of patient under observation | 2 | RR/OB | | |
| | | For critical patients admitted in the ward there is provision of reassessments as per need | 2 | RR/OB | | |
| | | There is system in place to identify and manage the changes in Patient's health status | 2 | SI/RR | Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating | |
| | | Check the treatment or care plan is modified as per re assessment results | 2 | SI/RR | Check the re assessment sheets/ Case sheets modified treatment plan or care | |
| 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 | Check healthcare needs of all hospitalised patients are identified through assessment process | 2 | SI/RR | plan is documented Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors | |
| | | Check treatment/care plan is prepared as per patient's need | 2 | RR | (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. | |
| | | Check treatment / care plan is documented | 2 | RR | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | Check care is delivered by competent multidisciplinary team | 2 | SI/RR | Check care plan is prepared and delivered as per direction of qualified physician | |
| Standard E3 | | Facility has defined and es | stablished procedures | for continuity of ca | | |
| ME E3.1 | Facility has established procedure for continuity of care during interdepartmental transfer | There is procedure for hand over for patient transferred from ICU to IPD /OT/HDU | 2 | SI/RR | Check for how hand over is given from ICU to ward and vice versa etc. | |
| | | Check for the procedure if patient is to be consulted with other specialist | 2 | RR/SI | Check for the procedure for calling specialist on call to ICU for opinion /advice. Is there any list of specialist with | |
| ME E3.2 | Facility provides appropriate referral linkages to the natients/Services for transfer to other/higher facilities to | Patient referred with referral clin | 2 | RR/SI | phone no. available | |
| | patients/Services for transfer to other/higher facilities to assure their continuity of care. | Patient referred with referral slip | | RR/SI | (1) Verify with referral records that | |
| | | Reason for referral is clearly stated and referral is written by authorized competent person (Medical Officer on duty) | 2 | RR/ SI | (1) verify with reterral records that reasons for referral were clearly mentioned (2) ICU 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 | |

| Checklist No 10 | | | Intensive C | are Unit | | |
|--|---|--|---|--|--|----------|
| | | | | | | |
| | | Advance communication is done with higher centre & Referral vehicle is being arranged | 2 | SI/PI/RR | (1) Check (CU 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 (CU atth check ambulance preparedness in terms of necessary equipment, drugs, accompanying staff in terms of care that may be required in transit | |
| | | Referral in or referral out register is maintained | 2 | 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 transport arrangement, accompanying care provider, resons for referral, accompanying taken for referral etc. along with demographics, date & time of admission, date & time of referral, and follow up | |
| | | Facility has functional referral linkages to facilities | 2 | SI/RR | Check the mechanism of referral linkages to lower/higher facilities | |
| | | There is a system of follow up of referred patients | 2 | RR | to lowely ingree index | |
| ME E3.3 | A person is identified for care during all steps of care | Doctor and nurse is designated for each patient admitted to ICU ward | 2 | RR/SI | Treating doctor is designated | |
| | | There is established procedure for co ordination of care between duty doctor and treating | 2 | RR/SI | Duty doctor takes round with treating doctor | |
| | | doctor/specialist Patient condition is reviewed during hand over | 2 | RR/SI | actor | - |
| Standard E4 | | | <mark>s defined and establi</mark> | shed procedures for | | |
| ME E4.1 | Procedure for identification of patients is established at the facility | There is a process for ensuring the patient's identification before any clinical procedure | 2 | OB/SI | Patient id band/ verbal confirmation/Bed no. etc. | |
| ME E4.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | Treatment chart are maintained | 2 | 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 | 2 | SI/RR | Check system is in place to give telephonic orders & practised 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 | 2 | SI/RR | | |
| | | Nursing Handover register is maintained Hand over is given bed side | 2 | RR SI/RR | | - |
| ME E4.4 | Nursing records are maintained | Nursing notes are maintained adequately | 2 | RR/SI | Check for nursing note register. Notes are adequately written | |
| ME E4.5 | There is procedure for periodic monitoring of patients | Patient Vitals are monitored and recorded periodically | 2 | RR/SI | Check for TPR chart, IO chart, any other vital required is monitored | |
| | | Critical patients are monitored continually | 2 | RR/SI | Check for use of cardiac monitor/multi parameter | |
| Standard E5 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 | 2 | OB/SI | Unconscious and comatose patient, stupors patient, patient with suppressed immune system | |
| | | High risk patients are identified and treatment given on | | OB/SI | | |
| ME E5.2 | The facility identifies high risk patients and ensure their care, as per their need | priority | 2 | . ,. | - distance | <u> </u> |
| ME E5.2 Standard E6 ME E6.1 | care, as per their need Facility ensured that drugs are prescribed in generic | Facility en Check for BHT if drugs are prescribed under generic | 2 nsures rationale press | . ,. | edicines | |
| Standard E6 | care, as per their need | Facility er Check for BHT if drugs are prescribed under generic name only Check for that relevant Standard treatment guideline | nsures rationale prese | cribing and use of m | edicines | - |
| Standard E6 ME E6.1 | care, as per their need Facility ensured that drugs are prescribed in generic name only | Facility er Check for BHT if drugs are prescribed under generic name only Check for that relevant Standard treatment guideline are available at point of use Check staff is aware of the drug regime and doses as | 2 | ribing and use of m | Check BHT that drugs are prescribed as | |
| Standard E6 ME E6.1 ME E6.2 | care, as per their need Facility ensured that drugs are prescribed in genetic name only There is procedure of rational use of drugs | Facility er Check for BHT If drugs are prescribed under generic name only. Check for that relevant Standard treatment guideline are available ato joint of use Check staff is aware of the drug regime and doses as per STG. Availability of drug formulary | 2 2 2 | RR RR SI/RR SI/OB | Check BHT that drugs are prescribed as per STG | |
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| Standard E6 ME E6.1 ME E6.2 | are, ap ertheir need Facility ensured that drugs are prescribed in generic aname only There is procedure of rational use of drugs There are procedures defined for medication review and optimization | Facility er Facility | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ribing and use of m RR RR SV/RR SV/OB RR/OB SV/RR SV/RR | Check BirT that drugs are prescribed as per STG Check complete medication history including over-the-counter medicines is taken and documented Medicines are optimised as per individual tearment plan for best possible clinical outcome 1. Discharge summary includes known drug allergies and reactions to medicines or their ingerelients, and the type of reaction experienced 2. Changes in prescribed medicines, including medicines, started or stopped, or dosage changes, and reason for the change are clearly documented in the Cane aneet and Case summary 1. Cliniclan/Nurse/Paramedics counsel the patient on medication safety using "S moments for medication safety using "S moments the patient and family on drug intake as per treatment plan for dicharge Startion | |
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Check for separate sterile needle is used every time for multiple dose vial

Any adverse drug reaction is recorded and reported

Check Nursing staff is aware 7 Rs of Medication and follows them

There is a system to ensure right medicine is given to right patient

ME E7.4

Standard E8 ME E8.1

2

2

 Facility has defined and established processing and the system of the system

SI/RR

RR/SI

In multi dose vial needle is not left in the septum Adverse drug event trigger tool is used to report the events. Administration of medicines done after ensuring right patient, right drugs, right route, right thue, Right dose, Right Reason and Right Documentation

| E E8.3 | Care provided to each patient is recorded in the patient records | Maintenance of treatment chart/treatment registers | 2 | RR | Treatment given is recorded in treatment chart (Manually/e-records) | |
|---|--|--|--|--|--|---|
| E E8.4 | Procedures performed are written on patients records | Procedure performed are recorded in BHT | 2 | RR | Mobilization, resuscitation etc (Manually/e-records) | |
| E E8.5 | Adequate form and formats are available at point of use | Standard Formats are available | 2 | RR/OB | Check for the availability of ICU slip, Requisition slips etc. | |
| E E8.6 | Register/records are maintained as per guidelines | Registers and records are maintained as per guidelines | 2 | RR | General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, Diet register, Linen register, Drug intend register | |
| | | All register/records are identified and numbered | 2 | RR | - | |
| E E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | Safe keeping of patient records | 2 | OB | | |
| andard E9 E E9.1 | Discharge is done after assessing patient readiness | Ine facility has de ICU has established criteria for discharge of the patient | fined and established | SI/RR | Patient is shifted to ward/step down after | |
| | 0, | Assessment is done before discharging patient | 2 | SI/RR | assessment | |
| | | Discharge is done by an authorised doctor Patient / attendants are consulted before discharge | 2 | SI/RR PI/SI | | |
| | | Treating doctor is consulted/ informed before discharge of patients | 2 | SI/RR | | |
| E E9.2 | Case summary and follow-up instructions are provided at the discharge | Discharge summary is provided | 2 | RR/PI | See for discharge summary, referral slip provided. | |
| | | Discharge summary adequately mentions patients clinical condition, treatment given and follow up | 2 | RR | F | |
| | | Discharge summary is give to patients going in | 2 | SI/RR | | |
| E E9.3 | Counselling services are provided as during | LAMA/Referred out Patient is counselled before discharge | 2 | PI/SI | | |
| | discharges wherever required | Time of discharge is communicated to patient before hand | 2 | PI/SI | | |
| andard E10 | The facility has established procedure for shifting the | | defined and establis | ned procedures for in | | |
| E E10.1 | patient to step-down/ward based on explicit assessment criteria | ICU has procedure for step down of the patient. | 2 | RR/SI | Step down of the patient is planned by on duty doctor in consultation with treating doctor | |
| E E10.2 | The facility has defined and established procedure for intensive care | ICU has protocols for pain management | 2 | RR/SI | | |
| | | ICU has protocol for sedation ICU has procedure for starting Central lines | 2 | RR/SI RR/SI | | |
| | | ICU has protocol for early eternal nutrition Protocol for Care of unconscious paraplegic patients is | 2 | RR/SI RR/SI | Prevention of decubitus in ICU patient | |
| | | available ICU has protocol for management of anaphylactic | 2 | RR/SI | revention of decubicus in ico patient | |
| E E10.3 | The facility has explicit clinical criteria for providing intubation & extubating, and care of patients on ventilation and subsequently on its removal | shock ICU has criteria defined for non invasive ventilation in case of respiratory failure | 2 | RR/SI | C -PEP and V -PEP | |
| | | Criteria for intubation Criteria for extubating | 2 | RR/SI RR/SI | | |
| | | Criteria of tracheotomy ICU has protocols for care and Monitoring of patient on | 2 | RR/SI | Monitoring include subjective responses, | |
| andard E11 | | ventilator The facility has defined and est | 2 ablished procedures f | RR/SI | physiological responses, blood gas measurement es and Disaster Management | |
| E E11.3 | The facility has disaster management plan in place | Staff is aware of disaster plan | 2 | SI/RR | | |
| | | | | | | |
| andard F12 | | Role and responsibilities of staff in disaster is defined The facility has d | 2 efined and establishe | SI/RR | mostic services | |
| | There are established procedures for Pre-testing Artivities | The facility has d Container is labelled properly after the sample | 2 efined and establishe 2 | SI/RR | gnostic services | |
| E E12.1 | There are established procedures for Pre-testing Activities There are established procedures for Post-testing Activities | The facility has d | efined and establishe | SI/RR | gnostic services | |
| andard E12 E E12.1 E E12.3 andard E13 | Activities There are established procedures for Post-testing Activities | The facility has d Container is labelled properly after the sample collection ICU has critical values of various lab test The facility has defined and estab | efined and establishe 2 2 lished procedures for | SI/RR cd procedures of diag OB SI/RR Blood Bank/Storage | | |
| E E12.1 E E12.3 andard E13 E E13.8 | Activities There are established procedures for Post-testing Activities There is established procedure for issuing blood There is established procedure for transfusion of | The facility has d Container is labelled properly after the sample collection ICU has critical values of various lab test The facility has defined and establ There is a procedure for issuing the blood promptly for lise saving measure. | efined and establishe 2 2 lished procedures for 2 | SI/RR cd procedures of diag OB SI/RR Blood Bank/Storage RR/SI | | |
| E E12.1 E E12.3 andard E13 E E13.8 | Activities There are established procedures for Post-testing Activities There is established procedure for issuing blood | The facility has d Container is labelled properly after the sample collection ICU has critical values of various lab test The facility has defined and estab There is a procedure for issuing the blood promptly for | efined and establishe 2 2 lished procedures for | SI/RR cd procedures of diag OB SI/RR Blood Bank/Storage | | |
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| E E 12.1 E E 12.3 E E 13.0 E E 13.0 E E 13.0 E E 13.0 E E 14.1 E E 14 | Activities There are established procedures for Post-testing Activities There is established procedure for issuing blood There is established procedure for transfusion of blood There is established procedure for monitoring and reporting Transfusion complication There is a established procedures for Pre Anaesthetic Check up Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling the death in the hospital There is not provision for Passive and active culture surveillance of critical & high risk areas Facility has provision for Passive and active culture surveillance of critical & high risk areas Facility has established procedures for requarmonitoring of interction control practices There is Provision of Periodic Medical Check-ups and immunization of staff Facility has adefined and established antibiotic policy | The facility has d Container is labelled property after the sample contention CLD has critical values of various lab test The facility has defined and establ There is a proceedure for issuing the biolog promptly for life samp measures Consent is taken before transfusion Patient's dentification is verified before transfusion Biod transfusion is monitored and regulated by cupilled period Biod transfusion is monitored and regulated by cupilled period Biod transfusion is monitored and regulated by cupilled period Biod transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible period The facility has defined and establic (CLD has system for onducted for elective / Planned surgeries The facility has defined and establic CLD has system for conducting breakment support of patient's identification is used to the sample Death note is written in agaitent record Death note is instruction on patient record Death note invident and underlying customethy possible The bedy of deceased is handled with respect and durphy Socio-cultury before control program and pp Surface and developments at tendent quoting Cordical patient's formitipue a defined and establic The les inprocedure for immunization of the staff Peolidy needed is for the staff Pacifity has defined and Implex Charles to report cases of Hospital acquired infection There is procedure for immunization of the staff Peinded medical durck-ups of the staff Pacifity has defined and Implex Anallability of handsyster Anallability of handsyster Anallability of anning Water Anallability of anning the staff Anallability of anning that Anallability of anning | efined and establishe 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/IRR di procedures of dia OB SI/IR Biodd Bank/Storage RR/SI RR SI/OB RR SI/OB RR RR RR RR RR RR SI/IR RR SI/IR RR SI/IR | Management and Transfusion. Management and Transfusion. Services ath & bodies of deceased patient surrement of hospital associated i swab are taken from infection prone surfaces Patients are observed for any sign and symptoms of MAI like feer, purclent discharge from surgical site. Hepatitis B, Tetanus Toxoid etc Hand washing and infection control audits done at periodic intervals Interpractices and antisepsis Integuing the Da AS Staff water Supply is aregular Check for availability/ Ask staff of the regular supply is and updated and undersurged Check for availability/ Ask staff or supply is aregular | |
| E E 12.1 E E 12.3 E E 13.0 E E 13.0 E E 13.0 E E 13.0 E E 14.1 E E 14 | Activities There are established procedures for Post-testing Activities There is established procedure for issuing blood There is established procedure for transfusion of blood There is established procedure for monitoring and reporting Transfusion complication There is a established procedures for Pre Anaesthetic Check up Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling the death in the hospital There is not provision for Passive and active culture surveillance of critical & high risk areas Facility has provision for Passive and active culture surveillance of critical & high risk areas Facility has established procedures for requarmonitoring of interction control practices There is Provision of Periodic Medical Check-ups and immunization of staff Facility has adefined and established antibiotic policy | The facility has d Container is labelled property after the sample contention It I has critical values of various lab test The facility has defined and estab There is a proceedure for issuing the biodo promptly for life samp measures. Consent is taken before transfusion Patient's dentification is verified before transfusion Biod is test on optimum temperature before transfusion Biod transfusion is monitored and regulated by qualified perion Biod transfusion is monitored and regulated by qualified perion Biod transfusion is monitored and regulated by qualified perion Biod transfusion is monitored and regulated by qualified perion Biod transfusion is monitored and regulated by Panned surgeries The facility has defined and establist Chas procedure for immy after there are an estimated and the period to responsible person Chas and the site of optimum temperature before transfusion The facility has defined and establist Door prognostic status of inpattent CL has system for optimum terced Death note is written in patient record Death note is written in agaitent record Death note invite and underlying cause il opsible The body of deceased is handied with respect and guny by Sode-cutural belief of patient's family are identified and ereported Facility has infection control program and pf Sufface and environment samples are taken for microbiological surveillance. There is procedure for immunization of the staff Pendor exect the report cases of Hospital acquired infection There is procedure for immunization of the staff Pendor and environment samples are taken for microbiological surveillance. There is procedure for immunization of the staff Pendor exect the staff Pendor and environment samples are taken for microbiological surveillance. There is procedure for immunization of the staff Pendor exect the transful Arbitotic Dively Chast and environment samples are taken for microbiological surveillance. There is procedure for immunization of the staff Pendor exect the propert cases of Hospital acquired infection Check for D | efined and establishe 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR Blood Bank/Storage RR/SI RR SV/RR RR SV/RR RR RR RR RR RR RR RR RR SV/RR RR/SI | Management and Transfusion. Management and Transfusion. Services ath & bodies of deceased patient surrement of hospital associated i surates taken from infection prone surfaces Patients are observed for any sign and symptoms of Nulk fever, purchased patients are observed for any sign and symptoms of Nulk fever, purchased taken are periodic intervals ene practices and antisepsis FRAE guideline: Each unit should have at tast 1 wash basing for every 5 beds Ak to Open the tap. Ack Staff water supply is regular. Check for availability/ Ack staff if for Check for availability/ Ack staff if for | |

| | | Availability of elbow operated taps | 2 | OB | | |
|---|--|--|---|--|--|-------------|
| | | Hand washing sink is wide and deep enough to prevent splashing and retention of water | 2 | ОВ | | |
| ME F2.2 | Staff is trained and adhere to standard hand washing practices | Adherence to 6 steps of Hand washing | 2 | SI/OB | Ask of demonstration | |
| | Facility ensures standard practices and materials for | Staff aware of when to hand wash | 2 | SI | | |
| ME F2.3 | antisepsis | Availability of Antiseptic Solutions | 2 | OB | like before giving IM/IV injection, drawing | |
| | | Proper cleaning of procedure site with antisepsis | 2 | OB/SI | blood, putting Intravenous and urinary | |
| Standard F3 | | Facility ensures | standard practices an | d materials for Pers | catheter onal protection | |
| ME F3.1 | Facility ensures adequate personal protection equipments as per requirements | Clean gloves are available at point of use | 2 | OB/SI | | |
| | | Availability of Mask Availability of gown/ Apron | 2 | OB/SI OB/SI | Staff and visitors | |
| | | Availability of shoe cover | 2 | OB/SI OB/SI | Staff and visitors Staff and visitors | |
| | | Availability of Caps Personal protective kit for infectious patients | 2 | OB/SI OB/SI | stan and visitors | |
| ME F3.2 | Staff is adhere to standard personal protection practices | No reuse of disposable gloves, Masks, caps and aprons. | 2 | OB/SI | | |
| | | Compliance to correct method of wearing and removing the PPE | 2 | SI | Gloves, Masks, Caps and Aprons | |
| Standard F4 | | Facility has standard | d Procedures for proc | essing of equipment | ts and instruments | |
| | Facility ensures standard practices and materials for | | | | Ask staff about how they decontaminate the procedure surface like Examination | |
| ME F4.1 | decontamination and clean ing of instruments and procedures areas | Cleaning & Decontamination of patient care Units | 2 | SI/OB | table , Patients Beds Stretcher/Trolleys | |
| | procedures areas | | | | (Wiping with 0.5% Chlorine solution | |
| | | | | | Ask staff how they decontaminate the | |
| | | | | | instruments like abusage, suction cannula, Airways, Face Masks, Surgical | |
| | | Proper Decontamination of instruments after use | 2 | SI/OB | Instruments (Soaking in 0.5% Chlorine Solution, | |
| | | | | | Wiping with 0.5% Chlorine Solution or | |
| | | Contact time for decontamination is adequate | 2 | SI/OB | 70% Alcohol as applicable 10 minutes | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | Cleaning is done with detergent and running water after decontamination | |
| | | | | | running water after decontamination No sorting ,Rinsing or sluicing at Point of | |
| | | Proper handling of Soiled and infected linen Staff know how to make chlorine solution | 2 | SI/OB SI/OB | use/ Patient care area | |
| ME F4.2 | Facility ensures standard practices and materials for disinfection and sterilization of instruments and | Equipment and instruments are sterilized after each | _ | OB/SI | Autochuing (HI D/Ch | |
| 1112 F412 | disinfection and sterilization of instruments and equipments | use as per requirement | 2 | 08/51 | Autoclaving/HLD/Chemical Sterilization | |
| | | High level Disinfection of instruments/equipments is done as per protocol | 2 | OB/SI | Ask staff about method and time required for boiling | |
| | | Autoclaving of instruments is done as per protocols | 2 | OB/SI | Ask staff about temperature, pressure | |
| | | | 2 | 00/51 | and time Ask staff about method, concentration | |
| | | Chemical sterilization of instruments/equipments is done as per protocols | 2 | OB/SI | and contact time required for chemical sterilization | |
| | | Autoclaved linen are used for procedure Autoclaved dressing material is used | 2 | OB/SI OB/SI | | |
| | | There is a procedure to ensure the traceability of | 2 | OB/SI | | |
| | | sterilized packs Sterility of autoclaved packs is maintained during | 2 | OB/SI | Sterile packs are kept in clean, dust free, | |
| Standard F5 | | storage Physical layout and environn | nental control of the | patient care areas e | moist free environment. nsures 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 | 2 | ОВ | | |
| | | Facility layout ensures separation of routes for clean | | | | |
| | | and dirty items | 2 | OB | | |
| | | and dirty items Floors and wall surfaces of ICU are easily cleanable | 2 | OB OB | | |
| ME F5.2 | Facility ensures availability of standard materials for | and dirty items | | | Chlorine solution, Glutaraldehyde, | |
| ME F5.2 | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | and dirty items Floors and wall surfaces of ICU are easily cleanable Availability of disinfectant as per requirement | 2 | OB | carbolic acid Hospital grade phenyl, disinfectant | |
| | cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning | and dirty items Floors and wall surfaces of ICU are easily cleanable Availability of disinfectant as per requirement Availability of cleaning agent as per requirement | 2 2 2 2 | OB OB/SI OB/SI | carbolic acid | |
| ME F5.2 ME F5.3 | cleaning and disinfection of patient care areas | and dirty items Floors and wall surfaces of ICU are easily cleanable Availability of disinfectant as per requirement Availability of cleaning agent as per requirement Staff is trained for spill management | 2 2 2 2 2 | OB OB/SI OB/SI SI/RR | carbolic acid Hospital grade phenyl, disinfectant | |
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| ME F5.3 | | and dirty tems Floors and wall surfaces of ICU are easily cleanable Availability of disinfectant as per requirement Availability of disinfectant as per requirement Staff is trained for spain management Cleaning of patient care area with detergent solution Staff is trained for opearing cleaning solution as per standard proceedure Staff as trained for perspring cleaning solution as per standard proceedure Staff as trained for perspring cleaning solution as per standard proceedure Standard proceedure Standard proceedure Standard proceedure Standard proceedure are not used in patient care areas Use of three bucket system for mopping Turnigation/carbonization as per schedule Cleaning equipments like broom are not used in patient care areas theraff to wave are serviced luciation and barrier nursing procedure are followed for schedure and barrier nursing procedure are followed for schedure are serviced luciation and barrier nursing procedure are followed for schedure are serviced segregation of Anatomical and solied waste in tellow an Display of work instructions for segregation and handing of fisionedical waste There is no mixing of infectious and general waste Availability of functional needle cutters Segregation of sharps waste including Metals in white staff knows what to do in condition of needle stack invirv Contaminated and broken Glass are disposed in puncture proof and leak proof box/octanter with Bue culoar maxing. | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08/51 09/51 51/88 51/88 08/51 08/51 08/51 08/51 08/51 08 08 08 08 08 08 08 08 08 08 08 08 08 | carbolic acid Hospital grade phenyi, disinfectant detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided and blood, body fluids, dressings, plaster casts, cotton swabs and the dre needle syntiges (which at needles and fred needle syntiges) in duscatanes with their meedles is point of particles is babed, or any other contaminated sharp object that may coase guncture and cust. This includes both used, discarded and contaminated that sharps Staff knows what to do in case of shape injury. Whon to report. See If any fraporting has been done | |
| ME F5.3 | | and dirty tems Floors and wall surfaces of ICU are easily cleanable Availability of disinfectant as per requirement Availability of disinfectant as per requirement Staff is trained for spill management Cleaning of patient care area with detargent solution Staff is trained for opearing cleaning solution as per standard proceedure Staff as trained for perspiring cleaning solution as per disinder discourse Staff as trained for perspiring cleaning solution as per standard proceedure Staff as trained for perspiring cleaning solution as per disolution apractice of mosping and scrubbing are followed Cleaning equipments like broom are not used in patient create recess Use of three bucket system for mosping Furnigation/arbonization as per schedule Externation toware are restricted totation and barrier mursing procedure are followed for Mary has defined and established procedures i Availability of clour coded hins at point of waste generation Availability of clour coded hins at point of waste period to our code and not ontorinated plastic bas Segregation of infected plastic waste in rellow Bin Segregation of infected plastic waste in rel bin Display of work instructions for segregation and handling of Biomedical waste There is no mixing of infectious and general waste Availability of functional ineelle cutters Segregation of sharps waste including Metals in white trainfurent Pivotcute proof, task proof, tamper proof containers Staff knows what to do in condition of needle stick highty Containmeted and broken Glass, are disposed in prof containers Staff knows what to do in condition of needle stick highty Check bina marking and thorken Glass, are disposed in profile to thore follow Check bina marking and thorken Glass and conseal the clour marking. | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08 08/51 08/51 51/RR 51/RR 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08/51 08 108 | carbolic acid Hospital grade phenyi, disinfectant detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided dispersion of dust particles in air should be avoided and blood, body fluids, dressings, plaster casts, cotton swabs and the dre needle syntiges (which at needles and fred needle syntiges) in duscatanes with their meedles is point of particles is babed, or any other contaminated sharp object that may coase guncture and cust. This includes both used, discarded and contaminated that sharps Staff knows what to do in case of shape injury. Whon to report. See If any fraporting has been done | |

| | | Staff is aware of mercury spill management | 2 Area of Concern - 6 Q | S/RR | Look for: 1. Spill area evacuation 2. Removal of Jewellery 3. Wear PPE 4. Use of flashight to locate mercury beads 5. Use syringe without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof beag or container 7. Spinishie suiphur or zinc powder to remove any remaining mercury 8. All the mercury spill surfaces should be decontaminated with 10% solution thiosulfate solution 9. All the bags or containers containing Items contaminated with mercury should be marked as "Hazardous Waste, Handle with Care [®] 10. Collected mercury waste should be handed over to the CBMWTF | |
|------------------------|---|---|----------------------------|------------------------|--|------------------|
| Standard G1 | | | ablished organizationa | | ality improvement | |
| | | Quality circle has been formed in the Intensive | | | Check if quality circle formed and functional with a designated nodal | |
| ME G1.1 | The facility has a quality team in place | Care Unit | | SI/RR | officer for quality | |
| Standard G3 | | Facility have established internal There is system daily round by hospital | and external quality a | assurance programs | wherever it is critical to quality. | |
| ME G3.1 | Facility has established internal quality assurance program at relevant departments | superintendent/ Hospital Manager/ Matron in charge | 2 | SI/RR | Check for entries in Round Register | |
| | Facility has established system for use of check lists | for monitoring of services | | | NQAS, Kayakalp, SaQushal tools are used | |
| ME G3.3 | in different departments and services | Internal assessment is done at periodic interval Departmental checklist are used for monitoring and | 2 | RR/SI | to conduct internal assessment Staff is designated for filling and | |
| | | quality assurance | 2 | SI/RR | monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 | Planned actions are implemented through Quality | Check PDCA or revalent quality method is used to take | 2 | SI/RR | Check actions have been taken to close the gap. It can be in form of action taken | |
| Standard G4 | Improvement Cycles (PDCA) Facility | corrective and preventive action y has established, documented implemented | | | report or Quality Improvement (PDCA) project report redures for all key processes and so | apport services. |
| ME G4.1 | Departmental standard operating procedures are | Standard operating procedure for department has been | 2 | RR | | |
| | available | prepared and approved Current version of SOP are available with process | 2 | OB/RR | | |
| | | owner | | | Admission and discharge criteria, | |
| | | Work instruction/clinical protocols are displayed | 2 | OB | Intubation protocol, CPR | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures | Department has documented procedure for receiving, initial assessment, admission, clinical assessment & reassessment of patient in icu | 2 | RR | registration, consultation, Procedures, assessment of patient , counselling, Monitoring etc. | |
| | | Department has documented procedure for discharge of the patient | 2 | RR | | |
| | | ICU has documented procedure nursing care for critical patient | 2 | RR | | |
| | | ICU has documented procedure for collection, transfer and reporting the sample to laboratory ICU has documented procedure for nutrition in critical | 2 | RR | | |
| | | illness ICU has documented procedure for key clinical | 2 | RR | | |
| | | protocols ICU has documented procedure for preventive- break down maintenance and calibration of equipments | 2 | RR | | |
| | | ICU has documented system for storage, retaining, | 2 | RR | | |
| | | retrieval of records ICU has documented procedure for purchase of | 2 | RR | | |
| | | External services and supplies ICU has documented procedure for Maintenance of | 2 | RR | | |
| | | infrastructure of SNCU ICU has documented procedure for thermoregulation | 2 | RR | | |
| | | ICU has documented procedure for | 2 | | | |
| | | drugs, intravenous, and fluid management of patient | 2 | RR | | |
| | | ICU has documented procedure for counselling of the patient attendant | 2 | RR | | |
| | | ICU has documented procedure for infection control practices | 2 | RR | | |
| | | ICU has documented procedure for inventory management | 2 | RR | | |
| | | ICU has documented procedure for entry of visitor in ICU | 2 | RR | | |
| ME G4.3 | Staff is trained and aware of the standard procedures written in SOPs | Check staff is a aware of relevant part of SOPs | 2 | SI/RR | | |
| Standard G 5 | | Facility maps its key processes and seeks t | to make them more e | fficient by reducing I | non value adding activities and wa | stages |
| ME G5.1 | Facility maps its critical processes Facility identifies non value adding activities / waste | Process mapping of critical processes done | 2 | SI/RR | | |
| ME G5.2 | / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| ME G5.3 | Facility takes corrective action to improve the processes | Processes are rearranged as per requirement | 2 | SI/RR | | |
| Standard G6 ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | The facility has defined mission, vali | ues, Quality policy & (| si/RR | d a strategic plan to achieve them Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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. Interview with staff for their awareness. | |
| ME G6.5 | 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 | 2 | SI/RR | Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management | |
| | quanty pointy and objectives | | | | | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| ME G6.7 Standard G7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval Facility seeks contin | ually improvement b | y practicing Quality | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet method and tools. | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan | Check time bound action plan is being reviewed at regular time interval Facility seeks contin | | | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |

| ME G7.2 | Facility uses tools for quality improvement in services | 7 basic tools of Quality | 2 | SI/RR | Minimum 2 applicable tools are used in each department | |
|------------------------|--|--|----------------------|--------------------------------------|--|--|
| Standard G9 ME G9.6 | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. | Facility has established procedures for Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically | 2 | 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. | |
| 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 | SaQushal assessment toolkit is used for safety audits. | 2 | SI/RR | 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | |
| ME G9.8 | Risks identified are analysed evaluated and rated for severity | Identified risks are analysed for severity | 2 | SI/RR | Action is taken to mitigate the risks | |
| Standards G10 | | The facility has established clinical | Governance framework | <mark>k to improve quality an</mark> | d safety of clinical care processes Check parameter are defined & | |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated | The facility has established procedures to review the clinical care processes | 2 | SI/RR | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. | |
| | | Check regular ward rounds are taken to review case progress | 2 | SI/RR | Both critical and stable patients Check the case progress is | |
| | | Check the patient /family participate in the care evaluation | 2 | SI/RR | documented in BHT/ progress notes- Feedback is taken from patient/family on health status of individual under treatment | |
| | | Check the care planning and co- ordination is reviewed | 2 | SI/RR | System in place to review internal referral process, review clinical handover information, review patient understanding about their progress | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | There is procedure to conduct medical audits | 2 | SV/RR | Check medical audit records (a) Completion of the medical record is e. Medical history, assessments, re medical history, assessments, re myorgers notes, interventions conducted, outcome of the case, patient education, delineation of reproshibilities, discharge etc. (b) Check whether treatment plan worked for the patient (c) appression the health status of the (c) progression the health status of the (c) appression the health status of the health status of the (c) appression the health status of the health status of the (c) appression the health status of the health status of the (c) appression the health status of the health status of the (c) appression the health status of the health status of the health status of the (c) appression the health status of the health statu | |
| | | There is procedure to conduct death audits | 2 | SI/RR | (1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during gand round (wherever required) | |
| | | There is procedure to conduct referral audits | 2 | SI/RR | Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken | |
| | | All non compliance are enumerated & recorded for medical audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated & recorded for newborn death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated & recorded for referral audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.5 | Clinical care audits data is analysed, and actions are taken to close the gaps identified during the audit process | Check action plans are prepared and implemented as per medical audit record findings | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | process | Check action plans are prepared and implemented as | 2 | SI/RR | Randomly check the actual compliance with the actions taken reports of last 3 | |
| | | per death audit record's findings Check action plans are prepared and implemented as | | | months Randomly check the actual compliance | |
| | | per prescription audit record findings | 2 | SI/RR | with the actions taken reports of last 3 months Check collected data is analysed & areas | |
| | | Check the data of audit findings are collated | 2 | SI/RR | for improvement is identified & prioritised | |
| | | Check PDCA or revalent quality method is used to address critical problems | 2 | SI/RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment also | |
| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | treatment plan Check the drugs prescribed are available in EML or part of drug formulary | |
| | | Check the updated/latest evidence are available Check the mapping of existing clinical practices processes is done | 2 | SI/RR SI/RR | Tormulary Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using POCA. | |
| Standard H1 | | The facility measures Productiv | Area of Concern | | | |
| ME H1.1 | Facility measures productivity Indicators on monthly | Bed Occupancy Rate | 2 | RR | | |
| | basis | Proportion of BPL patients admitted Number of the patients screened for pain | 2 | RR | | |
| Standard H2 | | The facility measures Effi | | l ensure to reach Sta | te/National Benchmark | |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Downtime critical equipments Transfer Rate | 2 | RR | | |
| | | Transfer Rate Re admission rate Patient's fall rate | 2 2 2 2 | RR | | |
| Standard H3 | Facility measures Clinical Care & Safety Indicators on | The facility measures Clinical | | ors and tries to reac | h State/National benchmark | |
| ME H3.1 | monthly basis | Average length of stay | 2 | RR | | |
| | | Risk Adjusted Mortality Rate/Standard Mortality Rate | 2 | RR | | |
| | | No of Pressure Ulcer developed per thousand cases | 2 | RR | | |

| | | No of adverse events per thousand patients | 2 | | Injection room : Post exposure prophylaxis, medication error, patient fall. | |
|-------------|--|--|------------------------|--------------------|--|--|
| | | UTI rate | 2 | RR | | |
| | | VAP rate | 2 | RR | | |
| | | Adverse events are identified | 2 | | Injection room : Post exposure prophylaxis, medication error, patient fall. | |
| | | Reintubation Rate | 2 | RR | | |
| | | Culture Surveillance sterility rate | 2 | | % of environmental swab culture reported positive | |
| Standard H4 | | The facility measures Service C | Quality Indicators and | endeavours to reac | h State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | LAMA Rate | 2 | RR | | |
| | | Patient Satisfaction Score | 2 | RR | | |

| | Nation | al Quality Assurance Standards | for District Ho | spitals | | Version: DH/NQAS-2020/00 |
|--------------------|---|--|--|--|--|---------------------------------|
| | | Checklist for Indoor Patient | Department | | | 13 |
| | | Assessment Summa | ary | | | |
| Name of the Hospit | | | | | Date of Assessment | |
| Names of Assessors | | | | | Names of Assessees | |
| Type of Assessment | t (Internal/External) | | | | Action plan Submission Date | |
| | | Indoor Patien | t Department | Score Card | | |
| | Area of Concern wise S | icore | | | IPD Score | |
| A | Service Provision | 100% | | | | |
| В | Patient Rights | 100% | | | | |
| c | Inputs | 100% | | | | |
| D | Support Services | 100% | | | 100% | |
| E | Clinical Services | 100% | | | 100/0 | |
| F | Infection Control | 100% | | | | |
| G | Quality Management | 100% | | | | |
| н | Outcome | 100% | | | | |
| | Major Gaps Observed | | | | | |
| 1 | | | | | | |
| 2 3 | | | | | | |
| 4 5 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 1 | | | | | | |
| 2 3 | | | | | | |
| 4 | | | | | | |
| 5 | Recommendations/ Opportunities for | r Improvement | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 5 | | | | | | |
| | Signature of Assessors | | | | | |
| | Date | | | | | |
| Reference No/ | ME Statement | Checkpoints | Compliance | Assessment Method | Means of verification | Remarks |
| Standard A1 | | 4 | Area of Concern - Area of Concern - Area | A Service Provision s Curative Services | | |
| ME A1.1 | The facility provides General Medicine services | Availability of general medicine indoor services | 2 | SI/OB | | |
| ME A1.2 | The facility provides General Surgery services | Availability of isolation ward services Availability of surgery ward/beds | 2 | SI/OB SI/OB | | |
| ME A1.5 | The facility provides Ophthalmology Services | Availability of burn ward Availability of ophthalmology indoor services | 2 | SI/OB SI/OB | | |
| ME A1.5 ME A1.7 | The facility provides Orthopaedics Services | Availability of Orthopaedics indoor services | 2 | SI/OB | In IPHS 2022, beds provision is there for Orthopaedic inpatient services | |
| ME A1.9 | The facility provides Psychiatry Services | Availability of Psychiatry Indoor services | 2 | SI/OB | (a) Assessment by doctor, availability of doctor on call (b) Availability of emergency care round the clock (c) Psycho social interventions | Applicable to only few location |
| ME A1.12 | The facility provides Physiotherapy Services | Availability of Indoor Physiotherapy Procedures | 2 | SI/OB | Physiotherapy advices for IPD patient, Physiotherapy procedures like recitons (tumbar & Gervial), Short Wave Diathermy, Electrical stimulator with TENS, Ultra sonic therapy, Parafiln wax bath, Infra red therapy, Ultraviolet therapy, Electric Vibraro, Vibraro tebt message, Post polo exercises, Obesity exercises, cerebral Paty massage, Breathing exercises & Postural Drainage | |
| ME A1.14 | Services are available for the time period as mandated | Availability of nursing services 24X7 | 2 | SI/OB | | |
| ME A1.16 | The facility provides Accident & Emergency Services | Availability of accident & trauma ward | 2 | SI/OB | | |
| Standard A4 | The facility provides services under National | The facility provides served | | | mes/ state scheme Malaria Kalaazar Dengue & Chikunguna AES/Japanese | |
| ME A4.1 | Vector Borne Disease Control Programme as per guidelines | Availability of Indoor services for Management | 2 | SI/RR | Encephalitis as prevalent locally | |
| ME A4.2 | The facility provides services under national tuberculosis elimination programme as per <u>guidelines.</u> The facility provides services under National | Indoor treatment of TB patients requires hospitalization | 2 | SI/RR | | |
| ME A4.3 | Leprosy Eradication Programme as per guidelines | Inpatient Management of severely ill cases | 2 | SI/RR | | |

IPD

| NoteN | | | | | | | | |
|--|--|---|--|-------------------------|-----------------------------|---|--------------------------|--|
| Number of the second | ME AA A | The facility provides services under National AIDS | terretient eren der eren in bereiterterriter | | 51/00 | | 1 | |
| NAMEPAT A PARAMENTERDescription | ME A4.4 | Control Programme as per guidelines | Inpatient care for cases require hospitalization | 2 | SI/RR | | | |
| Note of the section of the sectin of the section of the section of the section of the s | ME A4.5 | Programme for prevention and control of | Availabily of Ophthalmic ward | 2 | SI/OB | | | |
| Material part of the second s | | bindness as per guidennes | | | | DELETED | | |
| Math Impact of the second seco | | | Health services pr | ovided at the facility | are appropriate to com | munity needs. | | |
| Note of the section | ME A6.1 | | | 2 | SI/RR | | | |
| ManuelProblem in the probability of the pro | | | disease | Area of Concern | - B Patient Rights | | | |
| MACHM | Standard B1 | т | he facility provides the information to care | | | | | |
| Image: start in the start | ME B1.1 | | Availability of departmental & directional signages | 2 | OB | signage are displayed. Directional signages are given | | |
| And Base of the section of the | | system | Display of layout/floor directory | 2 | OB | from the entry of the facility | | |
| Party and the structure of the structur | | | Visiting hours and visitor policy are displayed | | | | | |
| NameNoteName | ME B1.2 | | | | | | | |
| Image: state in the state i | | available in its departments | Entitlement under different national health program | 2 | OB | | | |
| No.ControlC | | | | 2 | OB | | | |
| sindSequence </td <td></td> <td></td> <td>Contact details of referral transport / ambulance</td> <td>2</td> <td>OB</td> <td></td> <td></td> | | | Contact details of referral transport / ambulance | 2 | OB | | | |
| March 2000 Programmer 1000000000000000000000000000000000000 | ME B1.4 | User charges are displayed and communicated to | | 2 | OB | | | |
| IndexMark Restand and any and any | | | | | | | | |
| Mathematical and a part of the part o | ME B1.5 | | Relevant IEC material displayed at wards | 2 | OB | | | |
| BayB | ME B1.6 | | | 2 | OB | | | |
| MaintabaBerke or Belocity and the orderApproximation by the order of point o | ME B1.8 | The facility ensures access to clinical records of | | 2 | RR/OB | | | |
| nd 20index <td< td=""><td>Standard B2</td><td>Services are delivered in</td><td>a manner that is sensitive to gender, religio</td><td>ous and cultural need</td><td>s, and there are no barri</td><td></td><td>ral or social reasons.</td></td<> | Standard B2 | Services are delivered in | a manner that is sensitive to gender, religio | ous and cultural need | s, and there are no barri | | ral or social reasons. | |
| NumberNume | ME 82.1 | | Separate male & female wards | 2 | OB | | | |
| Image: Section of the section of t | | | | | | | | |
| Image: state in the state i | | | patient care area | | | | | |
| No.11 Intervent of the Name of the N | | | female ward | | | | | |
| NameN | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| markmark and main imply and shaleimplyimplymain and provide imply and shalemain and provide imply and and shale implymain and provide imply and and shale implymain and provide imply and | | | trans status | 2 | SI/PI/RR | | | |
| Notesting Notes | ME B2.3 | Access to facility is provided without any physical barrier & and friendly to people with disabilities | | 2 | ОВ | | | |
| NomeNomeNomeNo <th< td=""><td></td><td>estine of and menory to people with disabilities</td><td></td><td>2</td><td>08</td><td>At least 120 cm width, gradient not steeper than</td><td></td></th<> | | estine of and menory to people with disabilities | | 2 | 08 | At least 120 cm width, gradient not steeper than | | |
| Belay metale may any contraction part of the sector mater and part of the | | | | | | 1:12 | | |
| And and the part of the p | Standard B3 | | | | | guarding patient related information. | | |
| NoteN | ME B3.1 | | | 2 | OB | Bracket screen | | |
| Image: Section of the sectin of the section of the section of the | | | area | 2 | OB | | | |
| Note: <th< td=""><td></td><td></td><td>windows</td><td></td><td></td><td></td><td></td></th<> | | | windows | | | | | |
| No. 1Provide state sta | | | | | | | | |
| A is a 1Configure of particular strends and and an and and | | | | 2 | OB | | | |
| Image: section of the section of t | ME B3.2 | | Patient Records are kept at secure place beyond access | 2 | SI/OB | | | |
| Mathematical and anomaly inclusion in the balance of an angulate of a nation of a nati | | | No information regarding patient identity and details | 2 | SI/OB | | | |
| Marcal Interfactor Interfactor Interfactor | MF R3 3 | | | 2 | OB/PI | | | |
| R1 AligRevise specify of these code grantsR1 sheep value of any set of the form patter to sheep value of any set of any | | services | Benaviour of start is empactient and counteous | - | 00,11 | | | |
| Notice of the section of the sectin of the section of the section of the section | ME B3.4 | every patient, especially of those conditions | | 2 | SI/OB | | | |
| Mathematical statistical procedure fragmentationand on the statistical statis | | vulnerable groups | | | | | | |
| Me B4 production productio production production production production production | Standard B4 | | tablished procedures for informing patients | s about the medical o | condition, and involving | them in treatment planning, and facilitates | informed decision making | |
| NB 8.4 Information about the tractions in alread of all in a feature of enclosed of all output of enclosed of enclosed of all output of enclosed of | ME B4.1 | informed consent before treatment and | General Consent is taken before admission | 2 | SI/RR | | | |
| MLS1 Relative densities and adapting opposes for density in a plane. Image: space opposes in a plane oppose in a plane oppose oppose opposes in a plane oppose in a plane oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose oppose oppose in a plane oppose oppose oppose oppose oppose oppose oppose oppose in a plane oppose oppos | ME B4.4 | Information about the treatment is shared with | | 2 | PI | | | |
| Markade relation relation relationControl relation <td>A45 D4 5</td> <td></td> <td>Availability of complaint box and display of process for</td> <td></td> <td></td> <td></td> <td></td> | A45 D4 5 | | Availability of complaint box and display of process for | | | | | |
| MEBS1 The factory produce caches and seconds appropriate women, nother and decords appropriate women, nother and decords appropriate women, nother and decords appropriate and decords appropriate appropriate women and decords appropriate appropriate women appropriate appropriate women appropriate appropriate women appropriate appropriate women appropriate approprist appropriate appropriate appropriate appropriate appr | | redressal system in place | displayed | | | | | |
| MALE SUM Model, Model, Model, and Machael Stapper (private) memoning it defenses community it defenses (maintained it defenses)Main defense memoning it defenses (maintained it defenses)Main defense memoning it defenses (maintained it defenses)Maintained it defenses (maintained it defens | | | | rier to access, and th | at there is financial prote | ection given from the cost of hospital servio | .es. | |
| ME B:2 The folly enursy that drag prescribed are valiable at Pharmary and walf Out at the print arph has depend on pott hang analysis at Pharmary and walf Out at the print arph has depend on dependence analysis at Pharmary and walf Image: Pharmary and walf ME B:3 It is ensure that facilities for the prescribed mestagetations are valiable at the facility and at the facility One it has print arph han depend on dependence and at the facility One it has print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility Deck that print arph han dependence and at the facility fac | ME 85.1 | women, mothers and neonates as per prevalent | | 2 | PI/SI | | | |
| Max allow at Parmacy quarks degr or commutate from excise for noticity if a multiple of the percent for constraints degr or commutate from excise for noticity if a multiple of the percent for constraints degr or commutate from excise for noticity ME 55.4 It is ensure that facilities for the percent for constraints degr or commutate for excise for constraints 2 Privat Percent for constraints ME 56.4 It is ensure that facilities for the percent for visit of visit of definition of the percent for visit of visit of visit of definition for the percent for visit of visit of visit of definition of the percent for visit of visit of visit of definition of the percent for visit of definition of the percent for visit of visit of definition of the percent for visit of definition of the percent for visit of definition of the percent for visit of visit of definition of the percent for visit of definition of the percent for visit of definition of the percent for visit of visit of definition of the percent for visit of visit of definition of the percent for visit of visit of definition of the percent for visit of definition of the percent for visit of visit of definition of the percent for visit of definition of the percent for visit of visit of visit of definition of the percent for visit of visit of visit of visit of visit of the percent for | | | Drugs and consumables under NHP are free of cost | 2 | PI/SI | | | |
| NE 8.3 mining Is ensured that facilities for the precirities of monoded. One that patter party han on signers on signers of the patter in | ME B5.2 | | | 2 | PI/SI | | | |
| Interfigition are available at the facility of from outside. Interfigition are available at the facility of form outside. Interfigition are available at the facility of facility of a facility base defined framework for ethical margement inducing differences for a facility base defined framework for ethical margement inducing differences for a facility base defined framework for ethical margement inducing differences for a facility base defined framework for ethical margement inducing differences for a facility base defined framework for ethical margement inducing differences for a facility base defined framework for ethical margement inducing differences for a facility base for and facility differences for a facility difference for a facility di | ME B5.3 | It is ensured that facilities for the prescribed | Check that patient party has not spent on diagnostics | 2 | PI/SI | | | |
| Sander 65 Note: an extabilished procedure for 'bod-fille' uni Facility has defined formeout file can be in the balance of model of the can be in the balance of the can be in the balance of the can be interested | ME B5.4 | investigations are available at the facility | nom outside. | | | DELETED | | |
| Image: Section of the patient's Relatives informed clearly about the deterioration in the bath conting of Patient. 2 SVRR Periodic update on the patient's condition is given to the fundious of Patient. Image: Control of the patient's Relatives informed clearly about the deterioration of the patient's condition is given to the fundious of Patient. 2 SVRR Periodic update on the patient's condition is given to the fundious of Patient. Image: Control of the patient of pain intensity 2 SVRR Periodic update on the patient's condition is given to industry' about the deterior of the patient of pain intensity. 2 SVRR Periodic update on the patient's condition is given to industry' about the deterior of the patient of pain intensity. 2 SVRR Periodic update on the patient's condition is given to industry' about the deterior of the patient of pain intensity. 2 SVRR Periodic update on the patient's condition is update on the patient's condis update on the patient's condition is update on the patie | | | Facility has defined framework for ethical ma | nagement including dile | mmas confronted during deli | DELETED very of services at public health facilities | | |
| Image: Control in the solution of Patient. Image: Control interport Image: Control interport Image: Control interport Pailor & Spreedures interport 2 Syras Pailor & Spreedures interport Pailor & Spreedures interport Image: Control interport Image: Control interport Syras Pailor & Spreedures interport | | There is an established procedure for 'end-of-life' care | Staff is educated & trained for end of life care | 2 | SI/RR | | | |
| IndexInterval of determined of Patient.IntervalIntervalIntervalIntervalPairon & procedures in the bash monohance with legal requirement2 SI/RR Patient right. To not recurstate? or "Dond tabutate? also natural destinet are respectedIntervalIntervalStreeting of the patient for pair management2 SI/RR Patient right. To not recurstate? or "Dond tabutate? also natural destinet are respectedIntervalIntervalStreeting of the patient for as in interval2 SI/RR In terms of location, requency, duration, rediation end -Post operating, neuralisg. arthraigia or myalgiaIntervalCheck the pain characteristics2 SI/RR In terms of location, requency, duration, rediation end -Post operating, neuralisg. arthraigia or myalgiaIntervalPatient & family we decated or various pain reversion receives suffic terms we decated or various pain reversion reversion receives suffic terms we decated or various pain reversion reversion reve | | | The patient's Relatives informed clearly about the | 2 | SI/RR | | | |
| Image: Section of the set in consonance with legal requirement Image: Section of the set in consonance with legal requirement Image: Section of the section of the set in consonance with legal requirement Image: Section of the sect | | | | | | | | |
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| Image: Construction of the set of the | | | Hospital has documented policy for pain management | 2 | SI/OB | | | |
| inclusion inclu | | | Screening of the patient for pain intensity | 2 | SI/RR | | | |
| Image: Second | | | Check the pain characteristics | 2 | SI/RR | | | |
| Image: Section of Label A lamby are doubted on various pain management terriformings where angreent angreent terriforming where angreent terriforming where angreent terriformings where | | | | 2 | SI/RR | | | |
| ME B 6.7 There is an established procedure for patients which is base hospital against medical advice or relate to be bedration is taken from the LAMA patient is consequences of LAMA are explained to patient/relative KE B 6.7 There is an established procedure for patients which bedration is taken from the LAMA patient is consequences of LAMA are explained to patient/relative Standard C1 Consequences of LAMA are explained to patients/relative Standard C1 The facility has infrastructure for delivery of assured services, and available infrastructure exists the prevalent norms ME C1.1 Departments have adequate space as per patient of available space is per patient load of ward 2 08 Distance between centres of two beds - 2.5 meter ME C1.2 Patient amenties are provide as per patient load Functional battern with running water and flush are available as per strength and patient load of ward 2 08 Distance between centres of two beds - 2.5 meter ME C1.2 Patient amenties are provide as per patient load Functional battern with running water are available as per strength and patient load of ward 2 08 Distance between centres of two beds - 2.5 meter ME C1.2 Patient amenties are provide as per patient load of ward 2 08 Distance between centres of two beds - 2.5 meter ME C1.2 Patient visitor find washing area 2 08 Distance between centres of two beds - 2.5 meter ME C1.2 Patient visitor find washing area 2< | | | Patient & family are educated on various pain | | | Specially in chronic cases | | |
| MILE BJ/ It is have hoping again media along of refue to Delaration is taken from the LUMA patient 2 NO patient/relative Area of Concern - Claputs Xarba of Concern - Claputs <td colspan<="" td=""><td></td><td>There is an established procedure for patients who wish</td><td></td><td></td><td></td><td></td><td></td></td> | <td></td> <td>There is an established procedure for patients who wish</td> <td></td> <td></td> <td></td> <td></td> <td></td> | | There is an established procedure for patients who wish | | | | | |
| Standard C1 The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms ME C1.10 Oppartments have adequate space as per patient or work load Adequate space in words with no cluttering of besi variables are provide as per patient load Adequate space in words with no cluttering of besi variables are provide as per patient load Adequate space in words with no cluttering of besi variables are provide as per patient load Introvent load of ward OB Distance between centres of two beds - 225 meter ME C1.20 Patient amenities are provide as per patient load introvent load of ward Q2 Q8 one tolet for 12 patients ME C1.20 Patient amenities are provide as per patient load introvent with running water are valiable as per strength and patient load of ward Q2 Q8 one tolet for 12 patients ME C1.20 Patient with running water are valiable as per strength and patient load of ward Q2 Q8 one tolet for 12 patients ME C1.20 Patient with running water are valiable as per strength and patient load of ward Q2 Q8 one tolet for 12 patients ME C1.20 Patient with running water are sported for attending area is provide for attending area is provide for attending area is provide for attending area is patient Q8 one one ME C1.20 ME C1 ME C1 | WE 8 6.7 | | Declaration is taken from the LAMA patient | | | | | |
| ME C.1.1 Departments have adequate space sper patient or work load Adequate space in work with no cluttering of beds 2 08 Distance between centres of two beds - 2.25 meter ME C.2 Patient amenities are provide as per patient load Functional toilets with running water and fluct are walkable as per strength and patient load of ward 2 08 one toilet for 12 patients ME C.2 Patient amenities are provide as per patient load Functional training water and fluct are walkable as per strength and patient load of ward 2 08 entoted for 12 patients ME C.2 Patient water in the space in wards with non cluttering of bed ward 2 08 Patient visit in the space in wards with non cluttering of bed ward ME C.2 Patient water in the space in wards with non cluttering of bed ward 2 08 Patient visit in the wards wards are available ME C.2 Patient visit in the wards grant are available of inving water 2 08 Patient visit in the wards grant are available Patient visit in the wards grant are space in the space in the wards grant are available of advectore 2 08 Patient visit in the wards grant are space in the s | Standard C1 | | The facility has infrastructure for delive | | | ucture meets the prevalent norms | | |
| or work kada Initianal toiles with running water and fluch are walable as per strength and patient kad of ward 2 08 one toilet for 12 patients L Patient amenities are provide as per patient kad Functional toilets with running water are available 2 08 Initianal toilet for 12 patients L Patient amenities are provide as per patient kad of ward 2 08 Initianal toilet for 12 patients L Availability of mining water 2 08 Initianal toilet for 12 patients L Availability of mining water 2 08 Initianal toilet for 12 patients L Availability of mining water 2 08 Initianal toilet for 12 patients L Availability of mining water 2 08 Initianal toilet for 12 patients L Availability of mining water 2 08 Initianal toilet for 12 patients L Adequate shaded waling area is provide for attending of gatient 2 08 Initianal toilet for 12 patients L Adequate shaded waling area is provide for attending of gatient 2 08 Initianal toilet for 12 patients | | | | | | | | |
| Me Li.X Patient amenties are provide as per patient load available as per strength and patient load of ward I OB one toxet for 12 patients Image: Strength and patient load of ward Image: Strength | MF (1.2 | | | | | | | |
| a sper strength and patient load of ward 2 OB Availability of drinking water 2 OB Patiently violation find wating area 2 OB Adequate shaded wating area 2 OB Adequate shaded wating area 2 OB | MIE C1.2 | Patient amenities are provide as per patient load | | 2 | OB | one toilet for 12 patients | | |
| Availability of drinking water 2 08 Pattert/visitor Hand washing area 2 08 Adequate shaded wishing area is provide for attendants of patient 2 08 | | | | 2 | ОВ | | | |
| Image: Constraint of a patient of visitor indivisiting area is provide for attendants of patient of pati | | | | 2 | ОВ | | | |
| Image: Constraint of patient Image: Constraint of patient <th< td=""><td></td><td></td><td>Patient/ visitor Hand washing area</td><td>2</td><td>OB</td><td></td><td></td></th<> | | | Patient/ visitor Hand washing area | 2 | OB | | | |
| ME f 1 2 Departments have layout and demarcated areas Augustavity of Departments have layout and demarcated areas Augustavity of Departments areas areas Augustavity of Departments areas area | | | attendants of patient | 2 | OB | | | |
| ME C1 2 Departments have layout and demandated areas Availability of Deficipled austian station 2 On | | Departments have been and the state | | 1 | | | | |
| as per functions | ME C1.3 | | Availability of Dedicated nursing station | 2 | OB | | | |
| Avsilability of Examination room 2 O8 | | | Availability of Examination room | 2 | OB | | L | |

IPD

| | | A set to be the set T was been as been as | 2 | OB | | |
|------------------------|--|--|----------------------------------|-----------------------------------|--|--|
| | | Availability of Treatment room Availability of Doctor's and Nurse Duty room Availability of Store | 2 | OB OB | Drug &Linen store | |
| | | Availability of Store Availability of clean and Dirty utility room | 2 | OB | Drug &Linen store Space between two beds should be at least 4 ft and | |
| ME C1.4 | The facility has adequate circulation area and open spaces according to need and local law | There is sufficient space between two bed to provide bed side nursing care and movement | 2 | OB | Space between two betts should be at least 4 it and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft | |
| | | Corridors are wide enough for patient, visitor and trolley/ equipment movement | 2 | ОВ | 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 | 2 | OB | | |
| ME C1.6 | Service counters are available as per patient load | There is a separate nursing station for each ward | 2 | OB | Location of nursing station and patients beds in enables easy and direct observation of patients | |
| ME C1.7 | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the | Availability of IPD beds as per load Surgical wards has functional linkages with OT | 2 | OB | | |
| | (structure commensurate with the function of the hospital) | Location of nursing station and patients beds enables | | | | |
| Standard C2 | | easy and direct observation of patients | 2 y ensures the physic | OB al safety of the infrastru | cture. | |
| ME C2.1 | The facility ensures the seismic safety of the infrastructure | Non structural components are properly secured | 2 | 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 | IPD building does not have temporary connections and loosely hanging wires | 2 | OB | Switch Boards other electrical installations are intact | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care | Floors of the ward are non slippery and even | 2 | OB OB | | |
| Standard C3 | | | 2 established Program | me for fire safety and ot | her disaster | |
| ME C3.1 | The facility has plan for prevention of fire | Ward has sufficient fire exit to permit safe escape to its occupant at time of fire | 2 | OB/SI | | |
| ME C3.2 | The facility has adequate fire fighting Equipment | Check the fire exits are clearly visible and routes to reach exit are clearly marked. IPD has installed fire Extinguisher that is Class A , Class | 2 | OB | | |
| | | B, C type or ABC type Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3 | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation | Check for staff competencies for operating fire extinguisher and what to do in case of fire | 2 | SI/RR | | |
| Standard C4 | | The facility has adequate qualified and t | | | ed services to the current case load | |
| ME C4.1 | The facility has adequate specialist doctors as per service provision | Availability of specialist doctor on call | 2 | OB/RR | | |
| ME C4.2 | The facility has adequate general duty doctors as per service provision and work load The facility has adequate nursing staff as per | Availability of General duty doctor at all time | 2 | OB/RR | | |
| ME C4.3 | service provision and work load The facility has adequate technicians/paramedics | Availability of Nursing staff | 2 | OB/RR/SI | As per patient load | |
| ME C4.4 | as per requirement | Availability of dresser in surgical ward | 2 | OB/SI/RR | | |
| ME C4.5 | The facility has adequate support / general staff | Availability of ward attendant/ Ward boy Availability Security staff | 2 | SI/RR SI/RR | | |
| Standard C5 | | | | nables required for assu | red services. | |
| ME C5.1 | The departments have availability of adequate drugs at point of use | Availability of Non-opioid Analgesics/Antipyretics/Anti Inflammatory medicines | 2 | OB/RR | As per DG-ESIC RC List | |
| | | Availability of Anti - Infective Medicines - Antibiotics, Antifungal | 2 | OB/RR | As per DG-ESIC RC List | |
| | | Availability of Solutions Correcting Water, Electrolyte Disturbance and Acid-base Disturbance | 2 | OB/RR | As per DG-ESIC RC List | |
| | | Availability of medicines acting on Cardiovascular System Availability of medicines acting on Central Nervous | 2 | OB/RR | As per DG-ESIC RC List | |
| | | System/Peripheral Nervous System Availability of dressing material and antiseptic | 2 | OB/RR OB/RR | As per DG-ESIC RC List As per DG-ESIC RC List | |
| | | liquid/cream/ lotion Medicines for Respiratory System | 2 | OB/RR OB/RR | As per DG-ESIC RC List | |
| | | Hormonal Preparation and other Endocrine Medicines | 2 | OB/RR | As per DG-ESIC RC List | |
| ME C5.2 | The departments have adequate consumables at | Availability of Medical gases Availability of dressing material in surgical wards | 2 | OB/RR OB/RR | Availability of Oxygen Cylinders As per DG-ESIC RC List | |
| | point of use | Availability of syringes and IV Sets /tubes | 2 | OB/RR OB/RR | As any DC CCC DC List | |
| ME C5.3 | Emergency drug trays are maintained at every | Availability of Antiseptic Solutions Availability of emergency drug tray | 2 | OB/RR | As per DG-ESIC RC List | |
| Standard C6 | point of care, where ever it may be needed | The facility has equ | uipment & instrumer | nts required for assured I | ist of services. | |
| ME C6.1 | Availability of equipment & instruments for examination & monitoring of patients Availability of equipment & instruments for | Availability of functional Equipment &Instruments for examination & Monitoring | 2 | OB | BP apparatus, Thermometer, fetoscope, baby and adult weighing scale, Stethoscope , Doppler | |
| ME C6.2 | treatment procedures, being undertaken in the facility Availability of equipment & instruments for | Availability of dressing tray for Surgical Ward | 2 | OB | | |
| ME C6.3 | diagnostic procedures being undertaken in the facility Availability of equipment and instruments for | Availability of Point of care diagnostic instruments | 2 | OB | Glucometer Adult bag and mask, Oxygen, Suction machine, Airway, | |
| ME C6.4 | resuscitation of patients and for providing intensive and critical care to patients | Availability of functional Instruments for Resuscitation. | 2 | ОВ | nebulizer, suction apparatus , LMA, Laryngoscope, ET tube | |
| ME C6.5 | Availability of Equipment for Storage | Availability of equipment for storage for drugs | 2 | 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 | 2 | ОВ | 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 attachment/ accessories with patient bed | 2 | OB | Hospital graded mattress, Bed side locker , IVstand, Bed pan | |
| | | Availability of Fixtures | 2 | ОВ | Spot light, electrical fixture for equipment like suction, X ray view box cupboard, nursing counter, table for preparation of | |
| Standard C7 | | Availability of furniture Facility has a defined and established procedure | 2 e for effective utilization | OB evaluation and augmentation | medicines, chair. | |
| 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 | 2 | RR/SI | Check objective checklist has been prepared for assessing competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Dashta checklist issued by MOHFW can be used for this purpose. | |
| ME C7.2 | Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year | Check for competence assessment is done at least once in a year | 2 | RR/SI | Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done | |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Patient Safety Basic Life Support | 2 | SI/RR SI/RR | | |
| | | Training on Quality Management System | 2 | SI/RR | To all category of staff. At the time of induction and once in a year. | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Nursing staff is skilled for maintaining clinical records | 2 | 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 | |
| | | | Area of Concern - [| | | |
| Standard D1 ME D1.1 | The facility has established system for maintenance of critical Equipment | The facility has established Program All equipment are covered under AMC including preventive maintenance | nme for inspection, 1 | si/RR | 1. Check with AMC records/ Warranty documents 2. Staff is aware of the list of equipment covered under | |
| | | There is system of timely corrective break down maintenance of the equipments | 2 | SI/RR | AMC. 1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the | |
| ME D1.2 | The facility has established procedure for internal | All the measuring equipments/ instrument are calibrated | 2 | OB/ RR | agency/person in case of breakdown. BP apparatus, thermometers etc are calibrated | |
| | and external calibration of measuring Equipment | campine di Cu | | | | |

| Norway and the start of the | | | | | | | |
|---|--|--|--|--|---|---|--|
| | Standard D2 | Th | e facility has defined procedures for storage | e, inventory manage | ment and dispensing of | drugs in pharmacy and patient care areas | |
| Name ControlNam | | There is established procedure for forecasting and | There is established system of timely indenting of | | | Stock level are daily updated | |
| Display | | | Drugs are stored in containers/tray/crash cart and are | | | Away from direct sunlight and temperature is | |
| Signed and any | | consumables | | | | | |
| | ME D2.4 | | Expiry dates' are maintained at emergency drug tray | 2 | OB/RR | maintained for emergency tray | |
| Normal statement in the statement in t | | | | | | | |
| CAD CompanyNormal and any and any | | | | 2 | RR | sub store | |
| Note of the sector of the s | ME D2.5 | | | 2 | SI/RR | on consumption | |
| <table-container>94009500<</table-container> | | | | 2 | RR/SI | Check record of drug received, issued and balance | |
| Any orange properties of a second of | ME D2.6 | | There is established system for replenishing drug tray | 2 | SI/RR | stock in hand and are regularly updated | |
| BATBARADE ADD ADD ADD ADD ADD ADD ADD ADD ADD | | | There is no stock out of drugs | 2 | OB/SI | | |
| Bit and the sector of the s | ME D2.7 | | requirement and records twice a day and are | 2 | OB/RR | updated twice a daily. | |
| Beak set in the | ME D2.8 | | | 2 | OB/SI | drugs. Separately kept, away from other drugs and | |
| <table-container>Normal Image: state in the state in</table-container> | Standard D3 | | | secure and comforta | ble environment to staf | | |
| Philabel product of a star of | ME D3.1 | | Adequate Illumination at nursing station | | | | |
| MAMMark and any | | The facility has provision of restriction of visitors in | | | | Potable spot light and it is used whenever it is required | |
| Image: state in the state interval inter | ME D3.2 | | | | | | |
| Mathematical< | | | visitors hours One family members is allowed to stay with the | | | | |
| dataensure interaction of the sector of the se | | The facility ensures safe and comfortable | | | | Fans/ Air conditioning/Heating/Exhaust/Ventilators as | |
| Normal sectorIndividuation of the sector of th | ME D3.3 | | | 2 | PI/OB | | |
| NameNotion | | | | 2 | SI/OB | Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement | |
| <table-container>NomeNoNomeNoNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNomeNom<</table-container> | ME D3.4 | | Security arrangement in IPD | 2 | OB/SI | | |
| NameNote of the data sequence of the data sequ | | | Identification band for all | 2 | OB | | |
| <table-container>Mark and the stand of the s</table-container> | ME D3.5 | | | | | | |
| Impubly Impubly Impubly Impubly Impubly Impubly Impubly | Standard D4 | Exterior of the facility building is maintained | | | | eep of the facility | |
| Net of 2Notice 2 min of the product of t | | appropriately | | | | | |
| NameNote of the second se | ME D4.2 | Patient care areas are clean and hygienic | Floors, walls, roof, roof topes, sinks patient care and | | | | |
| MathemMathemA C <th< td=""><td></td><td></td><td>Surface of furniture and fixtures are clean</td><td></td><td>OB</td><td>cobwebs</td><td></td></th<> | | | Surface of furniture and fixtures are clean | | OB | cobwebs | |
| and weight of the second second part of the second pa | | | water | | | | |
| No.100 No.100 hp.100 relation of the sector of the | ME D4.3 | Hospital infrastructure is adequately maintained | plaster | | | | |
| <table-container> Markate Control Index and mander of an and mathematic Control and mander of an and mathematic and mander of an and mander of an and mathematic and mander of an and mander of an and mathematic and mander of an and mander of an and mathematic and mathematical and mathmatematical and mathematical and mathmatematical and mat</table-container> | | | | | | Mattresses are intact and clean | |
| <table-container>With StateMarket and StateMarket and</table-container> | ME D4.5 | | | | | | |
| The fails years 2007 balance prove having a per reviewed of arrival and per terviewed met and per terviewed a | ME D4.6 | The facility has established procedures for pest, | No stray animal/rodent/birds | 2 | OB | | |
| Kir Di Kir Di | Standard DE | | | | | | |
| Markad part of a probability of a probab | Standard D5 | | The facility ensures 24X7 water and po | wer backup as per re | equirement of service de | livery, and support services norms | |
| | Standard DS ME D5.1 | The facility has adequate arrangement storage and supply for portable water in all functional | | | | livery, and support services norms | |
| Add a the general the G the G the G the G the G | ME D5.1 ME D5.2 | The facility has adequate arrangement storage and supply for portable water in all functional areas The facility ensures adequate power backup in all | Availability of 24x7 running and potable water Availability of power back up in patient care areas | 2 | OB/SI OB/SI | | |
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| Model all manage accessed accesed accessed accessed accesed accessed accessed accessed accessed a | ME D5.1 ME D5.2 StandardD6 ME D6.1 | The facility has adequate arrangement storage and supply for portable water in all functional areas. The facility ensures adequate power backup in all patient care areas as per load. The facility has provision of nutritional assessment of the patients. | Availability of 24x7 running and potable water Availability of power back up in patient care areas Dietary services are available Nutritional assessment of patient done as arequired and directed by obcotor Check for the adequacy and frequency of det as per | 2 2 e as per service provi 2 | OB/SI OB/SI sion and nutritional requ RR/SI | irement of the patients. Check that all items fixed in diet menu is provided to | |
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| Standard D11 Responsibilities of administrative and clinical staff are determined as per gord. regulations and galance contractual Resplat - contractual Resplat - contractual ME D11.0 The facility has established procedure for during income dat staff and and communicated of a during process staff is availed on and regunality and the period of the process staff is availed on and regunality and the period staff is availed on and regunality and the period staff is availed on and regunality and the period staff is availed on and regunality and the period is availed on | ME D5.1 ME D5.2 StandardD6 ME D6.1 ME D6.2 ME D6.3 Standard D7 ME D7.1 | The facility has adequate arrangement storage and supply for portable water in all functional arras The facility ensures adequate power backup in all patient care areas aper load The facility has provision of nutritional assessment of the axitims The facility provides dets according to nutritional requirements of the axitents Hogoital has standard procedures for preparation, nuaning, storage and distribution of dets, as per requirement of patients The facility has adequate sets of linen The facility has adequate sets of linen The facility has established procedures for changing of linen in axitent care areas The facility has established procedures for handing , the facility has adequate sets of linen | Availability of 24x7 running and potable water Availability of power back up in patient care areas Distant sessement of patient done as required and directed by dotor. Check for the adequacy and frequency of diet as per minitional requirement. Check for the Quality of diet provided There is procedure of requisition of different type of diet from ward to kitchen Chean Linens are provided for all occupied bed Goma are provided tates to the cases going for stargery Alaubility and sharest, pillow with pillow cover and machingh. There is system to check the cleanlines and Quantity | 2 2 a as per service provi 2 2 2 e facility ensures cles 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08/si on and nutritional requ RR/si OB/RR PI/Si RR/si an linen to the patients OB/RR OB/RR OB/RR OB/RR | urement of the patients. Check that all items fixed in diet menu is provided to the patient Aix patient/staff wather they are satisfied with the Quality of food diet for dabatic patients, low salt and high protein diet etc | |
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| | | Provisional Diagnosis is recorded | 2 | RR | | |
|---|---|---|---|--|--|--|
| | | Initial assessment and treatment is provided immediately | 2 | RB/SI | | |
| | | Initial assessment is documented preferably within 2 | | | | |
| | There is established procedure for follow-up/ | hours There is fixed schedule for assessment of stable | 2 | RR | | |
| ME E2.2 | reassessment of Patients | patients For critical patients admitted in the ward there is | 2 | RR/OB | | |
| | | provision of reassessment as per need | 2 | RR/OB | Criteria is defined for identification, and management | |
| | | There is system in place to identify and manage the changes in Patient's health status | 2 | SI/RR | of high-risk patients and patient whose condition is deteriorating | |
| | | Check the treatment or care plan is modified as per re assessment results | 2 | SI/RR | Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented | |
| | | assessment results | | | Assessment includes physical assessment, history, | |
| 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 | Check healthcare needs of all hospitalised patients are identified through assessment process | 2 | SI/RR | Assessment includes physical assessment, instoly, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors | |
| | | Check treatment/care plan is prepared as per patient's need | 2 | RR | (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. | |
| | | Check treatment / care plan is documented | 2 | RR | Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc | |
| | | Check care is delivered by competent multidisciplinary team | 2 | SI/RR | Check care plan is prepared and delivered as per direction of qualified physician | |
| Standard E3 | The facility has established procedure for | The facility has defined and | established procedu | res for continuity of care | of patient and referral | |
| ME E3.1 | continuity of care during interdepartmental transfer | Facility has established procedure for handing over of patients from one department to other department | 2 | SI/RR | | |
| | | There is a procedure for consultation of the patient to other specialist with in the hospital | 2 | RR/SI | | |
| ME E3.2 | The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care. | Patient referred with referral slip | 2 | RR/SI | | |
| | | Advance communication is done with higher centre | 2 | RR/SI | | |
| | | Referral vehicle is being arranged Referral in or referral out register is maintained | 2 | SI/RR RR | | |
| | | Facility has functional referral linkages to lower | 2 | SI/RR | Check for referral cards filled from lower facilities | |
| | | facilities There is a system of follow up of referred | 2 | RR | | |
| ME E3.3 | A person is identified for care during all steps of | patients Duty Doctor and nurse is assigned for each patients | 2 | RR/SI | | |
| Standard E4 | care | The facility ha | | ished procedures for nu | rsing care | |
| ME E4.1 | Procedure for identification of patients is established at the facility | There is a process for ensuring the patient's identification before any clinical procedure | 2 | OB/SI | Patient id band/ verbal confirmation/Bed no. etc. | |
| ME E4.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | Treatment chart are maintained | 2 | 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 | 2 | SI/RR | Check system is in place to give telephonic orders & practised 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 | 2 | SI/RR | | |
| | | Nursing Handover register is maintained Hand over is given bed side | 2 | RR SI/RR | | |
| ME E4.4 | Nursing records are maintained | Nursing notes are maintained adequately | 2 | RR/SI | Check for nursing note register. Notes are adequately written | |
| ME E4.5 | There is procedure for periodic monitoring of | Patient Vitals are monitored and recorded | 2 | RR/SI | Check for TPR chart, IO chart, any other vital required is monitored | |
| | patients | periodically Critical patients are monitored continually The facility has a | 2 procedure to identi | _{RR/SI} fy high risk and vulneral | | |
| Standard E5 | The facility identifies vulnerable patients and ensure | | a procedure to identi | Ty high risk and vulneral | | |
| | | Vulnerable patients are identified and measures are | - | (| Unstable, irritable, unconscious, Psychotic and serious | |
| ME ES.1 | their safe care | Vulnerable patients are identified and measures are taken to protect them from any harm | 2 | OB/SI | Unstable, irritable, unconscious. Psychotic and serious patients are identified | |
| ME E5.2 | The facility identifies high risk patients and ensure their care, as per their need | taken to protect them from any harm High risk patients are identified and treatment given on priority | 2 | OB/SI | patients are identified | |
| ME E5.2 Standard E6 | their safe care The facility identifies high risk patients and ensure their care, as per their need | taken to protect them from any harm High risk patients are identified and treatment given on priority Facility e Check for BHT if drugs are prescribed under generic | 2 nsures rationale pres | OB/SI scribing and use of medi | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic name only | taken to protect them from any harm High risk patients are identified and treatment given on priority Facility e Check for BHT If drugs are prescribed under generic name only Check for that relevant Standard treatment guideline | 2 | OB/SI | patients are identified | |
| ME E5.2 Standard E6 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic | taken to protect them from any harm High risk patients are identified and treatment given or priority Facility e Check for BHT If drugs are prescribed under generic name only Check for that relevant Standard treatment guideline are available at point of use | 2 nsures rationale pres 2 | OB/SI cribing and use of medi RR RR | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic name only | taken to protect them from any harm High risk patients are identified and treatment given on priority Check for BHT if drugs are prescribed under generic name only Check for that relevant Standard treatment guideline are available at goint of use | 2 nsures rationale pres 2 2 | OB/SI scribing and use of medi RR | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic name only | taken to protect them from any larm High risk patients are identified and treatment given on priority Facility e Check for BHT if drugs are prescribed under generic name only Check for BHT if drugs are described under generic name only Check for that relevant Standard treatment guideline are available at goot of use. Check soft is aware of the drug regime and does as per STG | 2 nsures rationale pres 2 2 2 | OB/SI cribing and use of medi RR RR SI/RR | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 ME E6.2 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic name only There is procedure of rational use of drugs There are procedures defined for medication review | taken to protect them from any larm High his patients are identified and treatment given on priority. Facility te Check for BirT if drugs are prescribed under generic name oriv Check for BirT if drugs are prescribed under generic check for BirT if drugs are prescribed under generic devices tarf is saver of the drug regime and doses as per STG Availability of drug formulary Complete medication history is documented for each | 2 nsures rationale pres 2 2 2 2 2 2 | OB/SI cribing and use of medi RR RR SI/RR SI/OB | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 ME E6.2 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic name only There is procedure of rational use of drugs There are procedures defined for medication review | taken to protect them from any harm. High risk patients are identified and treatment given on priority. Facility ce Check for BHT if drugs are prescribed under generic name only Check for BHT if drugs are prescribed under generic are available at ground treatment guideline are available at ground to due Check staf is aware of the drug regime and doses as per STG Availability of drug formulary Complete medication history is documented for each patient Established mechanism for Medication reconciliation | 2 nsures rationale pre: 2 2 2 2 2 | OB/SI scribing and use of media RR RR S/RR S//08 RR/08 | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 ME E6.2 | their safe care The facility identifies high risk patients and ensure their care, as per their need The facility ensured that drugs are prescribed in generic name only There is procedure of rational use of drugs There are procedures defined for medication review | taken to protect them from any harm. High risk patternis are identified and treatment given on priority Facility of Check for BHT if drugs are prescribed under generic mane only Check for BHT if drugs are prescribed under generic mane only Check for that relevant Standard treatment guideline are available at goint of use Check staff is aware of the drug regime and doses as per STG Availability of drug formulary Complete medication history is documented for each patient Established mechanism for Medication reconciliation process Medicine are reviewed and optimised as per individual | 2 nsures rationale pre: 2 2 2 2 2 | OB/SI scribing and use of media RR RR SJ/RR RR/OB SJ/RR | patients are identified Cress Check BHT that drugs are prescribed as per STG Check BHT that drugs are prescribed as per STG Nurse confirms patient's name, prescription details and medical history before drug administration at bed- ide, during transfer of care and at the time of discharge 1. Medication Reconciliation is carried out by a trained and competent health professional during the patient's admission, interdepatientent transfer or discharged 2. Medicine reconciliation is identified by trained and competent health professional during the patient's dismission, interdepatientent transfer or discharged 2. Medication receives its professional during the patient's distribution drugs 2. Medicines are informed for some groups like 1. Medication review is performed for some groups with driving 2. Medicines multiple medicines, people etc. 3. Medicines are profiled as periodications, 3. Medicines are onlined as periodications, 3. Medicines are onlined as a periodications, 3. Medicines are onlined as a periodications, 3. Medication review is performed for some groups like 3. Medications, 3. Medicines are onlined as periodications, 3. Medications, 3. Medicines are onlined as periodications, 3. Medications, 3. Me | |
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| ME E5.2 Standard E6 ME E6.1 ME E6.2 ME E6.3 ME E6.3 Standard E7 | their safe care The facility identifies high risk, patients and ensure their care, as per their need The facility identifies high risk, patients and ensure their rane only There is proceedure of rational use of drugs There are proceedures defined for medication review and optimization | taken to protect them from any harm. High risk patients are identified and treatment given on priority Check of prif if drugs are prescribed under generic name only Check of prif if drugs are prescribed under generic Check staft is aware of the drug regime and does as portion Check staft is aware of the drug regime and does as portion Complete medication history is documented for each patient Complete medication history is documented and communicated for each patient at the time of discharge Patients are engaged in their own care The facility High alert drugs available in department are identified Maximum does of high alert drugs are defined and | 2 nsures rationale pres 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB/SI scribing and use of media RR RR Sy/RR RR/OB S//RR S//RR S//RR PV/SI res for safe drug admini | patients are identified | |
| ME E5.2 Standard E6 ME E6.1 ME E6.2 ME E6.3 ME E6.3 Standard E7 | their safe care The facility identifies high risk, patients and ensure their care, as per their need The facility identifies high risk, patients and ensure their rane only There is proceedure of rational use of drugs There are proceedures defined for medication review and optimization | taken to protect them from any harm. High risk spatients are identified and treatment given on priority. Facility c Check of DHT if drugs are prescribed under generic any endormal standard treatment guideline are available at point of use. Check soft are available at point of use. Complete medication history is documented for each patient Catablished mechanism for Medication recorciliation process Medicine are reviewed and optimised as per individual treatment plan Complete medication history is documented and communicated for each patient at the time of discharge Patients are engaged in their own care The facility High alert drugs available in department are identified | 2 surves rationale pre- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | O6/SI Scribing and use of media RR SV/RR SV/RR SV/RR SV/RR SV/RR PV/SI res for safe drug adminic SV/08 | patients are identified | |

| ME E7.2 | Medication orders are written legibly and | Every Medical advice and procedure is | 2 | RR | | |
|--|---|---|--|---|--|--|
| | adequately | accompanied with date , time and signature Check for the writing, It comprehendible by the | 2 | RR/SI | | |
| ME E7.3 | There is a procedure to check drug before | clinical staff Drugs are checked for expiry and other | 2 | OB/SI | | |
| | administration/ dispensing | inconsistency before administration Check single dose vial are not used for more than one | 2 | OB | Check for any open single dose vial with left over | |
| | | dose Check for separate sterile needle is used every time for | 2 | OB | content intended to be used later on | |
| | | multiple dose vial | | | In multi dose vial needle is not left in the septum Adverse drug event trigger tool is used to report the | |
| | | Any adverse drug reaction is recorded and reported | 2 | RR/SI | events | |
| ME E7.4 | There is a system to ensure right medicine is given to right patient | Check Nursing staff is aware 7 Rs of Medication and follows them | 2 | SI/RR | Administration of medicines done after ensuring right patient, right drugs, right route, right time, Right dose, | |
| ME E7.5 | Patient is counselled for self drug administration | Patient is advice by doctor/ Pharmacist /nurse about | 2 | | Right Reason and Right Documentation | |
| Standard E8 | | the dosages and timings . The facility has defined and established p | | aining, updating of patie | nts' 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 | 2 | RR | (Manually/e-records) | |
| ME E8.2 | All treatment plan prescription/orders are recorded in the patient records. | Treatment plan, first orders are written on BHT | 2 | RR | Treatment prescribed inj nursing records (Manually/e- records) | |
| ME E8.3 | Care provided to each patient is recorded in the patient records | Maintenance of treatment chart/treatment registers | 2 | RR | Treatment given is recorded in treatment chat (Manually/e-records) | |
| ME E8.4 | Procedures performed are written on patients records | Any procedure performed written on BHT | 2 | RR | Dressing, mobilization etc (Manually/e-records) | |
| 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 | 2 | RR/OB | Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc. | |
| ME E8.6 | Register/records are maintained as per guidelines | Registers and records are maintained as per guidelines | 2 | RR | General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, Diet register, Linen register, Drug intend register | |
| | | All register/records are identified and numbered | 2 | RR | | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | Safe keeping of patient records | 2 | OB | | |
| Standard E9 ME E9.1 | Discharge is done after assessing patient readiness | | efined and establishe | d procedures for dischar SI/RR | ge of patient. | |
| | | Discharge is done by a responsible and qualified doctor | | - | | |
| | | after assessment in consultation with treating doctor | 2 | SI/RR | Discharge is done in consultation with treating doctor | |
| | Case summary and follow-up instructions are | Patient / attendants are consulted before discharge | 2 | PI/SI | | |
| ME E9.2 | provided at the discharge | Discharge summary is provided | 2 | RR/PI | See for discharge summary, referral slip provided. | |
| | | Discharge summary adequately mentions patients clinical condition, treatment given and follow up | 2 | RR | | |
| | | Discharge summary is give to patients going in LAMA/Referral | 2 | SI/RR | | |
| ME E9.3 | Counselling services are provided as during discharges wherever required | Patient is counselled before discharge | 2 | 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 | |
| Standard E11 | | Time of discharge is communicated to patient in prior The facility has defined and est | 2 tablished procedures | PI/SI | and Disaster Management | |
| ME E11.3 | The facility has disaster management plan in place | Staff is aware of disaster plan | 2 | SI/RR | | |
| | | Role and responsibilities of staff in disaster is defined | 2 | SI/RR | | |
| Standard E12 ME E12.1 | There are established procedures for Pre-testing | Container is labelled properly after the sample | defined and establish | ned procedures of diagno | stic services | |
| ME E12.3 | Activities There are established procedures for Post-testing | collection Nursing station is provided with the critical value of | 2 | SI/RR | | |
| Standard E13 | Activities | different tests The facility has defined and estal | | ., | anagement and Transfusion. | |
| ME E13.9 | There is established procedure for transfusion of blood | Consent is taken before transfusion | 2 | RR | | |
| | | Patient's identification is verified before transfusion | 2 | | | |
| | | | - | SI/OB | | |
| | | blood is kept on optimum temperature before transfusion | 2 | SI/OB RR | | |
| | | transfusion Blood transfusion is monitored and regulated by qualified person | 2 | RR SI/RR | | |
| | | transfusion Blood transfusion is monitored and regulated by qualified person Blood transfusion note is written in patient recorded | 2 | RR | | |
| ME E13.10 | There is a established procedure for monitoring and reporting Transfusion complication | transfusion Blood transfusion is monitored and regulated by qualified person | 2 | RR SI/RR | | |
| ME E13.10 Standard E14 | and reporting Transfusion complication | transfusion Blood transfusion is monitored and regulated by qualified person Blood transfusion note is written in patient recorded Any majroprot in transfusion reaction is recorded and reported to responsible person The facility | 2 2 2 2 2 | RR SI/RR RR | ervices | |
| | | transfusion Blood transfusion is monitored and regulated by qualified perion Blood transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person | 2 2 2 2 2 | RR SI/RR RR RR | ervices | |
| Standard E14 ME E14.1 Standard E16 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records | transfusion Blood transfusion is monitored and regulated by qualified person Blood transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person The facility Pre anaesthesia check up is conducted for elective / Planned surgeries | 2 2 2 has established proc 2 hed procedures for th | RR SI/RR RR RR Cedures for Anaesthetic S SI/RR he management of deat | | |
| Standard E14 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records | transfusion Biod transfusion is monitored and regulated by qualified genom Biod transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person The facility Pre anaesthesia check up is conducted for electiv / planned superiers | 2 2 2 has established proc 2 | RR SI/RR RR RR cedures for Anaesthetic S SI/RR | | |
| Standard E14 ME E14.1 Standard E16 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling | transfusion Blood transfusion is monitored and regulated by qualified genom Blood transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person The facility Pre anaesthesia check up is conducted for electher / Pinande surgeries The facility has defined and establis Facility has a standard procedure to decemt Seath of death to relatives Death note is written on patient record Deats summary is given to patient attendant quoting | 2 2 2 has established proc 2 hed procedures for tl 2 | RR SI/RR RR RR cedures for Anaesthetic S SI/RR te management of deatt | | |
| Standard E14 ME E14.1 Standard E16 ME E16.1 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records Death of admitted patient is adequately recorded and communicated | transfusion Biod transfusion is monitored and regulated by qualified genom Biod transfusion note is written in patient recorded and reported to responsible person The facility Pre assetthesis check up is conducted for electric / Planned surgeries The facility has defined and establiss Chef facility has defined and establiss Chef facility has defined and establiss Definition of death to relatives Death note is written on patient record Death sammary is given to patient attendant quoting the immediate cause and underlying cause if possible | 2 2 2 has established proc 2 hed procedures for tl 2 2 2 | RR Sy/RR RR RR Cedures for Anaesthetic S Sy/RR he management of deatl SI BR | | |
| Standard E14 ME E14.1 Standard E16 ME E16.1 ME E16.2 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling | transfusion Biod transfusion is monitored and regulated by qualified genom Biod transfusion note is written in patient recorded Any major or mion transfusion reaction is recorded and reported to responsible person The facility has defined and establis The facility has defined and establis Death note i written on patient record Death note i written on patient record Death nore i written geforts done for resuscitation is noted in patient record | 2 2 2 has established proc 2 hed procedures for tl 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR SV/RR RR RR SV/RR SV/RR RR SV/RR RR RR RR RR SV/RR | & bodies of deceased patients | |
| Standard E14 ME E14-1 Standard E16 ME E16-1 ME E16-2 Standard E23 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling the death in the hospital | transfusion Biod transfusion is monitored and regulated by qualified genom Biod transfusion note is written in patient recorded and reported to responsible person The facility Pre anaesthesia check up is conducted for elective / planned surgeries The facility has defined and establis Exclity has a standard procedure to decent communication of death to relatives Death note i written an patient record Death summary is given to patient attendard quoting the immediate cause and underlying cause it possible Death nore invitioning efforts done for resuscitation is need in patient record The facility provides N | 2 2 2 has established proc 2 hed procedures for tl 2 2 2 2 National He. National He. | RR SV/RR RR RR SV/RR SV/RR SV/RR RR SV/RR RR RR RR RR RR RR RR RR RR RR SV/RR | & bodies of deceased patients Bedies of deceased patients Clinical Guidelines (a) Treatment of mental illness symptoms & associated | |
| Standard E14 ME E14.1 Standard E16 ME E16.1 ME E16.2 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling | transfusion Biod transfusion is monitored and regulated by qualified genom Biod transfusion note is written in patient recorded Any major or mion transfusion reaction is recorded and reported to responsible person The facility has defined and establis The facility has defined and establis Death note i written on patient record Death note i written on patient record Death nore i written geforts done for resuscitation is noted in patient record | 2 2 2 has established proc 2 hed procedures for tl 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | RR SV/RR RR RR SV/RR SV/RR RR SV/RR RR RR RR RR SV/RR | s & bodies of deceased patients | |
| Standard E14 ME E14-1 Standard E16 ME E16-1 ME E16-2 Standard E23 | and reporting Transfusion complication The facility has established procedures for Pre- anaesthetic Check up and maintenance of records Death of admitted patient is adequately recorded and communicated The facility has standard procedures for handling the death in the hospital The facility provides services under Mental Health Programme as per guidelines The facility provides services under National Programme for the health care of the elderhy as per guidelines | transfusion Biod transfusion is monitored and regulated by qualified genom Biod transfusion note is written in patient recorded Any major or minor transfusion reaction is recorded and reported to responsible person The facility Pre anaesthesia check up is conducted for elective / Pianod surgeries The facility has defined and establis Facility has a standard procedure to decent communication of death to relatives. Death and is written on patient attendant quoting the immediate cause and underlying cause if possible Death one is written on patient coord Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible Death one inviding efforts done for resuscitation is noted in patient record The facility provides Ni Management of mental liness as per guidelines | 2 2 2 has established proc 2 hed procedures for tt 2 2 2 National Heith Progra 2 2 | RR Sy/RR RR RR Cedures for Anaesthetic S Sy/RR R RA Sy/RR RR RR BR RR BR BR Sy/RR RR Sy/RR Sy/RR | K bodies of deceased patients Clinical Guidelines (a) Treatment of mental illnes symptoms & associated condition (a) Basic psych education about treatment (b) Motivation enhancement (c) Reduction of hyrir ike henviour (d) Relape prevention (e) Counselling free Couperional relab. | |
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| | | Psychosocial support is provided | 2 Area of Concern - | SI/RR F Infection Control | (a) Basic psycho education about treatment adherence (b) Motivation enhancement (c) Reduction of high risk behaviour (d) Relapse prevention (e) Facreation facility (c) Patient support group / individual counselling | |
|--|---|--|--|---|--|---------|
| Standard F1 | The | | | | asurement of hospital associated infection | |
| | The facility measures hospital associated infection | There is procedure to report cases of Hospital acquired | | | Patients are observed for any sign and symptoms of | |
| ME F1.3 | rates | infection | 2 | SI/RR | HAI like fever, purulent discharge from surgical site . | |
| ME F1.4 | There is Provision of Periodic Medical Check-up | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxoid etc | |
| | and immunization of staff | Periodic medical check-ups of the staff | 2 | SI/RR | | |
| | The facility has established procedures for regular | | | | Hand washing and infection control audits done at | |
| ME F1.5 | monitoring of infection control practices | Regular monitoring of infection control practices | 2 | SI/RR | periodic intervals | |
| ME F1.6 | The facility has defined and established antibiotic | Check for Doctors are aware of Hospital Antibiotic | 2 | SI/RR | | |
| Standard F2 | policy | Policy The facility has defined and Imp | lemented procedure | | ene practices and antisensis | |
| ME F2.1 | Hand washing facilities are provided at point of | | 2 | ОВ | Check for availability of wash basin near the point of | |
| WE F2.1 | use | Availability of hand washing Facility at Point of Use | | | use along with elbow operated tap | |
| | | Availability of running Water | 2 | OB/SI | Ask to Open the tap. Ask Staff water supply is regular | |
| | | Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser. | 2 | OB/SI | Check for availability/ Ask staff if the supply is adequate and uninterrupted | |
| | | Availability of Alcohol based Hand rub | 2 | OB/SI | Check for availability/ Ask staff for regular supply. | |
| | | | | | Prominently displayed above the hand washing facility | |
| | | Display of Hand washing Instruction at Point of Use | 2 | OB | , preferably in Local language | |
| ME F2.2 | The facility staff is trained in hand washing practices and they adhere to standard hand | Adherence to 6 steps of Hand washing | 2 | SI/OB | Ask of demonstration | |
| | washing practices | | | | | |
| | The facility ensures standard practices and | Staff aware of when to hand wash | 2 | SI | | |
| ME F2.3 | materials for antisepsis | Availability of Antiseptic Solutions | 2 | OB | | |
| | | Proper cleaning of procedure site with antisepsis | 2 | OB/SI | like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter | |
| Standard F3 | | The facility ensure | s standard practices | and materials for Perso | nal protection | |
| ME F3.1 | The facility ensures adequate personal protection | Clean gloves are available at point of use | 2 | OB/SI | | |
| | Equipment as per requirements | Availability of Masks | 2 | OB/SI | | |
| ME F3.2 | The facility staff adheres to standard personal | No reuse of disposable gloves, Masks, caps and aprons. | 2 | OB/SI | | |
| | protection practices | Compliance to correct method of wearing and | | | | |
| | | removing the PPE | 2 | SI | Gloves, Masks, Caps and Aprons | |
| Standard F4 | | The facility has stand | lard procedures for p | processing of equipment | | |
| ME F4.1 | The facility ensures standard practices and materials for decontamination and cleaning of instruments and | Decontamination of operating & Procedure surfaces | 2 | SI/OB | Ask staff about how they decontaminate the procedure surface like Examination table , Patients Beds | |
| ME F4.1 | procedures areas | Decontamination or operating & Procedure surfaces | - | 30/06 | Stretcher/Trolleys etc. (Wiping with 0.5% Chlorine solution | |
| | - | | | | (Wiping with 0.5% Chlorine solution | |
| | | | | | | |
| | | | 2 | SI/OB | Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination | |
| | | Proper Decontamination of instruments after use | 2 | SI/UB | Instruments, Blood Pressure Cuff etc | |
| | | | | | (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable | |
| | | | | | | |
| | | Contact time for decontamination is adequate | 2 | SI/OB | 10 minutes | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | Cleaning is done with detergent and running water | |
| | | - | | | after decontamination No sorting ,Rinsing or sluicing at Point of use/ Patient | |
| | | Proper handling of Soiled and infected linen | 2 | SI/OB | care area | |
| | The facility ensures standard practices and materials for | Staff know how to make chlorine solution | 2 | SI/OB | | |
| ME F4.2 | disinfection and sterilization of instruments and | Equipment and instruments are sterilized after each use as per requirement | 2 | OB/SI | Autoclaving/HLD/Chemical Sterilization | |
| | equipment | | | | | |
| | | High level Disinfection of instruments/equipments is | | | | |
| | | | 2 | OB/SI | Ask staff about method and time required for boiling | |
| | | done as per protocol Autoclaved dressing material is used | 2 | OB/SI OB/SI | Ask staff about method and time required for boiling | |
| Standard F5 | | Autoclaved dressing material is used Physical layout and environe | 2 | OB/SI | | |
| | The facility ensures availability of standard materials | Autoclaved dressing material is used | 2 | OB/SI | res infection prevention | |
| | The facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Autoclaved dressing material is used Physical layout and environr | 2 nental control of the | OB/SI patient care areas ensu | | |
| | The facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Autoclaved dressing material is used Physical layout and environr | 2 nental control of the | OB/SI patient care areas ensu | res infection prevention | |
| ME F5.2 | The facility ensures availability of standard materials for cleaning and disinfection of patient care materials The facility ensures standard practices are followed for | Autoclaved dressing material is used Physical layout and environr Availability of disinfectant as per requirement Availability of cleaning agent as per requirement | 2 mental control of the 2 2 | OB/SI patient care areas ensu OB/SI OB/SI | res Infection prevention Chlorine solution, Glutaraldehyde, carbolic acid | |
| ME F5.2 | for cleaning and disinfection of patient care areas | Autoclaved dressing material is used Physical layout and environs Availability of disinfectant as per requirement | 2 nental control of the 2 | OB/SI patient care areas ensu OB/SI | res Infection prevention Chlorine solution, Glutaraldehyde, carbolic acid | |
| ME F5.2 | for cleaning and disinfection of patient care areas The facility ensures standard practices are followed for | Autoclaved dressing material is used Physical layout and environr Availability of disinfectant as per requirement Availability of cleaning agent as per requirement | 2 mental control of the 2 2 | OB/SI patient care areas ensu OB/SI OB/SI | res Infection prevention Chlorine solution, Glutaraldehyde, carbolic acid | |
| | for cleaning and disinfection of patient care areas The facility ensures standard practices are followed for | Autoclaved dressing material is used Physical layout and environs Availability of disinfectant as per requirement Availability of cleaning agent as per requirement Staff is trained for spill management | 2 mental control of the 2 2 2 2 2 2 | 08/SI patient care areas ensu 08/SI 08/SI SI/RR | res Infection prevention Chlorine solution, Glutaraldehyde, carbolic acid | |
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| ME F5.4 Standard F6 ME F6.1 | for cleaning and disinfection of patient care areas The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas The facility ensures segregation infectious patients The facility ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines The facility ensures management of sharps as per | Autoclaved dessing material is used Physical layout and environm Availability of disinfectant as per requirement Availability of cleaning agent as per requirement Availability of cleaning agent as per requirement Staff is trained for spill management Cleaning of patient care area with detergent solution staff is parised to preparing cleaning solution as per followed Sounder particles of mopile and scrubbing are followed Cleaning equipments (be brown are not used in patient care areas Substantian datamire nursing procedure are followed for specic cares Substantian and barrie nursing procedure are followed for specic cares Substantian and barrie nursing procedure are followed for specic cares Substantian and barrie nursing procedure are followed and ability of colour coded inns at point of wastse generation Availability of colour coded non chlorinated plastic bas Segregation of infected plastic waste in red bin Dipplay of work instructions for segregation and handing of formedical waste Availability of functional and solied waste in velicow Bin Dipplay of work instructions for segregation and handing of formedical waste Availability of functional meedle cutters Segregation of afters proof, take proof, tamper proof containers Saff horows what to do in condition of needle stick inputy Contaminated and broken Glass, are disposed in | 2 nental control of the 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 08/3 patient care areas ensu 08/3 patient care areas ensu 08/3 SJ/RR SJ/RR 08/5 08/5 08/5 08/5 08/5 08/5 08 08 08 08 08 08 08 08 08 08 08 08 08 | res infection prevention Chlorine solution, Giutaraldehyde, carbolic add Hoopital grade phenyl, disinfectant detergent solution Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in a rationable be avoided disposal of Bio Medical and hazardous Was Adequate number. Covered. Foot operated. Human Anatomical waste, Items contaminated with blood, body fluids, dressings, plaster casts, corton swaks and bags containing resultat or discarded blood and blood components. Rems such as tubing, bottles, intravenous tubes and sets, catheters, since bags, syringe (without needles and had blood components). Rems such as tubing, bottles, intravenous tubes and sets, catheters, since bags, syringe (without needles). Sec of it has been used or just lying idle. Should be available nears the point of generation. Needles, yringe with heat needles, needles, form poncture and cust. This incides both used, discarded and contaminated and always Ak flavailable. Where it is stored and who is in charge of that. Saff Lorons what to do in case of shape injury. Whom to report. See if any reporting has been done | ie. |
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| | | Staff is aware of mercury spill management | 2 | si/RR | Look for: 1. Split area execution 2. Sensorial of Jewellery 3. Wear PFL 4. Use of flashight to locate mercury beads 5. Use syntage without a needleynedropper and sticky type to such the beats in leak proof bag or container 6. Collection of beads in leak proof bag or container 5. Collection of beads in leak proof bag or containers 5. All the mercury split suffaces should be decontainingted with DSK soldum thissolfate solution 9. All the bags or containers containing items contaminated with mercury should be manked as "Nazardost Waste, Handle with Care" 10. Collected mercury waste should be handed over to the CBMWTF | |
|-------------------------|--|---|-------------------------|---|--|--------|
| Standard G1 | | | | Quality Management framework for quality i | mprovement | |
| ME G1.1 | Facility has a quality team in place | Quality circle has been formed in the IPD | 2 | SI/RR | Check if quality circle formed and functional with a designated nodal officer for quality | |
| Standard G2 | | The facility has a | established system fo | or patient and employee | | |
| ME G2.1 | Patient satisfaction surveys are conducted at periodic intervals | Patient satisfaction survey done on monthly basis | 2 | RR | | |
| Standard G3 | The facility has established internal quality | The facility have established internal There is system daily round by Hospital | | | | |
| ME G3.1 | assurance programme in key departments | superintendent/ Hospital Manager/ Matron in charge for monitoring of services | 2 | SI/RR | Check for entries in Round Register | |
| ME G3.2 | The facility has established external assurance programmes at relevant departments | | 2 | | | |
| ME G3.3 | The facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed | |
| | Actions are planned to address see above 1 | | | | during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 | Planned actions are implemented through Quality Improvement Cycles (PDCA) | Check PDCA or revalent quality method is used to take corrective and preventive action | 2 | SI/RR | Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report | |
| Standard G4 | The facilit Departmental standard operating procedures are | y has established, documented implemented Standard operating procedure for department has | | | dures for all key processes and support ser | vices. |
| ME G4.1 | available | been prepared and approved Current version of SOP are available with process | 2 | RR | | |
| | | owner | 2 | OB/RR | | |
| | Standard Operating Procedures adequately | Work instruction/clinical protocols are displayed Department has documented procedure for receiving | 2 | OB | Patient safety, CPR | |
| ME G4.2 | describes process and procedures | and initial assessment of the patient | 2 | RR | | |
| | | Department has documented procedure for admission, shifting and referral Of patient | 2 | RR | | |
| | | Department has documented procedure for requisition of diagnosis and receiving of the reports | 2 | RR | | |
| | | Department has documented procedure for preparation of the patient for surgical procedure | 2 | RR | | |
| | | Department has documented procedure for transfusion of blood | 2 | RR | | |
| | | Department has documented procedure for maintenance of rights and dignity of Patient | 2 | RR | | |
| | | Department has documented procedure for record eminence including taking consent | 2 | RR | | |
| | | Department has documented procedure for counselling of the patient at the time of discharge | 2 | RR | | |
| | | Department has documented procedure for environmental cleaning and processing of the equipment | 2 | RR | | |
| | | Department has documented procedure for sorting, and distribution of clean linen to patient | 2 | RR | | |
| | | Department has documented procedure for end of life care | 2 | RR | | |
| ME G4.3 | Staff is trained and aware of the procedures written in SOPs | Check staff is a aware of relevant part of SOPs | 2 | SI/RR | | |
| Standard G 5 ME G5.1 | The facility maps its critical processes | The facility maps its key processes and seek Process mapping of critical processes done | s to make them mor 2 | e efficient by reducing n SI/RR | on value adding activities and wastages | |
| ME G5.2 | The facility identifies non value adding activities / waste / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| ME G5.3 | The facility takes corrective action to improve the | Processes are rearranged as per requirement | 2 | SI/RR | | |
| Standard G6 | processes | The facility has defined mission, val | ues, Quality policy & | objectives & prepared | strategic plan to achieve them Check quality policy of the facility has been defined in | |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | Check if Quality Policy has been defined and approved | 2 | SI/RR | consultation with hospital staff and duly approved by the head of the facility . Also check Quality Policy enables achievement of mission of the facility and | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | SI/RR | health department 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, | |
| ME G6.5 | Mission, Values, Quality policy and objectives are | Check of staff is aware of Mission , Values, Quality | 2 | SI/RR | Relevant and Time Bound. Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is | |
| | effectively communicated to staff and users of services | Policy and objectives | | - | displayed prominently in local language at Key Points | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | The facility uses method for our lite immersion in | | | t by practicing Quality r | | |
| ME G7.1 | The facility uses method for quality improvement in services | Basic quality improvement method Advance quality improvement method | 2 | SI/OB SI/OB | PDCA & SS Six sigma, lean. | |
| ME G7.2 Standard G9 | The facility uses tools for quality improvement in services | Advance quality improvement method 7 basic tools of Quality Facility has established procedures | 2 | SI/RR | Minimum 2 applicable tools are used in each department | |
| ME G9.6 | 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 | 2 | si/RR | Cas per KISK Management Plan 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. | |
| 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 | SaQushal assessment toolkit is used for safety audits. | 2 | SI/RR | 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | |
| ME G9.8 | Risks identified are analysed evaluated and rated for severity | Identified risks are analysed for severity | 2 | SI/RR | Action is taken to mitigate the risks | |
| Standard G10 | | The facility has established clinic | al Governance framewo | rk to improve quality and saf | ety of clinical care processes Check parameter are defined & implemented to review | |
| ME G10.3 | Clinical care assessment criteria have been defined and communicated | The facility has established procedures to review the clinical care processes | 2 | SI/RR | Cites, parameter are benned & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. | |
| | | | | | | |

| | | Check regular ward rounds are taken to review case progress | 2 | SI/RR | (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- | |
|-------------|---|---|-----------------------|--------------------------------|--|--|
| | | Check the patient /family participate in the care evaluation | 2 | SI/RR | Feedback is taken from patient/family on health status of individual under treatment | |
| | | Check the care planning and co- ordination is reviewed | 2 | SI/RR | System in place to review internal referral process, review clinical handover information, review patient understanding about their progress | |
| ME G10.4 | Facility conducts the periodic clinical audits including prescription, medical and death audits | There is procedure to conduct medical audits | 2 | SJ/RR | Check matical audit records (s) Competition of the medical records i.e. Medical holdware program to reast internet, investigations outcome of the case patient diversition, edimention outcome of the case patient diversition, edimention of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient of the individual cases (r) whether the goals defined in treatment plan is met for the individual cases (r) Advence dirical vends are documented (r) Re admission | |
| | | There is procedure to conduct death audits | 2 | SI/RR | (1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required) | |
| | | There is procedure to conduct referral audits | 2 | SI/RR | Check for -valid sample size, data is analysed, poor performing attributes are identified and improvement initiatives are undertaken | |
| | | All non compliance are enumerated & recorded for medical audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated & recorded for newborn death audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated & recorded for referral audits | 2 | SI/RR | Check the non compliances are presented & discussed during clinical Governance meetings | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines & implementation tools at point of care | Check standard treatment guidelines / protocols are available & followed. | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines/best practices | |
| | | Check treatment plan is prepared as per Standard treatment guidelines | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan | |
| | | Check the drugs are prescribed as per Standards treatment guidelines | 2 | SI/RR | Check the drugs prescribed are available in EML or part of drug formulary | |
| | | Check the updated/latest evidence are available | 2 | SI/RR | Check when the STG/protocols/evidences used in healthcare facility are published. Whether the STG protocols are according to current evidences. | |
| | | Check the mapping of existing clinical practices processes is done | 2 | SI/RR | The gaps in clinical practices are identified & action are taken to improve it. Look for evidences for improvement in clinical practices using PDCA | |
| Standard H1 | | The facility measures Productiv | Area of Concer | | tate (National honohmarks | |
| ME H1.1 | Facility measures productivity Indicators on monthly | Bed Occupancy Rate of Medical Wards | | RR RR | | |
| | basis | Bed Occupancy Rate for surgical wards | 2 | RR | | |
| Standard H2 | | Number of the patients screened for pain The facility measures Eff | 2 | RR d ensure to reach State/ | National Benchmark | |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | | 2 | RR RR | | |
| | , manager and the second | Bed Turnover rate | 2 | RR | | |
| | | Discharge rate | 2 | RR RR | | |
| | | No. of drugs stock out in the ward Percentage of in-patients with complete screening for | 2 | RR | | |
| | | nutritional needs Patient's fall rate | 2 | RR | | |
| Standard H3 | | The facility measures Clinical | | | ate/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on monthly basis | Average length of stay for Medical wards | 2 | RR | | |
| | | Average length for surgical wards Time taken for initial assessment | 2 | RR | | |
| | | Time taken for initial assessment Medication error per 1000 patient days | 2 | RR | | |
| Standard H4 | Facility management from the Analysis for the factors | The facility measures Service | Quality Indicators an | | tate/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | LAMA Rate | 2 | RR | | |
| | | Patient Satisfaction Score | 2 | RR | | |

| | National | Quality Assurance Standa | ards for Dis | strict Hospit | als | Version: DH/NQAS-2020/00 |
|------------------------|---|--|--------------------|-----------------------------|---|--------------------------|
| | | Checklist for Bloc | od Bank | | | 14 |
| | | A | ssessment | Summary | | |
| Name of th | he Hospital | | | | Date of Assessment | |
| | Assessors | | | | Names of Assessees | |
| | | | | | | |
| Type of As | sessment (Internal/External) | | | | Action plan Submission Date | |
| | | Bl | ood Bank S | Score Card | | |
| | Area of Concern wise | Score | Blood B | Bank Scor | e | |
| Α | Service Provision | 100% | | | | |
| В | Patient Rights | 100% | | | | |
| с | Inputs | 100% | | | | |
| D | Support Services | 100% | | | 1000/ | |
| E | Clinical Services | 100% | | | 100% | |
| F | Infection Control | 100% | | | | |
| G | Quality Management | 100% | | | | |
| н | Outcome | 100% | | | | |
| | | 10070 | | | | |
| | Major Gaps Observed | | | | | |
| | major Japs Observed | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | Strengths / Good Practices | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | Recommendations/ Opportunites f | or Improvement | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| | | | | | | |
| 5 | Signature of Accessor | | | | | |
| | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Compliance | Assessment | 1 | |
| Reference No. | . ME Statement | Checkpoint | Area of Conce | Method ern - A Service | Means of Verification Provision | Remarks |
| tandard A1. | Services are available for the time period as | Direct basis and a state of the state | | ovides Curative S | ervices | |
| 1E A1.14. 1E A1.18. | mandated The facility provides Blood bank & transfusion | Blood bank services available 24X7 Blood bank has facility of whole blood | 2 | SI/RR SI/OB | | |
| | services | collection and storage Blood Bank has facility for Blood | 2 | SI/OB | PRC, Platelets Concentrate, FMP, Plasma& Single donor Cryo | |
| | | Components preparation Blood bank has emergency stock of blood | 2 | SI/OB | Precipitate For A+, B+, O+ and O- | |
| | | Provision of blood donation camps | 2 | SI/OB | As per the procedure laid down by the National Blood Transfusion Council | |
| tandard A2 | | | | vides RMNCHA S | | · |
| 1E A2.2 | The facility provides Maternal health Services | Availability of transfusion services | 2 Facility Prov | SI/OB vides diagnostic S | Services | |
| | | | | | | |
| itandard A3 ME A3.2 | The facility Provides Laboratory Services | Availability of screening and cross matching services | 2 | SI/OB | | |
| tandard A3 | The facility Provides Laboratory Services The facility provides services under National Vector Borne Disease Control Programme as per | services | | | Health Programs/ state scheme | |

| Image and provide and equipable of the same to good or same to same a same of a same to same a sa | | | | | | | |
|---|--------------|--|---|-------------------|--------------------|--|---------------------------------|
| Name Number of the second secon | | | | | c1/00 | | |
| Note:::::::::::::::::::::::::::::::::::: | ME 40.1. | | | | | | |
| NameRestand with the second seco | | n | | | | | |
| Max Max Max Max Mark Mark Mark Mark Mark Mark Mark Mark | | | | | | | |
| NameInstant Problem StrategyInstant Problem StrategyInstant Problem StrategyInstant Problem StrategyNameName StrategyName StrategyName StrategyName StrategyName StrategyNameName Strategy< | | signage system The facility displays the services and | | | | are displayed | |
| Image: start of the start o | ME B1.2. | | List of services available are displayed | 2 | OB | | |
| No. 1 Antigene service s | | | | 2 | OB | | |
| Note of the sector of the s | | | | | | | |
| NameNote: Section of the | | | | 2 | OB | | |
| Notice of Control Notice of Control Notice of Control Notice of Control | MF 81.4. | User charges are displayed and communicated | | 2 | OB | | |
| NAMENote of the integrand inte | | | | - | | | |
| Math Constraint with any set of the second s | ME B1.5. | | provide information and to promote blood | 2 | OB | | |
| Note the set or between second of physicanes do be a set or betwee second of physicanes do beard to add regard regardsNote that the second | MF 81.6. | Information is available in local language and | Signage's and information are available in | 2 | OB | | |
| AnswerConstraint of the sector o | | | | | | ere are no barrier on account of physical econor | nic. cultural or social reasons |
| MathemMathem with a strand of the strand of th | | Access to facility is provided without any | | | | | |
| Note the probability of probability o | ME B2.3. | | access to the blood bank | 2 | OB | | |
| normend of the second of the sec | Standard B3. | The fa | | ality & dignity o | of patient, and ha | is a system for guarding patient related informat | ion. |
| Hith and the standard of the | ME B3.1. | | room | 2 | OB | | |
| Interfactor Interfactor Interfactor Interfactor Interfactor Interfactor Interfactor < | ME B3.2. | | | 2 | SI/OB | | |
| 13.30global on logation is always of the original status of the o | | | | | | reports are kept in secure place | |
| Max. In the second of | ME B3.3 | dignified and respectful, while delivering the | | 2 | PI/OB | | |
| Barry B | | | | | | | |
| Name Barbon of the state of the stat | ME B3.4. | to every patient, especially of those conditions | Confidentiality and privacy of HIV patients | 2 | SI/OB | | |
| Rule Rule and additionation for the second of the second | | vulnerable groups | | | | | |
| NameMarcine matrix material Marcine matrix matrix material Marcine matrix matrix matrix matrix matrix matrix | Standard B4. | | | involving patie | nt and their fami | | nsent wherever it is required. |
| Bit AddRead and any | ME B4.1. | informed consent before treatment and | | 2 | SI/RR | with informing the donor regarding testing of blood is | |
| Note that is a finite state of the s | MF R4 3 | | | 2 | si | | |
| Vi A A Interfactor decision signation Impact of the second secon | ME 04.3. | | | 2 | 31 | | |
| ResultResul | ME B4.4. | | | 2 | PI/SI/RR | blood bags and anticoagulant solution, collecting sample for | |
| Image: second | | | Post donation counselling for sero reactive | | | Post donation counselling also include counselling on HIV/ | |
| Kit Li means when is priced and private and prive and prive and private and prive and private and private and | | | | 2 | PI/SI | | |
| operation of the second sec | | The facility has defined and established | | | | | |
| Number of the point point or private part of the | ME B4.5. | | | 2 | OB | | |
| MBD.5. program works and motion is and processing and another and motion is and processing and another and another and another another and another another another and another another another another and another ano | Standard B5. | Fac | ility ensures that there are no finan | cial barrier to a | access and that th | ere is financial protection given from cost of car | e. |
| openal accord states in a low in a l | ME DE 1 | | Free blood for Pregnant woman, Mothers | 2 | 01/51 | | |
| Markading and selection of the structure of the statutud of the statutu | MC 05.1. | prevalent government schemes | | 2 | riyai | | |
| Handback Takeboling producting for eff out transmism 2 NNM Number of transmism Number of transmism Antionation of the second producting | ME 85.2 | | | 2 | PI/SI | | |
| | ME BS 4 | The facility provide free of cost treatment to | Free blood for PDL patients | 2 | DI/SI/RR | | |
| Biolity is different bus does the advector for divery of source space space models and sequences of a space space model of an advector space space model of an advector space space model and space space models and | | | rice blood for bre patients | | | | |
| Mit C1 Opportments have adequate space as provide special approximation and equivation of work of addition of work o | | | o facility has infrastructure for deli | | | | <u>.</u> |
| patient of work load regarment regarment Additional of patient and the set of patient of the set of the s | | | Blood bank has adequate space as per | 1 | 1 | | |
| MC 1.1 Point amonitor is ar provide is are provide is an area provide is are provide is are provide is are provide is an area provide is are provide is are provide is are provide is an area provide is are provide is area provi | | patient or work load | | | | | |
| Mail ModelJoint Mark Mark Mark Mark Mark Mark Mark Mark | | Patient amenities are provide as per patient | | | | | |
| ME C1.1Departments have layout and demarcated area a production and demarcated area bedicated libod objection room bedicated libod objection room bedicated libod objection room bedicated libod objection room company | ME C1.2. | | are available | | | | |
| as per functionsDecision field field of diction name infection (TT) bit 2 06 06 ConstructionAvailability of reference name infection (TT) bit 2 06 06 06 ConstructionDecisitie field field cubic name infection (TT) bit 2 06 06 06 ConstructionDecisitie field field cubic name infection (TT) bit 2 06 06 06 ConstructionDecisitie field field cubic name infection (TT) bit 2 06 06 06 Construction (TT) bitDecisitie field field cubic name infection (TT) bit 2 06 06 06 Construction (TT) bitDecisitie field field cubic name infection (TT) bit 2 06 06 06 Construction (TT) bitDecisitie field field cubic name infection (TT) bit 2 06 06 06 Construction (TT) bitDecisitie field field cubic field field cubic name infection (TT) bit 2 06 06 06 Construction (TT) bitDecisitie field field cubic field field field cubic field field field field cubic field field field cubic field field field field cubic field field field cubic field f | ME (1.2 | Departments have layout and demarcated areas | | | | | |
| IndexDefactor transmoster20.00.0IndexIndexAdabitive for transmoster2.00.0IndexI | WE C1.3. | as per functions | | | | | |
| Image: Second Control of Control of Control Contro Control Control Control Control Control Control Control Co | | | Dedicated transfusion transmissible | | | | |
| Image: specific control of the specific control control of the specific control control of the specific contr | | | | 2 | OB | | |
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| Mt E LA The facility has adequate circulation area and or symmemed requirements 2 08 Constraint Consthestaint <thconstraint< th=""></thconstraint<> | - | | Dedicated store cum record room | 2 | OB | | |
| Max Cal Open spaces according to need and local law exp moment of staff and equipments 1 Out Met C1.3. The facility has infrastructure for intramulant and Availability of functional telephone and a per local 2 08 | | The facility has adequate circulation area and | | | | | |
| Mark decision Intercon Services Intercon Services Intercon Services Intercon Services ME C1.6. Service counters are availables per pained Aperiand 2 0.8 Intercon Services ME C1.7. The facility and departments are planed to four oncless/ donor units as per load 2 0.8 Intercon Services Structure commensurate with the function of contrant services Blood bank layout ensures smooth flow of contrant services 0.8 OB Intercon Services Structure commensurate with the function of contrant services Intercon Services Structure commensurate with the function of contrant services Contrant Services OB Intercon Services Structure commensurate with the function of inferences Non structural components are properly scaled of function flow of services Contrant Services Check for futures and function flow copondy, cabinets, and heavy equipments, hanging objects are properly fastened and secured ME C2.1 The facility resurres safety of electrical Blood bank does not have temporary consider with and secured 2 OB Intercon Services ME C2.1 The facility ensures safety of electrical Blood bank does not have temporary consider with and secured 2 OB Intercon Services ME C2.1 The facility ensures safety of electrical Blood bank does and elexipmente 2 OB Intercon Service Contrant Service < | ME C1.4 | open spaces according to need and local law | easy moment of staff and equipments | 2 | OB | | |
| ME C1.0. Service counters are available as per patient load Adequate bonc rouched donor units as per load 2 08 Image: counters are patient load Image | ME C1.5. | The facility has infrastructure for intramural and | | 2 | ОВ | | |
| load per load load per load load <thload< th=""> load</thload<> | ME C1.6. | Service counters are available as per patient | Adequate Donor couches/ donor units as | 2 | ОВ | | |
| ME C1.7. ensure structure follows the function/processes Bood bank layout ensures some on flow of derives 2 08 Standard C2 The facility ensures the selemic safety of the infrastructure. The facility ensures is the selemic safety of the infrastructure. Check for futures and furniture like cupboards, cabinets, and means encogery secured 08 ME C2.1 The facility ensures is feety of electrical controls and loose hanging wires sourced and controls and loose hanging wires 2 08 Check for futures and furniture like cupboards, cabinets, and means encogery fastened and excured ME C2.3 The facility ensures is feety of electrical controls and loose hanging wires sourced and source parameters and equipments? 2 08 Check for futures and furniture like cupboards, cabinets, and encored hanging wires cure and sourced for safe and excured ME C2.4 Physical condition of buildings are safe for providing gatient care More the encored for safe and excured 2 08 Incored for the laboratory are non slippery and excered 08 Incored for the laboratory are non slippery and excered 08 Incored for the loose for the | | | per load | | | | |
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| Standard C2 The facility ensures the seismic safety of the infrastructure. Check for futures and furniture like cupboards, cablets, and here seismic safety of electrical socket nor structural components are properly secured Case of the infrastructures and furniture like cupboards, cablets, and here seismic safety of electrical socket nor structural components are properly secured Case of the infrastructures and furniture like cupboards, cablets, and here seismic safety of electrical socket nor structural components are properly secured Case of the infrastructures and furniture like cupboards, cablets, and here seismic safety of electrical socket provided for safe and socured Check for futures and furniture like cupboards, cablets, and here seismic safety of electrical socket provided for safe and socured Check for futures and furniture like cupboards, cablets, and here seismic safety of electrical socket provided for safe and socured Check for futures and furniture like cupboards, cablets, and here seismic safety of electrical socket provided for safe and secured Check for futures and functions and secured ME C2.4 Physical condition of buildings are safe for provided for safe and even 2 08 08 08 Standard C3. Floors of the Laboatory are non slippery and even 2 08 08 08 08 08 Standard C3. Floors of the Cableta sufficient fire exit to permiting a divers to reach exit are clearly marked. 2 08 08 08 08 08 08 08 08 | | | donor and services | - | | | |
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| Name establishment connections and loosely hanging wire A Count Count Count Adequate electrical socket provided for safe and mooth operation of bla equipments A Count Count Count ME C24 Physical condition of buildings are safe for providing patient care Work benches are chemical resistant 2 OB Count Count ME C24 Physical condition of buildings are safe for providing patient care Work benches are chemical resistant 2 OB Count Count ME C24 Physical condition of buildings are safe for providing patient care Work benches are chemical resistant 2 OB Count Count ME C34 Floors of the Laboratory are non slippery standard C3. Windows have gills and wire meshwork 2 OB Count Count Standard C3. The facility has plain for prevention of fire Bood bank has sufficient fire exit to permit stafe escape to its counter at time of fire 2 OB/Si Count Count ME C3.1 The facility has plain for prevention of fire Bood bank has installed fire factor permit rotes to reach est are clearly marked. 2 OB/Si Count Count ME C3.1 The facility has plain for prevention of fire Bood bank has installed fire factor permit rotes to reach est are clearly marked. 2 OB/Si | | | | ŕ | 00 | and secured | |
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| Match Same providing patient care work beamser are chemical restant 2 / 2 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / | | Dission condition of health and the | and smooth operation of lab equipments | - | | | |
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| Randard Q. The facility has established Programme for fire safety and other disaster WE C3. The facility has plan for prevention of fire Bood bank has sufficient fire exit to permit safe escape to its occupant at time of fire recent are clearly visible and routes to reach est are clearly marked. OB/SI Bood bank has junified or permitable materials. 2 0B Bood bank has installed fire Extinguider 2 0B | | | | 2 | OB | | |
| Market All The facting has plan for prevention of the exact bias occupant at time of fire 2 Object Object Check the fire exits are clearly waikle and routes to reach exits are clearly marked. 2 OB Blood bank has plan for safe storage and handle marketists. 2 OB Market Cl The facility has plant of pleterelition of the exits plant of safe storage and routes to reach exits are clearly market. 2 OB | Standard C3. | | | established Pr | ogramme for fire | safety and other disaster | |
| Image: State Scape to a Sca | ME C3.1. | The facility has plan for prevention of fire | | 2 | OB/SI | | |
| Image: state of the state o | | | | | | | |
| Blood bank has plan for safe storage and handling of potentially flammable materials. 2 08 MEC 2. The facility has advanted for Exclusion Blood Bank has installed fire Exclusion | | | | 2 | ОВ | | |
| NFC23 The facility has advenues fine fickting regiments Blood Bank has installed fire Extinguisher 2 Op/rep | | | | | | | |
| | | | | 2 | OB | | |
| | | The facility has a desurate five finite - Front | | | 00/00 | | |
| | MF (3.2 | | | 4 | UD/KK | 1 | 1 |

| | | Check the expiry date for fire extinguishers | | | | |
|--------------------------|---|---|----------------------|---------------------|---|---------|
| | | are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3. | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation | Check for staff competencies for operating fire extinguisher and what to do in case of fire | 2 | SI/RR | | |
| Standard C4. | The | | trained staff, r | equired for prov | iding the assured services to the current case loa | ad |
| ME C4.1. | The facility has adequate specialist doctors as per service provision | Availability of dedicated blood bank medical officer | 2 | OB/RR | MBBS doctor with one year experience | |
| ME C4.3. | The facility has adequate nursing staff as per | Availability of dedicated Nursing Staff | 2 | OB/RR/SI | | |
| | service provision and work load The facility has adequate | Availability of dedicated Blood Bank | | ci /aa | | |
| ME C4.4. | technicians/paramedics as per requirement | Technician round the clock | 2 | SI/RR | | |
| ME C4.5. | The facility has adequate support / general staff | | 2 | SI/RR | | |
| Standard C5. | | Availability of security staff Facility provides | 2 drugs and cons | SI/RR | d for assured list of services. | |
| | The departments have availability of adequate | Departments have availability of | | | Inj Adrenaline,Inj Deriphylline,Inj Dexamethasone ,Inj | |
| ME C5.1. | drugs at point of use | adequate emergency drugs at point of | 2 | OB/RR | Chlorpheniramine,Inj Metochlorpromide | |
| | | Availability Laboratory materials | 2 | OB/RR | Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/paper stickers Standard Grouping Sera Anti A, Anti B & Anti D ,VDRL/RPR Kit | |
| ME C5.2. Standard C6. | The departments have adequate consumables at point of use | Availability of Reagents /Kits for lab | 2 | OB/RR | for Syphillis, RDK/ ELISA for Malarial Antigen, ELISA kit for Hep B &C, ELISA kit for HIV1 & 2, malarial parasite stains d for assured list of services. | |
| | Availability of equipment & instruments for | Availability of functional Equipment | | a unients require | | |
| ME C6.1. | examination & monitoring of patients Availability of equipment & instruments for | &Instruments for examination & Monitoring | 2 | OB | Adult Weighing machine, BP apparatus , clinical thermometer | |
| ME C6.3. | diagnostic procedures being undertaken in the facility | Availability of laboratory equipment & instruments for laboratory | 2 | OB | Microscope with water bath, ELISA reader with washer, RH viewer, Sahli's Haemoglobino meter/Others | |
| ME C6.4. | Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients | Availability of functional Instruments for Resuscitation. | 2 | OB | Adult bag and mask and Oxygen | |
| ME C6.5. | Availability of Equipment for Storage | Check for availability of storage equipments for blood products | 2 | OB | Blood bags refrigerator with thermo graph and alarm device, Insulated carrier boxes with ice packs, Blood bag weighting machine, deep freezer, Platelets agitators | |
| ME C6.6. | Availability of functional equipment and instruments for support services | Availability of equipments for cleaning | 2 | ОВ | Buckets for mopping, mops, duster, waste trolley, Deck brush | |
| ME C6.7. | Departments have patient furniture and fixtures | Availability of beds/Couches in blood bank | 2 | OB | Blood collection bed, recovery beds | |
| | as per load and service provision | Availability of attachment/ accessories | 2 | OB | Hospital graded Mattress, bed sheet, blanket, and bed side | |
| | | Availability of Fixtures | 2 | OB | table Electrical fixture for equipments lab and storage equipments | |
| | | | | | cupboard, counter for issuing blood, work benches for lab, | |
| Standard C7 | Encilit | Availability of furniture | 2 | OB | chair. and augmentation of competence and performance of s | taff |
| Standard Cr | Facilit | y has a defined and established procedul | | ization, evaluation | Check objective checklist has been prepared for assessing | |
| 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 | 2 | RR/SI | competence of doctors, nurses and paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW can be used for this purpose. | |
| ME C7.2 | Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year | Check for competence assessment is done at least once in a year | 2 | RR/SI | Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done | |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Patient Safety Basic Life Support | 2 | SI/RR SI/RR | | |
| | | Training on Quality Management System | 2 | SI/RR | To all category of staff. At the time of induction and once in a | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Staff is skilled for operating the equipments | 2 | SI/RR | year. 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 | |
| | | | Area of Conc | ern - D Suppor | t Services | |
| Standard D1. | | | | | I 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 | 2 | 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 | 2 | SI/RR | 1.Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in | |
| | | There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired | 2 | OB/RR | case of breakdown. | |
| | | Staff is skilled for trouble shooting in case | 2 | SI/RR | | |
| | | Periodic cleaning, inspection and maintenance of the equipments is done by the operator | 2 | SI/RR | | |
| ME D1.2. | The facility has established procedure for internal and external calibration of measuring Equipment | All the measuring equipments/ instrument are calibrated | 2 | OB/ RR | | |
| | | There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due | 2 | OB/ RR | | |
| | | Blood bank has system to update correction factor after calibration wherever required | 2 | SI/RR | Check for records | |
| | | Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded | 2 | SI/RR | | |
| ME D1.3. | Operating and maintenance instructions are available with the users of equipment | recorded. Up to date instructions for operation and maintenance of equipments are readily available with staff. | 2 | OB/SI | | |
| Standard D2. ME D2.1. | The facili There is established procedure for forecasting and indenting drugs and consumables | ty has defined procedures for stora There is established system of timely indenting of consumables and reagents | ge, inventory n 2 | si/RR | dispensing of drugs in pharmacy and patient car Stock level are daily updated Indent are timely placed | e areas |
| ME D2.3 | The facility ensures proper storage of drugs and consumables | Reagents and consumables are kept away from water and sources of heat, | 2 | OB/RR | Check the storage conditions of reagents, blood,etc. | |
| | | direct sunlight Reagents are labelled appropriately | 2 | OB/RR | Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning | |
| ME D2.4. | The facility ensures management of expiry and | Expiry dates' of the blood bags are | 2 | OB/RR | 1 | |
| | near expiry drugs | maintained No expired blood is found in storage | 2 | OB/RR | | |
| | | Records for expiry and near expiry blood are maintained | 2 | RR | Check the record of expiry and near expiry drug in drug substore | |
| | | | | | ******* | , |

| Checklist No. 12 | | | | Blood Bank | | |
|------------------|--|--|---------------------|-------------------|---|----------------|
| | | | | | | |
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| | | | | | | |
| | | | | | Minimum stock and reorder level are calculated based on | |
| ME D2.5 | The facility has established procedure for inventory management techniques | There is practice of calculating and maintaining buffer stock of reagents | 2 | SI/RR | consumption | |
| | inventory management techniques | Department maintained stock register of | | 4 | Minimum buffer stock is maintained all the time Check record of drug received, issued and balance stock in | |
| | | reagents | 2 | RR/SI | hand and are regularly updated | |
| ME D2.6 | There is a procedure for periodically replenishing the drugs in patient care areas | replenishing drug tray /crash cart | 2 | SI/RR | | |
| | | There is no stock out of reagents Temperature of refrigerators used for | 2 | OB/SI | Check some stock of reagent | |
| ME D2.7. | There is process for storage of vaccines and | storing lab reagents are kept as per storage | 2 | OB/RR | Check for temperature charts are maintained and updated | |
| | other drugs, requiring controlled temperature | requirement and records twice a day are maintained | | | twice a day for refrigerators used storing lab reagents | |
| Standard D3. | | Regular Defrosting is done The facility provides safe | 2 secure and cor | SI/RR | nment to staff, patients and visitors. | |
| | The facility provides adequate illumination level | Adequate illumination at work station in | | | Illumination level of blood bank is as per recommendation/ | |
| ME D3.1. | at patient care areas | laboratory | 2 | OB | sufficient to carry out blood bank activities | |
| | | Adequate illumination at donation area | 2 | OB | | |
| ME D3.2. | The facility has provision of restriction of visitors | Entry is restricted in storage and lab area of | 2 | OB | | |
| | in patient areas | the blood bank | - | 50 | Air conditioned blood collection room, blood group serology | |
| ME D3.3. | The facility ensures safe and comfortable environment for patients and service providers | Temperature is maintained and record of same is kept | 2 | SI/RR | lab, testing lab for Transfusion Transmissible Diseases, | |
| | The facility has established measure for safety and | | | <i>c</i> | refreshment cum rest room | |
| ME D3.5 | security of female staff | Female staff feel secure at work place | 2 | SI | | |
| Standard D4. | Exterior of the facility building is maintained | Building is painted/whitewashed in uniform | | | ance and upkeep of the facility | |
| ME D4.1 | appropriately | colour | 2 | OB | | |
| | | Interior of patient care areas are plastered & painted | 2 | OB | | |
| ME D4.2. | Patient care areas are clean and hygienic | Floors, walls, roof, roof topes, sinks patient | 2 | OB | All area are clean with no dirt, grease, littering and cobwebs | |
| | Facient care areas are clean and hygienic | care and circulation areas are Clean | - | 00 | An area are crean with no ant, Brease, ittering and cookers | |
| | | Surface of furniture and fixtures are clean | 2 | OB | | |
| | | Toilets are clean with functional flush and running water | 2 | OB | | |
| ME D4.3. | Hospital infrastructure is adequately maintained | Check for there is no seepage , Cracks, | 2 | OB | | |
| | nospital initiastructure is adequately maintained | chipping of plaster Window panes , doors and other fixtures are | 2 | OB | | |
| | | intact | 2 | OB | | |
| ME D4.5. | The facility has policy of removal of condemned | Patients beds are intact and painted | 2 | OB | Mattresses are intact and clean | |
| | junk material The facility has established procedures for pest. | | | - | | |
| ME D4.6 | rodent and animal control | No stray animal/rodent/birds | 2 | OB | | |
| Standard D5. | Th The facility has adequate arrangement storage | | ower backup as | per requiremen | It of service delivery, and support services norm: | <mark> </mark> |
| ME D5.1 | and supply for portable water in all functional | Availability of 24x7 running and potable water | 2 | OB/SI | | |
| | areas The facility ensures adequate power backup in | | | (| | |
| ME D5.2. | all patient care areas as per load | Availability of power back up in Blood Bank | 2 | OB/SI OB/SI | | |
| Standard D7 | | Availability of UPS | | es clean linen to | the patients | |
| ME D7.1 | | Blood bank provides Linen for donors | 2 | OB/RR | Blankets | |
| Standard D10. | The facility has requisite licences and | | ory and regulate | ory requirement | imposed by local, state or central government | |
| ME D10.1. | certificates for operation of hospital and | Blood bank has valid license under Rule 122(G) Drug and cosmetic act | 2 | RR | | |
| Standard D11. | different activities Roles & Res | sponsibilities of administrative and | clinical staff are | determined as I | per govt. regulations and standards operating pr | ocedures. |
| ME D11.1. | The facility has established job description as | Job description is defined and | 2 | RR | Regular + contractual | |
| | per govt guidelines | communicated to all concerned staff Staff is aware of their role and | 2 | SI | | |
| | | responsibilities | 2 | 51 | | |
| ME D11.2. | | There is procedure to ensure that staff is available on duty as per duty roster | 2 | RR/SI | Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) | |
| | roster and deputation to different departments | There is designated in charge for | | | releving (Accerdance register/ biometrics etc) | |
| | | department | 2 | SI | | |
| ME D11.3. | The facility ensures the adherence to dress code as mandated by its administration / the health | Doctor, technician and support staff adhere | 2 | OB | | |
| Standard D12. | department | to their respective dress code | | | | |
| Standard D12. | | There is procedure to monitor the quality | onitoring the qi | uality of outsour | ced services and adheres to contractual obligation Verification of outsourced services (cleaning/ | uns |
| ME D12.1 | There is established system for contract management for out sourced services | and adequacy of outsourced services on regular basis | 2 | SI/RR | Dietary/Laundry/Security/Maintenance) provided are done by designated in-house staff | |
| | | | Area of Conc | ern - E Clinical | Services | |
| Standard E1. | | | | | sultation and admission of patients. | |
| ME E1.1. | The facility has established procedure for | Unique identification number is given to | 2 | RR | | |
| | registration of patients | each donor during process of registration | | | Check for that patient demographics like Name, age, Sex, | |
| | | Donors demographic details are recorded | 2 | RR | Address etc. | |
| Standard E2 | | facility has defined and established There is procedure for assessment of | | | ent, reassessment and treatment plan preparation | yn. |
| MF F2.1 | mere la establisheu procedure for initial | | 2 | RR/SI | Initial assessment is recorded | i l |

tandard E3

tandard E4.

ME E4.3

tandard E8

ME E8.1

ME E8.5

ME E8.6

ME E2.1

The facility has defined and established There is established procedure for initial assessment of patients Facility has established procedure for continuit Facility has established procedure for of care during interdepartmental transfer There is a procedure consultation of the patient to other specialist with in the broomital

The facility ensures safe and adequate storage and retrieval of medical records Safe keeping of patient records

Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.

There is established procedure of patient hand over, whenever staff duty change happens

All the assessments, re-assessment and investigations are recorded and updated Adequate form and formats are available at

point of use Register/records are maintained as per guidelines

hospital

available

There is procedure for referral of cases for which requested blood group is not

Facility has functional referral linkages Facility has functioner and the facility has functioner and the facility h

Procedure to handover test/ results during shift change

Records of donor assessment is maintained

Blood bank records are labelled and indexed

Records are maintained for blood bank

blished

Handover register is maintained cility has defined and estat

Standard Formats available

Initial assessment is recorded

dures for nursing care

(Manually/e-records)

(Manually/e-records)

ing of patients' clinical records and their storage

Format for consent, requisition form, blood transfusion reaction form, referral slip

Records includes daily group wise stock register, daily temperature recording of temperature dependent equipment, stock register of onsumables and non consumables, documents of proficiency testing, records di equipment maintenance, records of recipient, compatibility records, transitusion reaction records, donors records etc.

Blood bank has facility to store records for 5 year

uity of care of patient and referral

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SI/RR

SI/RR

SI/RR

SI/RR

RR/SI

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RR/OB

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ОВ

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| Standard E11. | | | tablished proc | edures for Emerg | gency Services and Disaster Management | |
|---------------|---|---|----------------|-------------------|---|--|
| ME E11.3. | The facility has disaster management plan in place | Blood bank has system of coping with extra demand of blood in case of disaster | 2 | SI/RR | | |
| | | Staff is aware of disaster plan Role and responsibilities of staff in disaster | 2 | SI/RR SI/RR | | |
| Standard E12 | | is defined | | | lures of diagnostic services | |
| ME E12.1 | There are established procedures for Pre- testing Activities | Container is labelled properly after the sample collection | 2 | ОВ | | |
| Standard E13. | | The facility has defined and esta | blished proced | ures for Blood Ba | ank/Storage Management and Transfusion. | |
| ME E13.1. | Blood bank has defined and implemented donor selection criteria | Blood bank has defined criteria for donor selection | 2 | RR/SI | Based on Physical examination, Medical history, condition that affects safety of recipients, donation intervals, | |
| | | Blood bank ensures that blood is taken from voluntary donors only | 2 | RR/PI/SI | | |
| | | Pre donation counselling is done before donation | 2 | RR/PI | | |
| | | Check for questionnaire is available in local language for taking pre donation | 2 | OB/RR | | |
| | There is established procedure for the collection | Information Blood bank has standardized procedure for | 2 | 22.00 | Procedure include preparation of venepuncture site, use of | |
| ME E13.2. | of blood | collection of blood from donor Instructions for collection and handling the | 2 | RR/SI | blood bags and anticoagulant solution, collecting sample for laboratory test | |
| | | collected blood are communicated to those responsible for collection | 2 | RR/SI | Mostly numeric or alpha numeric label should be used for tracing | |
| | | Blood bank has identified procedure for labelling of blood bag/blood component | 2 | RR/OB | | |
| | | /pilot tubes Blood bank has system to trace of unit of | | | Blood should be kept at 4oC to 6oC except if it is used for | |
| • | | blood /component from source to final destination | 2 | RR/SI | component preparation it will be stored at 22oC until platelet are separated | |
| | | Blood bank has system to maintain temperature of collected blood immediately | 2 | RR/SI | | |
| | | after donation Blood bank has system in place to monitor the transportation of the blood from comp | 2 | RR/SI | | |
| | There is established procedure for the testing of | the transportation of the blood from camp site | | | | |
| ME E13.3. | There is established procedure for the testing of blood | Determination of ABO group is done by recommended methods Determination of Rh (D) Type done as per | 2 | RR/SI | Tube or Microplate or gel technology Check for the protocol/ Algorithm followed for determining | |
| | | recommended method | 2 | RR/SI | RH + or RH- Blood type or infectious diseases (VDRL/RPR/TPHAfor syphilis, | |
| | | Laboratory tests for Infectious diseases done as per recommended method | 2 | RR/SI | ELISA/Rapid test for Hep A, Hep B, HIV and Malaria for malarial parasite | |
| | | There is provision of Quarantine Storage untested blood | 2 | RR/OB/SI | Check for untested blood is stored in different refrigerator | |
| | | Blood units with reactive test result area kept separately | 2 | RR/OB/SI | In dedicate secure area with biohazard sign until disposal | |
| | | Sterility of Blood units checked with adequate sample size | 2 | RR/OB/SI | Check Sterility is checked at least for 1% of blood unit collected or 4 per month which ever higher by appropriate | |
| ME E13.4 | There is established procedure for preparation | Sterility of Blood component is insured | 2 | SI/RR | culture method Check for use of aseptic method and availability of Sterile | |
| | of blood component | during processing Transfusion time limits are adhered one | 2 | SI/RR | pyrogen free disposable bags and solutions | |
| | | frozen component have been thawed Blood components are prepared as per | - | | Within 6 hours | |
| | | technical standards Approximate volume of the component is | 2 | SI/RR | Check availability and adherence to NACO standards | |
| | | indicated on bag Blood bank has system to ensure that final | 2 | RR | | |
| ME E13.5. | There is establish procedure for labelling and identification of blood and its product | blood bags are labelled only after all mandatory testing is completed. | 2 | RR/SI | | |
| | | Blood bank has system of identification traceability of its products | 2 | RR/SI | Blood bags are Identified with a numeric or alpha numeric system / Barcode | |
| | | Blood bank has system to the affix the | | | Name of product, numeric information, date of collection | |
| | | product information on bag, after processing | 2 | RR/SI | and expiry, amount of anticoagulant and approximate blood collected, Name, address and manufacturing license number of collecting facility, storage temperature and expiry date | |
| | | Instruction for transfusion are printed on | 2 | RR/SI | of conecting facility, storage temperature and expiry date | |
| | | label Blood bank has colour coded scheme for | 2 | RR/SI | Blood group O -blue, Blood group A- yellow, Blood group B- | |
| ME E13.6 | There is established procedure for storage of | differentiate ABO groups Check for refrigerators or freezers for blood | 2 | OB | Pink, Blood group AB- White | |
| WE 215.0 | blood | storage are not used for storing other items Check for refrigerators used for blood | 2 | 08 | Lab reagents etc. | |
| | | storage are kept at recommended temperature | 2 | OB/RR | Check records that temperature is maintained at 4c + 2 C | |
| | | Storage temperature is monitored at every 4 hours | 2 | OB/RR | Check the records | |
| | | Alarm system has been provided with refrigerator | 2 | RR/SI | | |
| | | Adequate alternate storage facility available | 2 | RR/SI | | |
| | | Shelf life of blood and components is adhered as per NACO protocols | 2 | RR/SI | | |
| ME E13.7. | There is established the compatibility testing | Blood bank has system to testing and cross matching the recipient blood | 2 | RR/SI | Testing of recipient blood includes Determination ABO type, Rh (D) type, detection of unexpected antibodies etc. | |
| | | There is established procedure for selection | 2 | RR/SI | Check for practice in case of ABO type specific groups are | |
| | | of blood and components for transfusion | | | not available. Issue of blood to RH+ and Negative recipient | |
| | | There is established procedure for re cross matching in case of massive transfusion | 2 | RR/SI | | |
| | | Paediatric blood collection bags are available | 2 | RR/SI | | |
| ME E13.8. | There is established procedure for issuing blood | Blood bank has system to testing and cross matching the recipient blood | 2 | RR/SI | Testing of recipient blood includes Determination ABO type, Rh (D) type, detection of unexpected antibodies etc. | |
| | | Instructions for collection and handling | | | Blood sample collection vial is label with Patient Name, | |
| | | communicated to those responsible for collection | 2 | RR/SI | identification no, name of hospital, ward/bed number, date time , Phlebotomist signature | |
| | | Blood bank has system to confirm that | 2 | RR/SI | | |
| | | information on transfusion requisition form and recipients blood sample label is same | | riny SI | | |
| | | Blood bank has system to retain recipient and donor blood sample for 7 days at | 2 | RR/SI | | |
| | | specified temperature (2-8 c) after each transfusion | | | | |
| | | Blood bank has system to issue the blood along with cross matching report Blood bank has system to identify the | 2 | RR/SI | | |
| | | person who is performing the cross matching test and issue the blood | 2 | RR/SI | Record of same should be available | |
| | | Blood bank has procedure to issue the blood in case of its urgent requirement | 2 | RR/SI | | |
| ME E13.10. | There is a established procedure for monitoring | Transfusion reaction form is provided when blood is issued | 2 | RR/SI | | |
| | and reporting Transfusion complication | 01000 IS ISSUEU | | | | |
| | | Blood bank has system of detection, | 2 | RR/SI | | |
|--------------|--|--|---------------|-------------------------------|---|----------|
| | | reporting and evaluations of transfusion errors | | | | |
| Standard F1. | Eacility | has infection control program and | | ern - F Infectio | on Control ion and measurement of hospital associated infe | ection |
| | Facility has provision for Passive and active | Surface and environment samples are taken | | | | |
| ME F1.2 | culture surveillance of critical & high risk areas | for microbiological surveillance | 2 | SI/RR | Swab are taken from infection prone surfaces | |
| ME F1.4. | There is Provision of Periodic Medical Checkups and immunization of staff | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxid etc | |
| | | Periodic medical checkups of the staff | 2 | SI/RR | | |
| .ME F1.5. | Facility has established procedures for regular monitoring of infection control practices | Regular monitoring of infection control practices | 2 | SI/RR | Hand washing and infection control audits done at periodic intervals | |
| Standard F2. | | | emented proce | <mark>dures for ensuri</mark> | ng hand hygiene practices and antisepsis | |
| ME F2.1. | Hand washing facilities are provided at point of use | Availability of hand washing Facility at Point of Use | 2 | ОВ | Check for availability of wash basin near the point of use | |
| | | Availability of running Water Availability of antiseptic soap with soap | 2 | OB/SI | Ask to Open the tap. Ask Staff water supply is regular Check for availability/ Ask staff if the supply is adequate and | |
| | | dish/ liquid antiseptic with dispenser. | 2 | OB/SI | uninterrupted | |
| | | Availability of Alcohol based Hand rub Display of Hand washing Instruction at Point | 2 | OB/SI | Check for availability/ Ask staff for regular supply. Prominently displayed above the hand washing facility , | |
| | | of Use Availability of elbow operated taps | 2 | OB OB | preferably in Local language | |
| | | Hand washing sink is wide and deep enough | 2 | OB | | |
| | Staff is trained and adhere to standard hand | to prevent splashing and retention of water | | | | |
| ME F2.2. | washing practices | Adherence to 6 steps of Hand washing | 2 | SI/OB SI | Ask of demonstration | |
| ME F2.3 | Facility ensures standard practices and | Staff aware of when to hand wash Availability of Antiseptic Solutions | 2 | OB | | |
| | materials for antisepsis | Proper cleaning of procedure site with | 2 | OB/SI | like before giving IM/IV injection, drawing blood, putting | |
| Standard F3. | | antisepsis Facility ensures | | | Intravenous and urinary catheter als for Personal protection | |
| ME F3.1. | Facility ensures adequate personal protection equipments as per requirements | Clean gloves are available at point of use | 2 | OB/SI | All personal use gloves while drawing sample, examining and disposable of the samples | |
| - | ageginents as per requirements | Availability of lab aprons/coats Availability of Masks | 2 | OB/SI OB/SI | | |
| ME F3.2. | Staff is adhere to standard personal protection | No reuse of disposable gloves, Masks, caps | 2 | OB/SI OB/SI | | |
| | practices | and aprons. Compliance to correct method of wearing | 2 | SI | Gloves, Masks, Caps and Aprons | |
| Standard F4. | | and removing the PPE Facility has standa | rd Procedures | | equipments and instruments | |
| ME F4.1. | Facility ensures standard practices and materials for decontamination and clean ing of instruments and | Decontamination of operating & Procedure surfaces | 2 | SI/OB | Ask staff about how they decontaminate work benches (Wiping with 0.5% Chlorine solution | |
| | procedures areas | | | | Decontamination of instruments and reusable of glassware | |
| • | | Proper Decontamination of instruments after use | 2 | SI/OB | are done after procedure in 1% chlorine solution/ any other appropriate method | |
| | | Contact time for decontamination is adequate | 2 | SI/OB | 10 minutes | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | Cleaning is done with detergent and running water after decontamination | |
| | | Staff know how to make chlorine solution | 2 | SI/OB | | |
| ME F4.2. | Facility ensures standard practices and materials for disinfection and sterilization of instruments and | Disinfection of reusable glassware | 2 | SI/OB | Disinfection by hot air oven at 160 oC for 1 hour | |
| Standard F5. | equipments | - | | | are areas ensures infection prevention | |
| | Facility ensures availability of standard materials for | Availability of disinfectant as per | | | | |
| ME F5.2. | cleaning and disinfection of patient care areas | requirement | 2 | OB/SI | Chlorine solution, Gluteraldehye, carbolic acid | |
| | | Availability of cleaning agent as per requirement | 2 | 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 | 2 | SI/RR | | |
| | ereaning and disincertain of patient care areas | Cleaning of patient care area with detergent | 2 | SI/RR | | |
| | | solution Staff is trained for preparing cleaning | 2 | SI/RR | | |
| | | solution as per standard procedure Standard practice of mopping and scrubbing | 2 | OB/SI | | |
| | | are followed Cleaning equipments like broom are not | 2 | OB/SI OB/SI | Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust | |
| Standard F6. | Eacility has | used in patient care areas | | | particles in air should be avoided atment and disposal of Bio Medical and hazardo | us Waste |
| ME F6.1. | Facility Ensures segregation of Bio Medical | Availability of colour coded bins at point of | 2 | ов | Adequate number. Covered. Foot operated. | |
| | Waste as per guidelines | waste generation Availability of colour coded non | 2 | ОВ | | |
| | | chlorinated plastic bags Segregation of different category of waste | 2 | OB/SI | | |
| | | as per guidelines Display of work instructions for segregation | | | | |
| • | | and handling of Biomedical waste | 2 | OB | Pictorial and in local language | |
| | | There is no mixing of infectious and general waste | 2 | OB | | |
| ME F6.2. | Facility ensures management of sharps as per guidelines | Availability of functional needle cutters | 2 | OB | See if it has been used or just lying idle. | |
| | | Seggregation of sharps waste including | | | Should be available nears the point of generation.Needles, | |
| | | Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers | 2 | ОВ | syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp | |
| | | | | | object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | |
| | | Availability of post exposure prophylaxis | 2 | SI/OB | Ask if available. Where it is stored and who is in charge of that. | |
| | | Staff knows what to do in condition of needle stick injury | 2 | SI | Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done | |
| ME F6.3. | Facility ensures transportation and disposal of | Disinfection of liquid waste before disposal | 2 | SI/OB | reporting has been done | |
| | waste as per guidelines | Disposal of discarded blood bags as per | 2 | SI/OB | | |
| | | guideline Check bins are not overfilled | 2 | SI | | |
| | | Transportation of bio medical waste is done in close container/trolley | 2 | SI/OB | | |
| | | | | | Look for: 1. Spill area evacuation | |
| | | | | | 2. Removal of Jewellery 3. Wear PPE | |
| | | | | | Wear PPC Use of flashlight to lacate mercury beads Use syringe without a needle/eyedropper and sticky tape | |
| | | | | | S. Use syninge without a needle/eyedropper and sticky tape to suck the beads G. Collection of beads in leak-proof bag or container | |
| | | Staff aware of mercury spill management | 2 | SI/RR | 7. Sprinkle sulphur or zinc powder to remove any remaining | |
| | | | | | mercury 8. All the mercury spill surfaces should be decontaminated | |
| | | | | | with 10% sodium thiosulfate solution 9. All the bags or containers containing items contaminated | |
| | | | | | with mercury should be marked as "Hazardous Waste, Handle with Care" | |
| | | | | 1 | 10. Collected mercury waste should be handed over to the | İ. |
| | | | | | CBMWTF | |

| | Area of Concern - G Quality Management | | | | | | | |
|--|--|--|-------------------------|-----------------------------------|--|----------------|--|--|
| Standard G1. | | | | | vork for quality improvement | | | |
| ME G1.1. | The facility has a quality team in place | Quality circle has been formed in the Blood Bank | 2 | SI/RR | Check if quality circle formed and functional with a designated nodal officer for quality | | | |
| Standard G2 | Patient Satisfaction surveys are conducted at | Facility has es There is system to take feed back from | | | nd employee satisfaction | | | |
| ME G2.1 | periodic intervals | clinician about quality of services Feedback from donor are taken on periodic | 2 | RR | | | | |
| Standard G3. | | basis | 2 and external | RR quality assurance | e programs wherever it is critical to quality. | | | |
| ME G3.1. | Facility has established internal quality assurance program at relevant departments | Internal Quality assurance program is in place | 2 | SI/RR | | | | |
| | | Standards are run at defined interval Control charts are prepared and outliers are | 2 | SI/RR | | | | |
| | | identified. Corrective action is taken on the identified | 2 | SI/RR SI/RR | | | | |
| ME G3.2. | Facility has established external assurance | outliers Cross validation of lab test are done and | 2 | SI/RR | It includes participation of laboratory in inter laboratory | | | |
| | programs at relevant departments | reports are maintained Corrective actions are taken on abnormal | | | comparison Blood bank takes corrective action when control criteria are | | | |
| | | values | 2 | SI/RR | not fulfilled in Interlaboratory comparisons and records of same is maintained | | | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment | | | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | | | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | | | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | | | |
| ME G3.5 | Planned actions are implemented through | Check PDCA or revalent quality method is used to take corrective and preventive | 2 | SI/RR | Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) | | | |
| Standard G4. | Quality Improvement Cycles (PDCA) Facility has est | action | d and maintain | ed Standard Ope | project report erating Procedures for all key processes and supp | port services. | | |
| ME G4.1. | Departmental standard operating procedures are available | Standard operating procedure for department has been prepared and | 2 | RR | | | | |
| | | approved Current version of SOP are available with | 2 | OB/RR | | | | |
| | | process owner Work instruction/clinical protocols are displayed | 2 | ОВ | work instruction for screening of blood, storage of blood, maintaining blood and component in event of power failure | | | |
| ME G4.2. | Standard Operating Procedures adequately | Blood bank has documented procedure for Donor selection and collection of blood | 2 | RR | | | | |
| | describes process and procedures | from donor Blood bank has documented procedure for | 2 | RR | | | | |
| | | testing of donated blood Blood bank has documented procedure for preparation of blood components | 2 | RR | | | | |
| | | Blood bank has documented procedure for | | | | | | |
| | | storage, transportations of blood and issue of blood for transfusion | 2 | RR | | | | |
| | | Blood bank has documented procedure for issue of blood in case of urgent requirement | 2 | RR | | | | |
| | | Blood bank has documented procedure to address the transfusion reactions | 2 | RR | | | | |
| | | Blood bank has documents procedure for calibration and maintenance of equipment | 2 | RR | | | | |
| | | Blood bank has documented procedure for HAI and disposal of BMW | 2 | RR | | | | |
| | | Blood bank has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination sample and reports of results. | 2 | RR | | | | |
| | | Blood bank has documented system for internal and external Quality control of Equipments, reagent and tests | 2 | RR | | | | |
| ME G4.3. | Staff is trained and aware of the standard procedures written in SOPs | Check staff is a aware of relevant part of SOPs | 2 | SI/RR | | | | |
| Standard G 5. ME G5.1. | Facili | ty maps its key processes and seeks | to make them | more efficient b | y reducing non value adding activities and wasta | ges | | |
| ME G5.2. ME G5.3. | | | | | DELETED DELETED | | | |
| Standard G6 | | The facility has defined mission, va | lues, Quality p | olicy & objective | s & prepared a strategic plan to achieve them | | | |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | Check if Quality Policy has been defined and approved | 2 | SI/RR | Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department | | | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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 G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | | | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management Review the records that action plan on quality objectives | | | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | being reviewed at least onnce in month by departmnetal incharges and during the quiaity team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | | | |
| Standard G7 ME G7.1. | Facility uses method for quality improvement in | Facility seeks conti Basic quality improvement method | inually improve | si/RR | ing Quality method and tools. PDCA & 55 | | | |
| | services Facility uses tools for quality improvement in | Advance quality improvement method | 2 | SI/OB | Six sigma, lean. | | | |
| ME G7.2. Standard G9 | services | 7 basic tools of Quality Facility has established procedures | 2 for assessing, rep | SI/RR porting, evaluating | Minimum 2 applicable tools are used in each department and managing risk as per Risk Management Plan | | | |
| ME G9.6 | 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 | 2 | SI/RR | Verify with the records. A comprehensive risk assesment of all clincial processes should be done using pre define critera at least once in three month. | | | |
| ME G9.7 ME G9.8 | Risks identified are analyzed evaluated and rated for severity | Identified risks are analysed for severity | 2 | SI/RR | DELETED Action is taken to mitigate the risks | | | |
| Standard H1 . | | The facility measures Producti | | oncern - H Out and ensures con | tcome npliance with State/National benchmarks | | | |
| control of the second s | | The facility measures product | way mulcators | una ensures con | inpliance with state/ National Delichmarks | | | |

| ME H1.1. | Facility measures productivity Indicators on monthly basis | No. of Blood unit issued per thousand population | 2 | RR | No. of Unit issued X1000/ Population of serving area | |
|---------------|---|---|-----------------|-------------------|---|--|
| | | % of units issued for the transfusion at facility | 2 | RR | No. of Unit issued for facility*100/Total no of units issued in the period | |
| | | No of voluntary donation done per thousand population | 2 | RR | No of Voluntary Donation X1000/Population of the serving area | |
| | | No. of units supplied to storage units | 2 | RR | Self Explanatory | |
| | | Blood donation camps held | 2 | RR | Self Explanatory | |
| | | Proportion of blood units issued in emergency cases out of total unit issued in month | 2 | RR | | |
| | | No of blood units issued for free of cost | 2 | RR | JSSK, Thalassemia , BPL | |
| Standard H2 . | | The facility measures Ef | ficiency Indica | tors and ensure t | o reach State/National Benchmark | |
| ME H2.1. | Facility measures efficiency Indicators on monthly basis | Downtime critical equipments | 2 | RR | Time period for which equipment was out of order/Total no of working hours for equipments | |
| | | % of Blood Units discarded | 2 | RR | No of unit discarded *100/ Total no of unit collected | |
| | | % of unit issued against replacement | 2 | RR | No of unit issued on replacement *100/ Total no of unit issued | |
| | | % of unit tested seroreactive | 2 | RR | No of unit found sero reactiveX100/ No of unit tested | |
| Standard H3. | | The facility measures Clinica | I Care & Safety | Indicators and t | ries to reach State/National benchmark | |
| ME H3.1. | Facility measures Clinical Care & Safety Indicators on monthly basis | Blood transfusion reaction rate | 2 | RR | No of Blood Transfusion reactions 1000/ No of patient blood issued | |
| | | Adverse events are identifies and reported | 2 | RR | Chemical splash, Needle stick injuries. Major blood transfusion reaction, wrong cross matching, wrong blood issue | |
| | | Component to whole blood ratio | 2 | RR | No of component unit issued/No of whole blood issued | |
| | | Cross matched/ Transfused Ratio | 2 | RR | No of unit are cross matched on request/ No of unit actually transfused | |
| | | % of single unit transfusion | 2 | RR | % of single use transfusion 100/ Total no of units transfused | |
| | | Number of adverse events per thousand patients | 2 | RR | Chemical splash, Needle stick injuries. Major blood transfusion reaction, wrong cross matching, wrong blood issue | |
| Standard H4. | | The facility measures Service | Quality Indica | tors and endeave | ours to reach State/National benchmark | |
| ME H4.1. | Facility measures Service Quality Indicators on monthly basis | Time gap between issuing and requisition of blood in routine conditions | 2 | RR | | |
| | | Time gap between issuing and requisition of blood in emergency conditions | 2 | RR | | |
| | | Donor Satisfaction Score at Blood Bank | 2 | RR | | |
| | | No of refusal cases | 2 | RR | No of requisition refused/ referred due to non availability of blood group or any other reason | |

1 2

| | National Qua | lity Assurance Standards | for Distric | t Hospit | als | Version: DH/NQAS-2020/0 |
|----------------------------|---|--|-----------------------------------|----------------|---|--|
| | | Checklist for Laborate | orv | | | 15 |
| | | | | | | |
| | | Assessment Summa | r y | | | |
| Name of the | Hospital | | | | Date of Assessment | |
| Names of Ass | sessors | | | | Names of Assessees | |
| ype of Asses | ssment (Internal/External) | | | | Action plan Submission Date | |
| <i>/</i> · | | Laborato | rv Score (| Card | | |
| | Area of Concern wise | | | | Laboratory Score | |
| A B C D E F | Area of Concern wise Service Provision Patient Rights Inputs Support Services Clinical Services Infection Control Quality Management | | | Laro | Laboratory Score | |
| н | Outcome | 100% | | | | |
| | | | | | | |
| | Major Gaps Observed | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | Strengths / Good Practices | | | | | |
| 1 | Strengths / GOOD Fractices | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | Recommendations/ Opportunites for | or Improvement | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| | Signature of Assessors | | | | | |
| | Date | | | | | |
| | | | | | | |
| | | | | | | |
| Standard | ME Statement | Checkpoint | Compliance Full/Partial/ No | udit Metho | Means of Verification | Remarks |
| | | Area of | Concern - A | Service Pro | ovision | |
| andard A1 | | | <mark>ity Provides C</mark> | | | |
| E A1.14 | Services are available for the time period as | All lab services are available in routine | 2 | SI/RR | | |
| | mandated | working hours | - | | | |
| | | Emergency lab services are available for | 2 | | Check for: | |
| | | selected tests of Haematology, Biochemistry and Serology 24X7 | ⁴ | SI/RR | Laboratory services are available at night Look for number of lab tests performed at night | |
| tandard A3 | | | ty Provides dia | agnostic Ser | | |
| E A3.2 | The facility Provides Laboratory Services | Availability of Haematology services | 2 | SI/OB | | |
| | | Availability of Biochemistry services | 2 | SI/OB | | |
| | | Availability of Microbiology services Availability of Cytology services | 2 | SI/OB SI/OB | | |
| | | Availability of Histopathology services | 2 | SI/OB | | |
| | | Availability of Clinical Pathology services | 2 | SI/OB | | |
| | | Availability of Serology services | 2 | SI/OB | | |
| tandard A4 | | Facility provides services as i | mandated in r | national Hea | alth Programs/ state scheme | the second s |

| | The facility provides services under National | Tasts for Diagnosis of maloria (Smoar and | | | | |
|---|---|--|--|---|--|-----------------------------------|
| ME A4.1 | Vector Borne Disease Control Programme as per guidelines | Tests for Diagnosis of maleria (Smear and RDTK) | 2 | SI/OB | | |
| | | Tests for diagnosis of Dengue, Chikengunia | 2 | SI/OB | | |
| ME A4.2 | The facility provides services under national tuberculosis elimination programme as per | Availability of Designated Microscoy Center | 2 | SI/OB | | |
| IVIE A4.2 | guidelines. | (AFB) | | SI/OB | | |
| | The facility provides services under National | Availability or Linkage with CBNAAT | 2 | | | |
| ME A4.3 | Leprosy Eradication Programme as per guidelines | Availability of Skin Smear Examination | 2 | SI/OB | | |
| ME A4.8 | The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines | or Prevention and control of etes, Cardiovascular diseases & Availability of blood test for NCD | | SI/RR | Haemogram, BT CT, Fasting/PP Sugar, Lipid Profile, Blood Urea , LFT Kidney Function Test | |
| Standard A6 | The facility consider sumation 0 conservation | Health services provided a | t the facility a | are appropr | iate to community needs. | |
| ME A 6.1 | The facility provides curatives & preventive services for the health problems and diseases, | Laboratory provides specific test for local health problems/diseases | 2 | SI/RR | Like Dengue, swine flu, Kala Azar, Lymphatic Filariasis.etc. | |
| | prevalent locally. | | f Concern - | B Patient I | Rights | |
| Standard B1 | | | ttendants & o | community | about the available services and their mod | dalities |
| ME B1.1 | The facility has uniform and user-friendly signage system | signages | 2 | ОВ | Numbering, main department and internal sectional signage are displayed | |
| MF 81.2 | The facility displays the services and | Restricted area signage are displayed List of services available are displayed at the | 2 | ОВ | | |
| WIL DILL | entitlements available in its departments | entrance Timing for collection of sample and delivery | 2 | ОВ | | |
| ME B1.4 | | of reports are displayed | 2 | ов | DELETED | |
| ME B1.5 | Information is available in local language and easy to understand | Signage's and information are available in local language | 2 | ОВ | | |
| ME B1.8 | The facility ensures access to clinical records of | Lab Reports are provided to Patient in printed format | 2 | ОВ | | |
| Standard B2 | | | ultural needs | , and there | are no barrier on account of physical, ecor | omic, cultural or social reasons. |
| ME B2.1 | Services are provided in manner that are sensitive to gender | Separate queue for females at lab | 2 | ОВ | | |
| ME B2.3 | Access to facility is provided without any physical barrier & and friendly to people with | Check the availability of ramp in lab building | 2 | ОВ | At least 120 cm width, gradient not steeper than 1:12, | |
| Standard B3 | disabilities | area /sample collection area | | | if ramp is available a system for guarding patient related inform | nation |
| Standard B3 ME B3.2 | Confidentiality of patients records and clinical | Laboratory has system to ensure the | nity of patier | SI/OB | Laboratory staff do not discuss the lab result outside. | hation. |
| | information is maintained The facility ensures the behaviours of staff is | confidentiality of the reports generated | - | 5,705 | And reports are kept in secure place | |
| ME 83.3 | dignified and respectful, while delivering the services The facility ensures privacy and confidentiality to | Behaviour of staff is empathetic and courteous | 2 | PI/OB | | |
| ME B3.4 | every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups | HIV positive reports/pregnancy reports are communicated as per NACO guidelines | 2 | SI/OB | | |
| Standard B4 | Facility has defined and established pro There is established procedures for taking | cedures for informing and involving Informed Consent is taken before HIV | patient and t | <mark>heir familie</mark> | s about treatment and obtaining informed | consent wherever it is required. |
| ME 84.1 | informed consent before treatment and procedures | testing, Biopsy and any other invasive procedure | 2 | SI/RR | Before testing HIV patient is informed that test is voluntary and result will be disclosed to him/her only | |
| | Information about the treatment is shared with | | | | | |
| ME B4.4 | | Pre test counselling is given before HIV | 2 | PI/SI/RR | | |
| ME B4.4 Standard B5 | patients or attendants, regularly Facility ensu | testing | | | e is financial protection given from cost of | care. |
| | patients or attendants, regularly | testing rres that there are no financial barrie Free Diagnostic tests for Pregnant women, | | | e is financial protection given from cost of | care. |
| Standard B5 ME B5.1 | patients or attendants, regularly Facility ensu The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes | testing rres that there are no financial barrie | <mark>r to access a</mark> r | nd that ther | e is financial protection given from cost of | care. |
| Standard B5 ME B5.1 ME B5.2 | patients or attendants, regularly Facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. | r to access ar 2 2 | PI/SI PI/SI | e is financial protection given from cost of | care. |
| Standard B5 ME B5.1 | patients or attendants, regularly Facility ensu The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of | r to access ar 2 2 2 | PI/SI PI/SI PI/SI | e is financial protection given from cost of | care. |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 | patients or attendants, regularly Facility ensure The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. | r to access ar 2 2 | PI/SI PI/SI | | care. |
| Standard B5 ME B5.1 ME B5.2 | patients or attendants, regularly Facility ensure The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed | testing irres that there are no financial barrie Free Diagnostic tests for Pregnant women, lifant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostic from outside. Laboratory provides complete list of diagnostic test available to all department of | r to access ar 2 2 2 | PI/SI PI/SI PI/SI | e is financial protection given from cost of | care. |
| Standard B5 ME B5.1 ME 85.2 ME 85.3 ME 85.4 ME 85.5 | patients or attendants, regularly Facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Ar | r to access ar 2 2 2 2 2 ea of Conce | PI/SI PI/SI PI/SI PI/SI PI/SI PI/SI | DELETED OELETED OELETED ts | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.4 ME B5.4 ME B5.5 Standard C1 | patients or attendants, regularly Facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes. The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility The facility | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Arr has infrastructure for delivery of as | r to access ar 2 2 2 2 2 ea of Conce | d that ther PI/SI PI/SI PI/SI PI/SI PI/SI PI/SI | OBLETED DALETED DALETED 15 bble infrastructure meets the prevalent nor Adequate area for sample collection, waiting. | |
| Standard B5 ME B5.1 ME 85.2 ME 85.3 ME 85.4 ME 85.5 | patients or attendants, regularly Facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Are has infrastructure for delivery of as Laboratory space is adequate for carrying out activities | r to access ar 2 2 2 2 2 2 ea of Conce sured service 2 | d that ther PI/SI PI/SI PI/SI PI/SI rn - C Inpu s, and availa | DELETED DELETED St S sble infrastructure meets the prevalent nor | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.4 ME B5.5 Standard C1 ME C1.1 | patients or attendants, regularly Facility ensu The facility provides cashless services to pregnant women, mothers and neonates as per <i>arevalent</i> , government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility The facility Departments have adequate space as per patient or work load | testing rest shat there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Asia infrastructure for delivery of as Laboratory space is adequate for carrying out advitties Availability of adequate waiting area Availability of inting arrangement of sub | r to access ar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d that ther PI/SI PI/SI PI/SI PI/SI CB CB CB CB | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.4 ME B5.4 ME B5.5 Standard C1 | Patients or attendants, regularly Facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and words It is ensured that facilities for the prescribed investigations are available at the facility The facility Departments have adequate space as per | testing rest shat there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Asia infrastructure for delivery of as Laboratory space is adequate for carrying out advitties Availability of adequate waiting area Availability of inting arrangement of sub | r to access ar 2 2 2 2 2 2 ea of Conce sured service 2 | d that ther PI/SI PI/SI PI/SI PI/SI rn - C Inpu s, and availa | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.3 Standard C1 ME C1.1 | patients or attendants, regularly Facility ensu The facility provides cashless services to pregnant women, mothers and neonates as per <i>arevalent</i> , government schemes The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility The facility Departments have adequate space as per patient or work load | testing eres that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Asai Infrastructure for delivery of area Laboratory space is adequate for carrying out activities Availability of adequate waiting area Availability of patient calling system at lab | r to access at 2 2 2 2 2 2 2 2 ea of Conce es ured service 2 2 2 2 2 2 2 2 2 2 | d that ther PI/SI PI/SI PI/SI PI/SI PI/SI CB CB CB CB CB CB CB | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.3 Standard C1 ME C1.1 | Patients or attendants, regularly Facility ensurements The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and words It is ensured that facilities for the prescribed investigations are available at the facility Departments have adequate space as per patient or work load Patient amenities are provide as per patient load | testing rest shat there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Laboratory space is adequate for carrying out activities Availability of adequate waiting area Availability of sitting arrangement of sub waiting area | r to access ar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d that ther PI/SI PI/SI PI/SI PI/SI m - C Inpu s, and avails OB OB | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.3 Standard C1 ME C1.1 | patients or attendants, regularly. Facility provides cashless services to pregnant women, mothers and neonates as per arevalent government schemes. The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility Departments have adequate space as per patient or work load Departments have layout and demarcated areas | testing ares that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Area infrastructure for delivery of as Laboratory space is adequate for carrying out activities Availability of sitting arrangement of sub waiting area Availability of patient calling system at lab Availability of functional toilets | r to access ar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d that ther PI/SI PI/SI PI/SI PI/SI OB | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.4 ME B5.5 Standard C1 ME C1.1 ME C1.2 | Patients or attendants, regularly Facility ensurements The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes The facility ensures that drugs prescribed are available at Pharmacy and words It is ensured that facilities for the prescribed investigations are available at the facility Departments have adequate space as per patient or work load Patient amenities are provide as per patient load | testing rest shat there are no financial barrie Free Diagnotic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Nasi infrastructure for delivery of as has infrastructure for delivery of as Availability of adequate waiting area Availability of aptient calling system at lab Availability of patient calling system at lab Availability of drinking water Demarcated testing area Demarcated testing area | r to access ar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d that ther PI/SI P | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
| Standard B5 ME B5.1 ME B5.2 ME B5.3 ME B5.4 ME B5.5 Standard C1 ME C1.1 ME C1.2 | patients or attendants, regularly. Facility provides cashless services to pregnant women, mothers and neonates as per arevalent government schemes. The facility ensures that drugs prescribed are available at Pharmacy and wards It is ensured that facilities for the prescribed investigations are available at the facility Departments have adequate space as per patient or work load Departments have layout and demarcated areas | testing eres that there are no financial barrie Free Diagnostic tests for Pregnant women, Infant and Children Check that patient party has not incurred expenditure on purchasing consumables from outside. Check that patient party has not incurred expenditure on diagnostics from outside. Laboratory provides complete list of diagnostic test available to all department of the hospital Availability of stiting arrangement of sub waiting area Availability of stiting arrangement of sub waitaballity of stiting system at lab Availability of functional toilets Availability of functional toilets Availability of direking water Demarcated sample collection area | r to access ar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | d that ther PI/SI PI/SI PI/SI PI/SI PI/SI PI/SI OB OB OB OB OB OB OB OB | DELETED DELETED 55 bible infrastructure meets the prevalent nor Adequate area for sample collection, waiting, performing tet, keeping equipment and storage of | |
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| | Floors of the Laboratory are non slippery and | | 2 | ОВ | | |
|-------------------------|--|---|----------------|------------------------------|--|------------------|
| | | even surfaces and acid resistent | | - | | |
| | | Windows have grills and wire meshwork | 2 | OB | | |
| Standard C3 | | The facility has establish Laboratory has plan for safe storage and | ed Programn | <mark>ne for fire s</mark> i | afety and other disaster | |
| ME C3.1 | The facility has plan for prevention of fire | handling of potentially flammable materials. | 2 | OB/SI | | |
| | | Department has sufficient fire exit with signage to permit safe escape to its occupant | 2 | ОВ | | |
| | | at time of fire | | - | | |
| | | Check the fire exits are clearly visible and routes to reach exit are clearly marked. | 2 | ОВ | | |
| ME C3.2 | The facility has adequate fire fighting Equipment | Lab has installed fire Extinguisher that is | 2 | OB/RR | | |
| | | Class A , Class B C type or ABC type Check the expiry date for fire extinguishers | | | | |
| | | are displayed on each extinguisher as well as due date for next refilling is clearly | 2 | OB/RR | | |
| | | mentioned | | | | |
| ME C3.3 | The facility has a system of periodic training of staff and conducts mock drills regularly for fire | Check for staff competencies for operating fire extinguisher and what to do in case of | 2 | SI/RR | | |
| | and other disaster situation | fire | | | | |
| Standard C4 ME C4.1 | The facility The facility has adequate specialist doctors as | | 2 | ob/RR | ng the assured services to the current case | load |
| ME C4.1 | per service provision | Availability of dedicated pathologist Availability of dedicated Microbiologist | 2 | OB/RR | For 100 bed - 1 , 200-1, 300-3, 400-3, 500-4. For 300-500 bed -1 | |
| ME C4.4 | The facility has adequate | Availability of Lab Technician 24X7 | 2 | SI/RR | 101 300-300 Bed -1 | |
| ME C4.5 | technicians/paramedics as per requirement The facility has adequate support / general staff | Availability of Lab assistant | 2 | SI/RR | In-house/Out-sourced | |
| | The facinty has bacquate support y general stan | Availability of housekeeping staff | 2 | SI/RR | ······································ | |
| Standard C.F. | | Availability of security staff | 2 | SI/RR | or assured list of services | |
| Standard C 5 ME C5.2 | The departments have adequate consumables at | Facility provides drugs and Availability of stains | | oB/RR | Iodine Solution, Gram Romanowsky ,StainZiehl- | |
| | point of use | Availability of reagents | 2 | OB/RR | neelsen, Acridine orange, Acridine orange (?) Reagents for auto analyzers, ELISA Readers | |
| | | Availability of other Chemicals | 2 | OB/RR | Acetone, Alcohol, distilled water, Microscope gel etc. | |
| | | Ausilability Laboratory materials | 2 | OB/RR | Evacuated Blood collection tubes, Swabs, Syringes, | |
| | | Availability Laboratory materials | | SBUIR | Glass slides, Glass marker/paper stickers | |
| ME C5.3 | Emergency drug trays are maintained at every point of care, where ever it may be needed | Emergency Drug Tray is maintained | 2 | OB/RR | | |
| Standard C 6 | point of care, where even it may be needed | The facility has equipment | & instrumen | s required : | for assured list of services | |
| | Availability of equipment & instruments for | Availability of functional Equipment | | | | |
| ME C 6.1 | examination & monitoring of patients | &Instruments for examination & Monitoring | 2 | OB | BP apparatus, Stethoscope at sample collection area | |
| ME C 6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the | Availability of functional auto analyzers | 2 | ОВ | Auto/ Semi Auto analyzers according to need | |
| | facility | Availability of functional haematology | | | | |
| | | equipments | 2 | ОВ | Cell Counters/ Counting Chambers , Heamoglobinometer , ESR stands with tubes | |
| | | Availability of functional Biochemistry Equipment | 2 | ОВ | Calorie meter, Blood Gas Analyzer, Electrolyte analyzer | |
| | | Availability of functional equipments for sample processing | 2 | ОВ | Micropipettes , Centrifuge, Water Bath, Hot air oven. | |
| | | Availability of functional Microscopy | 2 | ов | Binocular Micro scope , FNAC, staining rack | |
| | | equipments Availability functional Histopathology | 2 | ОВ | Microtome | |
| | | equipments Availability of functional Serology | 2 | ОВ | Elisa Reader, Elisa washer | |
| | | Equipments Availability of functional Microbiology | | | Incubator , Inoculators, safety hood and bio safety | |
| | | equipments Availability of equipment for storage of | 2 | OB | cabinet | |
| ME C 6.5 | Availability of Equipment for Storage | sample and reagents | 2 | ОВ | Refrigerators | |
| ME C6.6 | Availability of functional equipment and instruments for support services | Availability of equipments for cleaning | 2 | ОВ | Buckets for mopping, mops, duster, waste trolley, Deck brush | |
| ME BC 6.7 | Departments have patient furniture and fixtures as per load and service provision | Availability of fixtures at lab | 2 | ОВ | Illumination at work stations, Electrical fixture for lab equipments and storage equipments | |
| | | Availability of furniture | 2 | ов | Lab stools, Work bench's, rack and cupboard for | |
| Standard C7 | Eacility has a defined as | | outilization | ovaluation | storage of reagent ,Patient stool, Chair table and augmentation of competence and perf | armanca of staff |
| Stanuaru C7 | | a established procedure for effectiv | e utilization, | evaluation | Check objective checklist has been prepared for | |
| ME C7.1 | Criteria for Competence assessment are defined for | Check parameters for assessing skills and | 2 | SI/RR | assessing competence of doctors, nurses and paramedical staff based on iob description defined for | |
| ME C7.1 | clinical and Para clinical staff | proficiency of clinical staff has been defined | 4 | aiy nd | each cadre of staff. Dakshta checklist issued by | |
| | | | | | MoHFW can be used for this purpose. | |
| ME C7.2 | Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in | Check for competence assessment is done at | 2 | SI/RR | Check for records of competence assessment including filled checklist, scoring and grading . Verify | |
| | a year | least once in a year | | | with staff for actual competence assessment done | |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan | Training on automated Diagnostic Equipments like auto analyzer | 2 | SI/RR | | |
| | | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Training on Internal and External Quality | 2 | SI/RR | | |
| | | Assurance Laboratory Safety | 2 | SI/RR | | |
| | | Patient Safety Basic Life Support | 2 | SI/RR SI/RR | | |
| | | Training on Quality Management System | 2 | SI/RR | To all category of staff. At the time of induction and once in a year. | |
| | There is established procedure for utilization of | | | | Check supervisors make periodic rounds of | |
| ME C7.10 | skills gained thought trainings by on -job supportive supervision | Staff is skilled to run automated equipments | 2 | SI/RR | department and monitor that staff is working according to the training imparted. Also staff is | |
| | | | | | provided on job training wherever there is still gaps | |
| | | Staff is skilled for maintaining Laboratory | | | Check supervisors make periodic rounds of department and monitor that staff is working | |
| | | records | 2 | SI/RR | according to the training imparted. Also staff is | |
| | | Area of | Concern - D | Support S | provided on job training wherever there is still gaps ervices | |
| Standard D1 | The fa | | | | naintenance and calibration of Equipment. | |
| | The facility has established system for | All equipments are covered under AMC | | | 1. Check with AMC records/ Warranty documents | |
| ME D 1.1 | maintenance of critical Equipment | including preventive maintenance | 2 | SI/RR | 2. Staff is aware of the list of equipment covered under AMC. | |
| | | There is not an of timely appreciation by the | | | 1.Check for breakdown & Maintenance record in the | |
| | | There is system of timely corrective break down maintenance of the equipments | 2 | SI/RR | log book 2. Staff is aware of contact details of the | |
| | | | | I | agency/person in case of breakdown. | 1 |

| | | There has system to label Defective/Out of | | | | |
|---|--|--|---|--|--|------------|
| | | order equipments and stored appropriately until it has been repaired | 2 | OB/RR | | |
| | | Staff is skilled for trouble shooting in case equipment malfunction | 2 | SI/RR | | |
| | | Periodic cleaning, inspection and maintenance of the equipments is done by the operator | 2 | SI/RR | | |
| ME D1.2 | The facility has established procedure for internal and external calibration of measuring Equipment | All the measuring equipments/ instrument are calibrated | 2 | OB/ RR | | |
| | | There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due | 2 | OB/ RR | | |
| | | Calibrators are available for Automated haematology analyzers | 2 | SI/RR | | |
| | | Laboratory has system to update correction factor after calibration wherever required | 2 | SI/RR | | |
| | | Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded. | 2 | SI/RR | | |
| ME D1.3 | Operating and maintenance instructions are available with the users of equipment | Up to date instructions for operation and maintenance of equipments are readily available with staff. | 2 | OB/SI | | |
| Standard D2 | | efined procedures for storage, invent | tory managen | nent and dis | spensing of drugs in pharmacy and patient of Stock level are daily updated | care areas |
| ME D2.1 | There is established procedure for forecasting and indenting drugs and consumables | There is established system of timely indenting of consumables and reagents | 2 | SI/RR | Indent are timely placed | |
| ME D2.3 | The facility ensures proper storage of drugs and consumables | Reagents and consumables are kept away from water and sources of heat, direct sunlight | 2 | OB/RR | Check the storage condition of reagents,etc. | |
| | | Reagents are labelled appropriately | 2 | OB/RR | Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning | |
| ME D2.4 | The facility ensures management of expiry and near expiry drugs | No expired reagent found | 2 | OB/RR | | |
| | | Records for expiry and near expiry reagent are maintained | 2 | RR | Check the record of expiry and near expiry drug in drug substore | |
| ME D2.5 | The facility has established procedure for inventory management techniques | There is practice of calculating and maintaining buffer stock of reagents | 2 | SI/RR | Minimum stock and reorder level are calculated based on consumption Minimum buffer stock is maintained all the time | |
| | | Department maintained stock register of reagents | 2 | RR/SI | Check record of drug received, issued and balance stock in hand and are regularly updated | |
| ME D2.6 | There is a procedure for periodically replenishing the drugs in patient care areas | There is established procedure for replenishing drug tray There is no stock out of reagents | 2 | SI/RR OB/SI | Check the stock of some reagents | |
| 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 twice a day and are maintained | 2 | OB/RR | Check for refrigerator/LR temperature charts. Charts are maintained and updated twice a day. Refrigerators meant for storing drugs should not be used for storing other items such as eatables. | |
| Standard D3 | | Regular Defrosting is done The facility provides safe, secure and | 2 nd comfortab | si/RR e environn | nent to staff, patients and visitors. | |
| | | | | | | |
| ME D3.1 | The facility provides adequate illumination level at patient care areas | Adequate illumination at work station | 2 | ОВ | | |
| ME D3.1 | at patient care areas | Adequate illumination at work station Adequate illumination at Collection area | | | Testing areas, report writing area | |
| ME D3.1 ME D3.2 | at patient care areas The facility has provision of restriction of visitors in patient areas | Adequate illumination at Collection area Entry is restricted in testing area | 2 | ОВ | Testing areas, report writing area | |
| | at patient care areas The facility has provision of restriction of visitors | Adequate illumination at Collection area | 2 | OB OB | | |
| ME D3.2 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable | Adequate illumination at Collection area Entry is restricted in testing area Temperature control and ventilation in collection area Temperature control and ventilation testing area | 2 2 2 | OB OB OB | Testing areas, report writing area | |
| ME D3.2 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable | Adequate illumination at Collection area Entry is restricted in testing area Temperature control and ventilation in collection area Temperature control and ventilation testing area In histopathology, for tissue processing separate room with fume hood is available | 2 2 2 2 2 2 2 2 2 | OB OB SI/RR SI/RR OB | Testing areas, report writing area Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement Fans/ Air conditioning/Heating/Exhaust/Ventilators as | |
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| ME D3.2 ME D3.3 ME D3.5 Standard D4 ME D4.1 ME D4.2 | at patient care areas The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients and service providers The facility has established measure for safety and security of female staff Exercise of the facility building is maintained appropriately Patient care areas are clean and hygienic Hospital infrastructure is adequately maintained The facility has policy of removal of condemned | Adequate illumination at Collection area Entry is restricted in testing area Temperature control and ventilation in collection area Temperature control and ventilation testing area In histopathology, for tissue processing separate room with fume hood is available Availability of Eye washing facility Female staff feel secure at work place The facility has established Pr Building is painted/whitewashed in uniform colour Interior of patient care areas are plastered & painted Floors, walls, roof, toof topes, sinks patient care and circulation areas are clean Surface furniture and fixtures are clean Toilets are clean with functional flush and Tioning water Check for there is no seepage, Cracks, chipping of Jaster | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB OB SI/RR SI/RR OB OB SI OB OB OB OB OB OB OB OB | Testing areas, report writing area Testing areas, report writing area Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement ceand upkeep of the facility All area are clean with no dirt,grease,littering and | |
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| | The facility ensures the adherence to dress code | Doctor, technician and support staff adhere | | | 1 | |
|-------------------------|--|---|---------------------------------|----------------------------|---|----------|
| ME D11.3 | as mandated by its administration / the health department | to their respective dress code | 2 | OB | | |
| Standard D12 | Facility has e | stablished procedure for monitoring There is procedure to monitor the quality | the quality o | <mark>f outsource</mark> | d services and adheres to contractual obligation of outsourced services (cleaning/ | ations |
| ME D12.1 | There is established system for contract management for out sourced services | and adequacy of outsourced services on | 2 | SI/RR | Dietary/Laundry/Security/Maintenance) provided are | |
| | | regular basis Area of | Concern - E | Clinical Se | done by designated in-house staff ervices | |
| Standard E1 | The facility has established procedure for | The facility has defined procedure Unique laboratory identification number is | | | Itation and admission of patients. | |
| ME E1.1 | registration of patients | given to each patient sample | 2 | RR | | |
| | | Patient demographic details are recorded in laboratory records | 2 | RR | Check for that patient demographics like Name, age, Sex, Chief complaint, etc. | |
| Standard E3 | | Facility has defined and establishe | <mark>ed procedures</mark> | <mark>i for continu</mark> | lity of care of patient and referral | |
| ME E3.2 | Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher | Laboratory has referral linkage for tests not available at the facility | 2 | RR/SI | | |
| | facilities to assure their continuity of care. | Facility gets referred patients from lower | | | | |
| Chan double for | | level of facility | 2 | RR/SI | e.g.: linkage for disease surveillance and water testing | |
| Standard E4 | There is established procedure of patient hand | The facility has define Procedure to handover test/ results during | | | dures for nursing care | |
| ME E4.3 | over, whenever staff duty change happens | shift change | 2 | RR/SI | | |
| Standard E8 | Facility has | Handover register is maintained | 2 | RR ing undatir | g of patients' clinical records and their stor | are |
| ME E8.5 | Adequate form and formats are available at | Standard Formats available | 2 | RR/OB | Printed formats for requisition and reporting are | |
| ME E8.6 | point of use Register/records are maintained as per | Lab records are labelled and indexed | 2 | RR | available | |
| | guidelines | | 2 | RR | Test registers, IQAS/EQAS Registers, Expenditure | |
| | The facility ensures safe and adequate storage | Records are maintained for laboratory Laboratory has adequate facility for storage | | | registers, Accession list etc. | |
| ME E8.7 Standard E11 | and retrieval of medical records | of records | 2 | OB | ncy Services and Disaster Management | |
| ME E11.3 | The facility has disaster management plan in | Staff is aware of disaster plan | 2 | SI/RR | | |
| | place | Role and responsibilities of staff in disaster is | 2 | SI/RR | | |
| | There is procedure for handling medico legal | defined | | | Requisition and reports are marked with MLC and | |
| ME E11.5 | There is procedure for handling medico legal cases | Samples of medico legal cases are identified | 2 | SI/RR | Requisition and reports are marked with MLC and reports are handed over to authorized personnel only | |
| Standard E12 | | The facility has defined a | nd establishe | d procedur | es of diagnostic services Request form contain information: Name and | |
| | These are established around our fee Dec basis | | | | identification number of patient, name of authorized | |
| ME E12.1 | There are established procedures for Pre-testing Activities | Requisition of all laboratory test is done in request form | 2 | RR/OB | requester, type of primary sample, examination requested, date and time of primary sample | |
| | | | | | collection and date and time of receipt of sample by laboratory, | |
| | | Instructions for collection and handling of primary sample are communicated to those | 2 | RR/SI | | |
| | | responsible for collection Laboratory has system in place to label the | 2 | RR/SI | | |
| | | primary sample Laboratory has system to trace the primary | | | | |
| | | sample from requisition form | 2 | RR/SI | | |
| | | Laboratory has system to record the identity of person collecting the primary sample | 2 | RR/SI | | |
| | | Laboratory has system in place to monitor | 2 | RR/SI | Transportation of sample includes: Time frame, | |
| | | the transportation of the sample | | nn/si | temperature and carrier specified for transportation | |
| ME E12.2 | There are established procedures for testing Activities | testing procedure are readily available at work station and staff is aware of them | 2 | OB/RR | | |
| | | Laboratory has Biological reference interval | | | | |
| | | for its examination of various results | 2 | OB/RR | | |
| | | Laboratory has identified critical intervals for which immediate notification is done to | 2 | RR/SI | | |
| | | concerned physician | | nn/Si | | |
| | There are established procedures for Post- | Laboratory has system to review the results | | | | |
| ME E12.3 | testing Activities | of examination by authorized person before release of report | 2 | RR/SI | | |
| | | Laboratory has format for reporting of results | 2 | RR/OB | | |
| | | Laboratory has system to provide the reports | | | | |
| | | within defined cycle time/ or each category of patient -routine and emergency | 2 | RR/SI | | |
| | | Laboratory results written in reports are | 2 | RR/SI | | |
| | | legible without error in transcription | - | | | |
| | | Laboratory has defined the retention period and disposal of used sample | 2 | RR/SI | | |
| | | Laboratory has system to retain the copies of | | pp/c | | |
| | | reported result and promptly retrieved when required | 2 | RR/SI | | |
| Standard E23 | | Facility provides National he | National Healt ealth program | | | |
| | | | | | | |
| ME E23.9 | Facility provide service for Integrated disease | Weekly reporting of Confirmed cases on form | 2 | SI/RR | (a) Submitted to District surveillance officer (b) Data is submitted manually or through IHIP | #Daily |
| | surveillance program | "L" from laboratory | | | (integrated health information plateform) | |
| | | | Concern - F | | | |
| Standard F1 | | | <mark>es in place for</mark> | prevention | and measurement of hospital associated in | nfection |
| ME F1.2 | Facility has provision for Passive and active culture surveillance of critical & high risk areas | Surface and environment samples are taken for microbiological surveillance | 2 | SI/RR | Swab are taken from infection prone surfaces | |
| | | Technician is trained for taking and | 2 | SI/RR | | |
| ME F1.4 | There is Provision of Periodic Medical Checkups | processing surface and air sample There is procedure for immunization of the | 2 | SI/RR | Hepatitis B, Tetanus Toxid etc | |
| | and immunization of staff | staff Periodic medical checkups of the staff | 2 | SI/RR | | |
| ME F1.5 | Facility has established procedures for regular | Regular monitoring of infection control | 2 | SI/RR | Hand washing and infection control audits done at | |
| | monitoring of infection control practices Facility has defined and established antibiotic | practices | | | periodic intervals | |
| ME F1.6 | policy | Check for Doctors are aware of Hospital Antibiotic Policy | 2 | SI/RR | | |
| Standard F2 | Fa Hand washing facilities are provided at point of | Acility has defined and Implemented Availability of hand washing Facility at Point | procedures fo | | hand hygiene practices and antisepsis Check for availability of wash basin near the point of | |
| ME F2.1 | use | of Use | 2 | OB | use | |

| | | Availability of running Water | 2 | OB/SI | Ask to Open the tap. Ask Staff water supply is regular | |
|------------------------|--|--|----------------|--------------|--|-----------|
| | | Availability of antiseptic soap with soap dish/ | 2 | OB/SI | Check for availability/ Ask staff if the supply is | |
| | | liquid antiseptic with dispenser. Availability of Alcohol based Hand rub | 2 | OB/SI | adequate and uninterrupted Check for availability/ Ask staff for regular supply. | |
| | | Display of Hand washing Instruction at Point | 2 | ов | Prominently displayed above the hand washing | |
| | | of Use Availability of elbow operated taps | 2 | ОВ | facility , preferably in Local language | |
| | | Hand washing sink is wide and deep enough | 2 | ов | | |
| | Chaff is two in a discussion day and a star star star and and in a star | to prevent splashing and retention of water | | - | | |
| ME F2.2 | Staff is trained and adhere to standard hand washing practices | Adherence to 6 steps of Hand washing | 2 | SI/OB | Ask of demonstration | |
| ME F2.3 | Facility ensures standard practices and materials | Staff aware of when to hand wash | 2 | SI OB | | |
| WIE 72.5 | for antisepsis | Availability of Antiseptic Solutions Proper cleaning of procedure site with | | - | like before giving IM/IV injection, drawing blood, | |
| a | | antisepsis | 2 | OB/SI | putting Intravenous and urinary catheter | |
| Standard F3 ME F3.1 | Facility ensures adequate personal protection | Facility ensures standard | 2 practices an | OB/SI | for Personal protection | |
| WIL FO.1 | equipments as per requirements | Availability of lab aprons/coats | 2 | OB/SI | | |
| | | Availability of Masks | 2 | OB/SI | | |
| ME F3.2 | Staff is adhere to standard personal protection practices | No reuse of disposable gloves and Masks. | 2 | OB/SI | | |
| | | Compliance to correct method of wearing and removing the PPE | 2 | SI | Gloves, Masks, Caps and Aprons | |
| Standard F4 | Facility ensures standard practices and materials for | Facility has standard Proced | lures for proc | essing of ec | uipments and instruments Ask staff about how they decontaminate work | |
| ME F4.1 | decontamination and clean ing of instruments and procedures areas | Decontamination of operating & Procedure surfaces | 2 | SI/OB | benches (Wiping with 0.5% Chlorine solution | |
| | | Proper Decontamination of instruments after use | 2 | SI/OB | Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropriate method | |
| | | Contact time for decontamination is adequate | 2 | SI/OB | 10 minutes | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | Cleaning is done with detergent and running water after decontamination | |
| | | Staff know how to make chlorine solution | 2 | SI/OB | | |
| ME F4.2 | Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments | Disinfection of reusable glassware | 2 | SI/OB | Disinfection by hot air oven at 160 oC for 1 hour | |
| | | Autoclaving for used culture media and other infected material | 2 | SI/OB | | |
| Standard F5 | | Physical layout and environmental co | ontrol of the | patient care | areas ensures infection prevention | |
| ME F5.2 | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Availability of disinfectant as per requirement | 2 | OB/SI | Chlorine solution, Gluteraldehye, carbolic acid | |
| | | Availability of cleaning agent as per requirement | 2 | 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 | 2 | SI/RR | | |
| | | Cleaning of patient care area with detergent solution | 2 | SI/RR | | |
| | | Staff is trained for preparing cleaning solution as per standard procedure | 2 | SI/RR | | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | Unidirectional mopping from inside out | |
| | | Cleaning equipments like broom are not used in patient care areas | 2 | OB/SI | Any cleaning equipment leading to dispersion of dust particles in air should be avoided | |
| ME F5.4 | Facility ensures segregation infectious patients | Precaution with infectious patients like TB | 2 | OB/SI | | |
| ME F5.5 | Facility ensures air quality of high risk area | Air quality in Lab | 2 | OB/SI | Negative Pressure for microbiology | |
| Standard F6 ME F6.1 | Facility has defined Facility Ensures segregation of Bio Medical | and established procedures for segre Availability of colour coded bins at point of | gation, colle | | ment and disposal of Bio Medical and hazardo | us Waste. |
| WE FO.1 | Waste as per guidelines | waste generation Availability of colour coded non chlorinated | | ОВ | Adequate number. Covered. Foot operated. | |
| | | plastic bags | 2 | ОВ | | |
| | | Segregation of Anatomical and solied waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Items contaminated with blood, body fluids,dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. | |
| | | Segregation of infected plastic waste in red bin | 2 | ОВ | Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vaccutainers with their needles cut) and gloves | |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | ОВ | Pictorial and in local language | |
| | | There is no mixing of infectious and general waste | 2 | | | |
| ME F6.2 | Facility ensures management of sharps as per guidelines | Availability of functional needle cutters | 2 | ОВ | See if it has been used or just lying idle. | |
| | | Seggregation of sharps waste including Metals in white (translucent) Puncture proof, Leak proof, tamper proof containers | 2 | OB | Should be available nears the point of generation.Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | |
| | | Availability of post exposure prophylaxis | 2 | SI/OB | Ask if available. Where it is stored and who is in charge of that. | |
| | | Staff knows what to do in condition of needle stick injury | 2 | SI | Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done | |
| | | Contaminated and broken Glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | ОВ | Vials, slides and other broken infected glass | |
| ME F6.3 | Facility ensures transportation and disposal of waste as per guidelines | Disinfection of liquid waste before disposal | 2 | SI/OB | | |
| | waste as per guidelines | Disposal of sputum cups as per guidelines | 2 | SI/OB | | |
| | | Check bins are not overfilled | 2 | SI | | |
| | | Transportation of bio medical waste is done in close container/trolley | 2 | SI/OB | | |
| | | in close container/troiley | | I | | |

| | | Staff aware of mercury spill management | 2 | SI/RR | Look for: 1. Spill area evacuation 2. Semoval of Javvellery 3. Wear PPE 4. Use of flashlight to lacate mercury beads 5. Use syringe without a needle/eyedropper and sticky tape to suck the beads 6. Collection of beads in leak-proof bag or container 7. Sprinkle subplur or an powder to remove any remaining mercury spill surfaces should be decontaminated with 10% soldim thousitate solution 9. All the bags or containers containing items contaminated with 10% soldim be marked as "Hazardous Watse, Handle with Care" 10. Collected mercury waste should be handed over to the CBMWTF | |
|-------------|---|--|--------------|----------------|--|------------------|
| | | Area of Co | ncern - G Q | uality Mar | nagement | |
| Standard G1 | | The facility has established | organization | al framewo | | |
| ME G1.1 | The facility has a quality team in place | Quality circle has been formed in the Laboratory | 2 | SI/RR | Check if quality circle formed and functional with a designated nodal officer for quality | |
| Standard G2 | Patient Satisfaction surveys are conducted at | Facility has established There is system to take feed back from | | | employee satisfaction | |
| ME G2.1 | periodic intervals | clinician about quality of services | 2 | RR | | |
| | | Client/Patient satisfaction survey done on monthly basis | 2 | RR | | |
| Standard G3 | Facil Facility has established internal quality assurance | | | | rograms wherever it is critical to quality. | |
| ME G3.1 | program at relevant departments | place | 2 | SI/RR | | |
| | | Standards are run at defined interval Control charts are prepared and outliers are | 2 | SI/RR SI/RR | | |
| | | identified. Corrective action is taken on the identified | | | | |
| | | outliers Internal Quality Control for Public Health lab | 2 | SI/RR | Routine checking of equipments, new lots of regent, | |
| | a m. 1 | is in place | 2 | SI/RR | smear preparation, grading etc | |
| ME G3.2 | Facility has established external assurance programs at relevant departments | Proficiency Test / EQUAS is done | 2 | SI/RR | For tests where Nationnal Proficiency Test program is available | |
| | | External / Internal split testing is done | 2 | SI/RR | For test where PT program is not available | |
| | | EQAs reporst are analysed and evaluated | 2 | | Staff is aware of EQAS reporting system, how to | |
| | | Corrective actions are taken on abnormal | 2 | SI/RR | evaluate, and compare | |
| | | values/ Outliers | 2 | SI/RR | | |
| | | External quality assurance program implemented as per NTEP program | 2 | SI/RR | Onsite evaluation done Monthly Random Blinded rechecking (RBRC) done Monthly | |
| | | External quality assurance program | 2 | SI/RR | | |
| | | implemented for NVBDCP | | | | |
| | | External quality assurance under NACP | 2 | SI/RR | | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 | Planned actions are implemented through Quality Improvement Cycles (PDCA) | Check PDCA or revalent quality method is used to take corrective and preventive action | 2 | SI/RR | Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report | |
| Standard G4 | Pacility has established Departmental standard operating procedures | Standard operting procedure for department | | | ting Procedures for all key processes and so | upport services. |
| ME G4.1 | are available | has been prepared and approved Current version of SOP are available with | 2 | RR | | |
| | | process owner Work instruction/clincal protocols are | 2 | OB/RR | | |
| | | displayed | 2 | OB | Work instruction for Internal Quality control, | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures | Laboratory has documented process for Collection, handling, transportation of primary sample | 2 | RR | Look for procedure for transportation of primary sample with specification about time frame, temperature and carrier | |
| | | Laboratory has documented process on acceptance and rejection of primary samples Laboratory has documented procedure on | 2 | RR | | |
| | | receipt, labeling, processing and reporting of primary sample | 2 | RR | | |
| | | Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample for emergency cases | 2 | RR | | |
| | | Laboratory has documented system for storage of examined samples | 2 | RR | | |
| | | Laboratory has documented system for | 2 | RR | | |
| | | repeat tests due to analytical failure Laboratory has documented validated procedure for examination of samples | 2 | RR | | |
| | | Laboratory has documented biological | 2 | RR | | |
| | | reference intervals Laboratory has documented critical reference values and procedure for immediate | 2 | RR | | |
| | | reporting of results Laboratory has documented procedure for release of reports including details of who may release result and to whom | 2 | RR | | |
| | | Laboratory has documented internal quality control system to verify the quality of results | 2 | RR | | |
| | | Laboratory has documented External Quality assurance program | 2 | RR | | |
| | | Laboratory has documented procedure for calibration of equipments | 2 | RR | | |
| | | Laboratory has documented procedure for validation of results of reagents ,stains , media and kits etc. wherever required | 2 | RR | | |
| | | Laboratory has documented system of resolution of complaints and other feedback received from stakeholders | 2 | RR | | |
| | | Laboratory has documented procedure for examination by referral laboratories | 2 | RR | | |
| | • | | | | | |

| Met Ed.Method space sp | | | | | | | |
|---|--------------|---|--|------------------------------|--------------|---|--------|
| Image: Section of the sectio | | | Laboratory has documented system for | | | | |
| Image: state in the | | | storage, retaining and retrieval of laboratory | 2 | RR | | |
| Image: Section of the sectio | | | and reports of results. | | | | |
| Image: Section of the section of | | | | 2 | RR | | |
| Image: state in the state interverse state into the state | | | | 2 | RR | | |
| Normal problemNormal and second | | | | 2 | RR | | |
| Image: spin start for the s | | | | | | | |
| Nameproduce variantsproduce variants | | | | 2 | RR | | |
| NameN | ME G4.3 | | | 2 | SI/RR | | |
| Number of the second of the second secon | Standard G 5 | Facility maps | its key processes and seeks to make | | | educing non value adding activities and wa | stages |
| Name main mainmainmainmainmainmain mainmain mainmainmainStandard SNote of all standard and sta | | | Process mapping of critical processes done | | | | |
| Name Description of the Law Define Action values, where the Law Define Action (as the control of the | ME G5.2 | waste / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| No.31 Refix has after data fragency with members of this hystoce and search of the second of the s | ME G5.3 | processes | | | | | |
| Hitch of the start of the | Standard G6 | The fac | ility has defined mission, values, Qua | lity policy & | objectives & | | |
| NameResults also departioned on participant and partitant and participant and partic | ME G6.3 | | | 2 | SI/RR | the head of the facility . Also check Quality Policy enables achievement of mission of the facility and | |
| Mic Co.S. witcow communication to Markan state and provide the | ME G6.4 | | | 2 | SI/RR | framed addressing key quality issues in each department and cores services. Check if these objectives are Specific, Measurable, Attainable, | |
| Bits Single pages and single signed solution show hanged and object of an intermediation of an intermediation of an intermediation of the object of an intermediation of an i | ME G6.5 | effectively communicated to staff and users of | | 2 | SI/RR | Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| But and provise the program diract and program diract | ME G6.6 | | | 2 | SI/RR | been prepared to achieve quality policy and objectives in consultation with hospital staff . Check if | |
| Name of the second of quality improvement method Q QODE STOCE Stoce Attend of quality improvement method Q QODE Stoce Stoce Attend of quality improvement method Q QODE Stoce Stoce Attend of quality improvement method Q QODE Stoce Stoce Attend of quality improvement method Q QODE Stoce Stoce Attend of quality improvement method Q QODE Stoce Stoce Attend of assessment for Method and Pheter of Attend of assessment for Method and Pheter of a stoce Stoce Stoce Stoce Attend of assessment for Method and Pheter of Attend of | ME G6.7 | | reviewed at regular time interval | | | objectives being reviewed at least onnce in month by departmnetal incharges and during the qulaity team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Detection detection detection Q - Q - Q - Q - Q - Q - Q - Q - Q - Q - | Standard G7 | Facility uses method for quality improvement in | | | | | |
| Name of a constraint of a co | WE G7.1 | services | | | | | |
| Met G66 Periodic assement for Medication and Periodic assement of metalion and and and and and and and and and an | ME G7.2 | | 7 basic tools of Quality | 2 | SI/RR | | |
| Note Gas Preduce constanties for looked mining in planet care suffyr iak is down using defined in the maximum of all cincip or defined crists as sound in the maximum of all cincip or defined crists as sound in the maximum of all cincip or defined crists are suffyr iak is down with sufficient and lease one and the down using predified crists are lease of the maximum of all cincip or defined crists are sufficient cincip or defined crists are lease of the maximum of all cincip or defined crists are analysed or subset of all difference or defined crists are analysed or subset of all difference or defined crists are analysed or subset of all difference or defined crists are analysed or subset of all difference or defined crists are analysed or subset of all difference or defined crists are analysed or subset of all difference or defined crists are analysed or subset of all difference or defined crists are analysed or subset | Standard G9 | Facility has | | <mark>g, reporting, e</mark> | valuating a | | Plan |
| Name Subley and sacing of safe indication specified of same into the form of the same indication is specified of same into the same indication is specified of same indicatin specified in same indicatin specified in same indication is spec | ME G9.6 | | patient care safety risk is done using defined | 2 | SI/RR | asesement of all clincial processes should be done | |
| Busice intro Description of table in data in d | ME G9.7 | safety and security of staff including violence against | | 2 | SI/RR | report are available | |
| Standard H1 The facility measures productivity indicators on monthly basis No. of HV test done per 1000 population Q R R Image: Control on the facility measures productivity indicators on monthly basis ME H1.1 Scalar measures productivity indicators on monthly basis No. of HVB. test done per 1000 population Q RR Image: Control on the facility measures facility facility measures facility facility measures facility measures facility facility measures facility facility measures facility measures facility measures facility measures facility facility measures facility facility measures facility measures facility measures facility measures facility faci | ME G9.8 | | | | | | |
| ME H11 Facility measures productivity indicators on monthy basis No. of HV test done per 1000 population 2 R Image: Control of | Standard H1 | Th | | | | | |
| Image: Standard H2 No. of VORL test done per 1000 population 2 R Image: Standard H2 Image: Standard H2 No. of AFB Est done per 1000 population 2 R Image: Standard H2 Standard H2 No. of test done per attents to IO OPD 2 R Image: Standard H2 Standard H2 The facility measures Efficiency Indicators on monthly basis No. of test done per attents to IO OPD 2 R Standard H2 The facility measures Efficiency Indicators on monthly basis No. of test not matched in split test 2 R Standard H2 The facility measures Efficiency Indicators on monthly basis No. of test not matched in split test 2 R Standard H2 Facility measures officiency Indicators on monthly basis No of test not matched in split test 2 R Image: Standard H2 Percentage of test not matched in split test 2 No Image: Standard H2 Standard H3 No of test not matched in split test 2 No Image: Standard H2 Image: Standard H2 Percentage: Standard H2 No Image: Standard H2 Standard H3 Core of test done per technician 2 R Image: Standard H3 Image: Standard H3 2 Image: Standard H3 Standard H3 Image: Standard H3 Image: Standard H3 <td>ME H1.1</td> <td>Facility measures productivity Indicators on monthly</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> | ME H1.1 | Facility measures productivity Indicators on monthly | | | 1 | | |
| Image: Standard H2 Cooluition 2 An Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 RE Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 RE Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Image: Standard H2 Standard H2 Image: Standard H2 Image: Standard | | 2000 | No. of VDRL test done per 1000 population | 2 | RR | | |
| Image: standard Bar Standard Der 1000 populationImage: standard Der 1000 Population </td <td></td> <td></td> <td>No. of Blood Smear Examined per 1000</td> <td>2</td> <td>RR</td> <td></td> <td></td> | | | No. of Blood Smear Examined per 1000 | 2 | RR | | |
| Standard H2 No. of H8 test done per p1000 population Lab test done per patients in 100 OPO 2 RR Image: Control of Control Control of Control Control Control Control of Control Control Control Control Contro | | | | 2 | RR | | |
| Image: standard H3 Image: standa | | | No. of HB test done per 1000 population | 2 | | | |
| Standard H2 Image: Control of the facility measures Efficiency indicators and ensure to reach State/National Benchmark ME H2.1 Facility measures efficiency indicators on monthly basis No of test not matched in validation 2 RR Image: Control of test not matched in validation ME H2.1 Facility measures efficiency indicators on monthly basis No of test not matched in validation 2 RR Image: Control of test not matched in validation ME H2.1 Facility measures of test not matched in validation 2 RR Image: Control of test not matched in validation ME H2.1 Facility measures of test not matched in validation 2 RR Image: Control of test not matched in validation ME H2.1 Facility measures of test not matched in validation 2 RR Image: Control of test not matched in validation ME H3.1 Facility measures Clinical Care & Safety Indicators on monthly basis No of adverse events per thousand patients 2 RR ME H3.1 Facility measures Clinical Care & Safety Indicators on test not natched in validation and patients 2 RR Image: Control of test not matched in validation ME H3.1 Facility measures Clinical Care & Safety Indicators on monthly basis No of adverse events per thousand patients 2 RR Image: Clinical Care & Safety Indicators on monthly basis ME H3.1 Facility measures for control tare posititive | | | Lab test done per patients100 IPD | 2 | RR | | |
| ME H2.1 Facility measures efficiency indicators on monthly basis No of text not matched in validation 2 RR VIS / Z scores or equivalent 2 8R Biochemistry & haematology Down time of critical equipments 2 Biochemistry & haematology Turn around time for emergency lab 2 RR Standard H3 The facility measures Clinical Care & Safety Indicators on monthly basis 2 RR ME H9.1 Facility measures Clinical Care & Safety Indicators on monthly basis No of adverse events per thousand patients 2 RR Proportion of Haematology, biochemistry, serology, Microbiology, othology, clinical pathology Microbiolog | | | | | | | |
| Mini MCAL basis No or test not matched in validation 2 NR Include in Control in | Standard H2 | Facility measures efficiency Indicators on monthly | | | 1 | reach State/National Benchmark | |
| VIS / Z sores or equivalent 2 Biochemistry & haematology Down time of critical equipments 2 Biochemistry & haematology Turn around time for routine lab investigations 2 RR Turn around time for routine lab investigations 2 RR Standard H3 The facility measures Clinical Care & Safety Indicators monthly basis 2 RR ME H9.1 Facility measures Clinical Care & Safety Indicators monthly basis No of adverse events per thousand patients 2 RR ME H9.1 Facility measures Clinical Care & Safety Indicators in monthly basis No of adverse events per thousand patients 2 RR Proportion of Haematology, biochemistry, serology, Microbiology, ortology, clinical pathology Test demography 2 RR Standard H4 Test demography 2 RR Proportion of Haematology, biochemistry, serology, Microbiology, ortology, clinical pathology Standard H4 The facility measures Service Quality Indicators on monthly basis No of adverse events per thousand patients 2 RR Proportion of Haematology, biochemistry, serology, Microbiology, ortology, clinical pathology Standard H4 The facility measures Service Quality Indicators on monthly basis Nating time at sample collection area 2 RR For Rapid diagnostic Kit test | ME H2.1 | | | | RR | | |
| Image: section of the section of t | | | | | | Biochemistry & baematology | |
| Image: Interstation interference interfe | | | Down time of critical equipments | 2 | | | |
| Image: Interstigations Image: Image | | | investigations | | | | |
| 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 K of critical values reported within one hour onthy basis 2 RR Indicator Care & Safety Indicators on K of critical values reported within one hour onthy basis 2 RR Indicator Care & Safety Indicators on K of critical values reported within one hour onthy basis 2 RR Indicator Care & Safety Indicators on K of critical values reported within one hour onthy basis 2 RR Proportion of Haematology, biochemistry, serology, Microbiology, critical pathology Image: Care Care Care Care Care Care Care Care | | | investigations | | | | |
| Ministry Lange Monor fractional values reported within one nour 2 NR Image: Monor fractional values reported within one nour 2 NR Image: Monor fractional values reported within one nour 2 RR Image: Monor fractional values reported within one nour 2 RR Image: Monor fractional values reported within one nour 2 RR Image: Monor fractional values reported within one nour 2 RR Image: Monor fractional values reported within one nour 2 RR Image: Monor fractional values reported within one nour 2 RR Image: Monor fractional values report on related values report on related values report on related vith clinical values report on related values report on related vith clinical values report on related values report on related vith clinical values report on related vit | Standard H3 | | | - | | s to reach State/National benchmark | l |
| Image: service Quality Indicators on monthly basis No of adverse events per thousand patients Q R Proportion of Haematology, biochemistry, serology, bioc | ME H3.1 | | % of critical values reported within one hour | 2 | RR | | |
| Image: Instant and Image: Instant and Image: Image Image: Ima | | | No of adverse events per thousand patients | 2 | RR | | |
| Met Mail Mail Met Mail Mail <td></td> <td></td> <td>Test demography</td> <td>2</td> <td>RR</td> <td>Microbiology, cytology, clinical pathology</td> <td></td> | | | Test demography | 2 | RR | Microbiology, cytology, clinical pathology | |
| 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 Waiting time at sample collection area 2 RR | | | Report correlation rate | 2 | RR | | |
| ME H4.1 Facility measures Service Quality Indicators on monthly basis Waiting time at sample collection area 2 RR | | | | | | | |
| monthly basis Waiting time at sample collection area 2 Nn | | | | | | rs to reach State/National benchmark | |
| Number of stock out incidences of reagents 2 RR | MIC 1911 | | | | | | |
| | | | number of stock out incidences of reagents | 2 | ĸК | | |

Checklist No. 14

| National Quality Assurance Standards for District Hospitals Version: DH/NQAS-20 Checklist for Radiology Department 16 | | | | | | | |
|--|--|--|-------------------------------|---|--|----------------------------------|--|
| | | Checklist for Radio Assessment | | | | 16 | |
| Name of th | e Hospital | | , | | Date of Assessment | | |
| Names of A | ssessors | | | | Names of Assessees | | |
| Type of Ass | essment (Internal/External) | | | | Action plan Submission Date | | |
| | | | Radiology | Score Card | | | |
| | Area of Concern v | vise Score | | | Radiology Score | | |
| A | Service Provision | 100% | | | | | |
| В | Patient Rights | 100% | | | | | |
| с | Inputs | 100% | | | | | |
| D | Support Services | 100% | | | 100% | | |
| E | Clinical Services | 100% | | | | | |
| F | Infection Control | 100% | | | | | |
| G | Quality Management | 100% | | | | | |
| н | Outcome | 100% | | | | | |
| | Major Gaps Observed | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 4 5 | Strengths / Good Practices | | | | | | |
| 1 2 | | | | | | | |
| 3 | | | | | | | |
| 4 5 | | | | | | | |
| | Recommendations/ Opportun | ites for Improvement | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 5 | | 1 | | 1 | | | |
| | Signature of Assessors Date | | | | | | |
| | | | | | | | |
| Reference no. | ME Statement | Checkpoint | Compliance Full/Partial/No | Assessment Method | Means of Verification | Remarks | |
| Standard A1 | | | Area of Co | ncern - A Service F Provides Curative Se | | | |
| ME A1.14 | Services are available for the time period as mandated | All radiology services are available in routine working hours | 2 | SI/RR | | | |
| | | Emergency radiology services are available for selected procedure 24X7 | 2 | SI/RR | Check for: 1. Radiological services are available at night 2. Look for number of radiology test performed at night | | |
| Standard A2 ME A2.2 | The facility provides Maternal health | Availability of USG services for Pregnant women | Facility p | si/OB | rvices | | |
| Standard A3 | Services | Availability of 030 services for Pregnant women | | rovides diagnostic Se | ervices | | |
| ME A3.1 | The facility provides Radiology Services | Availability of X ray services Availability of special radio graph services | 2 | SI/OB SI/OB | for chest, bones, skull, spine and abdomen. Barium Swallow, Barium enema, Barium meal, MMR (Miniature mass radiography) Chest, IVP, | | |
| | | Availability of Dental X ray Services | 2 | SI/OB | Mammography, C-arm Radio-vision-Graph (RVG) Digital dental X-ray, OPG | | |
| | | Availability of ultrasound services | 2 | SI/OB | services Pre natal diagnostic procedure: Ultrasonography with colour doppler, Fetoscopy | | |
| | | Availability of CT scan facility | 2 Area of C | si/os oncern - B Patient | | | |
| Standard B1 | The facility has uniform and user-friendly | | n to care seekers, atte | ndants & communit | y about the available services and their mod | alities | |
| ME 81.1 | sienaee system | Signages | 2 | OB | Notice in log, is have a signary of the intervent of the second s | | |
| | The facility displays the services and | Display of cautionary signage outside the X ray department List of services available are displayed at the | 2 | OB | Radiation hazard sign and caution for pregnant women and children | | |
| ME B1.2 | entitlements available in its departments | Timing for taking X ray and collection of reports are displayed outside the X ray department | 2 | OB | | | |
| ME B1.4 | Information is available in local long | Signage's and information are available in local | | | DELETED | | |
| ME B1.6 | and easy to understand | language | 2 | OB | | | |
| ME B1.8 | The facility ensures access to clinical records of patients to entitled personnel | | 2 | OB | | | |
| Standard B2 | | | | | re are no barrier on account of physical econ | omic, cultural or social reasons | |
| ME B2.1 ME B2.3 | Services are provided in manner that are sensitive to gender Access to facility is provided without any physical barrier & and friendly to people | Check the availability of ramp in OPD/ X ray | 2 | OB/SI OB | At least 120 cm width, gradient not steeper than 1:12, if | | |
| Standard B3 | with disabilities | The facility maintains privacy, c | | | ramp is available a system for guarding patient related inform | ation. | |
| ME B3.1 | Adequate visual privacy is provided at every point of care | X ray department has provision of privacy while taking X ray. | 2 | ОВ | | | |
| | | USG department has provision of privacy while taking sonography | 2 | ОВ | provision of screen | | |
| ME B3.2 | Confidentiality of patients records and clinical information is maintained | Radiology has system to ensure the confidentiality of the reports generated | 2 | RR/SI | Radiology staff do not discuss the lab result outside. And reports are kept in secure place | | |
| ME 83.3 | The facility ensures the behaviours of | Behaviour of staff is empathetic and courteous | 2 | PI | | | |
| | staff is dignified and respectful, while delivering the services | | | | | | |
| Standard B4 | Facility has defin | ed and established procedures for infor | ming and involving pat | tient and their famili | es about treatment and obtaining informed o | onsent wherever it is required. | |

| ME 84.1 | There is established procedures for taking informed consent before | Form F for USG under PNDT maintained for scan of pregnant woman | 2 | RR | | |
|------------------------|--|---|------------------------------|-------------------------------|---|-----------------------------------|
| Standard B5 | treatment and procedures | | no financial barrier to | access and that the | re is financial protection given from cost of c | are. |
| Standard 85 | The facility provides cashless services to | Facility ensures that there an | | access and that the | re is infancial protection given from cost of c | |
| ME 85.1 | pregnant women, mothers and neonates as per prevalent government schemes | Free Diagnostic tests are available as per entitlement | 2 | PI/SI | Pregnant women, Infant and Children | |
| ME B5.3 | | | | | DELETED | |
| ME 85.4 | The facility provide free of cost treatment to Below poverty line patients without administrative hassles | Tests are free of cost for BPL patients | 2 | PI/SI | | Aplicable to all |
| ME B5.5 | The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients | Cashless investigation by empanelled lab for JSSK beneficiaries for test not available within the facility | 2 | PI/SI/RR | | |
| Standard C1 | | The facility has infectionate | | of Concern - C Inp | uts lable infrastructure meets the prevalent norr | - |
| ME C1.1 | | Room Size of X ray unit is as per AERB safety | | OB | The room housing X -ray equipment have appropriate area to facilitate easy movement of staff & proper | |
| | patient or work load | code Availability of adequate waiting area | 2 | OB | patient positioning. | |
| ME C1.2 | Patient amenities are provide as per patient load | Attached toilet facility available Waiting area with sitting facility | 2 | OB | For USG | |
| ME C1.3 | Departments have layout and | Entrance of X ray room is as per AERB layout suidelines | 2 | OB | Preferably one entrance with door having hydraulic | |
| | demarcated areas as per functions | guidelines Opening for Ventilation and natural light has been provided in X ray room as per AERB layout guidelines | 2 | OB | mechanism to ensure that it is closed during procedure Windows should be above 2m from finished floor level outside the x ray. If no then shielding is provided is provided on the window up to 2 m | |
| | | guidelines Positioning of chest stand as per AERB layout guidelines | 2 | OB | The chest stand should be located opposite to entrance door and control console | |
| | The facility has addressed a standard and | Positioning of control console as per AERB layout guidelines | 2 | | Control console should be positioned as far away as possible from the X ray tube. | |
| ME C1.4 | The facility has adequate circulation area and open spaces according to need and local law The facility has infrastructure for | Corridors are wide enough for movement of trolleys and stretchers | 2 | ОВ | 2-3 meters | |
| ME C1.5 | intramural and extramural communication | Availability of functional telephone and Intercom Services | 2 | ОВ | | |
| ME C1.6 | Service counters are available as per patient load | No of X ray machines as per load | 2 | OB | Check for the adequacy X-ray machines as per load | |
| ME C1.7 | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) | Unidirectional flow of goods and services | 2 | OB | No cris cross in the movement patient traffic and services flow Should be near emergency department | |
| Standard C2 | The facility ensures the seismic safety of | | The facility ensures th | | Check for fixtures and furniture like cupboards, cabinets, | |
| ME C2.1 | The facility ensures safety of electrical | Non structural components are properly secured X-ray - does not have temporary connections | 2 | OB | and heavy equipment , hanging objects are properly fastened and secured | |
| ME C2.3 | establishment | Analy - does not have temporary connections and loosely hanging wires Adequate electrical socket provided for safe and | 2 | OB | Switch Boards other electrical installation are intact | |
| | | smooth operation of lab equipment | 2 | OB | | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care | Stabilizer is provided for X-ray machine Floors of the Radiology department are non slippery and even | 2 | OB | | |
| | | Positioning of mobile protective barrier as AERB layout guidelines | 2 | OB | Mobile protective barrier should to positioned in such as manner that the operator is completely shielded during exposure | |
| | | Thickness of walls at X room are as AERB layout guidelines | 2 | OB/RR | The thickness is appropriate taking into consideration of (1) Distance from centre of patient table (2) type of shielding material (brick, concrete, steel, lead or any other material) | |
| | | X ray department should not be located adjacent to patient care area | 2 | ОВ | | |
| Standard C3 ME C3.1 | The facility has plan for prevention of | Radiology has sufficient fire exit to permit safe | acility has established 2 | Programme for fire s OB/SI | afety and other disaster | |
| | fire | escape to its occupant at time of fire Check the fire exits are clearly visible and routes to reach exit are clearly marked. | 2 | OB | | |
| ME C3.2 | The facility has adequate fire fighting Equipment | Radiology department has installed fire Extinguisher that is Class A , Class B C type or ABC type | 2 | OB | | |
| | | Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3 | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation | Check for staff competencies for operating fire extinguisher and what to do in case of fire | 2 | SI/RR | | |
| Standard C4 ME C4.1 | The facility has adequate specialist | The facility has adequate qua Availability of Radiologist | lified and trained staff | , required for provid | ling the assured services to the current case 100-200-1 200-400-2 | oad |
| ME C4.4 | doctors as per service provision The facility has adequate technicians/paramedics as per | Availability of Radiographer | 2 | SI/RR | 200-000-2 >400 - 3 100-2, 200-3, 300-5, 400-7, 500-9 | |
| ME C4.5 | requirement The facility has adequate support / | Availability of housekeeping staff | 2 | SI/RR | | |
| Standard C5 | general staff | Availability of security staff | 2 provides drugs and co | SI/RR | for accured list of cervices | |
| ME C5.2 | The departments have adequate consumables at point of use | Availability Consumables | 2 | OB/RR | X ray films, Developer, Fixer, USG gel, printing paper | |
| | | Availability of personal protective equipment | 2 | OB/RR | Mobile protective barrier, Lead apron, Rubber hanging flaps, hand glove, lead shields. | |
| ME CS.3 Standard C6 | Emergency drug trays are maintained at every point of care, where ever it may be needed | | 2 lity has equipment & in | OB/RR | for assured list of services. | |
| ME C6.1 | Availability of equipment & instruments for examination & monitoring of patients | | 2 | OB | TLD badges | TLD badges for all the technician |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility | Availability of functional X-ray machines | 2 | ОВ | 300 MA X ray machine & 100 MA X ray machine | |
| | | Availability of functional Dental X-Ray Machine | 2 | ОВ | Radio-Visio-Graph (RVG) – digital dental X-Ray, Orthopantomogram (OPG) | |
| | | Availability of functional Ultrasonography | 2 | ОВ | 2 one general purpose & one for Obstetric purpose | |
| | | Availability of functional Portable X-ray Machine | 2 | ОВ | 60 MA X ray machine (Mobile) | |
| | | Availability of functional CT-scan machine | 2 | OB | | |
| | | Availability of Accessories for X ray | 2 | OB | Cassettes X ray, Intensifying screen X ray, Lead letter (A- Z),Letter figures (0-9) and R & L (Manual). Computer, printer, x -ray holder/positioner, (Digital) | |
| ME C6.6 | Availability of functional equipment and instruments for support services | Availability of equipment for cleaning | 2 | ОВ | 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 attachment/ accessories | 2 | OB | Bucky Stand | |
| Standard C7 | | Availability of fixtures at radiology Availability of furniture Facility has a defined and establishe | 2 | OB | X-ray View box, Electrical fixture for equipment rack and cupboard , Chair table nd augmentation of competence and performance of | f 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 | 2 | | 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. Daksha checklist issued by MoHFW can be used for this nurses. | |
| 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 | 2 | | Can be used for this purpose. Check for records of competence assessment including filled checklist, scoring and grading. Verify with staff for actual competence assessment done | |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan | Training on radiation safety | 2 | SI/RR | · · · · · · · · · · · · · · · · · · · | |
| | | Infection control & prevention training | 2 | SI/RR | Bio medical Waste Management including Hand Hygiene | |
| | | Patient Safety Basic Life Support | 2 2 | SI/RR SI/RR | | |

| | | | | | To all category of staff. At the time of induction and |] |
|------------------------|---|--|--------------------------------|---|--|-------------|
| | | Training on Quality Management System | 2 | SI/RR | once in a year. Check supervisors make periodic rounds of department | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job | Radiographers are skilled to operating equipment | 2 | SI/RR | and monitor that staff is working according to the training imparted. Also staff is provided on job training | |
| | supportive supervision | | Area of Co | corp D Support | wherever there is still gaps | |
| Standard D1 | | The facility has establish | | ncern - D Support pection, testing and | maintenance and calibration of Equipment. | |
| ME D1.1 | The facility has established system for | All equipments are covered under AMC including | 2 | SI/RR | 1. Check with AMC records/ Warranty documents | |
| | maintenance of critical Equipment | preventive maintenance | | | 2. Staff is aware of the list of equipment covered under AMC. 1.Check for breakdown & Maintenance record in the log | |
| | | There is system of timely corrective break down maintenance of the equipments | 2 | SI/RR | book 2. Staff is aware of contact details of the agency/person | |
| | | There has system to label Defective/Out of order | | | in case of breakdown. | |
| | | equipments and stored appropriately until it has been repaired | 2 | OB/RR | | |
| | | Staff is skilled for trouble shooting in case equipment malfunction | 2 | SI/RR | | |
| | | Periodic cleaning, inspection and maintenance of the equipments is done by the operator | 2 | SI/RR | | |
| ME D1.2 | The facility has established procedure for internal and external calibration of | All the measuring equipments/ instrument are calibrated | 2 | OB/ RR | | |
| | measuring Equipment | There is system to label/ code the equipment to | | | | |
| | | indicate status of calibration/ verification when recalibration is due | 2 | OB/ RR | | |
| ME D1.3 | Operating and maintenance instructions are available with the users of | Operating instructions and factor charts are available with the equipments | 2 | OB/SI | | |
| Standard D2 | equipment | | for storage, inventory | management and d | ispensing of drugs in pharmacy and patient c | are areas |
| ME D2.1 | There is established procedure for forecasting and indenting drugs and | There is established system of timely indenting of X ray films, fixer and developers etc. | 2 | SI/RR | Stock level are daily updated Indent are timely placed | |
| | consumables The facility ensures proper storage of | There is separate storage area for undeveloped X | | | | |
| ME D2.3 | drugs and consumables | ray films and personal monitoring devices | 2 | OB/RR | Check the storage area and its condition | |
| | | X ray films/ Fixers, developer and consumables are kept away from water and sources of heat, | 2 | | Storage condition - Kept away from direct sunlight, not in contact with damp wall, water, etc | |
| ME D2.4 | The facility ensures management of | direct sunlight | 2 | OB/RR | X ray films, USG jelly, contrast media, plate cleaner (| |
| WE 02.4 | expiry and near expiry drugs | No expired consumables is found Records for expiry and near expiry are | 2 | OB/RR RR | fixer & developer - manual) Check the record of expiry and near expiry drug in drug | |
| | The facility has established procedure for | maintained There is practice of calculation and maintaining | 2 | SI/RR | sub store and are regular update X ray films, USG jelly, contrast media, plate cleaner, | |
| ME D2.5 | inventory management techniques | buffer stock Department maintained stock register in X ray & | | | print paper roll (fixer & developer - manual) Check record of drug received, issued and balance stock | |
| | | USG | 2 | RR/SI | in hand and are regularly updated | |
| ME D2.6 | There is a procedure for periodically replenishing the drugs in patient care areas | There is established procedure for replenishing drug tray /crash cart | 2 | SI/RR | | |
| Standard D3 | The factline constitution of a scale | The facility prov | | | ment to staff, patients and visitors. | |
| ME D3.1 | The facility provides adequate illumination level at patient care areas | room | 2 | OB | | |
| | | Adequate illumination at workstation at USG | 2 | OB | | |
| ME D3.2 | The facility has provision of restriction of visitors in patient areas | Only one patient is allowed one time at X room | 2 | OB | | |
| | | Warning light is provided outside X ray room and its been used when unit is functional | 2 | OB/SI | | |
| | The facility ensures safe and comfortable | Protective apron and gloves are being provided to relative of the child patient who escort the | | | | |
| ME D3.3 | environment for patients and service providers | child for X ray examination/ immobilisation support is provided to children | 2 | OB/SI | | |
| | | X ray room has been kept closed at the time of | 2 | OB | | |
| | | radiation exposure Lead apron and other protective equipment's are available with radiation workers and they are | 2 | OB | Check TLD batch is worn below the lead apron | |
| | | using it TLD badges are available with all staff of X ray | 2 | OB | Records of its regular assessment is done by X ray | |
| | | department Temperature control and ventilation in X ray | | | department Fans/ Air conditioning/Heating/Exhaust/Ventilators as | |
| | | room | 2 | SI/RR | per environment condition and requirement | |
| | | Temperature control and ventilation USG | 2 | SI/RR | Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment condition and requirement | |
| ME D3.5 | The facility has established measure for safety and security of female staff | Female staff feel secure at work place | 2 | SI | | |
| Standard D4 ME D4.1 | Exterior of the facility building is | Building is painted/whitewashed in uniform | A has established Program 2 | oB | nce and upkeep of the facility | |
| | maintained appropriately | colour Interior of patient care areas are plastered & | 2 | OB | | |
| ME D4.2 | Patient care areas are clean and hygienic | painted Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean | 2 | 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 | 2 | OB | cooweas | |
| | Hospital infrastructure is adequately | running water Check for there is no seepage , Cracks, chipping | 2 | OB | | |
| ME D4.3 | maintained | of plaster Window panes , doors and other fixtures are | 2 | OB | | |
| ME D4.5 | The facility has policy of removal of | intact No condemned/Junk material in the X-ray and | 2 | OB | | |
| ME D4.6 | condemned junk material The facility has established procedures | USG | 2 | OB | | |
| ME D4.6 Standard D5 | for pest, rodent and animal control | No stray animal/rodent/birds | | | of service delivery, and support services norr | nc |
| ME D5.1 | The facility has adequate arrangement storage and supply for portable water in | Availability of 24x7 running and potable water | 2 | OB/SI | or service ververy, and support services nor | |
| | storage and supply for portable water in all functional areas The facility ensures adequate power | | 2 | 00/31 | | |
| ME D5.2 | backup in all patient care areas as per load | Availability of power back up in Radiology and USG room | 2 | OB/SI | | |
| Standard D10 | The facility has requisite licences and | | | | nposed by local, state or central government | |
| ME D10.1 | certificates for operation of hospital and different activities | X ray department has registration from AERB. | 2 | RR | | |
| | | X ray department has layout approval X ray department has type approval of | 2 | RR | | |
| | | equipment with QA test report for X ray machine | | | | |
| | | USG department has registration under PCPNDT Duplicate copy of Certificate of registration | 2 | RR | | |
| | | under Form B is displayed inside the department | 2 | ОВ | | |
| ME D10.3 | The facility ensure relevant processes are in compliance with statutory | USG is taken by person Qualified as per PCPNDT | 2 | RR | | |
| | requirement | X ray department has Radiological safety officer | 2 | RR | X ray department has certification from AERB for any | |
| | | (RSO) approved by competent authority Records of submission of Form F to appropriate | | | person discharging duties and functions of RSO. | |
| Standard D11 | | district authorities | 2 ative and clinical staff | RR are determined as p | er 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 | 2 | RR | Regular + contractual | |
| | | Staff is aware of their role and responsibilities | 2 | SI | | |
| ME D11.2 | The facility has a established procedure for duty roster and deputation to | There is procedure to ensure that staff is available on duty as per duty roster | 2 | RR/SI | Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc) | |
| | different departments | There is designated in charge for department | 2 | SI | | |
| ME D11.3 | The facility ensures the adherence to | Doctor, technician and support staff adhere to | 2 | | | |
| | dress code as mandated by its | their respective dress code | 2 | OB | | |
| Standard D12 | administration / the health department | | | | ed services and adheres to contractual obliga | |

| | There is established system for contract | There is procedure to monitor the quality and | | | Verification of outsourced services | |
|--|--|--|---|---|---|---|
| ME D12.1 | management for out sourced services | adequacy of outsourced services on regular basis | 2 | SI/RR | (cleaning/Laundry/Security/Maintenance) provided are done by designated in-house staff | |
| | | ntes forsites too | | ncern - E Clinical S | | |
| Standard E1 ME E1.1 | The facility has established procedure for | Unique identification number is given to each | defined procedures fo | RR | ultation and admission of patients. | |
| ME EL.I | registration of patients | patient Patient demographic details are recorded in | 2 | RR | Check for that patient demographics like Name, age, | |
| Standard E3 | | radiology/USG records | | | Sex, Chief complaint, etc. uity of care of patient and referral | |
| ME E3.1 | Facility has established procedure for | Facility has established procedure for handing over of patients during transfer to X-Ray | 2 | SI/RR | | |
| ME ES.I | continuity of care during interdepartmental transfer Facility provides appropriate referral | department/ USG room | 2 | SI/KR | | |
| ME E3.2 | linkages to the patients/Services for transfer to other/higher facilities to assure their | There is procedure for referral of patient for which services can not be provided at the | 2 | RR/SI | | |
| | continuity of care. | facility | | | | |
| Standard ES ME E5.1 | The facility identifies vulnerable patients and | Radiology/ USG department identify vulnerable | ility has a procedure t | SI/RR | Check there is any system to give them preference for | |
| | ensure their safe care | patients as per requirement | - | | radiographic procedure Notice in local language is displayed at entrance of X ray | |
| ME E5.2 | The facility identifies high risk patients and ensure their care, as per their need | Women in reproductive age are asked for pregnancy (LMP)before X-ray | 2 | OB/SI/RR | department asking every female to inform radiographer/radiologist whether she is likely to be | |
| Standard E8 | | Facility has defined and esta | blished procedures for | maintaining, updati | pregnant ng of patients' clinical records and their stora | ge |
| ME E8.5 | Adequate form and formats are available at point of use | Standard Formats available | 2 | RR/OB | Printed formats for requisition and reporting are available | |
| ME E8.6 | Register/records are maintained as per guidelines | Radiology records are labelled and indexed | 2 | RR | | |
| | | Records are maintained for radiology | 2 | RR | | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | Radiology has adequate facility for storage of records | 2 | OB | | |
| Standard E11 | | The facility has defi | ned and established pr | ocedures for Emerge | ncy Services and Disaster Management | |
| ME E11.3 | The facility has disaster management plan in place | Staff is aware of disaster plan | 2 | SI/RR | | |
| | | Role and responsibilities of staff in disaster is defined | 2 | SI/RR | | |
| ME E11.5 | There is procedure for handling medico legal cases | Procedure for handling of MLC | 2 | SI/RR | Requisition and reports are marked with MLC and reports are handed over to authorize person | |
| Standard E12 | | The f | acility has defined and | established procedu | res of diagnostic services | |
| | There are established procedures for the | Requisition of all X ray examination is done in | | | Request form contain information: Name and identification number of patient, name of authorized | |
| ME E12.1 | testing Activities | request form | 2 | RR/OB | requester, examination requested, type of X ray, date and time of X ray taken and date and time of receipt of X | |
| | | X ray has system to identify radiographer from | | | ray from X ray department | |
| | | X ray has system to identify radiographer from who has taken X ray X ray department has system in place to label X | 2 | RR/SI | | |
| | | ray films | 2 | RR/SI | | |
| | | X ray department has system to trace back the recorded X ray film from requisition form | 2 | RR/SI | | |
| | | Records of type of X ray prescribed is made at | 2 | RR/SI | | |
| | | the time of reception Requisition of all USG examination is done in | 2 | RR/OB | | |
| | | request form USG department has system in place to label the | 2 | RR/SI | | |
| | | USGs Preparation of the patient is done as per | 2 | RR/SI | | |
| | | requirement Instructions to be followed by patient for USG | | | | |
| | | are displayed in local language at reception | 2 | RR/SI | | |
| ME E12.2 | There are established procedures for testing Activities | X ray taking and processing procedure are readily available at work station and staff is aware of it | 2 | OB/RR | | |
| | County Petitides | Necessary Instruction for taking X ray and its | | | | |
| | | processing are displayed at work station in language understood by staff | 2 | OB/RR | | |
| | | X ray department has system in place to take X ray of patients in case of Emergency. | 2 | RR/SI | | |
| | | Radiographer is aware of operation of X ray machine | 2 | RR/SI | | |
| | | Necessary Instruction for USG Examination are displayed at work station in language | 2 | | | |
| | | | 2 | OB/RR | | |
| | | understood by staff USG of the patient is taken as per consultant | | | | |
| | | understood by staff USG of the patient is taken as per consultant requirement | 2 | OB/RR | | |
| | | understood by staff USG of the patient is taken as per consultant | | | | |
| ME E12.3 | There are established procedures for Post-testing Activities | understood by staff USG of the patient is taken as per consultant requirement USG department has system in place to take | 2 | OB/RR | | |
| ME E12.3 | There are established procedures for Post-testing Activities | understood by staff USG of the patient is taken as per consultant requirement USG department has system in place to take sonograph of patients in case of Emergency. X ray department has format for reporting of | 2 | OB/RR RR/SI | | |
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| objectives Partingual minimeters Partingual minimeters Partingual minimeters Standard 07 | | | | | | | |
|---|------------------------|---|--|--|---|--|---|
| Note | | | Segregation of different category of waste as per | 2 | 08/0 | | |
| Image: state in the state | | | guidelines | | | | |
| Note Notational and the image of the im | | | handling of Biomedical waste | 2 | OB | Pictorial and in local language | |
| Image: state of the state o | | | | 2 | | | |
| 111 <t< td=""><td>ME F6.3</td><td>Facility ensures transportation and disposal of waste as per guidelines</td><td>Disposal of Fixer and Developer</td><td></td><td></td><td></td><td>Facility has digitalised in most of the cases</td></t<> | ME F6.3 | Facility ensures transportation and disposal of waste as per guidelines | Disposal of Fixer and Developer | | | | Facility has digitalised in most of the cases |
| 1000 | Standard G1 | | The faci | Area of Conce ity has established ore | ern - G Quality Ma anizational framewo | anagement ork for quality improvement | |
| | | The facility has a quality team in place | | | | Check if quality circle formed and functional with a | |
| Note of the section | | Datient Satisfaction currents are | Fac | | | | |
| Note: Note: <t< td=""><td>ME G2.1</td><td>conducted at periodic intervals</td><td>about quality of services</td><td></td><td></td><td></td><td></td></t<> | ME G2.1 | conducted at periodic intervals | about quality of services | | | | |
| ResultResu | Standard G2 | | basis | | | programs wherever it is critical to quality | |
| Answer< | | Facility has established internal quality | Internal quality Assurance program is | | | | |
| ProblemProbability </td <td></td> <td></td> <td></td> <td>-</td> <td>Jynn</td> <td></td> <td></td> | | | | - | Jynn | | |
| Name Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal N | | | | 2 | SI/RR | | |
| Nome Image: space spa | ME G3.3 | Facility has established system for use of check lists in different departments and | Internal assessment is done at periodic interval | 2 | RR/SI | | |
| NoteNo | | services | | 2 | SI/PD | | |
| Math NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath NoteMath | | | | | | | |
| NAMEMathemateJointJointMathemateJointMathemateJointMathemateJointMathemateJointMathemateJointMathemateJointMathemateJoint< | | A stress of a second second second second | recorded | 2 | RR | | |
| NameNote: | ME G3.4 | observed during quality assurance | implemented as per internal assessment record | 2 | RR | | |
| Add Add Add of the sector of | ME G2 5 | Planned actions are implemented | | 2 | \$1/00 | Check actions have been taken to close the gap. It can be | |
| <table-container>Math and the stand state of the state o</table-container> | | (PDCA) | | | | (PDCA) project report | |
| prink and and be interval and be interval and | | Departmental standard operating | | | | ating Procedures for all key processes and su | pport services. |
| Note Note Note Note Note Note Note Mail Note N | | procedures are available | | | | | |
| NameNoteN | | | process owner | | | Factor chart, radiation safety, development for x-ray | |
| MADD Marchangement Marchangement Apple Apple< | | Standard Operating Procedures | safety | | | films | |
| Image: Section of the secti | ME G4.2 | adequately describes process and | process of taking and handling X ray | 2 | RR | | |
| Note of the section | | | acceptance and rejection of X ray taken | 2 | RR | | |
| Image: Section of the section of | | | receipt, labelling , Processing and reporting of X | 2 | RR | | |
| Number of the sector | | | Department has documented procedure for | 2 | RR | | |
| Image of the second | | | Department has documented procedure for | 2 | RR | | |
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| image< | | | records, and reports of results. | 2 | RR | | |
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| 94.01 bit | | | | 2 | RR | | |
| | ME 64.3 | | | 2 | SI/RR | | |
| Name ControlName ControlName ControlName ControlName ControlWith ControlControlControlControlControlControlWith ControlControlControlControlControlControlControlWith ControlControlControlControlControlControlControlControlWith Control< | Standard G 5 | standard procedures written in SOPs | | and seeks to make the | em more efficient by | reducing non value adding activities and was | tages |
| Name and set of product actionsNotice of pro | ME G5.1 | Facility maps its critical processes | Process mapping of critical processes done | 2 | SI/RR | | |
| Name and set of product actionsNotice of pro | | Facility identifies non value adding | | | | | |
| Name and the processNotice of the pr | ME G5.2 | activities / waste / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| National comparison of the Galaxy solution of th | | Facility takes corrective action to improve the processes | | - | | | |
| Mathematical and and set and part of the field of the deferminent of the field of the field of the deferminent o | Standard G6 | | | nission, values, Quality | policy & objectives | Check quality policy of the facility has been defined in | |
| NumberNumberNumberNumberNumberNumberNumberNumberNumberAddity the defined quality depictive in water and qualit | ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | | 2 | SI/RR | the head of the facility . Also check Quality Policy | |
| NumberReally has definition and quality depiction and soluty field quality to the qual | | | | | | department | |
| All of the minimum and part of the same of the sa | ME 66.4 | | Check if SMART Quality Objectives have framed | 2 | SI/RR | framed addressing key quality issues in each department | |
| ME 66.5 opportune are difficulty communicate to bally heads and adaption. Name. 2 5008 Statement, Curk Vision and Quality Yolog's displayed participant addition. ME 66.6 skilly prepares strategy gate to achieve and product addition. Validy with the prepared of the prepare of adaption and display with the prepared of the prepare of adaption and bally prepares strategy gate to achieve and product adaption. Validy with the prepared of the prepare of adaption and bally prepares strategy gate to achieve and product adaption. Validy with the prepared of the prepare of adaption. Validy with the prepared of the prepare of adaption. Validy with the prepared of the prepare of adaption. Validy with the prepared of the prepare of adaption. Validy with the prepared of the prepare of adaption. Preve the prepared of the prepared of the prepare of adaption. Preve the prepared of the prepare of adaption. Preve the prepared of the prevepared of the prepared of the prevepared of the prepare | 100.0 | achieve mission and quality policy | check in sworth equality objectives have manual | | | | |
| Markan disting and servicesCalify leavy and objectivesCalify leavy a | ME G6.5 | Mission, Values, Quality policy and objectives are effectively communicated to | | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement. Core Values and Quality Policy is displayed | |
| ME 6.6. Refly prepried transported by poly and dejections Oeck of plot for implementing quality poly and dejections ME 6.6.1 Refly prepried transported by poly and dejections Oeck of plot for implementing quality poly and dejections ME 6.6.2 Refly prepried transported by poly and dejections Oeck of plot for implementing quality poly and dejections Standard 00 Constructions Oeck standard poly and dejections Standard poly and dejections Standard 01 Constructions Pactor Standard poly and dejections ME 02.1 Refly seried biol for quality Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections Standard poly and dejections ME 02.1 Standard poly and dejections Standard poly and dejections | WIL CO.S | staff and users of services | Quality Policy and objectives | - | -9100 | | |
| Num Colo mission, quality poly, and dijective objectives have prepared of Partial in with incipital Liff. Ceck of the pair has income poly in the output in the pair has income poly in the output in the pair has income poly inc | | Facility prepares strategic plan to achieve | Check if plan for implementing quality policy and | | | been prepared to achieve quality policy and objectives in | |
| ME 6.7. Safety printically traines the parent of strategy built main starting plan to being review 2 SiRe Review the records that stating plan to plan the being review Standard 67 Concent in the bound attion plan is being review 2 SiRe Infer review of a basis the method in the parent in | ME G6.6 | mission, quality policy and objectives | objectives have prepared | 2 | SI/RR | consultation with hospital staff . Check if the plan has | |
| ME 6.3. strategic plant band mixed, policy Order time board action plan is being review 2 Strate of an advance medical medical plant plant plant is being review Standard 67 | | Facility periodically reviews the program of | | | | Review the records that action plan on quality objectives | |
| Number of the second | ME G6.7 | strategic plan towards mission, policy and | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | in charges and during the quality team meeting. The | |
| Mt 01 Refly use method for quilty moment in average Back quilty improvement method 2 9/08 PCA & 15 Address quilty improvement method 2 9/08 Sie gings, line Improvement in exch Standard on Factor public version Address quilty improvement method 2 9/08 Sie gings, line Improvement in exch Standard on Factor public version Factor public version Factor public version Factor public version Improvement in exch Mt 04 Prodie assissment for Physical and General defactor since assissment in Physical and General defactor since assissment in a second assissment in exch on defactor since assissment in exch on defactor since assissment in exch on defactor since assissment in exch on a second assissment in a second assissment in the exch on defactor since assissment in a second assissment in a second assissment in a second assissment in the exch on defactor since assissment in the exch on defactor since assissment in a second assissment in the exch on defactor since assissment in a second assissment in a second assissment in a second assissment in the exch on defactor since assissment in a second assissment in the exch on each province assissment in the exch on assistment in a second assissment in the exch on assistment in the exch on as | Standard G7 | | Facility s | eeks continually impro | wement by practicin | Action Plan tracking sheet | |
| Image: constraint of paulity instraints of | ME G7.1 | | | | | | |
| Mix U/2 Improvement () mergeneric Formation () mergeneric Formation () mergeneric Mix () mergeneric< | | | | 2 | | | |
| Marcola Periodic assessment for Physical and control structure of and once of the physical subsymmet of Physical and cyrical structure of and physical and cyrical structure of and structure of the physical and cyrical structure of thysical and cyrical structure of thy | ME G7.2 Standard G9 | | | | | department | lan |
| No construct marks note as predenced mark issuance deveload issu | ME G9.4 | | Check if periodic assessment of Physical and | | | Verify with the assessment records. Comprehensive of | |
| ME 63.0 Patient care selectives is sidene seno defined of rest as selective of al chical process should be doe uning defined criteria selective care is the senond of al chical process should be doe uning defined criteria selective care is the senond of al chical process should be doe uning defined criteria selective care is the senond of al chical process should be doe uning defined criteria selective care is the senond of al chical process should be doe uning defined criteria selective care is the senond of al chical process should be doe uning defined criteria selective care is the senond of al chical process should be doe uning defined rest and selective rest is the senond of al chical process should be doe uning defined rest and selective rest is the senond of al chical process should be doe uning defined rest and selective rest is the senond of al chical process should be doe uning defined rest and selective rest is the senond of al chical process should be doe uning defined rest and senond or senond of all chical process should be doe uning defined rest and senond or senond of all chical process should be doe uning defined rest and senond or senond of all chical process should be does uning defined rest and senond or sen | | | assessment checklist | | | once in three month | |
| ME G32 Prodic sestiment for potential risk regarding using and security of staff soften a por definited ortents is done a por definited or done and por por definited ortents is done and por definited ortents is done and por definited or done and por portent of the portent of the portent or done and por portent of the portent of the portent or done and por portent of the portent of the portent or done and por portent of the portent of the portent or done and por portent of the portent of the portent of the portent or done and por portent of the portent of the portent or done and por portent of the portent of the portent or done and por portent of the portent of the portent or done and por portent of the portent of the portent or done and the portent or done and the portent or done and portent or done and the portent or done and the portent or done and the portent or done and portent or portent of the portent or done and the portent or do | ME G9.6 | Patient care safety risks is done as per | patient care safety risk is done using defined | 2 | SI/RR | assessment of all clinical processes should be done using | |
| Mt 037 regarding start was descurity of staft is done a per defined ruters Subbal discussion 2 SUB Subbal discussion K 037 Action a per defined ruters discussion 2 SUB Action taken regort K 037 Action a per defined ruters discussion 2 SUB Action taken regort K 037 Action a per defined ruters discussion 2 SUB Action taken regort K 037 Action a per defined ruters discussion 2 SUB Action taken regort K 038 Action a per defined ruters The facility means The facility means Action taken regort K 040 Action a per defined ruters The facility means 2 SUB Action taken regort K 040 Action a per defined ruters The facility means 2 SUB Action a per defined ruters K 040 Action a per defined ruters Try does per 1000 PD patient 2 RB Action ac | | | | | | | |
| is done is prefeted outeral is done is prefeted outeral is done is prefeted outeral ME G2A Skill is identified are analysed row serving 2 Skill is ident or angine of the missis ME G2A Skill is identified are analysed row serving 2 Skill is ident or angine of the missis Standard ME The facility measures The facility measures The facility measures Standard ME Arry done per 1000 0PD patient 2 AR Image: Skill is identified are analysed or angine of the missis ME H1.1 Methy basis Xry done per 1000 0PD patient 2 AR Image: Skill is identified are analysed or angine of the missis ME H2.1 Methy basis Xry done per 1000 0PD patient 2 AR Image: Skill is identified are analysed or angine of the missis Skill measures productive information Kry done per 1000 0PD patient 2 AR Image: Skill is identified are analysed angine of the missis Skill measures differency information Row per 1000 0PD patient 2 AR Image: Skill is identified are analysed angine of the missis Skill measures differency information Row per 1000 0PD patient 2 AR Image: Skill is identified are analysed angine of the missis Skill measures differency information Row per 1000 0PD patient 2 AR Image: Skill is identified are analysed angine of the miss | ME G9.7 | regarding safety and security of staff including violence against service providers | | 2 | SI/RR | are available | |
| Name of the reservery Description of the reservery Call in Statuto Integration Integratintegratintet Integration Integration Integratintet Integration In | | is done as per defined criteria | | | | | |
| Standard III The facility measures productivity indicators and ensures anderensures and ensures an | ME G9.8 | rated for severity | Identified risks are analysed for severity | | | | |
| MitLal monthly basis Xirg done per 1000 UPD patient 2 MR MR Xirg done per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion Inclusion Hird and the per 1000 UPD patient 2 RR Inclusion | Standard H1 | | The facility measure | | | | |
| Mit Massand diverge 1000 OPP attent 2 RA Image: Constraint of the state of | ME H1.1 | | | | | | |
| No. of dental Xrsp zr000 dental OP0 2 RR Xrsp, USG - Proportion of BF Petitien Screened 2 RR Xrsp, USG scool mage repetating i related to properative personality personality personality i related to properative personality personal | | | Ultrasound done per 1000 OPD patient | 2 | RR | | |
| Percentage of redox in imagin 2 Ref Vary, USG (reason of image repeating in related to represent the image repeating in related to related the ima | | | No. of dental X ray per 1000 dental OPD | | RR | X-ray, USG | |
| Standard 20 The facility unsures Efficiency indicates and ensure to treach State/National Benchmark ME N2. Refine measures efficiency indicates an monthly basis Downtime for critical equipment 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 RR Entert indicates and the for XRay If Morelogneent 2 <th< td=""><td></td><td></td><td></td><td>2</td><td></td><td>X-ray, USG (reason of image repeating is related to</td><td></td></th<> | | | | 2 | | X-ray, USG (reason of image repeating is related to | |
| monthly basis community ba | | Facility measures efficiency Indicators on | | | | | |
| Proportion of waste of films 2 BR | ME H2.1 | monthly basis | | | | | |
| Proportion of X ray rejected/repeated 2 9.8 | | | Proportion of waste of films | 2 | RR | | |
| | | | Proportion of X ray rejected/repeated | 2 | RR | | I |

| | | X ray done per radiographer | 2 | RR | | |
|-------------|---|---|--------------------------|-----------------------|--|--|
| Standard H3 | | The facility measu | res Clinical Care & Safe | ty Indicators and tri | es to reach State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on monthly basis | Proportion of X rays for which report is signed by radiologist | 2 | RR | | |
| | | Proportion of scans for which F form is filled out of pregnant women scanned | 2 | RR | | |
| | | Examination Demography | 2 | RR | Proportion of General, Chest examination and specialised examination | |
| | | Report correlation rate | 2 | RR | Proportion of radiology report co related with clinical examination/laboratory reports out of Total X ray reported | |
| | | No of adverse events per thousand patients | 2 | RR | | |
| | | No of events of over limit of radiation exposure | 2 | RR | | |
| Standard H4 | | The facility measur | es Service Quality Indi | cators and endeavou | urs to reach State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Average waiting time at radiology | 2 | RR | | |
| | | Average waiting time at USG | 2 | RR | | |
| | | Number of stock out incidences of x ray films | 2 | RR | | |

| | Nation | al Quality Assurance Standa | ards for Dist | trict Hospitals | | Version: DH/NQAS-2020/00 | | | |
|--------------|--|---|-------------------------------|---|---|--------------------------|--|--|--|
| | | Checklist for Pharmacy | Departme | nt | | 17 | | | |
| | | Assessment Sun | nmary | | | | | | |
| Name of tl | ne Hospital | | | | Date of Assessment | | | | |
| Names of | Assessors | | | | Names of Assessees | | | | |
| Гуре of As | sessment (Internal/External) | | | | Action plan Submission Date | | | | |
| | | | Pharmacy S | core Card | | | | | |
| | Area of Concern wi | se Score | | | Pharmacy Score | | | | |
| | | | | | | | | | |
| Α | Service Provision | 100% | | | | | | | |
| В | Patient Rights | 100% | | | | | | | |
| с | Inputs | 100% | | | | | | | |
| D | Support Services | 100% | 100% | | | | | | |
| E | Clinical Services | 100% | | | | | | | |
| F | Infection Control | 100% | | | | | | | |
| G | Quality Management | 100% | | | | | | | |
| н | Outcome | 100% | | | | | | | |
| | Major Gaps Observed | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 1 | Strengths / Good Practices | | | | | | | | |
| 2 | | | | | | | | | |
| 3 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 1 | Recommendations/ Opportunites | for Improvement | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 5 | | | | | | | | | |
| | Signature of Assessors | | | | | | | | |
| | Date | | | | | | | | |
| | | | - | I | 1 | | | | |
| Reference No | ME Statement | Checkpoint | Compliance Full/Partial/No | Assessment Method | Means of Verification | Remarks | | | |
| tandard A1 | | | | ern - A Service Pro wides Curative Servi | | | | | |
| AE A1.14 | Services are available for the time period as | Dispensary services are available in OPD hours | 2 | SI/RR | | | | | |
| | mandated | Facility ensure access to medicine store after OPD hours | 2 | SI/RR | | | | | |
| | | | | | | | | | |
| tandard A4 | The facility provides services under National | Facility provides se | rvices as manda | ted in national Heal | th Programs/ state scheme | | | | |
| /IE A4.1 | Vector Borne Disease Control Programme as per guidelines | Availability of medicines under NVBDCP | 2 | SI/OB | Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy) | | | | |
| VIE A4.2 | The facility provides services under national tuberculosis elimination programme as per | Availability of medicines under NTEP | 2 | SI/OB | | | | | |
| ЛЕ A4.3 | guidelines. The facility provides services under National Leprosy Eradication Programme as per | Availability of medicines under NLEP | 2 | SI/OB | Rifampicin, Clofazimine, Dapsone | | | | |
| VE A4.4 | euidelines The facility provides services under National | Availability of ARV medicines under NACP | 2 | SI/OB | Zidovudine, Stavudine, Lamivudine, Nevirapine in | | | | |
| | AIDS Control Programme as per guidelines | Availability of medicines for Paediatric HIV | 2 | SI/OB | combination as per NACO Paediatric Dosages FDC 6, FDC 10, Efavirenz, | | | | |
| itandard A5 | | management | Facility pro | ovides support servio | Cotrimoxazole Ces | | | | |
| | The facility provides pharmacy services | Dispensing of Medicines and consumables for | 2 | SI/OB | Functional dispensary | | | | |

| | | 6. Z 11.1 | | 0/00 | | |
|------------------------|---|--|--|-----------------------------|---|----------------------------------|
| | | Storage of medicines Cold chain management services | 2 | SI/OB SI/OB | | |
| | | | | ncern - B Patient R | | · |
| Standard B1 | Fa | acility provides the information to care Availability of departmental & directional | seekers, attend | ants & community a | bout the available services and their moda | lities |
| ME B1.1 | The facility has uniform and user-friendly signage system | signages are displayed for easy access to Pharmacy/Generic medicine store | 2 | ОВ | Numbering, main department and internal sectional signage are displayed | |
| ME B1.2 | The facility displays the services and entitlements available in its departments | Status of availability of medicines is updated daily Timing for dispensing counter of pharmacy are | 2 | OB | | |
| ME B1.4 | | displayed | 2 | OB | | |
| ME B1.4 | Information is available in local language and easy to understand | Signage's and information are available in local language | 2 | ОВ | DELETED | |
| Standard B2 | Services are delivered in a | manner that is sensitive to gender, reli | gious and cultur | al needs, and there | are no barrier on account of physical, econo | mic, cultural or social reasons. |
| ME B2.1 | Services are provided in manner that are sensitive to gender | Availability of separate Queue for Male and female at dispensing counter | 2 | ОВ | | |
| ME B2.3 | Access to facility is provided without any physical barrier & and friendly to people with disabilities | Pharmacy has easy access for moment of goods | 2 | ОВ | Check for availability of ramp and goods trolley/ cart | |
| Standard B3 ME B3.3 | The facility ensures the behaviours of staff is dignified and respectful, while delivering the | he facility maintains privacy, confidenti Behaviour of staff is empathetic and courteous | iality & dignity o | f patient, and has a | system for guarding patient related informa | tion. |
| | services | | the second s | | | |
| Standard B4 | Facility has defined and est | Method of Administration /taking of the | involving patier | nt and their families | about treatment and obtaining informed co | nsent wherever it is required. |
| ME B4.4 | Information about the treatment is shared with patients or attendants, regularly | medicines is informed to patient/ their relative by pharmacist as per doctors prescription in OPD Pharmacy | 2 | OB/SI | | |
| ME B4.5 | The facility has defined and established grievance redressal system in place | Availability of complaint box and display of process for grievance re addressal and whom to | 2 | ОВ | | |
| Standard B5 | | contact is displayed Facility ensures that there are no finar | ncial barrier to a | ccess and that there | is financial protection given from cost of ca | re |
| ME 85.1 | The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes | Free medicines and consumables for all | 2 | PI/SI | JSSK, RBSK & PMJAY beneficiaries | |
| ME 85.2 | government schemes The facility ensures that medicines prescribed are available at Pharmacy and wards | Pharmacy provides generic medicine list to all hospital department | 2 | SI/OB | | |
| ME B5.4 | | | | | DELETED | |
| ME 85.5 | The facility ensures timely reimbursement of financial entitlements and reimbursement to the regionts | Local purchase of stock out medicines/ Reimbursement of expenditure to the beneficiaries | 2 | PI/SI/RR | | |
| Standard C1 | the patients | | | Concern - C Input | ts ble infrastructure meets the prevalent norm | |
| ME C1.1 | Departments have adequate space as per | Hospital has allocated space for Pharmacy in | | | Minimum space required is 250sq F or 5% | |
| ME CI.1 | patient or work load | OPD Dispensary has adequate waiting space as per | 2 | OB | of average OPD X 0.8 sq m. | |
| ME C1.2 | Patient amenities are provide as per patient load | load Pharmacy has patients sitting arrangement as per requirement | 2 | ОВ | | |
| ME C1.3 | Departments have layout and demarcated | Dispensary counter has provision of shade Dedicated area for keeping medical gases | 2 | OB OB | If it is outside the hospital building | Manifold area |
| | areas as per functions | Dedicated area for keeping inflammables | 2 | OB | Storage of sprit etc. | |
| | | Demarcated are of keeping near expiry medicines | 2 | ОВ | | |
| | | Demarcated are of keeping expired medicines Demarcated area for keeping instruments and | 2 | OB OB | | |
| | | consumables Dedicated area for cold chain management | 2 | OB | | |
| ME C1.4 | The facility has adequate circulation area and open spaces according to need and local law | Availability of adequate circulation area for easy moment of staff , medicines and carts | 2 | ОВ | | |
| ME C1.5 | The facility has infrastructure for intramural and extramural communication | Availability of functional telephone and Intercom Services | 2 | OB | | |
| ME C1.6 | Service counters are available as per patient load | Adeqauate No of medicine dispensing counter as per load | 2 | ОВ | | |
| ME C1.7 | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) | Unidirectional flow of goods in the Pharmacy . | 2 | OB | Receipt and Inspection area at one side and issue area on the other side | |
| Standard C2 | | The faci | lity ensures the | physical safety of th | e infrastructure. Check for fixtures and furniture like cupboards, | |
| ME C2.1 | The facility ensures the seismic safety of the infrastructure | Non structural components are properly secured | 2 | ОВ | Check for factures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured | |
| ME C2.3 | The facility ensures safety of electrical establishment | Pharmacy does not have temporary connections and loosely hanging wires Stabilizer is provided for cold chain room | 2 | OB OB | | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care | Windows of medicine store have grills and wire meshwork | 2 | ОВ | | |
| | providing patient tale | Floors of the Pharmacy department are non slippery and even | 2 | ОВ | | |
| Standard C3 | | | s established Pro | ogramme for fire sat | fety and other disaster | |
| ME C3.1 | The facility has plan for prevention of fire | Pharmacy has plan for safe storage and handling of potentially flammable materials. | 2 | OB/SI | | |
| | | Department has sufficient fire exit to permit safe escape to its occupant at time of fire | 2 | OB | | |
| | The facility has adequate fire fighting | Check the fire exits are clearly visible and routes to reach exit are clearly marked. Pharmacy has installed fire Extinguisher that is | 2 | OB | | |
| ME C3.2 | Equipment | Class A , Class B C type or ABC type Check the expiry date for fire extinguishers are | 2 | OB/RR | | |
| | | displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3 | The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation | extinguisher and what to do in case of me | 2 | SI/RR | | |
| Standard C4 | The facility has adequate | | | | ig the assured services to the current case lo | ad |
| ME C4.4 | technicians/paramedics as per requirement The facility has adequate support / general | Availability of Pharmacist | 2 | SI/RR | | |
| ME C4.5 Standard C5 | staff | Availability of security staff Facility provides m | 2 edicines and co | SI/RR nsumables required | for assured list of services. | |
| ME C5.1 | The departments have availability of adequate medicines at point of use | | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Anti-infective medicines - Antibiotics, Antifungal, Antiamoebic | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Antiseptic Liquid/Cream/lotion | 2 | OB/RR | As per DG-ESIC LIST | |

| | | | | Pharmacy | | |
|--|--|--|---|---|--|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Solution Correcting Water, Electrolyte | | | | |
| | | Disturbances and Acid-Base Disturbances and plasma expenders | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Anti-Allergic and Medicines used in | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Anaphylaxis Medicines acting on Digestive system - Anti | | | | |
| | | Diarrhoeal, Anti-Ulcer, Anti - Emetic, Anti | 2 | OB/RR | As per DG-ESIC LIST | |
| - | | Constipation, Anti-Inflammatory Antidote and other Substances used in | | | | |
| | | Poisoning | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Immunosuppressive Medicines Pain and Palliative Care Medicines | 2 | OB/RR OB/RR | As per DG-ESIC LIST As per DG-ESIC LIST | |
| | | Opioid Analgesic Medicines Medicines Affecting Blood | 2 | OB/RR OB/RR | As per DG-ESIC LIST As per DG-ESIC LIST | |
| - | | Dermatological medicines (Topical) Ear, Nose and Throat (ENT) Medicines | 2 | OB/RR OB/RR | As per DG-ESIC LIST As per DG-ESIC LIST | |
| | | Dental Restorative Materials and Medicines | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Ophthalmological Medicines | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Availability of psychotherapeutic medicines | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Medicines acting on Cardiovascular system | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Medicines acting on Central/Peripheral | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Nervous system Medicines acting on Respiratory system | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Medicines acting on Urogenital system Medicines used on Obstetrics and | 2 | OB/RR OB/RR | As per DG-ESIC LIST As per DG-ESIC LIST | |
| | | Gynaecology Hormonal preparation and other Endocrine | | | | |
| | | Medicines | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Immunological/Vaccine medicine and logistics | 2 | OB/RR | As per DG-ESIC LIST | |
| | | Surgical accessories for Eye Vitamins, Mineral and nutritional supplement | 2 | OB/RR OB/RR | As per DG-ESIC LIST As per DG-ESIC LIST | |
| | | Dialysis Solution | 2 | OB/RR OB/RR | As per DG-ESIC LIST As per DG-ESIC LIST | |
| | | Prophylactic Iron, folic acid and deworming | 2 | | As per DG-ESIC LIST | |
| | The departments have adequate consumables | Availability of Consumables | 2 | OB/RR | As per DG-ESIC LIST | |
| a Standard C6 | at point of use | | | | or assured list of services. | |
| ME C6.5 A | Availability of Equipment for Storage | Availability of Equipment for maintenance of Cold chain | 2 | OB | ILR, Deep Freezers, Insulated carrier boxes with ice packs, refrigerator | |
| | Availability of functional equipment and | Availability of equipments for cleaning | 2 | ОВ | Buckets for mopping, mops, duster, waste trolley, Deck | |
| MF C6.7 | instruments for support services Departments have patient furniture and | Storage furniture for medicine store | 2 | OB | brush Racks ,Cupboards, Sectional Drawer cabinet/ Shelves, | |
| fi Standard C7 | fixtures as per load and service provision Facility has | | | | Work table nd augmentation of competence and perform | mance of staff |
| | | | | | Check objective checklist has been prepared for assessing competence of doctors, nurses and | |
| ME C7.1 C | 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 | 2 | | assessing comprehence of opcores, makes and paramedical staff based on job description defined for each cadre of staff. Dakshta checklist issued by MoHFW can be used for this purpose. | |
| ME C7.2 c | 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 | 2 | | Check for records of competence assessment including filled checklist, scoring and grading . Verify with staff for actual competence assessment done | |
| | The Staff is provided training as per defined core competencies and training plan | Inventory management | 2 | SI/RR | | |
| | | Cold chain management of ILR and deep freezer | 2 | SI/RR | | |
| | | Rational use of medicines | 2 | SI/RR SI/RR | | |
| | | Prescription Audit Patient Safety | 2 | SI/RR | | |
| | | Basic Life Support Training on Quality Management System | 2 | SI/RR SI/RR | To all category of staff. At the time of induction and | |
| | | Training on Quarty Management System | 2 | Siyn | once in a year. | |
| ME C7.10 si | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Staff is skilled for estimation of the requirement and proper storage of the medicines | 2 | 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 | |
| | | | | | Check supervisors make periodic rounds of department | |
| | | Staff is skilled for maintaining pharmacy records and bin cards | 2 | SI/RR | and monitor that staff is working according to the training imparted. Also staff is provided on job training | |
| | | | | | wherever there is still gaps | |
| Standard D1 | | The facility has established Progr | | ern - D Support Se ction, testing and m | ervices aintenance and calibration of Equipment. | |
| | The facility has established system for | All equipments are covered under AMC including | | | 1. Check with AMC records/ | |
| | maintenance of critical Equipment | | | | Warranty documents | |
| | | preventive maintenance | 2 | SI/RR | Warranty documents 2. Staff is aware of the list of equipment covered under AMC | |
| | | F | 2 | SI/RR | 2. Staff is aware of the list of equipment covered under AMC. 1.Check for breakdown & Maintenance record in the | |
| | | preventive maintenance There is system of timely corrective break down maintenance of the equipments | 2 | SI/RR SI/RR | 2. Staff is aware of the list of equipment covered under AMC. 1. Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person | |
| | The facility has established procedure for | There is system of timely corrective break down maintenance of the equipments | | | 2. Staff is aware of the list of equipment covered under AMC. 1.Check for breakdown & Maintenance record in the log book | |
| ME D1.2 | The facility has established procedure for internal and external calibration of measuring | There is system of timely corrective break down | | | 2. Staff is aware of the list of equipment covered under AMC. 1. Check for breakdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person | |
| ME D1.2 ii E ME D1.3 | The facility has established procedure for internal and external calibration of measuring <u>Gouloment</u> Operating and maintenance instructions are | There is system of timely corrective break down maintenance of the equipments All the messuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are | 2 | SI/RR | 2. Staff is aware of the list of equipment covered under AMC. 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 ii E ME D1.3 | The facility has established procedure for internal and external calibration of measuring <i>Evaluation</i> and maintenance instructions are available with the users of equipment | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room | 2 2 2 2 2 | SI/RR OB/ RR OB/SI | 2. Staff is aware of the list of equipment covered under AMC. 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. | care areas |
| ME D1.2 in ME D1.3 a Standard D2 T | The facility has established procedure for internal and external calibration of measuring <u>Equipment</u> Operating and maintenance instructions are available with the users of equipment <u>The fac</u> There is established procedure for forecasting | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room. | 2 2 2 2 2 | SI/RR OB/ RR OB/SI | 2. Staff is aware of the list of equipment covered under AMC 1.Check for braskdown & Maintenance record in the log book. 2. Staff is aware of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room | care areas |
| ME D1.2 in ME D1.3 a Standard D2 T | The facility has established procedure for internal and external calibration of measuring Equiment. Operating and maintenance instructions are available with the users of equipment. The fac | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room ality has defined procedures for storage Medicine store has process to consolidate and calculate the consumption of all medicines and consumables | 2 2 2, inventory mar 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI | 2. Staff is aware of the list of equipment covered under AMC 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. Calibration of thermometers at cold chain room nsing of medicines in pharmacy and patient | care areas |
| ME D1.2 in ME D1.3 a Standard D2 T | The facility has established procedure for internal and external calibration of measuring <u>Equipment</u> Operating and maintenance instructions are available with the users of equipment <u>The fac</u> There is established procedure for forecasting | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILK/ Deep Freezers are available at cold chain room Lifty has defined procedures for storage Medicine store has process to consolidate and calculate the consumption of all medicines and consumables Forecasting of medicines and consumables is done | 2 2 2 2, inventory mar | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI | 2. Staff is aware of the list of equipment covered under AMC 1.Check for braskdown & Maintenance record in the log book. 2. Staff is aware of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room | care areas |
| ME D1.2 in ME D1.3 a Standard D2 T | The facility has established procedure for internal and external calibration of measuring <u>Equipment</u> Operating and maintenance instructions are available with the users of equipment <u>The fac</u> There is established procedure for forecasting | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILK/ Deep Freezers are available at cold chain room. Ility has defined procedures for storage Medicine store has process to consolidate and calculate the consumption of all medicines and consumables Forecasting of medicines and consumables is | 2 2 2, inventory mar 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI | 2. Staff is aware of the list of equipment covered under AMC 1.Check for brakadown & Maintenance record in the lig book 2. Staff is aware of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room asing of medicines in pharmacy and patient Scientifically based on consumption pattern, disease | care areas |
| ME D1.2 ii E ME D1.3 C Standard D2 ME D2.1 T ME D2.2 T | The facility has established procedure for internal and external calibration of measuring Equiment. Operating and maintenance instructions are available with the users of equipment. The factor There is established procedure for forecasting and indenting medicines and consumables The facility has establish procedure for | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room. Titry has defined procedures for storage Medicine thore has process to consolidate and consumables forecasting of medicines and consumables is done Sarlis trained for forecast the requirement using scientific system. | 2 2 2, inventory mar 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI | 2. Staff is aware of the list of equipment covered under AMC 1.Check for brakadown & Maintenance record in the lig book 2. Staff is aware of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room asing of medicines in pharmacy and patient Scientifically based on consumption pattern, disease | care areas |
| ME D1.2 ii E ME D1.3 C Standard D2 ME D2.1 T ME D2.2 T | The facility has established procedure for internal and external calibration of measuring <u>Gouloment</u> Operating and maintenance instructions are available with the users of equipment The fac There is established procedure for forecasting and indenting medicines and consumables | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room Hilly has defined procedures for storagge Medicine store has process to consolidate and calculate the consumption of all medicines and consumables Forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system | 2 2 2, inventory mar 2 2 2 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI | 2. Staff is aware of the list of equipment covered under AMC 1.Check for braskdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room asing, of medicines in pharmacy and patient Scientifically based on consumption pattern, disease prevelence, seasonality | care areas |
| ME D1.2 H ME D1.3 C Standard D2 ME D2.1 T ME D2.1 T ME D2.2 T P | The facility has established procedure for internal and external calibration of measuring Enguinment Operating and maintenance instructions are available with the users of equipment The fac There is established procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines | There is system of timely corrective break down maintenance of the equipments and all the measuring equipments / instrument are calibrated Operating instructions for ILK/ Deep Freezers are available at cold chain room. Welliche store has process to consolidate and calculate the consumption of all medicines and consumables Forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system Facility has a setabilished procedures for local purchase of medicines in emergency conditions Hospital has system for placing requisition to dirtrict medicines are one | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 | SI/RR OB/RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI RR/SI | 2. Staff is aware of the list of equipment covered under AMC 1.Check for braskdown & Maintenance record in the log book 2. Staff is aware of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room asing, of medicines in pharmacy and patient Scientifically based on consumption pattern, disease prevelence, seasonality | care areas |
| ME D1.2 H ME D1.3 C Standard D2 ME D2.1 T ME D2.1 T ME D2.2 T ME D2.2 T | The facility has established procedure for internal and external calibration of measuring Equiment. Operating and maintenance instructions are available with the users of equipment. The factor There is established procedure for forecasting and indenting medicines and consumables The facility has establish procedure for | There is system of timely corrective break down maintenance of the equipments' instrument are calibrated Operating instructions for ILK/ Deep Freezers are available at cold chain room iiity has defined procedures for storagg Medicine store has process to consolidate and consumables forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system Facility has a established procedures for local purchase of medicines in emergency conditions Hospital has system for placing requisition to hospital has system for placing requisition to | 2 2 2, inventory mar 2 2 2 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI | 2. Staff is aware of the list of equipment covered under AMC 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. Calibration of thermometers at cold chain room sing of medicines in pharmacy and patient Scientifically based on consumption pattern, disease prevelence, seasonality 10% of total budget | care areas |
| ME D1.2 H ME D1.3 C Standard D2 ME D2.1 T ME D2.1 T ME D2.2 T ME D2.2 T | The facility has established procedure for internal and external calibration of measuring <i>Doublement</i> calible with the users of equipment There is established procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of The facility ensures proper storage of | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room ILRY has defined procedures for storagg Medicine store has process to consolidate and consumables Forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system Facility has a setablished procedures for local purchase of medicines in emergency conditions thospital has system for placing requisition to direct endines some There is allocated place to store medicines in Pharmacy and medicines sore All the sheke/racks containing medicines are | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 | SI/RR OB/RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI RR/SI | 2. Staff is aware of the list of equipment covered under AMC 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. Cellbration of thermometers at cold chain room sing of medicines in pharmacy and patient Scientifically based on consumption pattern, disease prevelence, seasonality 10% of total budget Stock is arranged neatly in alphabetic order/ Therapeutic category with name facing the front and | care areas |
| ME D1.2 III IIII IIIIIIIIIIIIIIIIIIIIIIIIIII | The facility has established procedure for internal and external calibration of measuring Enguinment. Operating and maintenance instructions are available with the users of equipment. The facility and the setablish procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of medicines and consumables. | There is system of timely corrective break down maintenance of the equipments maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room. IIIty has defined procedures for storagg Medicine store has process to consolidate and consumbles Forecasting of medicines and consumables is done. Staff is trained for forecast the requirement using scientific system Facility has a established procedures for local purchase of medicines in emergency conditions Hospital has system for placing requisition to direct endicine store There is allocated place to store medicines in Pharmacy and medicine store Alt the babeley/racks containing medicines are labeled in pharmacy and medicine store Medicines of similar name and multiple strength | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI OB OB | 2. Staff is aware of the list of equipment covered under AMC 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. Calibration of thermometers at cold chain room Scientifically based on consumption pattern, disease prevelence, seasonality 10% of total budget 10% of total budget Stock is arranged neatly in alphabetic order/ Therapeutic category with name facing the front and expiry date | |
| ME D1.2 III IIII IIIIIIIIIIIIIIIIIIIIIIIIIII | The facility has established procedure for internal and external calibration of measuring <i>Doublement</i> calible with the users of equipment There is established procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of The facility ensures proper storage of | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room ILIV has defined procedures for storage Medicine store has process to consolidate and consumables Forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system Facility has a established procedures for local purchase of medicines in emergency conditions thospital has system for placing requisition to direct endines sone. There is allocated place to store medicines in Pharmacy and medicine store Medicines of similar name and multiple strength are stored separately. | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR OBJ/ RR OBJ/SI agement and dispe RR/SI RR/SI RR/SI RR/SI OB OB OB | 2. Staff is avare of the list of equipment covered under AMC 1. Check for breakdown & Maintenance record in the log book 2. Staff is avare of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room sing of medicines in pharmacy and patient scientifically based on consumption pattern, disease prevelence, seasonality Scientifically based on consumption pattern, disease prevelence, seasonality Stock is arranged neatly in alphabetic order/ Therapeutic category with mare facing the front and expiry date E.g. Montelukast Smg, Montelukast 10mg | Care areas |
| ME D1.2 III IIII IIIIIIIIIIIIIIIIIIIIIIIIIII | The facility has established procedure for internal and external calibration of measuring Enguinment. Operating and maintenance instructions are available with the users of equipment. The facility and the setablish procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of medicines and consumables. | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room ILIV has defined procedures for storagg Medicine store has process to consolidate and consumbles forecasting of medicines and consumables is done. Staff is trained for forecast the requirement using scientific system Facility has a established procedures for local purchase of medicines in emergency conditions Hospital has system for placing requisition to district medicine store Mathe sheek-gate ontain medicines are babeled in pharmacy and medicines are babeled in pharmacy and medicine store Medicines of similar name and multiple strength are stored bapartely. | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI OB OB OB OB OB | 2. Staff is avare of the list of equipment covered under AMC 1.Check for breakdown & Maintenance record in the log book 2. Staff is avare of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room sing of medicines in pharmacy and patient Scientifically based on consumption pattern, disease prevelence, seasonality Stock is arranged neatly in alphabetic order/ Therapeutic category with name facing the front and expiny date E.g. Montelukast Smg, Montelukast 10mg Syrup catons, reagents cartons are kept at the lower shelves | |
| ME D1.2 III IIII IIIIIIIIIIIIIIIIIIIIIIIIIII | The facility has established procedure for internal and external calibration of measuring Enguinment. Operating and maintenance instructions are available with the users of equipment. The facility and the setablish procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of medicines and consumables. | There is system of timely corrective break down maintenance of the equipments All the measuring equipments/instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room ILIV has defined procedures for storage Medicine store has process to consolidate and consumables Forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system Facility has a setablished procedures for local purchase of medicines in emergency conditions thospital has system for placing requisition to district medicines income There is allocated place to store medicines are labeled in pharmacy and medicine store Medicines of similar name and multiple strength are stored separately Heavy Items are stored at lower shelves/racks Fragile Items are not stored at the edges of the shelves. | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR OBJ/ RR OBJ/SI agement and dispe RR/SI RR/SI RR/SI RR/SI OB OB OB | 2. Staff is aware of the list of equipment covered under AMC 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. Calibration of thermometers at cold chain room Salibration of thermometers at cold chain room Scientifically based on consumption pattern, disease prevelence, seasonality Sitock is arranged neatly in alphabetic order/ Therapeutic category with name facing the front and expiry date E.g. Montelukast Smg, Montelukast 10mg Syrup catons, reagents cartons are kept at the lower sheves Syrup bottis, glass ampoules, vials are not stored at the edge of the rack. | |
| ME D1.2 III IIII IIIIIIIIIIIIIIIIIIIIIIIIIII | The facility has established procedure for internal and external calibration of measuring Enguinment. Operating and maintenance instructions are available with the users of equipment. The facility and the setablish procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of medicines and consumables. | There is system of timely corrective break down maintenance of the equipments and all the measuring equipments / instrument are calibrated Operating instructions for ILR/ Deep Freezers are available at cold chain room. Ilty has defined procedures for storage Medicine store has process to consolidate and consumbles Forecasting of medicines and consumables is done Staff is trained for forecast the requirement using scientific system Facility has a established procedures for local purchase of medicines in emergency conditions Hospital has system for placing requisition to direct endicine store There is allocated place to store medicines and hemmacy and medicine store Alt he beheve/racks containing medicines are abelled in pharmacy and medicine store Medicines of similar name and multiple strength are stored separately. | 2 2 2, inventory mar 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI OB OB OB OB OB | 2. Staff is avare of the list of equipment covered under AMC 1. Check for breakdown & Maintenance record in the log book 2. Staff is avare of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room Scientifically based on consumption pattern, disease prevelence, seasonality Stock is arranged neatly in alphabetic order/ Therapeutic category with name facing the front and expiry date Stock is arranged neatly in alphabetic order/ Therapeutic category with name facing the front and expiry date E.g. Montelukast Smg. Montelukast 10mg Syrup catons, reagents cartons are kept at the lower atheves Syrup bottis, glass ampoules, vials are not stored at the edge of the rack LASA medicines kept awy from their identical one in look or sound. Tall Main tettering method used for | |
| ME D1.2 III IIII IIIIIIIIIIIIIIIIIIIIIIIIIII | The facility has established procedure for internal and external calibration of measuring Enguinment. Operating and maintenance instructions are available with the users of equipment. The facility and the setablish procedure for forecasting and indenting medicines and consumables The facility has establish procedure for procurement of medicines The facility ensures proper storage of medicines and consumables. | There is system of timely corrective break down maintenance of the equipments and all the measuring equipments // instrument are calibrated Operating instructions for ILR/ Deep Freezers are goalable at cold chain room Hity has defined procedures for storage Medicine store has process to consolidate and calculate the consumption of all medicines and consumbles Forecasting of medicines and consumables is done. Staff is trained for forecast the requirement using schemific system Facility has a established procedures for local purchase of medicines in emergency conditions hospital has system for placing requisition to district medicine store There is allocated place to store medicines and babeled in pharmacy and medicines are Medicines of similar name and multiple strength are stored separately Heavy items are stored at lower shelves/racks Fragile hems are not stored at the edges of the aheves. | 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR OB/ RR OB/SI agement and dispe RR/SI RR/SI RR/SI RR/SI OB OB OB OB OB | 2. Staff is avare of the list of equipment covered under AMC 1.Check for brakadown & Maintenance record in the log book 2. Staff is avare of contact details of the agency/person in case of breakdown. Calibration of thermometers at cold chain room Signature of the agency/person in case of breakdown. Signature of the agency/person in sing of medicines in pharmacy and patient Scientifically based on consumption pattern, disease prevelence, seasonality 10% of total budget 10% of total budget 25. Staff agency with name facing the front and agping date. 26. Montelukast Smg. Montelukast 10mg Symp bottles, Smg. Kontelukast 10mg Symp bottles, Sigas ampoules, wila are not stored at the edge of the rack LASA medicines kapt awy from their identical one in | |

| | | There is separate shelf /rack/area for storage near expiry, expired, NSQ medicines in the drug | 2 | OB | | |
|--------------------------|--|---|-----------------------|----------------------|---|-----------|
| | | store Pharmacy has system of inventory Management | 2 | OB/SI | DVDMS, E-Aushadhi, etc. | |
| | | Medicines and consumables are stored away | | | Medicines that are considered light-sensitive are stored | |
| | | from water and sources of heat, direct sunlight, etc. Medicines are not stored at floor and adjacent | 2 | OB/RR | in closed drawers. | |
| | The facility ensures management of expiry and | to wall | 2 | OB | Pallets are provided if required to store at floor | |
| ME D2.4 | near expiry medicines | expiry of medicines Medicine store has system to check the expiry of | 2 | RR/SI | | |
| | | medicines | 2 | RR/SI | DVDMS, E-Aushadhi, etc. | |
| | | Medicine store has system to inform the patient care areas about near expiry/expired medicines | 2 | RR/SI | | |
| | | There is a system of periodic random quality testing of medicines | 2 | RR/SI | | |
| ME D2.5 | The facility has established procedure for inventory management techniques | Physical verification of inventory is done periodically | 2 | RR/SI | Stock audit sheet | |
| | | Facility uses bin card system | 2 | RR/OB | Bin cards are used for each medicines and are updated regularly | |
| | | First Expiry First Out (FEFO) System is established for medicines | 2 | OB | Storage - Near expiry medicines are stored in front and long expiry medicines are kept in back. | |
| | | Stores has defined minimum stock for each category of medicine as per there consumption pattern | 2 | RR/OB | Minimum quantity/stock level of each category of drug is defined. E.g. Paracetamol 500mg 100 strips, etc. | |
| | | Reorder level is defined for each category of medicines | 2 | RR | | |
| | | Medicine store has supply chain software for the management of innventory | 2 | OB/RR | DVDMS, E-Aushadhi, etc. | |
| | | Medicines are categorized and stored | 2 | OB/RR | Medicines are stored and categorized in the store's shelves as per their consumption (Vital, Essential and Desirable, Fast Moving, slow moving)/ Alphabetically/Therapeutic category, etc. | |
| ME D2.6 | There is a procedure for periodically replenishing the medicines in patient care areas | Hospital has established system to take medicines from store in case of emergency or if required urgently | 2 | RR/SI | | |
| ME D2.7 | There is process for storage of vaccines and other medicines, requiring controlled temperature | Check vaccines are kept in sequence | 2 | OB | (Top to bottom) : Hep B, DPT, DT, TT, BCG, Measles, OPV | |
| | | Work instruction for storage of vaccines are displayed at point of use | 2 | OB | | |
| | | ILR and deep freezer have functional temperature monitoring devices | 2 | ОВ | | |
| | | There is system in place to maintain temperature chart of ILR | 2 | ОВ | Temp. of ILR: Min +2°C to 8°c in case of power failure min temp. +10°C . Twice a day temperature log are maintained | |
| | | There is system in place to maintain temperature chart of deep freezers | 2 | ОВ | Temp. of Deep freezer cabinet is maintained between - 15°C to -25°C. Twice a day temperature log are maintained | |
| | | Check thermometer in ILR is in hanging position | 2 | ОВ | | |
| | | ILR and deep freezer has functional alarm system | 2 | SI/RR | | |
| | | Staff is aware of Hold over time of cold storage equipments | 2 | SI/RR | | |
| ME D2.8 | There is a procedure for secure storage of narcotic and psychotropic medicines | Narcotic medicines are kept separetly in double lock | 2 | ОВ | As per Narcotic Drugs and Psycotropic Substances (NDPS) Act and Rules, Narcotic medicines are kept in double lock. | |
| | | Empty ampoules/strips are returned along with narcotic administration detail sheet | 2 | OB/RR | Consumption of Narcotic drugs & psychotropic substances (NDPS) drugs by the wards and return back to the pharmacy | |
| | | Hospital has system to discard the expired narcotic medicines | 2 | RR/SI | Discarded narcotic medicines are documented with witness. | |
| | | Facility maintains the list of narcotic and | 2 | RR | List of NDPS drugs are maintained | |
| Standard D3 | | psychotropic medicines available at facility The facility provides safe | e, secure and cor | mfortable environm | ent to staff, patients and visitors. | |
| ME D3.1 | The facility provides adequate illumination level at patient care areas | Adequate Illumination at medicine store | 2 | OB | | |
| | | Adequate Illumination at dispensing counter | 2 | OB | | |
| ME D3.3 | The facility ensures safe and comfortable environment for patients and service providers | Temperature control and ventilation in pharmacy | 2 | SI/RR | 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 | Security arrangement at pharmacy | 2 | ОВ | | |
| ME D3.5 | The facility has established measure for safety and security of female staff | Female staff feel secure at work place | 2 | SI | | |
| Standard D4 | Exterior of the facility building is maintained | The facility has esta Building is painted/whitewashed in uniform | | | e and upkeep of the facility | |
| ME D4.1 | appropriately | colour Interior of patient care areas are plastered & | 2 | OB | | |
| | | painted | 2 | OB | | |
| ME D4.2 | Patient care areas are clean and hygienic | Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean | 2 | ОВ | 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 | 2 | OB | | |
| ME D4.3 | Hospital infrastructure is adequately | running water Check for there is no seepage , Cracks, chipping | 2 | ОВ | | |
| | maintained | of plaster Window panes , doors and other fixtures are intact | 2 | OB | | |
| ME D4.5 | The facility has policy of removal of condemned junk material | Intact No condemned/Junk material in the Pharmacy and medicine store | 2 | ОВ | | |
| ME D4.6 | The facility has established procedures for pest, rodent and animal control | No stray animal/rodent/birds | 2 | ОВ | | |
| Standard D5 | percentaria anna anninar concilui | The facility ensures 24X7 water and p | oower backup as | s per requirement of | f service delivery, and support services norm | S |
| ME D5.2 | The facility ensures adequate power backup in all patient care areas as per load | Availability of power back in Pharmacy | 2 | OB/SI | | |
| Standard D10 | | Availability of power back for cold chain Facility is compliant with all statut | 2 ory and regulate | OB/SI | posed by local, state or central government | |
| ME D10.1 | The facility has requisite licences and cartificates for operation of bornital and | License for storing spirit | | | source ay local, state or central government | |
| | certificates for operation of hospital and different activities | | | | govt. regulations and standards operating p | rocedures |
| Standard D11 ME D11.1 | The facility has established job description as | Job description is defined and communicated to | | RR | Regular + contractual | 00000703. |
| | per govt guidelines | all concerned staff Staff is aware of their role and | 2 | SI | | |
| ME D11.2 | The facility has a established procedure for | responsibilities There is procedure to ensure that staff is | | RR/SI | Check for system for recording time of reporting and | |
| MC 011.2 | duty roster and deputation to different departments | available on duty as per duty roster | 2 | | relieving (Attendance register/ Biometrics etc) | |
| | debartments | | | | | |
| | | There is designated in charge for department | 2 | SI | | |
| ME D11.3 Standard D12 | The facility ensures the adherence to dress code as mandated by its administration / the health department | Pharmacist adhere to their respective dress code | 2 | OB | services and adheres to contractual obligati | |

| ME D12.1 | There is established system for contract | There is procedure to monitor the quality and adequacy of outsourced services on regular | 2 | SI/RR | Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) provided are | |
|---|--|--|---|--|--|----------------|
| ME DIZ.I | management for out sourced services | basis | | cern - E Clinical Se | done by designated in-house staff | |
| Standard E6 | | Facility | | ale prescribing and u | | |
| ME E6.1 | Facility ensured that medicines are prescribed in generic name only | Medicines are purchased in generic name only | 2 | RR/SI | | |
| | - · | Facility has essential medicine list as per State | 2 | OB | | |
| | | guideline(To substitute with ESIC guidelines) Facility provide list of medicines available to | | | | |
| | | different departments as per essential medicine list | 2 | RR/SI | | |
| | | Facility has enabling order from | 2 | RR/SI | | |
| | | state(MOLE/ESIC) for writing medicines in generic name only | 2 | nny si | | |
| | | There is system of conducting periodic prescription audit to ensure that only | 2 | RR/SI | | |
| ME E6.2 | There is procedure of rational use of medicines | generic medicines are prescribed Hospital has its own medicine formulary based | 2 | RR/SI | | |
| | | on EML(ESIC) medicine formulary is available with doctors and | 2 | RR/SI | | |
| | | nurses/ clinical table Hospital has system to review the medicine | | | | |
| | | formulary as per EML(ESIC) at defined intervals | 2 | RR/SI | | |
| | | Hospital has system to review the prescription as per medicine formulary and STG | 2 | RR/SI | | |
| Standard E7 | | | s defined proce | dures for safe medic | ine administration | |
| ME E7.1 | There is process for identifying and cautious | Pharmacy has list of high risk medicines are available | 2 | RR/SI | | |
| Standard E8 | administration of high alert medicines | | rocedures for m | aintaining, updating | g of patients' clinical records and their storag | e |
| ME E8.5 | Adequate form and formats are available at point of use | Standard Formats available | 2 | RR/OB | Bin cards, indent forms etc | |
| ME E8.6 | Register/records are maintained as per guidelines | Pharmacy records are labeled and indexed | 2 | RR | | |
| | | Records are maintained for Pharmacy Pharmacy has adequate facility for storage of | 2 | RR | | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | Pharmacy has adequate facility for storage of records | 2 | OB | | |
| Standard E11 ME E11.3 | The facility has disaster management plan in | The facility has defined and e Staff is aware of disaster plan | established proc | edures for Emergen SI/RR | cy Services and Disaster Management | |
| | place | Role and responsibilities of staff in disaster is | 2 | SI/RR | | |
| | | defined | - | ern - F Infection (| Control | |
| Standard F1 | | cility has infection control program and | | | and measurement of hospital associated inf | ection |
| ME F1.4 | There is Provision of Periodic Medical Checkups and immunization of staff | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B, Tetanus Toxid etc | |
| ME F1.6 | Facility has defined and established antibiotic | Periodic medical checkups of the staff Check for Pharmacist are aware of Hospital | 2 | SI/RR SI/RR | | |
| | policy | Antibiotic Policy Pharmacist check the antibiotic consumption | 2 | SI/RR | | |
| Standard F5 | | periodically Physical layout and enviro | | | areas ensures infection prevention | |
| ME F5.2 | Facility ensures availability of standard materials | Availability of cleaning agent as per requirement | 2 | OB/SI | Hospital grade phenyl, disinfectant detergent solution | |
| Standard F6 | for cleaning and disinfection of patient care areas | | es for segregatio | | nent and disposal of Bio Medical and hazardo | us Waste |
| ME F6.1 | Facility Ensures segregation of Bio Medical | Availability of colour coded bins at point of | lo loi segregatio | in concentrit a cath | | |
| | | | 2 | OB | Adequate number. Covered. Foot operated. | |
| | Waste as per guidelines | waste generation Availability of colour coded non chlorinated | 2 | OB | Adequate number. Covered. Foot operated. | |
| | Waste as per guidelines | waste generation Availability of colour coded non chlorinated plastic bags | | | Pharmaceutical waste like antibiotics, cytotoxic | |
| | Waste as per guidelines | waste generation Availability of colour coded non chlorinated | | | Pharmaceutical waste like antibiotics, cytotoxic medicines including all items contaminated with cytotoxic medicines along with glass or plastic | |
| | Waste as per guidelines | waste generation Availability of colour coded non chlorinated plastic bags Segregation of expired or discarded medicines in Yellow Bin There is no mixing of infectious and general | 2 | | Pharmaceutical waste like antibiotics, cytotoxic medicines including all items contaminated with | |
| ME F6.3 | Facility ensures transportation and disposal of | waste generation Availability of colur coded non chlorinated plastic bags Segregation of expired or discarded medicines in Yellow Bin There is no mking of infectious and general waste Disposal of expired medicines as per state | 2 | OB | Pharmaceutical waste like antibiotics, cytotoxic medicines including all tense contaminated with cytotoxic medicines along with glass or plastic ampoules, vials etc. Either sent back to manufacturer or disposed by | |
| ME F6.3 | | waste generation Navilability of colour coded non chlorinated plastic bags Segregation of expired or discarded medicines in Yellow Bin There is no mixing of infectious and general waste Disposal of expired medicines as per state guidelines | 2 2 2 2 2 | OB | Pharmaceutical waste like antibiotics, cytotoxic medicines including all items contaminated with cytotoxic medicines along with glass or plastic ampoules, viais etc. Ether sent back to manufacturer or disposed by incineration | |
| Standard G1 | Facility ensures transportation and disposal of waste as per guidelines | watte generation Availability of colour coded non chlorinated plastic bags Segregation of expired or discarded medicines in Yellow Bin There is no mixing of infectious and general watte Disposal of expired medicines as per state guidelines A The facility has er | 2 2 2 2 vrea of Concer stablished organ | OB OB SI/OB n - G Quality Mar izational framework | Pharmaceutical waste like antibiotics, cytotoxic medicines including all tens contaminated with cytotoxic medicines along with glass or plastic ampoules, vials etc. Either sent back to manufacturer or disposed by incineration aggement for quality improvement | |
| Standard G1 ME G1.1 | Facility ensures transportation and disposal of | watte generation Availability of colur coded non chlorinated plastic bags Segregation of expired or discarded medicines in Yellow Bin There is no mking of infectious and general watte guidelines A The facility has es Quality cricle has been formed in the Pharmacy | 2 2 2 2 rea of Concer stablished organ 2 | OB SI/OB n - G Quality Mar Izational framework | Pharmaceutical waste like antibiotics, cytotoxic medicines including all lense contaminated with cytotoxic medicines along with glass or plastic ampoules, vials etc. Either sent back to manufacturer or disposed by incineration aggement k for quality incred formed and functional with a designated nodal offeer for quality. | |
| Standard G1 | Facility ensures transportation and disposal of waste as per guidelines The facility has a quality team in place Patient Satisfaction surveys are conducted at | waste generation Availability of colur coded non chlorinated plastic bags Segregation of expired or discarded medicines in Vellow Bin There is no miking of infectious and general waste Disposal of expired medicines as per state guidelines A Chality circle has been formed in the Pharmacy Patient satisfaction survey done on monthly | 2 2 2 2 rea of Concer stablished organ 2 | OB SI/OB n - G Quality Mar Izational framework | Pharmaceutical watte like antibictics, cytotoxic medicines including all items contaminated with cytotoxic medicines along with glass or plastic ampoules, vals etc. Either sent back to manufacturer or disposed by lincineration aggentent Kfor quality improvement Check if quality circle formed and functional with a | |
| Standard G1 ME G1.1 Standard G2 | Facility ensures transportation and disposal of waste as per guidelines The facility has a quality team in place | waste generation Availability of colur coded non chlorinated plastic bags Segregation of expired or discarded medicines in Yellow Bin There is no mixing of infectious and general waste Disposal of expired medicines as per state guidelines A The facility has er Cuality circle has been formed in the Pharmacy Facility has e Patient satisfaction survey done on monthly basis | 2 2 2 2 stablished organ 2 established syste 2 | 08 08 SV08 n - G Quality Mar izational frameworl SI/R SI/R SR R | Pharmaceutical waste like antibiotics, cytotoxic medicines including all lense contaminated with cytotoxic medicines along with glass or plastic ampoules, vials etc. Either sent back to manufacturer or disposed by incineration aggement k for quality incred formed and functional with a designated nodal offeer for quality. | |
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| Standard G1 ME G1.1 Standard G2 ME G2.1 ME G3.1 ME G3.1 ME G3.2 ME G3.2 ME G3.4 ME G3.4 ME G3.5 Standard G4 ME G4.1 | Facility ensures transportation and disposal of waste as per guidelines The facility has a quality team in place Patient Satisfaction surveys are conducted at periodic intervals Facility has established internal quality assurance program at relevant departments Facility has established external assurance programs at relevant departments Facility has established system for use of check lists in different departments and services Planned actions are implemented through Quality improvement Cycles (PCA) Facility has Departmental standard operating procedures are available Standard Operating Procedures adequately | waste generation waste generation Availability of oclour odder anon chlorinated plastic bags Segregation of expired or discarded medicines in vellow Bin There is no mixing of infectious and general waste Daposal of expired medicines as per state guidelines Refacility hass expired medicines Refacility hasses ment for departments Refacility assurance Refacility hass expired medicines Refacility hass expired medicines Refacility hass expired medicines Refacility hasses mented medicines Refacility hass expired medici | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | OB OB SI/OB n - G Quality Mar izational frameworl SI/RR mf or patient and e BR Quality assurance pr SI/RR SI/RR RR/SI SI/RR RR SI/RR RR RR BR RR SI/RR RR BR BR CB/RR OB/RR | Pharmaceutical waste like antibiotics, cytotoxic medicines including all items contaminated with cytotoxic medicines including all items contaminated with cytotoxic medicines along with glass or plastic ampounds, valate tet. Either sent back to manufacturer or disposed by incineration aggrement Either sent back to manufacturer or disposed by incineration aggrement Check if guality improvement Check if guality circle formed and functional with a designated nodal officer for quality mployee satisfaction ograms wherever it is critical to quality. By medicine controller/State medicine quality Assurance NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment Staff is designated for filling and monitoring of these checklits. Check the non compliances are presented & discussed during quality team meeting. Randomy check the details of action, responsibility, time line and feedback mechanism Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PICA) project report gerocedures for all key processes and sup Work instruction for storing medicines, Cold chain | port services. |
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| | | Department has documented procedure of indenting the medicines to patient care area | 2 | RR | | |
|--------------------|---|---|-----------------------------|-----------------------|---|------|
| | | Department has documented procedure for issue of the medicines in emergency condition | 2 | RR | | |
| | | Department has documented procedure for maintenance of temperature of ILR/Deep freezer /refrigerators | 2 | RR | | |
| | | Department has documented procedure for storage of narcotic and psychotropic medicines | 2 | RR | | |
| | | Department has documented system for periodic random check and quality testing of medicines | 2 | RR | | |
| ME G4.3 | Staff is trained and aware of the standard procedures written in SOPs | Check staff is a aware of relevant part of SOPs | 2 | SI/RR | | |
| Standard G 5 | | Facility maps its key processes and seek | <mark>s to make them</mark> | more efficient by re | ducing non value adding activities and wasta | ages |
| ME G5.1 | Facility maps its critical processes Facility identifies non value adding activities / | Process mapping of critical processes done | 2 | SI/RR | | |
| ME G5.2 ME G5.3 | waste / redundant activities Facility takes corrective action to improve the | Non value adding activities are identified | 2 | SI/RR SI/RR | | |
| | processes | Processes are rearranged as per requirement | - | | record a strate sin play to achieve them. | |
| Standard G6 | | The facility has defined mission, v | alues, Quality p | olicy & objectives & | prepared a strategic plan to achieve them Check quality policy of the facility has been defined in | |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | Check if Quality Policy has been defined and approved | 2 | SI/RR | consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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 G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff . Check if the plan has been approved by the hospital management | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least onnce in month by departmnetal incharges and during the quiaity team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | | Facility seeks con | tinually improve | ment by practicing | Quality method and tools. | |
| ME G7.1 | Facility uses method for quality improvement in services | Basic quality improvement method | 2 | SI/OB SI/OB | PDCA & 5S Six sigma, lean. | |
| ME G7.2 | Facility uses tools for quality improvement in services | 7 basic tools of Quality | 2 | SI/RR | Minimum 2 applicable tools are used in each department | |
| Standard G9 | | | r assessing, repo | orting, evaluating an | <mark>d managing risk as per Risk Management Pla</mark> I | an |
| ME G9.6 | 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 | 2 | SI/RR | Verify with the records. A comprehensive risk asesement of all clincial processes should be done using pre define critera at least once in three month. | |
| 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 | SaQushal assessment toolkit is used for safety audits. | 2 | SI/RR | 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | |
| ME G9.8 | Risks identified are analyzed evaluated and rated | Identified risks are analysed for severity | 2 | SI/RR | Action is taken to mitigate the risks | |
| | for severity | | Area of C | oncern - H Outcoi | me | |
| Standard H1 | | | | | ance with State/National benchmarks | |
| ME H1.1 | Facility measures productivity Indicators on monthly basis | Percentage of medicines available against essential medicine list for OPD | 2 | RR | | |
| | | Percentage of medicines available against essential medicine list for IPD | 2 | RR | | |
| | | Expenditure on medicines procured throughlocal purchase for BPL patient | 2 | RR | | |
| e | | Percentage of medicines procured locally | 2 | RR | ade Chata (Alexia ad Davadore ad | |
| Standard H2 | Facility measures efficiency Indicators on monthly | | | ors and ensure to re | each State/National Benchmark | |
| WE HZ.1 | basis | medicines % of medicines expired during the months | 2 | RR | | |
| | | Number of stock out medicines against EML | 2 | RR | | |
| Standard H3 | | | - | | to reach State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on monthly basis | Proportion of prescription found prescribing non generic medicines | 2 | RR | | |
| | | No of adverse medicine reaction per thosuand patients | 2 | RR | | |
| | | Antibiotic rate | 2 | RR | No. of antibiotic prescribed /No. of patient admitted or consulted | |
| | | Percentage of irrational use of medicines/overprescription (Who will decide about rational or irrational) | 2 | RR | | |
| Standard H4 | | | e Quality Indicat | ors and endeavours | to reach State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Turn Around time for dispensing medicine at Pharmacy | 2 | RR | | |
| | | | | | | |

| | National Q | | Version: DH/NQAS-2020/00 | | | | | | |
|--------------|--|--|--------------------------|---|--|--------------|------------------|--|--|
| | | Checklist for Auxillary | Services | | | | 18 | | |
| | | Assessment Sum | mary | | 1 | | | | |
| Name of th | | | | | Date of Assessment | | | | |
| Names of A | Assessors | | | | Names of Assessees | | | | |
| Type of Ass | sessment (Internal/External) | | | | Action plan Submissio Date | on | | | |
| | | Auxi | illary Servi | ces Score Ca | ard | | | | |
| | Area of Conce | rn wise Score | | | Auxillary Ser | vices Sco | ore | | |
| A | Service Provision | 100% | | | | | | | |
| В | Patient Rights | 100% | | | | | | | |
| с | Inputs | 100% | | | | | | | |
| D | Support Services | 100% | | | 100 |)% | | | |
| E | Clinical Services | 100% | | | | | | | |
| F | Infection Control | 100% | | | | | | | |
| G | Quality Management | 100% | | | | | | | |
| н | Outcome | 100% | | | | | | | |
| | Major Gaps Observed | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | Strengths / Good Practices | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | Recommendations/ Opportun | ites for Improvement | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | Signature of Assessors | | | | | | | | |
| | Date | | | | | | | | |
| | | | | | | | | | |
| Reference no | ME Statement | Checkpoint | Compliance | Assessment Method | Means of Verification | | Remarks | | |
| Standard A5 | | | | ncern - A Service <mark>rovides support</mark> | | | | | |
| ME A5.1 | The facility provides dietary services | Availability of operational Kitchen | 2 | SI/OB | Functional Kitchen within the prem hospital | nise of the | | | |
| ME A5.2 | The facility provides laundry services | Availability of functional laundry | 2 | SI/OB | Arrangement of laundry services in outsourced | nhouse or | | | |
| ME A5.3 | The facility provides security services | Availability of functional security services 24 X7 | 2 | SI/OB | | | | | |
| ME A5.4 | The facility provides housekeeping services | Availability of Housekeeping services 24X7 | 2 | SI/OB | | | | | |
| ME A5.5 | | Availability of waste disposal services | 2 | SI/OB | Arrangement for disposal of Bio me general waste Inhouse or outsouce | | | | |
| ME A5.6 | The facility ensures maintenance services | Availability of maintenance services 24X7 | 2 | SI/OB | Includes Physical infrastructure ma and equipment maintenance | aintenance | | | |
| ME A5.8 | The facility has services of medical record department | Availability of Medical record department | 2 Area of C | SI/OB Concern - B Patier | nt Rights | | | | |
| Standard B1 | Facilit | y provides the information to care | | | | vices and | their modalities | | |
| ME B1.1 | The facility has uniform and user-friendly signage system | Availability of departmental and directional signage for support service department | 2 | ОВ | Internal sectional signage are displa | ayed | | | |
| ME B1.6 | Information is available in local language and easy to understand | | 2 | ОВ | | | | | |
| ME B1.8 | The facility ensures access to clinical records of patients to entitled personnel | Medical records are provided to patient/ Next to kin on request | 2 | RR/OB | | | | | |
| Standard B3 | | acility maintains privacy, confidenti | ality & dignity | of patient, and I | as a system for guarding pa | atient relat | ed information. | | |
| ME B3.2 | Confidentiality of patients records and clinical information is maintained | MRD has system to maintain Confidentiality of patient records | 2 | SI/RR | Patient records are not shared exce patient until it is authorized by law | | | | |

| ME B3.3 | The facility ensures the behaviours of staff is dignified and respectful, while | Behaviour of staff is empathetic and | 2 | PI | | |
|------------------------|---|---|------------------------------|-------------------|--|---|
| | delivering the services | courteous | | | there is financial protection given fro | |
| Standard B5 | The facility provides cashless services to | lifty ensures that there are no finan | icial parrier to | access and that | there is financial protection given from | n cost of care. |
| ME B5.1 | pregnant women, mothers and neonates as per prevalent government schemes | Availability of free diet | 2 | PI/SI | | |
| ME B5.4 Standard B6 | Fac | ility has defined framework for ethical m | anagement inclu | ding dilemmas con | DELETED fronted during delivery of services at public | For all patients health facilities |
| ME B6.5 | There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization | Check hospital administration has defined protocols for data sharing | 2 | | Check list of agencies with which data shared has routinely shred has been prepared . For any other agency a formal permission is sought from competent authorities before sharing the data including international agencies, press and NGOs. | |
| ME B6.8 | There is an established procedure for obtaining informed consent from the patients in case facility is participating in any clinical or public health research | Check hospital ensures that informed consent is taken from patient participating in any clinical or public Health research | 2 | | Check for policy or practice | Applicable for Medical colleges and hospital running DNB cc |
| 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 | 2 | | Check for policy defines List of certificates can be issued by hospital Who can issue certificates Formats shall used for different certificates Record keeping of issued certificates procedures for issuing duplicate certificates | |
| Characterized Col | - | | | of Concern - C In | | |
| Standard C1 ME C1.1 | Departments have adequate space as | Dietary Department has adequate space as | very of assure | d services, and a | vailable infrastructure meets the pre | |
| | per patient or work load | per requirement Laundry Department has adequate space | 2 | ОВ | Minimum space requirement space 6.6 | |
| | - | as per requirement Medical record Department has adequate | 2 | ОВ | Minimum space requirement 10sq ft/bed Minimum space requirement is 2.5 to 3,5 sq ft | |
| ME C1.3 | Departments have layout and demarcated areas as per functions | space as per requirement Check Dietary department has demarcated and dedicated area for various activities | 2 | ОВ | per bed Layout as per functional flow that is receipt, storage, daily storage, preparation, Cooking area, Service area, dish washing area, Garbage collection area and administrative area. | |
| | | Check laundry department has demarcated and dedicated area for its various activities | 2 | ОВ | Layout as per functional flow that is from dirty end (receipt) to clean end (Issue). That is receipt, sorting, sluicing, washing, drying, ironing and issue | |
| | | Availability of complaint box and display of process for grievance redressal and whom to contact is displayed | 2 | ОВ | Layout as per functional flow that is receipt, checking of completion of records, indexing and filling of records, storage. | |
| ME C1.4 | The facility has adequate circulation area and open spaces according to need and local law | Availability of adequate circulation area for easy moment of staff , goods and food trolley in dietary department | 2 | ОВ | | |
| | | Availability of adequate circulation area for easy moment of staff, equipments and carts in laundry | 2 | ОВ | | |
| ME C1.5 | The facility has infrastructure for intramural and extramural | Availability of adequate circulation area in MRD All support services department are connected with intercom | 2 | ОВ | | |
| ME C1.6 | communication Service counters are available as per patient load | Unidirectional flow of goods and services in dietary services | 2 | ОВ | | |
| | | Unidirectional flow of goods and services in laundry services | 2 | ОВ | | |
| Standard C2 ME C2.1 | | | ity ensures th | e physical safety | of the infrastructure. | |
| ME C2.3 | The facility ensures safety of electrical establishment | Support services departments does not have temporary connections and loosely hanging wires | 2 | ОВ | DELETED | |
| | | Equipments in wet areas like Laundry and Kitchen are equipped with ground fault protection and designed for wet conditions | 2 | ОВ | | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care | Floors of the Support services are non slippery and even | 2 | ОВ | | |
| Standard C3 | | | <mark>s established P</mark> | Programme for fi | re safety and other disaster | |
| ME C3.1 | The facility has plan for prevention of fire | Building has sufficient fire exit to permit safe escape to its occupant at time of fire | 2 | OB/SI | dietary department laundry and Medical record department | |
| | | Check the fire exits are clearly visible and routes to reach exit are clearly marked. | 2 | ОВ | dietary department laundry and Medical record department | |
| | | Dietary Department has plan for safe storage and handling of potentially flammable materials. | 2 | ОВ | Dietary Department | |
| ME C3.2 | The facility has adequate fire fighting Equipment | Support services has installed fire Extinguisher that is Class A , Class B C type or ABC type are installed in adeqaute number at every strategic points | 2 | OB/RR | dietary department and Medical record department | |
| | The facility has a system of periodic | Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | dietary department and Medical record department | |
| ME C3.3 | 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 | 2 | SI/RR | | |
| Standard C4 | The The facility has adequate | facility has adequate qualified and | trained staff, | required for pro | oviding the assured services to the cu | rrent case load |
| ME C4.4 | technicians/paramedics as per requirement | Availability of Dietician Availability of MRD technician | 2 | SI/RR SI/RR | | |
| ME C4.5 | The facility has adequate support / general staff | Availability of MRD technician Availability of washer man(Landary personnel) | 2 | SI/RR SI/RR | In-house/Out-sourced | |
| | | Availability of Cook | 2 | SI/RR | In-house/Out-sourced | |
| Standard C5 | | Facility provides | drugs and con | sumables requir | ed for assured list of services. | |
| ME C5.2 | The departments have adequate consumables at point of use | Availability of consumables at dietary department | 2 | OB/RR | Cap, gowns, gloves, Detergent for cleaning of utensil and Soap for hand washing | |
| | | Availability of consumables at laundry department | 2 | OB/RR | Detergent and disinfectant, Heavy utility gloves, apron. | |
| | _ | • | • | • | • • | |

| SectorMatcher discription (Control C | | | | | | | |
|--|-------------|--|--|--------------------------------|--------------------------------|--|-------------------|
| And and the anome in a second process of the anom | Standard C6 | Availability of franchiscol and some | | <mark>quipment & in</mark> | <mark>struments requi</mark> i | | |
| Image: 1Manual production of the sector of the | ME C6.6 | | | 2 | ОВ | utensils | |
| number of the stand and any of the stand | | | Availability of Equipments for Laundry | 2 | ОВ | | |
| NoteNoteNoteNoteNoteNoteNoteNote100Restrict on the second secon | | | | 2 | ОВ | Computer with scanner | |
| Control< | | | | 2 | ОВ | | |
| Value Notion application of a particle of | | | | | | | |
| Image: 1 and set definition of a bit of | ME C6.7 | | | 2 | ОВ | | |
| Note of the sector of the s | | | | 2 | ОВ | | |
| Name of the second s | | | laundry department Availability of furniture and fixtures for | | | | |
| RangeBuildengenergenergenergenergenergenergenerge | Standard C7 | Facilit | Medical record department | | | | formance of staff |
| Not Control (CON (CON CON CON CON CON CON CON CON CON CON | | | | | | | |
| Brance Brance statistical ground in fordation of the spectra of the set of the s | ME C7.9 | core competencies and training plan | Infection control & prevention training | 2 | SI/RK | Hand Hygiene | |
| Base of the section of end of the section of any | | | Training on Medical record Management | 2 | SI/RR | | |
| GCDD of all paiced heads from the ord material status (respective) is ord whater and material status (respective) is ord | | There is established procedure for utilization | | | | | |
| Image: second | ME C7.10 | of skills gained thought trainings by on -job | | 2 | SI/RR | according to the training imparted. Also staff | |
| Number of the set of the | | supportive supervision | | | | still gaps | |
| Image of priority of both of the test base of | | | | | | | |
| Large of the set of the se | | | | 2 | SI/RR | | |
| Note the bank of the table is the table i | | | | | | still gaps | |
| Bits of the standard organ for a s | Standard D1 | | The facility has established Progr | | | | uinment |
| Answer of the large of the | | wa # 10, 1 | | p | ,, u | 1. Check with AMC records/ | |
| ResultResul | ME D1.1 | | | 2 | SI/RR | | |
| Number of the stand strain of origination of the signaling of the strain of origination of the strain of the str | | | | | | | |
| Note of the section | | | | 2 | SI/RR | in the log book | |
| 1923.0 and and with with strains indicator of explanets: strains 2.0 DEA Interact of explanets: strains Interact of explanet: | | | | | | | |
| The facility provides safe, secure and overlate environment to staff, patients and visitors. C311 The facility provides safe, secure and safe space secure | ME D1.3 | | | 2 | OB/SI | | |
| NB11 The facing provides departing investion at actume in the segment investion at actume investigation in the segment investigatin the segment invester investigation in the segment invest | | equipment | available with staff. | | | | |
| Actional Interfactor (and any provide distribution of harding balancing of a strained of a st | | The facility consider advances | The facility provides safe | , secure and c | omfortable envir | onment to starr, patients and visitors | |
| NoteMedipate Humination at Medipa Field and a field | ME D3.1 | | Adequate Illumination at Kitchen | 2 | OB | | |
| No.1 Contraction of partnersimage of the partnersimage of | | | | 2 | ОВ | | |
| Landar Weiters in platient areas leitary department is normalized i.e. Used Image: Constraint of the set of the | | | | 2 | ОВ | | |
| website< | ME D3.2 | | Hospital ensures unauthorised entry into | 2 | OB/SI | | |
| iLandy department i^2 i^0 i^0 10.01logicity department i^2 $\partial_0 f/i$ i^0 i^0 10.02The facility ensures at an intractive train or any state into ever department i^2 $\partial_0 f/i$ i^0 i^0 10.03The facility ensures at a direct of any vertilation in protective cortex and vertilation in any or any | | visitors in patient areas | dietary department is not permitted | | | | |
| House in the instrument of the instrument is not instrument is not instrument of the instrument of the instrument is not instrument of the | | | | 2 | OB/SI | | |
| primitedprimitedicedemonstrateEn 13.1The facility strusters as a demonstrate providersTemperature control and ventilation in Laurdy department.2 $SURR$ | | | Hospital ensures unauthorised entry into | | | | |
| Et D3.3 environment for patients and servic apactment imperature control and vestitation in Landy apactment 2 9/R containing/heating | | | | 2 | OB/SI | | |
| Lab.3 environment in opticity and served providers detary department 2 SV/R per environment condition and regumment per environment condition and regumment result Temperature control and ventilation in Laundry 2 SV/R Fand /r per environment condition and regumment result Temperature control and ventilation in Laundry 2 SV/R Fand /r per environment condition and regument result Temperature control and ventilation in Laundry 2 SV/R Fand /r per environment condition and regument result Temperature control and ventilation in safes and score in the facility building is environment condition and regument Fand /r per environment condition and regument result Temperature control and ventilation in safes and score in the facility building is per environment condition and regument Fand /r per environment condition and regument result Temperature control and ventilation in safes and score in the facility building is per environment condition and regument Fand /r per environment condition and regument result Temperature control and ventilation in anistained appropriately Fand /r per environment condition and regument result Temperature control and ventilation in anistained Fand /r per environment condition and regument result Pand anintained 2 OB | | | Temperature control and ventilation in | | | | |
| Image: set of the facility has established measure for female staff feel secure at work place 2 SyRe Fand Air constrained conditions and requirement excendition and requirement NL D3. The facility has established measure for female staff feel secure at work place 2 SyRe Fand Air constrained conditions and requirement NL D3. The facility has established measure for female staff feel secure at work place 2 SyRe Fand Air constrained condition and requirement NL D3. The facility has established measure for female staff feel secure at work place 2 SyRe Fand Air constrained condition and requirement NL D3. The facility has established measure for female staff feel secure at work place 2 SyRe Fand Air constrained condition and requirement NL D4. Control of the facility has established measure for female staff feel secure at work place 2 OB Delaray desartment, lundry and medical medical medical measure for a platent are reas are plastered 2 OB Delaray desartment, lundry and medical medical medical measure for an with no dirt gresse. Unstained a converts RE D4.3 Patient care areas are (ban and hygient for forming water measure plastered for maines and classe medical meand department. 2 OB Delaray department, lundry and medical meand forming water meand forming water meand forming water meand formore measare class with convert meand formary and medi | ME D3.3 | | | 2 | SI/RR | | |
| Interpletation interpletation interpletation interpletation interpletation interpletation Interpletation </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | |
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| H2 DLX Patient care are dear and ingents care and circulation areas are Clean 2 0.8 and cobwebs Image: Construct of the areas are Clean in the circulation areas area area area area area area are | | | | 2 | ОВ | | |
| Image: Contract of the fact of the | ME D4.2 | Patient care areas are clean and hygienic | | 2 | ОВ | | |
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| Image: Constraint of the facility provides diets according to Landry Image: Constraint of the patient of the pati | | condemned junk material | | | | record department | |
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| Landard D5 The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms ED5.1 The facility has adequate arrangement all functional areas Availability of 24x7 running and potable water 2 OB/SI Dietary and laundry department ED5.2 The facility ensures adequate power load Availability of power back up valies 2 OB/SI Dietary and laundry department ED5.2 The facility ensures adequate power load Availability of power back up load 2 OB/SI For Laundry, Diet and MRD department ED5.2 The facility provides diets according to the packup in all private addition of the patients. Enterno of the patients. Enterno of the patients. | ME D4.6 | | No stray animal/rodent/birds/pests | 2 | ОВ | | |
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| Leb 3: storage and suppy for portable water in all functional areas value 2 UB/SI Detary and laundry department Leb 3: If facility ensures adequate power backup in all patient care areas as per load Availability of power back up 2 OB/SI For Laundry, Diet and MRD department LandardD6 Dietary services are available as per service provision and nutritional requirement of the patients. | | The facility has adequate arrangement | | | | | |
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| Ioad Ioad Ioad Ioad Ioad Ioad Ioad Ioad | MEDE 2 | The facility ensures adequate power | A settle bittle of a second of | | 05/01 | Factor and a Picture data at 1 | |
| The facility provides diets according to Hospital has defined diet schedule for 2, 88/51 | ME D5.2 | | Availability of power back up | 2 | OB/21 | For Laundry, Diet and MRD department | |
| | StandardD6 | | Dietary services are availab | ole as per servi | ce provision and | nutritional requirement of the patier | nts. |
| | ME D6.2 | | | 2 | RR/SI | | |
| | | internet in equirements of the patients | parterior | | | 1 | |

| | | Hospital has Special diet schedule for | | | | |
|--------------|--|--|------------------|---------------------------------|--|-----------------------|
| | | the critical ill patients suffering from | | 00/51 | | |
| | | Heart Disease, Hypertension, Diabetes, Pregnant Women, diarrhoea and renal | 2 | RR/SI | | |
| | | patients | | | | |
| | Hospital has standard procedures for | | | | | |
| ME D6.3 | preparation, handling, storage and distribution of diets, as per requirement of | Dietary department has system to calculate the number of diets to be prepared | 2 | RR/SI | | |
| | patients | the number of tiets to be prepared | | | | |
| | | Dietary department has procedure for | | | Time interval for procurement of Perishable | |
| | | procurement of perishable and non perishable items | 2 | OB/SI/RR | and non perishable items is fixed | |
| | | Perishable items are stored in the cold | 2 | ОВ | Like milk, cheese, butter, egg, vegetables, and | |
| | | room or refrigerators. | 2 | 08 | fruits | |
| | | Non perishable items are kept in racks/ storage container, in ventilated and rodent | 2 | ОВ | All the food items are stored above floor level. | |
| | | proof room | | | | |
| | | Food is prepared by trained staff, ensuring standards practices | 2 | OB/SI | | |
| | | There is a procedure for the distribution of | 2 | SI/RR | Former distants and indicated of firmed descriptions | |
| | | the diet | 2 | 31/11 | Ensure diet is supplied at defined duration. | |
| | | Distribution of the food is done in covered food trolleys | 2 | ОВ | | |
| | | Dietary department has system to check | | | There is designated person preferably nurse in | |
| | | the quality of food provided to patient | 2 | RR/SI | Ward to check the Quality of food | |
| | - | Dietary department has procedure to | | | | |
| | | collect and dispose of kitchen garbage at | 2 | OB/SI | | |
| | - | defined interval and place There is practice of calculating and | | | | |
| | | maintaining buffer stock in Kitchen | 2 | SI/RR | | |
| | | Department maintained stock and | 2 | RR/SI | | |
| | | expenditure register in Kitchen There is system to replenish raw food | | 00/0 | | |
| | | material | 2 | RR/SI | | |
| Standard D7 | | | he facility ensi | <mark>ures clean linen t</mark> | to the patients | |
| ME D7.1 | The facility has adequate sets of linen | Hospital has sufficient set of linen available per bed | 2 | RR/SI | at least 5 sets for each functional bed | |
| | | Hospital/ department has inventory of total | | | | |
| | | linen available with category wise | 2 | RR/SI | Patient, staff and bed linen | |
| | The facility has standard procedures for | distribution in every area | | | | |
| ME D7.3 | handling, collection, transportation and | Linen department has system for Periodic | 2 | RR/SI | To check the theft and pilferage | |
| | washing of linen | physical verification of linen inventory | | | | |
| | | Linen department has separate trolley for distribution of clean linen and collection of | 2 | ОВ | | |
| | | dirty linen | | | | |
| | | Linen are transported into closed leak proof | 2 | ОВ | | |
| | | containers /bags | | | | |
| | | Infectious and non infectious linen are transported into separate containers / bags | 2 | OB/RR | | |
| | - | Linen department has system of sorting of | | | | |
| | | different category of linen before putting in | 2 | OB/RR | Soiled, infected fouled type of linen | |
| | | to washing machine | | | | |
| | | Linen department has procedure for | 2 | OB/RR | | |
| | | sluicing of soiled, infected and fouled linen | _ | | | |
| | | Linen department has procedure to keep | 2 | RR | | |
| | | record of daily load received from each department | 2 | | | |
| | | Hospital has system/ designated person to | | | | |
| | | check quality of washed linen | 2 | RR/SI | | |
| | | There is a fix time for collection for dirty | 2 | RR/SI | | |
| | | linen and supply of clean linen | 2 | RR/ SI | | |
| | | There is a system for verifying the quantity of linen received | 2 | RR/SI | | |
| | | There is procedure for condemnation of | 2 | RR/SI | | |
| | | linen | 2 | NIV SI | | |
| | | There is system to check pilferage of linen from ward | 2 | RR/SI | Security guards keep vigil | |
| Standard D11 | Roles & Re | | clinical staff a | re determined as | s per govt. regulations and standards | operating procedures. |
| ME D11.1 | The facility has established job description as | | 2 | RR | Regular + contractual | |
| | per govt guidelines | communicated to all concerned staff Staff is aware of their role and | | | | |
| | | responsibilities | 2 | SI | | |
| ME D11 2 | The facility has a established procedure | There is procedure to ensure that staff is | - | DF /** | Check for system for recording time of | |
| WE D11.2 | for duty roster and deputation to different departments | available on duty as per duty roster | 2 | RR/SI | reporting and relieving (Attendance register/ Biometrics etc) | |
| | and the separation of the second seco | There is designated in charge for Laundry | 2 | RR/SI | | |
| | | department | | 111/31 | | |
| | | There is designated in charge for Dietary department | 2 | RR/SI | | |
| | | There is designated in charge for MRD | 2 | RR/SI | | |
| | | department | - | | | |
| | The facility ensures the adherence to | Staff is adhere to their respective dress | _ | - | | |
| ME D11.3 | dress code as mandated by its administration / the health department | code | 2 | OB | | |
| Standard B42 | | ity has astablished are a due f | onitoring th | | urend convices and adheses to see to | ual obligations |
| Standard D12 | Facil | ity has established procedure for m | ionitoring the | quanty of Outsou | <mark>irced services and adheres to contrac</mark> | |
| | There is established system for contract | There is procedure to monitor the quality | | | Verification of outsourced services (cleaning/ Dietary/Laundry/Security/Maintenance) | |
| ME D12.1 | management for out sourced services | and adequacy of outsourced services on | 2 | SI/RR | provided are done by designated in-house | |
| | | regular basis | | | staff | |
| | | | Area of Co | oncern - E Clinical | Services | |
| Standard E8 | | | rocedures for | maintaining, upd | lating of patients' clinical records and | their storage |
| ME E8.6 | Register/records are maintained as per | All register/records are identified and | 2 | RR | | |
| | guidelines | numbered | | | | |
| | | Diet Registers are maintained at Kitchen | 2 | RR | | |
| | | Laundry registers are maintained at laundry | 2 | RR | | |
| | | Hospital has procedure for collection, | | | | |
| | | Compilation and maintenance of patient's | 2 | RR | Manual/e-records | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | | 1 | | | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | records after discharge | | | | |
| ME E8.7 | | records after discharge Medical record department has system to | 2 | RR | Checking the records as per checklist for | |
| ME E8.7 | | records after discharge | 2 | RR | completion | |
| ME E8.7 | | records after discharge Medical record department has system to | | | completion As per ICD coding / indexing name, disease, | |
| ME E8.7 | | records after discharge Medical record department has system to check for completion of records | 2 | RR | completion | |
| ME E8.7 | | records after discharge Medical record department has system to check for completion of records Medical record department has system for ICD coding /indexing the records | | | completion As per ICD coding / indexing name, disease, diagnosis, physician and surgical procedure carried out | |
| ME E8.7 | | records after discharge Medical record department has system to check for completion of records Medical record department has system for ICD coding /indexing the records Medical record department has system to | | | completion As per ICD coding / indexing name, disease, diagnosis, physician and surgical procedure carried out Submitting the reports to required health authorities (Birth death notification, | |
| ME E8.7 | | records after discharge Medical record department has system to check for completion of records Medical record department has system for ICD coding /indexing the records | 2 | RR | completion As per ICD coding / indexing name, disease, diagnosis, physician and surgical procedure carried out Submitting the reports to required health | |

| | | Medical record department has system to | 2 | RR | Hospital information system | |
|---|--|--|--|--|--|---|
| | | generate statistics for administrative use | 2 | ĸĸ | Hospital Information system | |
| | | Medical record department has system for filling and safe storage of records | 2 | RR | Give full compliance if system is in place for manual record management OR if the facility has e-records in place, check for 1. Password/finger print protected computer 2. Any restriction/firewall to protect the individual's information from misuse | |
| | | Medical record department has procedure for retention/Preservation of records | 2 | RR | Retention is as per state guideline | |
| | | Medical record department has procedure | 2 | BR | | |
| | | for destruction of old records Medical records department has system for retrieval of records | 2 | RR/SI | Give full compliance if system is in place for manual record management OR If the facility has e-records in place, check for 1. System is in place to define who all are authorized to access the patient e-records | |
| | | Medical record department has procedure for production of records in Courts of law when summoned | 2 | RR/SI | In case of MLC | |
| | | Medical records are issued to authorized personnel only | 2 | RR/SI | To patient/next kin to patient | |
| Standard E11 | The facility has disaster management | | | | rgency Services and Disaster Manage | ment |
| ME E11.3 | plan in place | Staff is aware of disaster plan Role and responsibilities of staff in disaster | 2 | SI/RR | | |
| | | Role and responsibilities of staff in disaster is defined | 2 | SI/RR | n Control | |
| Standard F1 | Facility | has infection control program and | | ncern - F Infectio | n Control <mark>tion and measurement of hospital as</mark> | sociated infection |
| ME F1.4 | There is Provision of Periodic Medical | There is procedure for immunization of the | 2 | SI/RR | Hepatitis B, Tetanus Toxid etc | |
| | Checkups and immunization of staff | staff Periodic medical checkups of the staff | 2 | SI/RR | | |
| ME F1.5 | Facility has established procedures for regular monitoring of infection control | Regular monitoring of infection control | 2 | SI/RR | Hand washing and infection control audits | |
| WE F1.5 | practices | practices | 2 | SI/RK | done at periodic intervals | |
| Standard F2 | | | emented proc | edures for ensur | ing hand hygiene practices and antise | epsis |
| ME F2.1 | Hand washing facilities are provided at point of use | Availability of hand washing Facility in kitchen | 2 | OB | Preferably in preparation and cooking area along with elbow operated tap | |
| | | Availability of Running Water (Hot and cold) | 2 | OB/SI | Ask to Open the tap. Ask Staff water supply is regular | |
| | | Availability of soap with soap dish/ liquid | 2 | OB/SI | Check for availability/ Ask staff if the supply is | |
| | | antiseptic with dispenser Display of Hand washing Instruction at | | | adequate and uninterrupted Prominently displayed above the hand | |
| | | Point of Use | 2 | ОВ | washing facility , preferably in Local language | |
| ME F2.2 | Staff is trained and adhere to standard hand washing practices | Adherence to 6 steps of Hand washing | 2 | ОВ | Ask of demonstration | |
| | | | 2 | 51 | | |
| Standard F3 | | Staff aware of when to hand wash Facility ensure | 2 <mark>s standard pra</mark> | si ctices and mater | ials for Personal protection | |
| | Facility ensures adequate personal | Facility ensure | | ctices and mater | ials for Personal protection | |
| Standard F3 ME F3.1 | Facility ensures adequate personal protection equipments as per requirements | Facility ensure Clean gloves are available for distribution of food | s standard pra | ctices and mater OB/SI | ials for Personal protection | |
| | protection equipments as per | Facility ensure | <mark>s standard pra</mark> | ctices and mater | ials for Personal protection | |
| | protection equipments as per | Facility ensure Clean gloves are available for distribution of food Availability of apron | s standard pra 2 2 | OB/SI OB/SI | ials for Personal protection | |
| ME F3.1 | protection equipments as per requirements | Facility ensure Clean gloves are available for distribution of food Availability of apron Availability of caps Availability of Heavy duty gloves for laundry Availability of gum boats for laundry | s standard pra 2 2 2 2 2 2 2 2 | Ctices and mater OB/SI OB/SI OB/SI OB/SI OB/SI | ials for Personal protection | |
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| ME F3.1 ME F3.2 Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.1 ME F5.2 ME F5.3 ME F5.3 | protection equipments as per requirements Staff is adhere to standard personal protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility Ensures standard practices followed Facility Ensures standard practice | Facility ensure Clean gloves are available for distribution of food Availability of apron Availability of apron Availability of apron Availability gene basts for loundry No reuse of disposable gloves, caps and aprons. Facility has standd aprons. Facility has standd Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily solied linen Cleaning of utensils and food trolleys Decontamination of heavily solied linen Cleaning of utensils and food trolleys Decontamination of heavily solied linen Cleaning of washing equipments Proper cleaning of items used for preparation and cooking of food Physical layout ansures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in kitchen Cleaning of patient care area with detergent solution Starff is trained for spill management Cleaning are followed Cleaning are followed Cleaning to folley law the no dust or debris Starff is trained for spill management Floors are clean Cleaning of colour codeb bins at point of Cleaning of colour codeb bins at point of | s standard pra 2 2 2 2 2 3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 | Citices and mater OB/SI SI/OB SI/OB SI/OB SI/OB OB/SI OB OB/SI OB/SI OB OB OB/SI OB OB OB OB | fequipments and instruments Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it care areas ensures infection preventi care areas ensures infection preventi Unidirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided | |
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| ME F3.1 ME F3.2 Standard F4 ME F4.1 ME F4.2 Standard F5 ME F5.2 ME F5.2 ME F5.3 ME F5.3 Standard F5 | protection equipments as per requirements Staff is adhere to standard personal protection practices Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments Layout of the department is conducive for the infection control practices Facility ensures availability of standard materials for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility ensures standard practices followed for cleaning and disinfection of patient care areas Facility Ensures standard practices followed Facility Ensures standard practice | Facility ensure Clean gloves are available for distribution of food Availability of apron Availability of apron Availability of reavy duty gloves for laundry No reuse of disposable gloves, caps and aprons. Facility has standa Cleaning and decontamination of food preparation surfaces like cutting board Cleaning of utensils and food trolleys Decontamination of heavily solied linen Cleaning of utensils and food trolleys Decontamination of heavily solied linen Cleaning of utensils and food trolleys Decontamination of heavily solied linen Cleaning of utensils and food trolleys Decontamination of theavily solied linen Cleaning of utensils and food trolleys Decontamination of reavily solied linen Cleaning of users used for preparation and cooking of food Physical layout and enviro Facility layout ensures separation of routes for clean and dirty items in kitchen Facility layout ensures separation of routes for clean and dirty items in laundry Staff is trained for spill management Cleaning equipments like broom are not used in patient care area with detergent solution Staff is trained for spill management Floors are clean Surface & fixtures are visibly clean with no dust or debris Staff is trained for spill management Floors are clean No stray animals in the facility/ Patient Care areas Cleaning colour coded bins at point of waste generation | s standard pra 2 2 2 2 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 | ttices and mater | fequipments and instruments Ask the cleanliness and ask staff how frequent they clean it Check the cleanliness and how frequent they clean it care areas ensures infection preventi undirectional mopping from inside out Any cleaning equipment leading to dispersion of dust particles in air should be avoided eatment and disposal of Bio Medical | |

| | | Display of work instructions for segregation | 2 | ОВ | Distancial and in local longuage | |
|------------------------|--|--|----------------|-------------------|--|---------------------------|
| | | and handling of Biomedical waste There is no mixing of infectious and general | | | Pictorial and in local language | |
| | Facility ensures management of sharps | waste | 2 | OB | Ask if available. Where it is stored and who is | |
| ME F6.2 | as per guidelines | Availability of post exposure prophylaxis | 2 | OB/SI | in charge of that. Staff knows what to do in case of shape injury. | |
| | | Staff knows what to do in condition of needle stick injury | 2 | SI | Whom to report. See if any reporting has been done | |
| ME F6.3 | Facility ensures transportation and disposal of waste as per guidelines | Disinfection of liquid waste before disposal | 2 | SI/OB | | |
| | | Daily disposal of food waste with general waste | 2 | SI/OB | | |
| Standard G1 | | · | | ern - G Quality N | lanagement work for quality improvement | |
| ME G1.1 | The facility has a quality team in place | Quality circle has been formed in the | 2 | SI/RR | Check if quality circle formed and functional | |
| Standard G2 | me facinty has a quanty team in place | Auxillary | | | with a designated nodal officer for quality | |
| ME G2.1 | Patient Satisfaction surveys are | Hospital has system to take feed back regarding quality of diet | 2 | RR | | |
| | conducted at periodic intervals | Hospital has system to take feed back | 2 | RR | | |
| Standard G3 | | regarding cleanliness of linen provided | | | ce programs wherever it is critical to a | nuality |
| Standard GS | Facility has established internal quality | There is system daily round by | | | | quanty. |
| ME G3.1 | assurance program at relevant departments | matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services | 2 | SI/RR | Check for entries in Round Register | |
| ME G3.2 | Facility has established external assurance programs at relevant departments | Kitchen is has system of regular external inspection by Municipal/ FDA(To be reworded) authorities | 2 | SI/RR | | |
| ME G3.3 | Facility has established system for use of check lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | NQAS, Kayakalp, SaQushal tools are used to conduct internal assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 Standard G4 | Facility has est | | ed and maintai | ned Standard O | DELETED perating Procedures for all key proces | ses and support services. |
| ME G4.1 | Departmental standard operating procedures are available | Standard operating procedure for Dietary and Laundry department has been | 2 | RR | | |
| | procedures are available | prepared and approved Current version of SOP are available with process owner | 2 | OB/RR | | |
| | | Standard operating procedure for Medical record Department has been prepared and approved | 2 | RR | | |
| | | Current version of SOP are available with process owner | 2 | OB/RR | | |
| | | Work instruction/clinical protocols are displayed in Dietary and Laundry Department | 2 | ОВ | | |
| | | Work instruction/clinical protocols are displayed in Medical Record Department | 2 | ОВ | | |
| | | Work instructions are displayed for hospital cleaniness Record Department has documented | 2 | ОВ | | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures | procedure for indexing, receiving, compiling, maintaining, issuing and retention of the records | 2 | RR | | |
| | | Record department has documented procedure for pest and rodent control | 2 | RR | | |
| | | Diet department has documented procedure for diet schedule, calculation of diet required in wards, procurement of food items | 2 | RR | | |
| | | Diet department has documented procedure for preparation, distribution and disposal of remaining food | 2 | RR | | |
| | | Diet department has documented procedure to check the quality of food provided to the patient | 2 | RR | | |
| | | Diet department has documented procedure for cleaning of kitchen and utensils | 2 | RR | | |
| | | Diet department has documented procedure for checkups of kitchen workers at defined intervals | 2 | RR | | |
| | | Linen department has documented procedure for collection, sorting, cleaning, sluicing of the blood/bidy fluid stained linen and distribution of linen | 2 | RR | | |
| | | Linen department has documented procedure for physical verification of the linen for cleanliness or torn out and condemnation of linen | 2 | RR | | |
| | | Linen department has documented procedure corrective and preventive maintenance of laundry equipments Security department has documented | 2 | RR | | |
| | | procedure for duty hours, control of incoming and outgoing items Security department has documented | 2 | RR | | |
| | | procedure for visiting hours in patient care area Security department has documented | 2 | RR | | |
| | | procedure for fire safety in hospital Security department has documented | 2 | RR | | |
| | | procedure for electrical safety Security department has documented procedure for training and drills of security | 2 | RR | | |
| | | staff | | | | |
| ME G4.3 | Staff is trained and aware of the standard procedures written in SOPs | Check staff is a aware of relevant part of SOPs | 2 | SI/RR | | |

| | | | | 1 | | |
|--|---|--|---|---|--|-----------|
| ME G5.1 | Facility maps its critical processes | Process mapping of critical processes done | 2 | SI/RR | | |
| ME G5.2 | Facility identifies non value adding activities / waste / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| ME G5.3 | Facility takes corrective action to improve the processes | Processes are rearranged as per requirement | 2 | SI/RR | | |
| Standard G6 | improve the processes | | alues, Quality | policy & objectiv | es & prepared a strategic plan to ach | ieve them |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | | 2 | SI/RR | Check quality policy of the facility has been defined in consultation with hospital staff and duly approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department | |
| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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 G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff. Check if the plan has been approved by the hospital management | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least onnce in month by departmnetal incharges and during the qulaity team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | | Facility seeks cont | inually improv | vement by practi | cing Quality method and tools. | |
| ME G7.1 | - | | | | DELETED | |
| ME G7.2 | | | | | DELETED | |
| 1112 07.2 | | | | | DELETED | |
| Standard G9 | | Facility has established procedure: | s for assessing, re | eporting, evaluating | DELETED and managing risk as per Risk Managemen | t Plan |
| | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. | Facility has established procedures Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically | s for assessing, re | si/RR | DELETED and managing risk as per Risk Managemen Verify with the records. A comprehensive risk assement of all clinicial processes should be done using pre define critera at least once in three month. | Plan |
| Standard G9 | Patient care safety risks is done as per | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for | 2 | SI/RR SI/RR | Verify with the records. A comprehensive risk assement of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | Plan |
| Standard G9 ME G9.6 ME G9.7 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. | 2 2 Area of | SI/RR SI/RR f Concern - H Out | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is sware of key gaps & closure status come | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including volence against service providers is done as per defined criteria | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. | 2 2 Area of | SI/RR SI/RR f Concern - H Out | Verify with the records. A comprehensive risk assement of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status | |
| Standard G9 ME G9.6 ME G9.7 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. | 2 2 Area of | SI/RR SI/RR f Concern - H Out | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is sware of key gaps & closure status come | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including vidence against service providers is done as per defined criteria Facility messures productivity indicators on | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product | 2 2 Area o' | SI/RR SI/RR f Concern - H Out s and ensures co | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status come mpliance with State/National benchr | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including vidence against service providers is done as per defined criteria Facility messures productivity indicators on | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done | 2 2 Area of ivity Indicator 2 | SI/RR SI/RR f Concern - H Out s and ensures co RR | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is sware of key gaps & closure status come | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including vidence against service providers is done as per defined criteria Facility messures productivity indicators on | Check periodic assessment of medication and patient care safety rick is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done | 2 2 Area of ivity Indicator 2 2 | SI/RR SI/RR F Concern - H Out s and ensures co RR RR | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status come mpliance with State/National benchr No. of bed sheet washed in a month/Patient bed days in month No. of meals provided in the month/No. of | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility messures productivity Indicators on monthly basis | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facliity measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index Diet Index | 2 2 Area of ivity Indicator 2 2 2 2 2 2 | SI/RR SI/RR Concern - H Out s and ensures co RR RR RR RR RR | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status come mpliance with State/National benchr No. of bed sheet washed in a month/Patient bed days in month | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 ME H1.1 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility messures productivity indicators on monthly basis Facility messures efficiency indicators on | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facliity measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index Diet Index | 2 2 Area of ivity Indicator 2 2 2 2 2 2 | SI/RR SI/RR Concern - H Out s and ensures co RR RR RR RR RR | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & dosure status come mpliance with State/National benchr No. of bed sheet washed in a month/Patient bed days in month No. of meals provided in the month/no. of times meal servoided in a day * bed days | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 ME H1.1 Standard H2 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility messures productivity Indicators on monthly basis | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index Diet Index The facility measures E | 2 2 Area of ivity Indicator 2 2 2 2 fficiency Indica | SI/RR SI/RR Concern - H Out s and ensures co RR RR RR RR RR RR RR ators and ensure | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & dosure status come mpliance with State/National benchr No. of bed sheet washed in a month/Patient bed days in month No. of meals provided in the month/no. of times meal servoided in a day * bed days | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 ME H1.1 Standard H2 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility messures productivity indicators on monthly basis Facility messures efficiency indicators on | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index Diet Index The facility measures E Proportion of maternal deaths audited | 2 Area o 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR Concern - H Out s and ensures co RR RR RR RR RR RR RR RR RR | Verify with the records. A comprehensive risk assement of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status come mpliance with State/National benchm No. of bed sheet washed in a month/Patient bed days in month No. of meals provided in the month/no. of times meal served in a day * bed days to reach State/National Benchmark Time elapsed between collection of used linen | |
| Standard G9 ME G9.6 ME G9.7 Standard H1 ME H1.1 Standard H2 | Patient care safety risks is done as per defined criteria. Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria Facility messures productivity indicators on monthly basis Facility messures efficiency indicators on | Check periodic assessment of medication and patient care safety risk is done using defined checklist periodically SaQushal assessment toolkit is used for safety audits. The facility measures Product No of cases for which medical audit done No of cases for which death audit is done Linen Index Diet Index The facility measures E Proportion of maternal deaths audited Proportion of newborn deaths audited Cycle for laundry services | 2 Area of ivity Indicator 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SI/RR SI/RR Concern - H Out s and ensures co RR RR RR RR RR RR RR RR RR RR RR RR | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define critera at least once in three month. 1. Check that the filled checklist and action taken report are available 2. Staff is aware of key gaps & closure status come mpliance with State/National benchm No. of bed sheet washed in a montly/Patient bed days in month No. of meals provided in the month/no. of times meal served in a day * bed days to reach State/National Benchmark Time elapsed between collection of used linen and receiving clean linen No. of special dist (slabelict, hypertensive, | |
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| Strengths / Good Practices | |
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| Recommendations/ Opportunites for Improvement | |
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| Signature of Assessors | |
| Date | |
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| | |

Mortuary

Version-NHSRC/3.0

Checklist - 17

| Reference No. | ME Statement | Checkpoints | Compliance | Assessment method | Audit Support | Remark |
|---------------|---|--|--------------------|---------------------|--|------------|
| | | | | rvice Provision | | |
| standard A1 | | The fac | cility provides Cu | | | |
| ME A1.14 | Services are available for the time period as mandated | Availability of services 24X7 | 2 | SI/RR | | |
| Standard A5 | | | cility provides su | | | |
| ME A5.8 | The facility provides mortuary services | Dead bodies are kept till the relatives take over the bodies | 2 | SI/RR | | |
| | | Dead bodies are brought to hospital for medico legal post mortem work | 2 | SI/RR | | |
| | | Unclaimed bodies are kept until disposal is arranged | 2 | SI/RR | | <u> </u> |
| | | | of Concern - B F | | | |
| Standard B1 | | The facility provides the information to care seekers | , attendants & co | | | |
| ME B1.1 | The facility has uniform and user-friendly signage system | Availability of departmental & directional signages | 2 | ОВ | Numbering, main department and internal sectional signage are displayed | |
| | | Restricted area signage are displayed | 2 | OB | | |
| ME B1.6 | Information is available in local language and easy to understand | Signage's are available in local language and pictorial | 2 | ОВ | | |
| ME 81.8 | The facility ensures access to clinical records of patients to entitled nersonnel | Post mortem records of deceased are issued to police/next kin of deceased as per state guideline | 2 | ОВ | | |
| Standard B2 | | | cultural needs, a | nd there are no ba | arrier on account of physical economic, cultural or socia | al reasons |
| | Religious and cultural preferences of patients and attendants are | Religious and cultural preferences of deceased and relatives are taken | - | 1 | | |
| ME 82.2 | taken into consideration while delivering services | in to consideration while handling over the body | 2 | OB/SI | | |
| ME 82.3 | | | | | DELETED | |
| Standard B3 | | The facility maintains privacy, confidentiality & dig | nity of patient, a | and has a system f | for guarding patient related information. | |
| ME B3.1 | Adequate visual privacy is provided at every point of care | There are arrangements that Post mortem room is not in direct line of sight of general public/ visitors | 2 | OB | Provision of curtain, screen or buffer area or any other in post mortem room | |
| ME B3.2 | | | | | DELETED | |
| ME 83.3 | The facility ensures the behaviours of staff is dignified and respectful, while delivering the services | Behaviour of staff is empathetic and courteous to deceased relative | 2 | PI/OB | | |
| ME B3.4 | The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups | Privacy and confidentiality of HIV and suicidal cases | 2 | RR/SI | | |
| | | Ar | ea of Concern | - C Inputs | | |
| Standard C1 | | The facility has infrastructure for delivery of as | sured services, a | nd available infras | structure meets the prevalent norms | |
| ME C1.1 | Departments have adequate space as per patient or work load | Adequate space to accommodate dead bodies | 2 | OB | | |
| ME C1.2 | Patient amenities are provide as per patient load | Availability of adequate seating arrangement in waiting area | 2 | ОВ | | |
| | | Availability of Drinking water | 2 | OB | | |
| | | Availability of functional toilets | 2 | | | |
| ME C1.3 | Departments have layout and demarcated areas as per functions | Mortuary has morgue freezer for preservation of bodies as per requirement | 2 | OB | | |
| ME C1.4 | The facility has adequate circulation area and open spaces according to need and local law | Corridors of Mortuary area are wide enough to allow passage of trolleys | 2 | OB | Not less than 8 ft | |
| ME C1.5 | The facility has infrastructure for intramural and extramural communication | Availability of telephone and Intercom Services | 2 | OB | | |
| ME C1.6 | Service counters are available as per patient load | Availability of deep freezer for storage as per load | 2 | OB | | |
| ME C1.7 | The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital) | Mortuary has functional linkage with hospital Emergency, OT and IPD etc. | 2 | OB | | |
| Standard C2 | | The facility ensure | s the physical sa | fety of the infrast | ructure. | |
| ME C2.1 | The facility ensures the seismic safety of the infrastructure | Non structural components are properly secured | 2 | ОВ | Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured | |
| ME C2.3 | The facility ensures safety of electrical establishment | Mortuary building does not have temporary connections and loosely hanging wires | 2 | ОВ | | |
| | | nanging wires Adequate electrical socket provided for safe and smooth operation of morgue freezer | 2 | ОВ | | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care | Floors of the Mortuary are thick, durable and can be easily cleaned | 2 | OB | | |
| | | Window have wire meshwork and intact window panes | 2 | OB | | 1 |

| Mortuary | |
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Checklist - 17

| | | Floors of the Mortuary are non slippery and even | 2 | OB | | |
|---|--|--|--|---|--|--|
| Standard C3 | The facility has adopted for Solving Facil | The facility has establish Fire Extinguisher that is Class A , Class C type or ABC type are | ed Programme 1 | or fire safety and | other disaster | |
| ME C3.2 | The facility has adequate fire fighting Equipment | installed in mortuary | | | | |
| | | Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned | 2 | OB/RR | | |
| ME C3.3 | The facility has a system of periodic training of staff and conducts | Check for staff competencies for operating fire extinguisher and what | 2 | SI/RR | | |
| | mock drills regularly for fire and other disaster situation | to do in case of fire | | ., | sund continue to the surrout lood | |
| Standard C4 ME C4.1 | | The facility has adequate qualified and trained s | tatt, required to | r providing the as | DELETED | |
| ME C4.4 ME C4.5 | | Availability of sweeper (substitute with Housekeeping staff)in | 2 | SI/RR | DELETED | |
| ME C4.5 | The facility has adequate support / general staff | Mortuary Availability of security staff in mortuary | 2 | SI/RR SI/RR | | |
| Standard C5 | | The facility provides drug | <mark>s and consumab</mark> | | sisured services. Thread, needle, cotton wool, wool waste, clothes, malleable wire, | |
| ME C5.2 | The departments have adequate consumables at point of use | Repairing Material | 2 | OB/RR | polythene bag, gloves, mask and apron | |
| Standard C6 | | Plastic bins The facility has equipment | 2 & instruments n | OB/RR equired for assure | for fixing specimens ed list of services. | |
| ME C6.1 | Availability of equipment & instruments for examination & monitoring of patients | Availability of functional Equipment &Instruments for examination & Monitoring | 2 | ОВ | DELETED | |
| ME C6.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the facility | Availability of Cutting Instruments trays | 2 | ОВ | DELETED | |
| ME C6.5 | Availability of Equipment for Storage | Availability of Cabinets for storage of dead bodies | 2 | OB | Refrigerated body storage room, Instrument trolley | |
| ME C6.6 ME C6.7 | | | | | | |
| | | | | | | |
| Standard C7 ME C7.9 | The Staff is provided training as per defined core competencies and | Facility has a defined and established procedure for effect | tive utilization, eval | uation and augment | ation of competence and performance of staff Bio medical Waste Management including Hand Hygiene | |
| mc C7.5 | training plan | intection control & prevention training | 2 | SI/KK | | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Staff is skilled for preservation of dead bodies in the mortuary | 2 | 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 | |
| | | Staff is skilled for maintaining post mortem records | 2 | 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 | |
| Standard D1 | | Area of The facility has established Programme for | | pport Services ng and maintenar | nce and calibration of Equipment | |
| ME D1.1 | The facility has established system for maintenance of critical | All equipments are covered under AMC including preventive | 2 | SI/RR | 1. Check with AMC records/ Warranty documents | |
| | Equipment | maintenance | - | aynd | Warranty documents 2. Staff is aware of the list of equipment covered under AMC. 1.Check for breakdown & Maintenance record in the log book | |
| | | There is system of timely corrective break down maintenance of the equipments | 2 | SI/RR | 2. Staff is aware of contact details of the agency/person in case of | |
| ME D1.2 | The facility has established procedure for internal and external | All the monitoring equipments are calibrated | 2 | OB/ RR | breakdown. | |
| ME D1.3 | calibration of measuring Equipment Operating and maintenance instructions are available with the | Operating instructions for critical equipments are available | 2 | OB/SI | | |
| Standard D2 | users of equipment | The facility has defined procedures for storage, invent | | | of drugs in pharmacy and patient care areas | |
| ME D2.5 ME D2.7 | | | | | DELETED | |
| | | | | | | |
| Standard D3 ME D3.1 | | The facility provides safe, secure a | nd comfortable (| environment to st | DELETED | |
| | | | | | | |
| ME D3.2 | The facility has provision of restriction of visitors in patient areas The facility ensures safe and comfortable environment for patients | Hospital ensures unauthorised entry into mortuary is not permitted | 2 | OB/SI | Fans/ Air conditioning/Heating/Exhaust/Ventilators as per environment | |
| ME D3.3 | and service providers | Temperature control and ventilation in Mortuary | 2 | OB/RR | 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 Mortuary | 2 | OB | | |
| ME D3.5 | The facility has established measure for safety and security of female staff | Female staff feel secure at work place | 2 | SI | | |
| Standard D4 ME D4.1 | Exterior of the facility building is maintained appropriately | The facility has established P Building is painted/whitewashed in uniform colour | rogramme for m | aintenance and up OB | okeep of the facility | |
| | | Interior of patient care areas are plastered & painted Floors, walls, roof, roof topes, sinks patient care and circulation areas | 2 | OB | | |
| ME D4.2 | Patient care areas are clean and hygienic | | 2 | OB | | |
| | | are Clean Surface of furniture and futures are clean | | - | 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 | 2 | OB | All area are clean with no dirt,grease,littering and cobwebs | |
| ME D4.3 | Hospital infrastructure is adequately maintained | Surface of furniture and fixtures are clean | 2 | OB OB OB OB | All area are clean with no oirt,grease,littering and cotwebs | |
| ME D4.3 ME D4.5 | Hospital infrastructure is adequately maintained | Surface of furniture and fixtures are clean Toilets are clean with functional flush and running water Check for there is no seepage , Cracks, chipping of plaster | 2 | OB OB OB | Al area are clean with no dirt.grease,ittering and cooweds | |
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| Here is no mining of infectious and general waste 2 Comparison MK F6.2 The facility ensures management of sharps as per guidelines Availability of incincion release outsets 2 0.00 See if it has been used or just lying idle. MK F6.2 The facility ensures management of sharps as per guidelines Segregation of sharps waste including Metals in white (translucent) Puncture proof, take proof, tampe proof containers 2 0.00 See if it has been used or just lying idle. MK F6.2 Availability of goot encourse proof containers 2 50/08 Aksil facultable thar may cause puncture and outs. The inducts behave due, discrited and thar may cause puncture and outs. The inducts behave due, discrited and tharmated metal larges and containers inducts behave due, discrited and tharmated metal larges and containers inducts behave due, discrited and tharmated metal larges and containers inducts behave due, discrited and tharmated metal larges and containers inducts behave due due of just lying inducts. 2 50/08 Aksil facility and resolution due on anticitien of metal and containers inducts behave due due of just lying induct. ME F6.1 The facility ensures transportation and disposal of waste as per guidelines. Disinfection of fluid waste befor disposal 2 50/08 Vale, slides and other froken lifected gluss ME F6.1 The facility ensures transportation and disposal of waste as per guidelines. Disinfection of fluid wa | |
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| NE FG.3 The facility ensures transportation and disposal of waste as per guidelines Desk bins are not overfilled 2 50/08 Values used sum other broken intected gass ME FG.3 The facility ensures transportation and disposal of waste as per guidelines Desk bins are not overfilled 2 50/08 Interced ME FG.3 Disinfection of liquid waste before disposal 2 50/08 Interced Interced ME FG.3 Transportation of bio medical waste is done in close container/trolley 2 50/08 Interced ME FG.3 Transportation of bio medical waste is done in close container/trolley 2 50/08 Interced ME FG.3 Transportation of bio medical waste is done in close container/trolley 2 50/08 Interced ME FG.3 Transportation of bio medical waste is done in close container/trolley 2 2 50/08 ME FG.3 Transportation of bio medical waste is done in close container/trolley 2 2 2 | |
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| 1. Spill area evacuation 2. Removal of Auxilion 3. Wear PPE 4. Use of Hishight to krate mercary beads 5. Use syringe without a needle/yedropper and sticky tape to suck the | |
| Staff is aware of mercury spill management 2 S/RR beads - Collection of beads in leak-proof bag or container - Spinible subjutor z sinc powder to remove any remaining mercury 8. All the mercury spill antibact with 10% - Solution biologified solution - Sult the bags or containers containing items contaminated with mercury should be manded oner the CaMWET - Difference on the CaMWET and the Amedia one of the CaMWET and the Amedia one of the CaMWET and the Amedia one of the CaMWET - Difference on the CaMWET and the Amedia one of the CaMWET and the Ame | |
| Area of Concern - G Quality Management | |
| Standard G1 The facility has established organizational framework for quality timp revenuent to the provide the standard of the standard o | |
| ME GL1 The facility has a quality team in place Quality circle has been formed in the Mortuary 2 Sl/RR Circle in quality circle formation in unit of the signaled in the Mortuary 1 Sl/RR Incide of fifteer for quality Standard G3 The facility have established internal and external quality assurance Programmes wherever it is critical to quality. Incide of fifteer for quality Incide of fifteer for quality | |
| The facility has established internal quality assurance programme in There is system daily round by Hospital superintendent/ | |
| MC G3.3 Facility has established system for use of check lists in different internal assessment is done at periodic internal 2 Rk/SI NQAS, Kayakalp, SaQushal tools are used to conduct internal | |
| departments and services Departmental checklist are used for monitoring and quality 2 SJ/RR Staff is designated for filling and monitoring of these checklists | |
| assurance assurance compliances are enumerated and recorded 2 RR Check the non-compliances are presented & discussed during quality | |
| team meetings te | |
| assurance process assessment record findings in the second s | |
| VCCSS Cycles (PDCA) preventive action 2 S/I/OK action taken report or Quality Improvement (PDCA) project report | |
| 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 a grant operating procedure services. | |
| disprove Current version of SOP are available with process owner 2 00,RR Version of SOP are available with process owner 2 00,RR Version of the disprove and proceed and the disprove | |
| Version and the second se | |
| ME G4.2 Standard Uperating Procedures adequately describes process and procedures Department has documented procedure for death in ward and emergency 2 BR Department has documented procedure for receiving, storage and procedure for procedure for receiving, storage and procedure for procedure for procedure for receiving, storage and procedure for procedure for procedure for procedure for receiving, storage and procedure for procedure | |
| Laging of the book in motury - In - I | |
| maintenance and is corrective # prventive maintenance in cold store | |
| Department has documented procedure for maintenance of records 2 RR Department has documented procedure sending the bodies for 2 get | |
| Actory Comparison br>Comparison Comparison Comp | |
| deceased retaives 2 00 Department has documented procedure for issuing the records to 2 88 | |
| police and gatient relatives Department has documented procedure for storage and send the vieween/viewee | |
| Department has documented procedure for of processing and upleage of a RR | |
| MEGR3 Staff is trained and aware of the procedures written in SOPs Check staff is a aware of relevant part of SOPs 2 S//RR Standard G S The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages | |
| ME GS.1 The folly maps its critical processes Process mapping of critical processes done 2 S/RR | |
| ne 324 redundant activities voir value acong scruties are treatment of the failty takes concerve action to improve the processes Processes are rearranged approvement 2 S/RR | |
| Standard 66 The facility has defined mission, values, Quality policy & objectives & prepared a strategic plan to achieve them Check quality policy of the facility has been defined in consultation with Check quality policy of the facility has been defined in consultation with | |
| ME 66.3 Facility has defined Quality policy, which is in congruency with the mission of facility Check If Quality Policy has been defined and approved 2 S/RR hospital fad ad duy approved by the head of the facility. Also check Quality Policy enables achievement of mission of the facility and health department | |

Checklist - 17

Mortuary

Checklist - 17

Version-NHSRC/3.0

| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | 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 G6.5 | 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 | 2 | SI/RR | Interview with staff for their awareness. Check if Mission Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | | | | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with hospital staff . Check if the plan has been approved by the hospital management | | | | |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least onnce in month by departmental incharges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | | | | |
| Standard G7 | The facility seeks continually improvement by practicing Quality method and tools. | | | | | | | | |
| ME G7.1 | The facility uses method for quality improvement in services | Basic quality improvement method | 2 | SI/OB | PDCA & 5S | | | | |
| Standard G9 | | Facility has established procedures for assessing | , reporting, eval | uating and manag | ing risk as per Risk Management Plan | | | | |
| ME G9.6 | Periodic assessment for Medication and Patient care safety risks is done as per defined criteria. | Check periodic assessment of safety risk is done using defined checklist periodically | 2 | SI/RR | Verify with the records. A comprehensive risk assessment of all processes should be done using pre define critera at least once in three month. | | | | |
| | | Area | of Concern - H | Outcomes | | | | | |
| Standard H1 | | The facility measures Productivity Indic | ators and ensure | s compliance wit | h State/National benchmarks | | | | |
| ME H1.1 | Facility measures productivity indicators on monthly basis | Proportion of non MLC cases | 2 | RR | | | | | |
| | | Occupancy rate of cold storage for dead bodies | 2 | RR | | | | | |
| Standard H2 | | The facility measures Efficiency In | ndicators and en | sure to reach Stat | e/National Benchmark | | | | |
| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Mean storage time for dead body in cold storage | 2 | RR | | | | | |
| | | Down time Cold storage equipments | 2 | RR | | | | | |
| Standard H4 | | The facility measures Service Quality I | ndicators and en | deavours to reac | h State/National benchmark | | | | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Waiting time for carrying out post mortem | 2 | RR | | | | | |
| | | Waiting time for getting post mortem report in MLC cases | 2 | RR | | | | | |

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| | | 20 | | | | | | | |
| Checklist for Haemodialysis Centre 20 Assessment Summary | | | | | | | | | |
| Name of the Hospital | | Date of Assessment | | | | | | | |
| Names of Assessors | | Names of Assessees | | | | | | | |
| Type of Assessment (Internal/External) | | Action plan Submission Date | | | | | | | |
| Hemodialys Centre Score Card | | | | | | | | | |
| | Area of C | oncern Wise Score | Haomodia | Haomodialysis Score | | | | | |
| А | SERVICE PROVISION | 100% | 100% | | | | | | |
| В | PATIENT RIGHTS | 100% | | | | | | | |
| с | INPUTS | 100% | | | | | | | |
| D | SUPPORT SERVICES | 100% | | | | | | | |
| E | CLINICAL SERVICES | 100% | | | | | | | |
| F | INFECTION CONTROL | 100% | | | | | | | |
| G | QUALITY MANAGEMENT | 100% | | | | | | | |
| н | OUTCOME | 100% | | | | | | | |
| | | | | | | | | | |
| | Major Gaps Observed | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 5 | | | | | | | | | |
| | Strengths / Good Practices | Strengths / Good Practices | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 F | | | | | | | | | |
| 5 | Recommendations/ Opportunites for Improvement | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| 5 | | | | | | | | | | |
|-------------|--|---|-------------------------------|-----------------|--|---------------|--|--|--|--|
| 5 | Signature of Assessors | | | | | | | | | |
| | Date | | | | | | | | | |
| | | I | | | | | | | | |
| | | | | | | | | | | |
| Standard | Measurable elements | Checkpoints | Compliances | Assessment | Mean of verification | Remarks | | | | |
| | Area of Concern - A Service Provision | | | | | | | | | |
| Standard A1 | The facility Provides Curative Services | | | | | | | | | |
| MEA1.14 | Services are available for the time period as mandated | Dialysis services are available as per time mandate | 2 | RR/OB/SI | Check for timing of Dialysis centre as per MOU/As per State mandate(to be Reworded to "as per individual hospital protocol) | | | | | |
| ME A1.19 | The facility provides Dialysis services | Availability of haemodialysis services | 2 | RR/OB/SI | | | | | | |
| | | Availability of services to manage complications during dialysis process | 2 | RR/OB/SI | Hypotension Dialyzer reactions (both anaphylactic reaction and non-specific reaction) Haemolysis Air embolism Seizures Chest pain, MI Arrhythmias Sudden cardiac arrest Nausea, Vomiting Chills, Rigors, Fevers | | | | | |
| | | Availability of Nutritional Counselling Services | 2 | RR/OB/SI | Counselling may be provided by dietician/nephrologist/MO | | | | | |
| Standard A3 | | | The facility Pr | rovides diagnos | | | | | | |
| ME A3.1 | The facility provides Radiology Services | Availability of Portable X ray Services | 2 | OB/SI | Within centre or linkage with the main hospital | | | | | |
| | | Availability of USG services | 2 | OB/SI | Within centre or linkage with the main hospital | | | | | |
| ME A3.2 | The facility Provides Laboratory Services | Availability of lab services | 2 | OB/SI | Within centre or linkage with the main hospital for: Heamogram, Iron study, LFT, KFT, Hb1Ac, Viral Marker, Vit D | | | | | |
| | | Availability of Point of care diagnostic devices | 2 | | Hb, Blood Sugar, Blood Group, HIV, HbsAg(HBV) | | | | | |
| ME A3.3 | The facility provides other diagnostic services, as mandated | Functional ECG Services are available | 2 | OB/SI | Within centre and staff should be trained to operate ECG machine | | | | | |
| Standard A4 | | | | 2 | | | | | | |
| ME A4.13 | The facility provide services as per Pradhan Mantri National Dialysis Programme | Availability of Haemodialysis services free of cost for BPL & Economically Weaker Section(EWS) patients | 2 | RR/PI/SI | Economically weaker Section(EWS) certifcate issued by appropriate authority(District Magistrate/Revenue Ofificer not below the rank of Tahsildar/Sub Divisional Officer) | | | | | |
| | | | | ncern - B Patie | | | | | | |
| Standard B1 | | | <mark>e seekers, atter</mark> | ndants & comn | nunity about the available services and the | ir modalities | | | | |
| ME B1.1 | The facility has uniform and user-friendly signage system | Availability of departmental and directional signages | 2 | ОВ | Numbering, main department and internal sectional signages | | | | | |
| | Signage for restricted area and safety hazard are displayed | 2 | | 1.Restricted signages at the entry & restricted area within the dialysis centre 2. Safety Hazard and Caution signs, for e.g. hazards from electrical shock, inflammables etc. shall be displayed at appropriate places |
|---|--|--|--|---|
| The facility displays the services and entitlements available in its departments | Services available and not available in the dialysis centre are displayed | 2 | ОВ | e.g Display of Haemodialysis for HIV or Hepatitis B/C patients |
| | Name of the Nephrologist/in charge with registration number are displayed | 2 | OB | Contact details & days of visits of Nephrologist/in charge, Quality Managers are displayed |
| | Important numbers are displayed | 2 | ОВ | Blood Banks, Fire Department, Police, Ambulance Services, ICU and OT |
| User charges are displayed and communicated to patients effectively | User Charges for dialysis services are displayed | 2 | ОВ | User charges(if any) are displayed at prominent places including display of free dialysis services for BPL/EWS patients |
| Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches | IEC materials are displayed in waiting area | 2 | OB | IEC to prevent infection for patient with catheters & patient with fistulas or grafts, dietary advice are displayed IEC for care givers to manage day to day management |
| | Relevant IEC are displayed inside dialysis unit(can be combined witrh above row in same column) | 2 | ОВ | Check for IEC related to fluid intake, Know about dry weight, Patient guide for access care are displayed inside the unit |
| Information is available in local language and easy to understand | Signages and information are available in local language | 2 | OB | At least in two languages with one being local |
| The facility ensures access to clinical records of patients to entitled personnel | Dialysis card/Logbook is provided to all patient | 2 | RR/SI/OB | Check dialysis card/Logbook is provided to the patient and records are updated after each session |
| Services are delivered in a | manner that is sensitive to gender, religio | ous and cultur | al needs, and t | here are no barrier on account of physical, economic, cultural or social reasons. |
| Services are provided in manner that are sensitive to gender | Availability of female attendant/female staff, if a male staff examine, treat or manage a female patient | 2 | OB/SI | Ask the staff about the adopted procedure |
| Access to facility is provided without any physical barrier & friendly to specially able people | Availability of Wheel chair and stretcher for easy Access to the Dialysis unit | 2 | OB | Check availability of both wheel chair and stretcher for the dialysis patients |
| | Availability of ramp with appropriate gradient | 2 | | A gradient of 1:8 |
| | Availability of disabled friendly toilets | 2 | OB/SI | At least one disabled-friendly toilet readily accessible to the Dialysis unit |
| There is no discrimination on basis of social & economic status of patients. | There is no discrimination on the basis of social and economic status of the patients | 2 | OB/PI | Look for any discrepancies from the previous patient records receiving the services |
| Т | he facility maintains privacy, confidential | ity & dignity o | of patient, and | |
| Adequate visual privacy is provided at every point of care | Availability of screen/curtains | 2 | ОВ | Check for screen/curtains between the beds |
| | entitlements available in its departments User charges are displayed and communicated to patients effectively Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches Information is available in local language and easy to understand The facility ensures access to clinical records of patients to entitled personnel Services are delivered in a Services are delivered in a Services are delivered in an Access to facility is provided without any physical barrier & friendly to specially able people There is no discrimination on basis of social & economic status of patients. T | hzard are displayed The facility displays the services and entitlements available in its departments Services available and not available in the dialysis centre are displayed Name of the Nephrologist/in charge with registration number are displayed Important numbers are displayed User charges are displayed and communicated to patients effectively User Charges for dialysis services are displayed Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches IEC materials are displayed in waiting area Relevant IEC are displayed in waiting area Signages and information are available in local language Information is available in local language and easy to understand Signages and information are available in local language Services are provided in manner that are sensitive to gender Availability of female attendant/female staff, if a male staff examine, treat or manage a female patient Access to facility is provided without any physical barrier & friendly to specially able people Availability of ramp with appropriate gradient Availability of riamp with appropriate gradient Availability of riamp with appropriate gradient There is no discrimination on basis of social & economic status of patients. There is no discrimination on the basis of social and economic status of the patients | hazard are displayed 2 The facility displays the services and entitlements available in its departments Services available and not available in the dialysis centre are displayed 2 Name of the Nephrologist/in charge with registration number are displayed 2 User charges are displayed and communicated to patients effectively User Charges for dialysis services are displayed 2 Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches IEC materials are displayed in waiting area 2 Information is available in local language and easy to understand Singages and information are available in local language 2 The facility ensures access to clinical records of patients to entitled personnel sensitive to gender Dialysis card/Logbook is provided to all patient 2 Access to facility is provided without any physical barrier & friendly to specially able people Availability of female attendant/female staff, if a male staff examine, treat or manage a female patient 2 Access to facility is provided without any physical barrier & friendly to specially able people Availability of ramp with appropriate gradient 2 There is no discrimination on basis of social & economic status of patients. There is no discrimination on basis of social and economic status of the the basis of social and economic status of the patients. 2 | hazard are displayed 2 The facility displays the services and entitlements available in its departments Services available and not available in the dialysis centre are displayed 2 OB Name of the Nephrologist/in charge with registration number are displayed 2 OB User charges are displayed and communicated to patients effectively User Charges for dialysis services are displayed 2 OB Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches IEC materials are displayed in waiting area 2 OB Information is available in local language and easy to understand Signages and information are available in local language 2 OB Information is available in local language and easy to understand Dialysis card/Logbook is provided to all patient 2 OB Services are delivered in a maner that is sensitive to gender, religious and cultural needs, and the sensitive to gender Availability of female attendant/female staff, if a male staff examine, treat or physical barrier & friendly to specially able people Availability of friendly toilets 2 OB Availability of disabled friendly toilets 2 OB OB/SI OB/SI Availability of disabled friendly toilets 2 OB OB/SI There is no discrimination on basis of social & economic status o |

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| 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 | 2 | OB/SI | Confidentiality, security and integrity of records shall be ensured at all times | |
| 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 | 2 | рі/Ов | | |
| ME B3.4 | The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups | Privacy and confidentiality of HIV cases | 2 | OB/SI | HIV status of the patient is coded and not displayed publicly Internal policy to be checked(for maintenance of record) | |
| Standard B4 | The facility has defined and e | stablished procedures for informing and | involving pat | ient and their | families about treatment and obtaining info | rmed consent wherever it is required. |
| ME B4.1 | There is established procedures for taking informed consent before treatment and procedures | Informed consent are obtained from the patient/ next of kin/ legal guardian as and when required | 2 | RR/SI | The consent includes general condition of the patient, treatment options, adverse reactions, consequence of missing dialysis, risk and complications Frequency of consent: before every session /every procedure | |
| ME B4.2 | Patient is informed about his/her rights and responsibilities. | displayed | 2 | PI/OB | Patients are aware of their rights and responsibilities | |
| ME B4.3 | Staff are aware of Patients' rights and responsibilities | Staff is aware of patients' rights and responsibilities | 2 | SI | Randomly choose any staff | |
| ME B4.4 | | Dialysis Unit has a system in place to communicate with patient/ their family member regarding the nature and seriousness of the illness | 2 | PI/SI | Ask the family members whether they have been communicated and involved in the treatment plan and progress | |
| ME B4.4 | The facility has defined and established grievance redressal system in place | Check availability of complaint box | 2 | OB/RR/SI | Check when it was last open, check for complaint received and action taken | |
| | | Availability of display of process for grievance re addressal and whom to contact is displayed | 2 | OB/SI | Check for display regarding mechanism of grievance redressal | |
| Standard B5 | TI | he facility ensures that there are no finar | ncial barrier to | access and th | nat there is financial protection given from co | st of care. |
| ME B5.2 | The facility ensures that drugs prescribed are available at Pharmacy and wards | All Drugs and consumables as per MoU with the private partner/hospital EML are free for BPL/EWS and other notified patients | 2 | PI/RR | Notified patients are the other poor patients validated by the facility in charge of the hospital | |
| ME B5.3 | It is ensured that facilities for the prescribed investigations are available at the facility | Check that BPL/EWS and other notified patient has not incurred expenditure on diagnostics from outside | 2 | PI/RR | For APL Patients cost of diagnostics is included in the package rate | |
| ME B5.4 | The facility provide free of cost treatment to Below poverty line patients without administrative hassles | Dialysis services are free for BPL and other notified patients | 2 | PI/RR/SI | | |
| | | APL Patients are charged as per the MoU rates | 2 | PI/RR/SI | The rates are inclusive of drugs, consumables and diagnostics (Give full compliance if it is free for all, or not applicable for the centre) | |
| ME B5.6 | The facility ensure implementation of health insurance schemes as per National /state scheme. | Dialysis sessions of BPL families registered under PMJAY/Equivalent schemes are funded by respective scheme up to its maximum coverage | 2 | RR/SI | Check for any duplication of payments received under Pradhan Mantri National Dialysis programme and PMJAY/equivalent schemes | |
| Standard B6 | The facility | has defined framework for ethical mana | agement inclu | ding dilemma | s confronted during delivery of services at pu | blic health facilities |

| ME B6.1 | Ethical norms and code of conduct for medical and paramedical staff have been established. | Ethical norms for Medical officers, Staff nurses and technician are defined and staff are aware about it | 2 | SI/RR | Ask staff about the ethical norms |
|----------|---|--|---|----------|--|
| ME B6.3 | The facility has an established procedure for entertaining representatives of drug companies and suppliers | No medical representatives are allowed in the dialysis unit | 2 | OB/RR/SI | Check that no promotional posters/activities are encouraged for drugs and diagnostics. Ask staff about the current practice |
| ME B6.5 | There is an established procedure for sharing of hospital/patient data with individuals and external agencies including non governmental organization. | Check dialysis unit has defined protocols for data sharing | 2 | RR/SI | Check list of agencies with whom the data is to be routinely shared. For any other agency a formal permission is sought from competent authority before sharing the data including press |
| ME B6.6 | There is an established procedure for 'end- of-life' care | Patients relatives are informed clearly about the deterioration in health condition of Patients | 2 | SI/RR/PI | |
| | | There is established procedure for transfer of patients to other facilities in end stage of life | 2 | SI/RR/PI | Check the records for transfer of the patients to Specialist Hospital/Tertiary Hospital /Palliative Care Centres |
| ME B 6.7 | There is an established procedure for patients who wish to leave hospital against medical advice or refuse to receive specific treatment | Declaration is taken from the patient seeking early termination of dialysis and the consequences are explained | 2 | RR/SI | Check for filled declaration form |
| ME B 6.9 | There is an established procedure to issue of medical certificates and other certificates. | Check hospital has documented policy for issuing medical certificates | 2 | RR/SI | Check for policy defines List of certificates can be issued by the dialysis centre, Who can issue certificates, Formats shall used for different certificates, Record keeping of issued certificate, Procedures for issuing duplicate certificates |
| ME B6.12 | Facility has established a framework for identifying, receiving, and resolving ethical dillemas' in a time-bound manner through ethical committee | Check facility has defined its ethical issues management framework | 2 | SI/RR | (a) Check the adequacy of the framework. It address the ethical issues and decision making in clinical care (b) Check facility's ethical management framework address issues like admission, discharge, transfer, disclosure of information or any professional conflict which may not be in patient's best interest |

| | | Check facility has ethical committee or person designated to address the ethical issues confronted by medical professionals while delivering the services | 2 | SI/RR | Pacility's supporting human subject research activities/ publishing the scientific papers/ supporting medical students in thesis writing/ running any course where patient data is collected and used for above mentioned activities - an ethical committee is constititued and approval are taken before publication. or Facility may collaborate with the institutions where there are ethical committee is present and appropriate approvals, guided by applicable laws and regulations is taken. or the facilities where they are not involved in research activities, to address the ethical dielamma's a person or group is appointed |
|-------------|--|---|---|------------------------|--|
| | | Check the list of ethical issues is available and regularly updated | 2 | RR/SI | to address the dilemmas effectively within local parameter Check when the list was last updated. Engage with the available medical professionals to check what type of ethical dilemmas they are facing while performing their job & how they are dealing with dielmma's. |
| | | Check the facility has defined mechanism identification and reporting of the ethical issues/ dilemmas confronted during services delivery | 2 | SI/RR | Check staff is aware of reporting mechanism |
| | | Check regular review of identified and reported ethical issue is done by appointed personnel /group/ committee | 2 | RR/SI | Check the timely resolution of the identified and reported ethical issues is done |
| | | Check all the decisions related to ethical dilemma's are communicated to all concerned | 2 | SI of Concern C: Ir | Check information regarding ethical dilemma's & its handling is also given to new joinee's |
| Standard C1 | | The facility has infrastructure for doling | | | |
| ME C1.1 | Departments have adequate space as per patient or work load. | Availability of adequate space for Dialysis room/area/Machine area | 2 | OB | available infrastructure meets the prevalent norms. At least 120 square feet per machine |
| | | Availability of dedicated Consultation room | 2 | ОВ | |
| | | Availability of dedicated Water treatment area | 2 | OB/RR | The area have booster pumps, particle filters, water softener, carbon filter and RO system |
| | | Water treatment area have sufficient space for soft curving of tubings to prevent right angle bends | 2 | ОВ | |
| | | Availability of Dual water treatment system | 2 | ОВ | Each water treatment system includes reverse osmosis membrane |

| | | [| | | |
|-----------|--|---|---|-------|--|
| | | Availability of administrative area | 2 | ОВ | This area includes registration, medical |
| | | | - | | records and billing / insurance |
| | | | | | Check the followings: |
| | | | | | 1. A work bench with sink having side |
| | | | | | board & drainage. |
| | | Availability of dedicated Dickney | | | 2.The work bench is supplied with treated |
| | | Availability of dedicated Dialyzer | 2 | OB | as well as untreated water which are |
| | | Reprocessing room/area | | | separately marked. |
| | | | | | 3.Two sinks for the work bench |
| | | | | | 4.Sufficient space for at least two persons |
| | | | | | working simultaneously. |
| | | | | | 1.Check the dry storage area is capable of |
| | | | | | storing 3months supply of dialyzers, |
| | | | | | tubings, hemodialysis concentrate |
| | | Availability of dedicated Storage area | 2 | ОВ | solutions, IV fluids. It should also have |
| | | (both dry & wet) | 2 | UB | |
| | | | | | space for stationery, linen etc. |
| | | | | | 2.Reprocessed dialyzers & tubings are |
| | | | | | being stored in the wet storage |
| | Patient amenities are provided as per | Availability of seating arrangement in | | | The centre shall have waiting area with |
| ME C1.2 | patient load. | Waiting area and Drinking water | 2 | OB | sufficient seating arrangement for patients |
| | | | | | and visitors |
| | | Availability of functional Toilets separate | 2 | ОВ | |
| | | for male & female | 2 | ОВ | |
| ME C1.3 | Departments have layout and demarcated | Demarcated stretcher & trolley bay | 2 | ОВ | Check the corridor is wide enough for easy |
| IVIE CI.5 | areas as per functions. | | 2 | | movement of stretcher/trolley |
| | | | | | Location of nursing station should be such |
| | | Dedicated nursing station | 2 | OB | that the patients are under direct and easy |
| | | | | | observation |
| | | Demarcated changing area for staffs | | | |
| | | with adequate privacy | 2 | OB | Separate male & female changing room |
| | | Demarcated area for Infectious patients | | | |
| | | (HBV,HCV,HIV etc) | 2 | OB | |
| | | | | | For cleaning and storage of housekeeping |
| | | Demarcated dirty utility room/area | 2 | OB | consumables |
| | The facility has adequate circulation area | Corridors at Dialysis unit are broad | | | |
| ME C1.4 | | | 2 | 0.0 | Considers are enough 2 meteoride |
| IVIE CI.4 | and open spaces according to need and | enough for easy moment of stretcher | 2 | OB | Corridors are around 3 meter wide |
| | local law. | and trolley | | | |
| | The facility has infrastructure for | Availability of functional telephone/ | _ | | Please ask the staff about the availability of |
| ME C1.5 | intramural and extramural communication. | | 2 | OB/RR | intra/extramural communication |
| | | | | | |
| | | | | | Waiting time for scheduling session is not |
| ME C1.6 | Service counters are available as per | Availability of adequate no. of machines | 2 | OB/RR | more than 24hrs. |
| INT CITO | patient load. | | | | At least one machine is dedicated for |
| | | | | | infectious patients |
| | | | | | Check the directional flow as follows: |
| | The facility and departments are planned | | | | 1. entry |
| | to ensure structure follows the | | | | 2. reception & registration |
| ME C1.7 | function/processes (Structure | Unidirectional flow of services. | 2 | ОВ | 3. Admission, and Discharge |
| | commensurate with the function of the | | | | 4. Procedure |
| | hospital). | | | | 5. Ancillary area (water treatment, dialyzer |
| | | | | | reprocessing, toilets and stores) |
| | | | 1 | | |

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|-------------|--|--|------------------|-----------------|--|-----------|
| | | Functional linkage and access to critical | | | Dialysis has functional linkage with ICU, | |
| | | departments | 2 | OB | laboratories, Blood Bank, Emergency dept, | |
| | | | | | OT | |
| Standard C2 | | I he facilit | y ensures the | physical safety | y of the infrastructure. | |
| ME C2.2 | The facility ensures safety of lifts and lifts have required certificate from the designated bodies/board | Measures are being taken for safety of lifts | 2 | OB/RR | If the dialysis centre is at ground floor or accessible through ramp, give full compliance | |
| ME C2.3 | The facility ensures safety of electrical establishment. | Dialysis room does not have temporary connections and loosely hanging wires | 2 | ОВ | Check there is no multi plug system mechanism for periodical check/test of all electrical installation by competent electrical Engineer | |
| | | Each dialysis machine has in-built UPS or supplied with a UPS | 2 | OB/RR | | |
| ME C2.4 | Physical condition of buildings are safe for providing patient care. | Floors of the Dialysis room are non slippery and even | 2 | OB | Easily cleanable and acid, alkaline proof | |
| | | Windows have grills and wire meshwork | 2 | ОВ | | |
| Standard C3 | | The facility has e | established Pro | ogramme for f | ire safety and other disaster. | |
| ME C3.1 | The facility has plan for prevention of fire. | Dialysis Centre has sufficient fire exit to permit safe escape to its occupant at time of fire | 2 | ОВ | Check the fire exits are clearly visible and routes to reach exit are clearly marked | |
| ME C3.2 | The facility has adequate fire fighting equipment | Fire Extinguisher ABC type are installed | 2 | ОВ | Expiry date and 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 | 2 | OB/SI | Randomly ask one of the staff to operate fire extinguisher | |
| Standard C4 | | The facility has adequate qualified and t | rained staff, re | equired for pro | oviding the assured services to the current ca | ase load. |
| ME C4.1 | The facility has adequate specialist doctors as per service provision. | Availability of Nephrologist or equivalent | 2 | OB/RR | Qualified Nephrologist / MD Medicine with one year dialysis training from recognized centre performing one visit every fortnight and clinical review for all patients | |
| ME C4.2 | The facility has adequate general duty doctors as per service provision and work load. | Availability of duty medical officer | 2 | OB/RR | Medical Officers (on duty) – One doctor (MBBS) per shift | |
| ME C4.3 | The facility has adequate nursing staff as per service provision and work load. | Availability of Nursing staff / dialysis technician | 2 | OB/RR/SI | One dedicated staff nurse/technician for 3 patients One dedicated staff nurse/technician for each infectious patient One of the staff nurse/technician trained in CPR is available in each shift | |
| ME C4.4 | The facility has adequate technicians/paramedics as per requirement | Availability of Dialysis Unit Manager/in- charge for day to day management | 2 | OB/RR | With management/medicine/quality background | |
| ME C4.5 | The facility has adequate support/general staff. | Availability of housekeeping staff and other support staff | 2 | OB/SI/RR | At least one housekeeping staff and one hospital attendant per shift | |
| | | Availability of dedicated security guard | 2 | OB/RR | At least one security guard per shift | |
| | | | | | | |
| Standard C5 | The departments have availability of | The facility provi All the drugs and consumables are | des drugs and | consumables | required for assured services. As per MoU with the private | |

| | | Availability of adequate quantity of dialysate as per requirement Availability of medical gases | 2 | OB/RR/SI OB/RR | Dialysate prepared either commercially or on-site on daily basis meeting standards or regulatory requirements (ISO 23500:2014, ISO 13958:2014, ISO 11663:2014) Oxygen cylinders and suction machine or |
|-------------|---|---|--------------------------------|-------------------|---|
| | | Availability of medical gases | 2 | UD/ KK | through piped supply |
| ME C5.2 | The departments have adequate consumables at point of use. | Availability of consumables, connectors, Tubing | 2 | OB/RR | Adequate quantity of disposable consumables like Blood tubing set, Fistula needle(16 G), Sodium Bicarbonate powder, IV sets, Dialyser starting kit, , Double lumen catheter set 12F(curved), etc. are available |
| | | Availability of adequate quantity of functional dialyser as per requirement | 2 | OB/RR/SI | Every patient is provided with either a new dialyser or a reprocessed dialyser of the same patient. All reprocessed dialysers must meet the standard norms for test of performance |
| ME C5.3 | Emergency drug trays are maintained at every point of care, where ever it may be needed. | Emergency Drug Tray/Crash Cart is maintained at dialysis unit | 2 | OB/RR | Inj. Adrenaline, Atropine, Hydrocortisone, Dexamethasone, Warfarin, Erythropoietin, ET Tube, Ambu Bag with Mask, Laryngoscope, etc. |
| Standard C6 | | The facility has equ | <mark>ipment & inst</mark> | ruments requ | ired 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 | 2 | OB | BP Apparatus, Stethoscope, Weighing Scale, Thermometer, Torch, X-ray view box, Multipara monitor |
| ME C6.2 | Availability of equipment & instruments for treatment procedures, being undertaken in the facility. | Availability of instruments for dialysis procedure | 2 | OB | Dialysis starting kit, Equipment for dressing/bandaging/suturing, Stand-by heamodialysis machine, Equipment for water treatment and dialyser reprocessing, etc. |
| ME C6.3 | Availability of equipment & instruments for diagnostic procedures being undertaken in the facility. | Availability of Point of care diagnostic devices | 2 | ОВ | Glucometer, ECG and HIV rapid diagnostic kit, Blood group testing,HbsAg(HBV) |
| 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. | 2 | ОВ | 1.Laryngoscope 2.Endotracheal tubes 3.Suction equipment 4.Xylocaine spray 5.Oropharyngeal and Nasopharyngeal airways 6.Ambu Bag- Adult & Paediatric |
| ME C6.5 | Availability of Equipment for Storage. | Availability of equipment for storage for drugs | 2 | ОВ | Refrigerator, Crash cart/Emergency Drug tray, instrument trolley/tray, dressing trolley/tray |
| ME C6.6 | Availability of functional equipment and instruments for support services. | Availability of equipments for cleaning | 2 | ОВ | Buckets for mopping, mops, duster, waste bins, cleaning brushes |
| | | Availability of equipment for sterilization and disinfection | 2 | OB | Autoclave |

| ME C6.7 | Departments have patient furniture and fixtures as per load and service provision. | Availability of patient bed with accessories | 2 | OB | 1. Hospital graded Mattress 2. IV stand 3. Bed rails 4. Stool 5. Footstep, 6. Bedside locker |
|------------------------|---|---|-----------------|-------------------|--|
| Standard C7 | The facility h | as a defined and established procedure f | or effective ut | lilization, evalu | Jation and augmentation of competence and performance of staff |
| ME C7.2 | Competence assessment of Clinical and Para clinical staff is done on predefined criteria at least once in a year | Criteria for Competence assessment are defined for doctor, nurse, technician. | 2 | SI/RR | Criteria may include skill, proficiency, knowledge and competencies required to carry out day to day procedures and manage complications. Competence assessment is done at least once in a year. |
| ME C7.4 | Performance evaluation of clinical and para clinical staff is done on predefined criteria at least once in a year | Performance based appraisal is done once in a year for all staff | 2 | SI/RR | Appraisal is done on the basis of objective assessments and linked with renumeration |
| ME C7.9 | The Staff is provided training as per defined core competencies and training plan. | All staff are trained in skills required for general management of the dialysis unit | 2 | SI/RR | Risk Management, Infection Control Practices, Bio-medical Waste Management, Patient and Fire Safety, Quality Management Comprehensive training programme for all staffs including PPP service providers |
| | | Doctors are trained in skills required for clinical management of dialysis unit | 2 | SI/RR | Evaluation, Initiation, Monitoring and Termination of Dialysis session including prevention and management of complication |
| | | Doctors, Nurses/Technicians are trained in general counselling of patients | 2 | SI/RR | Self-care, do's and don'ts, diet and psychological counselling |
| | | All staff are trained for life-saving skills | 2 | SI/RR | Basic life support (BLS)/ Advance life support (ALS) Doctors, nurses/technicians are trained for life saving skills |
| | | Periodic refresher training are provided for all staff | 2 | SI/RR | As mentioned in above checkpoints for different categories of staff |
| Chan de vil D4 | | The facility has established Due are | | cern D: Suppo | |
| Standard D1 ME D1.1 | The facility has established system for maintenance of critical Equipment. | All equipment are covered under AMC including preventive maintenance. | 2 | SI/RR | and maintenance and calibration of Equipment. Haemodialysis (HD) machine & all the assessories including alarms |
| | | AMC/CMC of Water treatment system with reverse osmosis | 2 | SI/RR | |
| | | There is system of timely corrective break down maintenance of the equipment | 2 | SI/RR | 1. Maintenance for all the major equipmemts including process of periodic inspection 2. Cleaning and maintenance 3.The unit may have AMC/CMC for individuals machines or collectively enrolled under BMEMP |
| | | Staff of dialysis unit is skilled for routine trouble shooting of minor equipment failure | 2 | SI/RR | |

| Number windersame of affirerent components of networking returners.20.6/3The log book is adequately maintainedNL 01.2The facility has established proceeding of merrant and external calibration of merrant and external calibrationAll the measuring exigurners intruments are calibrated20.6/3RDisplays Muchine, Weter merrant by System, Displays Muchine, Weter merrant by System, Displays Muchine, Weter merrant by System, Displays Muchine, Weter merrants weter explanatory and explanatory and merrants weter explanatory and explanatory and explanatory and explanatory and expl | | | 1 | | | 1 | |
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| ME D12 Infer Hauling Nase Statubised procedure for measuring equipment. All the measuring equipment/ instruments are calibrated and extend functionation of measuring equipment. 2 0 g/RR pump, Pressure monitor, Conductivity measuring equipment. ME D13 Operating infantance instructions are available with the users of equipment. Operating infantance instructions constructions for critical 2 08/RI The flow diagram is self-explanatory and reavy to comprehend Standard D2 There is statistication of instrument system, followed in the water restructions for critical water instruments self instructions 0 The flow diagram is self-explanatory and reavy to comprehend ME D2.1 There is statistication of instrument system, followed in the instrument system, followed in the instrument system, followed in the restruction for forecristing and indening drugs and instrument system, followed in the restruction group of the system of timely and near explicit drugs in an extra system form instraining of times is approximable. 7 S/RR Requisition are timely placed placed are measured in the department instraining buffer stock. ME D2.4 The facility has statisticate or in the department instraining buffer stock. There is an extra information stock and expected user equiprived are are availed and extra explicit drugs are instrained for trug stored in the department instrained buffer stock. Places the stock and explicit drugs are antibiated for drug stored in the department instrained buffer stock. ME D2.4 The facility has stabilished procedure for instrument system placed instrument are parting trug stores in instrai | | | | 2 | OB/SI | The log book is adequately maintained | |
| ME D1.3 Operating instructions available with the user of equipment transmet system of biolytement water treatment system of biolytement meansibles Delosystem System System forecasting of demand generation manually/IT ME D2.4 There is established procedure for placing requisition of placing requisition water system of placing creatment system maintained at emergency drug ray 2.2 SyRR Requisition are timely placed placed explicit drug size annatalised for drug size on in the despartment water register of drugs and placed meand generation manually/IT ME D2.5 The facility success management of expir and near expiry drugs. Department maintained stock and generative register of drugs and consumables including buffer stock 2 SyRR There is spracedure for allower maintaining buffer stock ME D2.6 There is a procedure for periodically replensing the drugs in platent care is a drocedure for periodically replensing the drugs in platent care is rationed and updated periodically replensing the drugs in platent care is rationed and updated periodically replensing the drugs in platent care is rationed | ME D1.2 | internal and external calibration of | | 2 | OB/RR | pump, Pressure monitor, Conductivity meter), Weighing scale, Thermometer, BP | |
| Standard D2 Interfactor space of space | ME D1.3 | | | 2 | OB/SI | Treatment System, Dialyzer Reprocessing, | |
| ME D2.1 There is stabilished procedure for forecasting and indenting drugs and consumables. There is estabilished system of timely indenting of consumables and drugs 2 St/RR Forecasting or demand generation manually/IT ME D2.2 The facility has estabilished procedure for placing requisition There is an estabilished procedure for placing requisition There is an estabilished procedure for placing requisition 2 St/RR Requisition are timely placed ME D2.4 The facility has estabilished procedure for and near expiry drugs. Expiry and near expiry drugs are maintained at emergency drug tray 2 OB/SI Please check for records for expiry and near expiry drugs are maintained for drug stored in the department ME D2.5 The facility has estabilished procedure for inventory management techniques. Department maintained for drugs and expenditure register of drugs and consumables including buffer stock 2 OB/SI Check expiry date of dialysate packaging ME D2.6 There is a procedure for replenishing the drugs in patient care areas. There is a procedure for periodically regenditure register of drugs are kept as consumables 2 SI/RR There is a procedure for periodically replenishing the drugs in patient area consumables 2 SI/RR There is a procedure for expiring erupresent and records 2 OB/SI/RR Check for temperature charts are maintained and updated periodically (Erythropotetin) Standard D3 The facility provides adequate illumination are maintained 2 </td <td></td> <td></td> <td>treatment system is displayed in the</td> <td>2</td> <td>ОВ</td> <td>. . ,</td> <td></td> | | | treatment system is displayed in the | 2 | ОВ | . . , | |
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| ME D2.42 procurement of drugs. placing requisition 2 S/RR Requisition are timely placed ME D2.4 The facility ensures management of expiry and near expiry drugs. Expiry and near expiry drugs are maintained for drugs are maintained maintained for drugs | ME D2.1 | forecasting and indenting drugs and | | 2 | SI/RR | | |
| ME D2.4 The facility ensures management of expiry and near expiry dates are maintained at emergency drug tray 2 OB/SI expiry drugs are maintained for drug stored in the department ME D2.5 The facility has established procedure for inventory management techniques. No expired drugs or consumables found expenditure register of drugs and consumables including buffer stock. 2 OB/SI Check expiry date of dialysate packaging ME D2.6 There is a procedure for periodically replensing the drugs in patient care areas. Department maintained stock and consumables including buffer stock. 2 Si/RR There is practice of calculating and maintained at the expenditure register of drugs and consumables including buffer stock. 2 Si/RR There is practice of calculating and maintained at the expenditure register of drugs and consumables. 2 Si/RR There is a procedure for periodically replensing the drugs in patient care areas. There is no stock out of drugs sk. consumables. 2 Si/RR There is a process for storage of vaccines. Standard D3 There is a process for storage of vaccines. There is adequate illumination at the procedure area. 2 OB OB/Si/RR Maintained at updated periodically (Erythropoletin) Standard D3 The facility provides adequate illumination at the rei is adequate illumination at the rei is adequate illumination at the rei is adequate illuminatin at the mate is adequate illumination at the rei is adequate ill | ME D2.2 | | | 2 | SI/RR | Requisition are timely placed | |
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| ME D2.5 The facility has established procedure for inventory management techniques. expenditure register of drugs and consumables including buffer stock There is practice of calculating and maintaining buffer stock ME D2.6 There is a procedure for preiodically replenishing the drugs in patient care areas. There is no stock out of drugs & consumables including buffer stock 2 SI/RR There is practice of calculating and maintaining buffer stock ME D2.6 There is a process for storage of vaccines areas. Temperature of refrigerators are kept as per storage requirement and records are maintained 2 SI/RR Check for temperature charts are maintained and updated periodically (Erythropoteitin) Standard D3 The facility provides adequate illumination at the procedure area areas. There is adequate illumination at the procedure area areas. 2 OB Provision of at least 300 lux. ME D3.2 The facility has provision of restriction of visitors in to the dialysis unit and water treatment area and sub evolution to maintain comfortable error during and maintain during buffer stock 2 OB Provision of at least 300 lux. ME D3.3 The facility ensures afe and comfortable error patient areas. Entry of visitors in to the dialysis unit and erestricted or adequate illumination to maintain comfortable error patient areas. 2 OB/SI Visiting hours are defined, displayed & adequate illumination at the provisitions in patient areas. 2 | | | No expired drugs or consumables found | 2 | OB/SI | Check expiry date of dialysate packaging | |
| ME D2.6 areas. replenishing the drugs in patient care areas. There is no stock out of drugs & consumables 2 SI/RR ME D2.7 There is a process for storage of vaccines and other drugs, requiring controlled temperature. Temperature of refrigerators are kept as per storage requirement and records are maintained 2 SI/RR Check for temperature charts are maintained and updated periodically (Erythropoietin) Standard D3 The facility provides adequate illumination at patient care areas. The facility provides safe, secure and comfortable environment to staff, patients and visitors ME D3.1 The facility provides adequate illumination at patient care areas. There is adequate illumination at the water treatment area 2 OB Provision of at least 300 lux. ME D3.2 The facility provides adequate illumination at patient areas. There is adequate illumination at the water treatment area 2 OB Provision of at least 300 lux. ME D3.2 The facility ensures safe and comfortable environment for patient areas. Entry of visitors into the dialysis unit are restricted 2 OB Provision of at least 300 lux. ME D3.3 The facility ensures safe and comfortable environment for patients and service providers. The Dialysis unit shall be provided with effective and suitable ventilation to montrable room temperature. 2 OB/SI Fans/ Air conditionings are available as per envi | ME D2.5 | | expenditure register of drugs and | 2 | SI/RR | | |
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| Standard D3 The facility provides safe, secure and comfortable environment to staff, patients and visitors ME D3.1 The facility provides adequate illumination at the procedure area 2 OB Provision of at least 300 lux. ME D3.2 The facility provides adequate illumination of estriction of visitors in patient areas. Entry of visitors into the dialysis unit are restricted 2 OB/SI Visiting hours are defined, displayed & adhered with effective and suitable ventilation to maintain comfortable environment for patients and service providers. ME D3.3 The facility ensures safe and comfortable provided with effective and suitable ventilation to maintain comfortable room temperature. 2 OB/SI Visiting hours are available as per environment condition and requirement ME D3.3 Water treatment area should have 2 OB Provision of at least 300 lux. | ME D2.7 | and other drugs, requiring controlled | per storage requirement and records | 2 | OB/SI/RR | maintained and updated periodically | |
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| INPE D3.2 visitors in patient areas. restricted 2 OB/SI adhered with ME D3.3 The facility ensures safe and comfortable environment for patients and service providers. The Dialysis unit shall be provided with effective and suitable ventilation to maintain comfortable room temperature. 2 OB/SI Fans/ Air conditionings are available as per environment condition and requirement | | | water treatment area | 2 | ОВ | Provision of at least 300 lux. | |
| ME D3.3 The facility ensures safe and comfortable effective and suitable ventilation to maintain comfortable room temperature. 2 OB/SI Fans/ Air conditionings are available as per environment condition and requirement ME D3.3 Water treatment area should have 2 OB/SI Fans/ Air conditionings are available as per environment condition and requirement | ME D3.2 | | restricted | 2 | OB/SI | | |
| | ME D3.3 | environment for patients and service | effective and suitable ventilation to maintain comfortable room | 2 | OB/SI | | |
| | | | Water treatment area should have measures for noise attenuation | 2 | ОВ | | |
| There is adequate ventilation to prevent over-heating 2 OB In dialysis unit and water treatment area | | | over-heating | _ | - | | |
| Standard D4 The facility has established Programme for maintenance and upkeep of the facility. | Standard D4 | | The facility has establ | ished Program | nme for maint | enance and upkeep of the facility. | |

| ME D4.1 | Exterior and interior of the facility building is maintained properly | Hospital infrastructure is adequately maintained along with interior of patient care areas are plastered & painted | 2 | OB/RR | | |
|-------------|--|--|--------------|----------------|--|--------|
| ME D4.2 | Patient care areas are clean and hygienic | Floors, walls, roof, sinks patient care and circulation areas are clean | 2 | ОВ | | |
| ME D4.5 | The facility has policy of removal of condemned junk material | No condemned/junk material in the dialysis centre | 2 | OB/SI/RR | | |
| ME D4.6 | The facility has established procedures for pest, rodent and animal control | No stray animal/rodent/birds | 2 | OB/SI/RR | | |
| Standard D5 | | The facility ensures 24 × 7 water and po | wer backup a | s per requirem | nent of service delivery, and support services | norms. |
| ME D5.1 | The facility has adequate arrangement for storage and supply of potable water in all functional areas. | The unit shall have 24 hour provision of potable water for RO system | 2 | ОВ | Check the availability of functional water points for RO system | |
| ME D5.2 | The facility ensures adequate power backup in all patient care areas as per load. | Availability of genset | 2 | ОВ | To meet the requirements of all machine | |
| | | Availability of UPS | 2 | OB | Check the backup of UPS is at least up to 15 minutes in case of power failure/all dialysis machines are connected to a central servo controlled stabiliser of adequate capacity | |
| 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 | 2 | OB/RR | if oxygen cylinder/oxygen concentrator is available, then full compliance will be given | |
| ME D5.4 | The facility has adequate arrangement for uninterrupted supply of RO water for dialysis unit | The dialysis unit have sufficient supply of RO water | 2 | ОВ | 480 Litres of water needed per machine (Note: This does not include the water requirement of other activities of the unit such as hand washing)/ Water is available on 24*7 basis at all points of usages | |
| | | The dialysis unit has adequate arrangements for preventing back flow of water | 2 | OB | Back-flow preventer Temperature blending valve Booster pump and raw water tank ±acid feed pump etc. | |
| | | The RO plant has adequate arrangements for pre-treatment of water | 2 | OB/RR | Pre-treatment should consist of: 1. Filtration for suspended particles. 2.Activated carbon filtration 3.Softener or deionizers | |
| | | The RO plant has standardized pipes and valves for water distribution | 2 | OB/RR | Check for: 1.All pipelines after reverse osmosis system are of stainless steel (grade 316) or medical grade PVC. 2.All valves joints & connectors are of the same material. 3. Bends & blind loops must be avoided | |
| | | The RO plant has adequate arrangements for post-treatment of water | 2 | OB/RR | Microbial and UV filters or/and deionization | |

| | | There is adequate arrangements for safe storage of water | 2 | OB/RR | Please check for: 1. Storage tank is made up of stainless steel or medical grade PVC with an air tight lid 2.The tank has de-aeration valve & drain facility at the bottom |
|--------------|---|---|-------------------|------------------|---|
| | | The facility has adequate arrangements for management of drainage System | 2 | SI/RR | The drains are provided with adequate gradients and adequate no. of floor traps are available to drain excess water |
| Standard D6 | | Dietary services are available | e as per servic | e provision and | d nutritional requirement of the patients |
| ME D6.1 | The facility has provision of nutritional assessment of the patients. | Availability of nutritional assessment and counselling facility | 2 | OB/PI | Ideally by a dietician else by the doctor(Arrangements could be made for videography lecture) |
| Standard D7 | | The | e facility ensur | es clean linen | to the patients. |
| ME D7.2 | The facility has established procedures for changing of linen in patient care areas | A fresh set of linen is provided to each patient and is changed in case of any major spill | 2 | OB/SI/RR/PI | On a daily basis |
| ME D7.3 | The facility has standard procedures for handling, collection, transportation and washing of linen. | There is an established procedures for handling dirty, soiled and clean linens | 2 | OB/SI/RR | Dirty, soiled and clean linens are collected, transported and stored separately |
| Standard D9 | | Hospital has defin | ed and establ | ished procedu | res for Financial Management. |
| ME D9.1 | The facility ensures proper utilization of the fund provided to it. | There is no delay in payments to the service provider | 2 | SI/RR | Payments to the providers are made as per the MoU. If not applicable, give full compliance |
| Standard D11 | Roles 8 | & Responsibilities of administrative and c | linical staff are | e determined a | as per govt. regulations and standards operating procedures. |
| ME D11.1 | The facility has established job description as per govt guidelines. | Staff is aware of their role and responsibilities | 2 | OB/SI/RR | Job descriptions/TOR are available with the facility |
| 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 and there is designated in charge for the department | 2 | OB/SI/RR | |
| ME D11.3 | The facility ensures adherence to dress code as mandated by the administration. | Doctor, nursing staff and support staff adhere to their respective dress code | 2 | ОВ | All the categories of staffs are in proper dress code as assigned by the hospital management/administration |
| Standard D12 | Th | e facility has established procedure for n | nonitoring the | quality of out | sourced services and adheres to contractual obligations |
| ME D12.1 | There is established system of contract management for the out sourced services. | There is procedure to monitor the quality and adequacy of outsourced services on regular basis | 2 | RR/SI | There is a valid MoU with outsourcing agencies (If not applicable, give full compliance) |
| ME D12.2 | There is a system of periodic review of quality of out-sourced services. | Regular monitoring of quality of services | 2 | SI/RR | The quality of services are monitored periodically using objective criteria, process of black listing and provision of penalties for non-conformance(check MoU) |
| | | | | cern - E Clinica | |
| Standard E1 | | The facility has defined pr | ocedures for I | registration, co | onsultation and admission of patients. |
| ME E1.1 | The facility has established procedure for registration of patients | Every patient is provided with individual dialysis card/booklet with Unique identification number during registration | 2 | RR | The same card/booklet may be used for multiple sessions |
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| | | There is provision of prior appointment for new & old patients | 2 | RR/PI | Check the process for appointment & also advanced communication is given to the patient in case of any cancellation/ delay |
| | | Patient details are recorded in Dialysis Card/Booklet | 2 | RR | Check for that patient details like Name, age, Gender, Blood group, Nephrologist details, Dialysis start date, HBV/HCV status, etc. |
| ME E1.3 | There is established procedure for admission of patients | There is an established criteria for initiation of dialysis session | 2 | SI/RR | Criteria based on Nephrologist's recommendations, Dry weight/weight gain, Vital sign, KFT results and Physical finding |
| Standard E2 | | The facility has defined and established p | rocedures for | clinical assess | ment, reassessment and treatment plan preparation. |
| ME E2.1 | There is established procedure for initial assessment of patients | Initial assessment of all patients on dialysis is done as per standard protocols | 2 | rr/Si | Initial Assessment will include weight, seated blood pressure, pulse rate, temperature, respiratory rate |
| | | Dialysis history is taken and recorded | 2 | RR | Check whether the patient has come for first session or a follow-up session |
| | | Physical Examination is done and recorded | 2 | RR | Look for signs of Mobility, Pain, Skin changes, Oedema, Signs of bruising & bleeding, Signs & symptoms of infection |
| ME E2.2 | There is established procedure for follow- up/ reassessment of Patients | There is fixed schedule for reassessment of stable and non-infective patients | 2 | RR/OB | Every hour and look for safety checks as Air detector/Line clamp, Dialysate Flow Rate, Dialysate temp, Conductivity, Status of heparin pump, "A" and "B" concentrate, Concentrate Na+, Alarm limit is set, if any |
| | | There is fixed schedule for reassessment of unstable and infective patients | 2 | RR/OB | Every half hour and look for safety checks as Air detector/Line clamp, Dialysate Flow Rate, Dialysate temp, Conductivity, Status of heparin pump, "A" and "B" concentrate, Concentrate Na+, Alarm limit is set, if any |
| | | There is system in place to identify and manage the changes in Patient's health status | 2 | RR/SI | Criteria is defined for identification, and management of high risk patients/ patient whose condition is deteriorating |
| | | Check the treatment or care plan is modified as per re assessment results | 2 | RR/SI | Check the re assessment sheets/ Case sheets modified treatment plan or care plan is documented |
| 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 | Check healthcare needs of all hospitalised patients are identified through assessment process | 2 | rr/si | Assessment includes physical assessment, history, details of existing disease condition (if any) for which regular medication is taken as well as evaluate psychological ,cultural, social factors |

| | | Check treatment/care plan is prepared as per patient's need Check treatment / care plan is documented Check care is delivered by competent | 2 | RR/SI | (a) According to assessment and investigation findings (wherever applicable). (b) Check inputs are taken from patient or relevant care provider while preparing the care plan. Care plan include:, investigation to be conducted, intervention to be provided, goals to achieve, timeframe, patient education, , discharge plan etc Check care plan is prepared and delivered |
|-------------|--|--|----------------|-------------------------------|---|
| | | multidisciplinary team | 2 | RR/SI | as per direction of qualified physician |
| Standard E3 | | Facility has defined and es | stablished pro | <mark>cedures for co</mark> i | ntinuity of care of patient and referral |
| ME E3.1 | Facility has established procedure for continuity of care during interdepartmental transfer and referrals | There is an established procedure for patient transferred from dialysis unit to ICU /OT/ Emergency and vice versa | 2 | SI/RR | Check how hand over is given when patient is transferred from dialysis unit to ICU /OT/ Emergency and vice versa |
| | | There is an established procedure for referral of patients to higher facility | 2 | RR/SI | All patients are provided with referral card with details of patient, details of the facility where referred, treatment given, reasons for referral, etc. |
| | | Necessary support is provided for referral | 2 | RR/SI | Advance communication is done with higher centre, Referral vehicle is arranged |
| ME E3.3 | A person is identified for care during all steps of care | Doctor and nurse/technician is designated for each patient | 2 | | At least one doctor is available for each shift and one nurse/technician for each patient |
| | | Detailed hand over is given between change of the shifts | 2 | | Patient condition is reviewed during hand over between resident doctors as well as nurses/technicians |
| Standard E4 | | | s defined and | established pr | ocedures 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 the patient before each dialysis session | 2 | OB/SI | Patient id band/ verbal confirmation/Bed no. etc. Any two identifiers may be used |
| ME E4.2 | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | Dialysis chart is maintained | 2 | RR | Check for Patient name, Age, Sex, Id no, Date, Dialysis no, Weight (Pre/Post), BP (Pre/Post), Starting and closing time of dialysis session, Any symptoms or medication given, etc. |
| ME E4.4 | Nursing records are maintained | General records of haemodialysis are adequately maintained | 2 | RR/SI | Look for Id on dialyzer, Dialyzer type, Dialyzer reuse no, Machine no, Bed no, Dialysis duration, start and termination time, Dialysis no |

| | | Pre-dialysis records are adequately maintained Post-dialysis records are adequately | 2 | RR/SI | Look for Machine rinse with RO water, Dialyzer sterilant active, pre dialysis weight, dry weight of the patient, interdialytic wt. gain, UF target, pulse, BP, Temp, Anticoagulation bolus and maintenance dose with signature of nurse/technician commencing Haemodialysis session Look for UF reading, post dialysis weight, weight |
|-------------|---|---|-----------------|------------------|--|
| | | maintained Records of the safety checks are | 2 | RR/SI | loss/gain, achieved Kt/V, BP, Temp, Pulse, Inj. EPO/Iron/Carnitine, if any All general, pre-dialysis and post-dialysis |
| | | adequately maintained | | | records are duly signed by nurse/technician |
| Standard E5 | | Facility has a p | procedure to in | dentify high ris | sk and vulnerable patients. |
| 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 | 2 | OB/SI | Hepatitis B/C, HIV positive patients, Grossly dearranged KFT, Immuno-compromised patients and patients with pre-existing illnesses e.g. Heart Failure, IHD, LVF, HTM, COPD, etc. |
| Standard E7 | | Facility ha | s defined pro | cedures for saf | fe drug administration |
| ME E7.1 | There is process for identifying and cautious administration of high alert drugs (to check) | High alert drugs and chemicals available in department are identified | 2 | SI/OB | Dialysate A & B, Electrolytes like Potassium chloride, Anti thrombolytic agent, insulin, warfarin, Heparin, etc. |
| | | Maximum dose of high alert drugs are defined and communicated | 2 | SI/RR | Value for maximum doses are available with the technician and doctor in the dialysis unit |
| | | There is process to ensure that right doses of high alert drugs are only given | 2 | SI/RR | A system of independent double check before administration, Error prone medical abbreviations are not used |
| ME E7.2 | Medication orders are written legibly and adequately | Every Medical advice and procedure is accompanied with date, time and signature in comprehendible hand- writing | 2 | RR | Check for Date, Time, name of the doctor, reg no, no of medicines, dosage form, strength, time-duration, dosage route, signature of doctor, instructions for patient, etc. |
| ME E7.3 | There is a procedure to check drug before administration/ dispensing | Drugs and chemicals are checked for expiry and other inconsistency before administration | 2 | OB/SI | |
| | | Check single dose vial are not used for more than one dose | 2 | ОВ | Check for any open single dose vial with left over content indented to be used later on |
| | | Any adverse drug reaction is recorded and reported | 2 | RR/SI | |
| ME E7.4 | There is a system to ensure right medicine is given to right patient | Administration of medicines done after ensuring right patient, right drug, right dose, right time, right route, right reason and right documentation | 2 | SI/OB | |
| Standard E8 | | Facility has defined and established pro | cedures for m | naintaining, up | dating of patients' clinical records and their storage |
| ME E8.1 | All the assessments, re-assessment and investigations are recorded and updated | Dialysis process is recorded as per defined assessment schedule | 2 | RR | Pre, Post and Intra Dialysis processes and investigations are recorded |

| | All treatment plan prescription/orders are | Each Dialysis session is planned and | | | |
|-----------------|---|---|----------------|----------------|---|
| ME E8.2 | recorded in the patient records. | documented on dialysis card | 2 | RR | Before initiation of dialysis session |
| ME E8.5 | Adequate form and formats are available at point of use | Standard Formats are available | 2 | RR/OB | Check for the availability of Dialysis card, Dialysis chart, Dialysis record, Referral slip, Consent form, Lab requisition form, etc. |
| ME E8.6 | Register/records are maintained as per guidelines | Registers and records are maintained as per guidelines | 2 | RR | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | Safe keeping of patient records | 2 | ОВ | |
| Standard E9 | | The facility has de | fined and esta | ablished proce | dures for discharge of patient. |
| ME E9.2 | Case summary and follow-up instructions are provided at the discharge | Dialysis card is updated at the end of each dialysis session | 2 | RR/PI | Look for date of next session |
| ME E9.3 | Counselling services are provided as during discharges wherever required | Patient is counselled before discharge | 2 | PI/SI | Patient is counselled for do's and don'ts, care of access site, diet, water intake, dry weight, etc. |
| Standard E11 | | | ablished proc | edures for Eme | ergency Services and Disaster Management |
| ME E11.2 | Emergency protocols are defined and | Protocols of dialysis for emergency | 2 | SI/RR | Acute renal failure/septicaemia in IPD/ICU |
| Chan de ed Ed 2 | implemented | cases are defined and implemented | | | patients |
| Standard E12 | There are established procedures for Pre- | Container is labelled properly after the | letined and es | | edures of diagnostic services |
| ME E12.1 | testing Activities | sample collection | 2 | OB | |
| ME E12.2 | There are established procedures for testing Activities | Facility for point of care diagnostic tests are available | 2 | OB/SI | Blood Sugar, Blood group, HbsAg(HBV) etc. |
| Standard E13 | | The facility has defined and estat | lished proced | ures for Blood | Bank/Storage Management and Transfusion. |
| ME E13.9 | There is established procedure for transfusion of blood | Consent is taken before transfusion | 2 | RR | |
| | | Patient's identification is verified before transfusion | 2 | SI/OB | |
| | | Blood is kept on optimum temperature before transfusion | 2 | RR | |
| | | Blood transfusion is monitored and regulated by qualified person | 2 | SI/RR | |
| | | Blood transfusion note is written in patient records | 2 | RR | |
| ME E13.10 | There is an established procedure for monitoring and reporting Transfusion complication | Any major or minor transfusion reaction is recorded and reported to responsible person | 2 | RR | |
| Standard E24 | | | fined and esta | blished proced | lure for Haemodialysis Services |
| ME 24.1 | The facility has defined and established procedure for Pre Haemodialysis assessment | Patient washes hand and relevant limb (with AVF/GF) with soap and water before entering the dialysis unit | 2 | OB/RR/SI | Encourage the patients to wash their hands themselves |
| | | All the patients are weighed before entering the dialysis unit | 2 | OB/RR/SI | Encourage the patients to weigh themselves |
| | | Pre-dialysis observations are performed and pre-recorded | 2 | OB/RR/SI | Seated blood pressure, pulse, temp, respiratory rate are recorded |
| | | Complete assessment of the patient is done before commencement of the dialysis | 2 | OB/RR/SI | Look for any changes since last session in mobility, pain, skin state, oedema, bruising/bleeding or any sign or symptom of infection |

| | | | | 1 | | |
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| | | Information of the previous dialysis session is reviewed | 2 | OB/RR/SI | Note pre and post dialysis observation of the previous dialysis session and any dialysis variances | |
| | | Baseline information is reviewed | 2 | OB/RR/SI | Weight gain (ideally less than 5%), urine output, blood glucose level | |
| | | Dialysis plan is documented based on observation and patient assessments | 2 | OB/RR/SI | Plan should have details of Ultra filtration goal (amount of fluid to be removed), Ultra- filtration rate, dialysis duration, any expected complications | |
| | | Review and prepare for pre-dialysis testing | 2 | OB/RR/SI | HbSAg, HCV, HBV, HIV, MRSA | |
| | | Blood sample is taken for pre-dialysis testing | 2 | OB/RR/SI | Hb, KFT, LFT | |
| ME 24.2 | The facility has defined and established procedure for care during Haemodialysis | Prepare the access sites | 2 | OB/RR/SI | Cleaning and disinfection with antiseptic solution | |
| | | Safety checks for Blood tubing are ensured | 2 | OB/RR/SI | Check that Inserted canula is secured, check for air bubble via Air detector/Line clamps, and patency of the circuit | |
| | | Safety checks for Dialysis machine are ensured | 2 | OB/RR/SI | Check that Dialysis machine is disinfected and rinsed with RO water. Conductivity is maintained. Alarm limit and dialysate flow rate is set | |
| | | Safety checks for dialyzer and dialysate are ensured | 2 | OB/RR/SI | Check that Dialyzer reuse no is written, Check for Dialysate temp and A and B concentrate | |
| | | Periodic and regular monitoring of the patient is done | 2 | OB/RR/SI | All the observations are recorded including BP, Pulse, Respiratory Rate, Machine parameters | |
| | | Patient with any comorbidity are monitored and parameters are recorded periodically | 2 | OB/RR/SI | Blood sugar monitoring of diabetic patient and INR of patients on Warfarin | |
| | | Routine medications are administered to patients as scheduled | 2 | SI/RR | | |
| | | Intervention/Medication during the session are monitored and recorded | 2 | OB/RR/SI | Change in machine settings Iron/Erythropoietin | |
| | | Strict monitoring of the dialysis related errors is done | 2 | OB/RR/SI | Needle dislodgement and clotted circuit | |
| ME 24.3 | The facility has defined and established procedure for care after completion of Haemodialysis | Keep equipment ready to terminate the session and disconnect the patient from the machine | 2 | OB/SI | Swab, Tape, Bandage | |
| | | Take post-dialysis sample | 2 | OB/RR/SI | For KFT or any other investigations | |
| | | Disconnect the access as per the protocols | 2 | OB/RR/SI | Sequence and timing of removing the cannulas and tubing's | |

| | | | | | BP, Pulse, Temp, Respiratory Rate, Blood | |
|-------------|---|--|--------------|------------------|---|-----------|
| | | Post-dialysis observations are recorded | 2 | OB/RR/SI | Sugar, UF reading, weight, Inj. | |
| | | | | | Iron/Erythropoietin | |
| | | | | | Water intake, Protein intake, Care of the | |
| | | Patient is counselled for self-care | 2 | OB/RR/SI | access site, do's and don't, alarming signs and when & whom to contact in case of | |
| | | | | | emergencies | |
| | | | Area of Con | cern - F: Infect | | |
| Standard F1 | The fac | cility has infection control Programme an | | | evention and measurement of hospital associated in | nfection. |
| | The facility has provision for Passive and | | | | Doctor/Nurse/Technician may be | |
| ME F1.2 | active culture surveillance of critical & high | Dedicated person is in-charge for | 2 | SI/RR | designated | |
| | risk areas. | infection control in the dialysis unit | | - , | Person responsible for quality can also | |
| | | | | | handle | |
| | | | | | Swab are taken from infection prone | |
| | | | | | surfaces at least once in month like | |
| | | Surface and environment samples are | 2 | SI/RR | machine, machine control panel, dialyzer(in | |
| | | taken for microbiological surveillance | | | case of reuse), bed railing, working bench,machine,dialysate, RO,connectors | |
| | | | | | used /supply to machine etc. | |
| | | | | | | |
| | | | | | Analysis of water used for haemodialysis for bacteria required to be done at least | |
| | | Water samples are taken for microbial | 2 | SI/RR | monthly and analysis for chemicals | |
| | | culture and microelements in RO water | 2 | 51/111 | required to be done at least every six | |
| | | | | | months | |
| | The facility measures hospital associated | There is procedure to report cases of | | | The facility should develop methods to | |
| ME F1.3 | infection rates. | infection with blood borne infections | 2 | SI/RR | monitor, review and evaluate all blood | |
| | | | | | borne infections | |
| ME F1.4 | There is provision of Periodic Medical Check-up and immunization of staff. | There is procedure for immunization of the staff | 2 | SI/RR | Hepatitis B and Tetanus Toxoid etc. | |
| | | Periodic medical check-ups of the staff | 2 | SI/RR | At least once in a year including housekeeping and support staff | |
| | The facility has established procedures for | Regular monitoring of infection control | | | Hand washing and infection control audits | |
| ME F1.5 | regular monitoring of infection control | practices | 2 | SI/RR | done at periodic intervals | |
| Standard F2 | practices. | The facility has defined and impl | lemented pro | cedures for en | suring hand hygiene practices and antisepsis | |
| | | · · · · · · | | | One hand wash basin to be provided for | |
| ME F2.1 | Hand washing facilities are provided at | Availability of hand washing facility as | 2 | ОВ | every 2-3 dialysis stations in the main | |
| | point of use. | per norms | | | dialysis area | |
| | | Availability of running water | 2 | OB/SI | Ask Staff if water supply is regular | |
| | | Availability of antiseptic liquid soap with | 2 | OB/SI | Check for availability/ Ask staff if the supply | |
| | | dispenser. | | - ,- | is adequate and uninterrupted | |
| | | Availability of Alcohol based Hand rub | 2 | OB/SI | One alcohol hand rub for every dialysis machine. Ask staff for regular supply. | |
| | | | | | Prominently displayed above the hand | |
| | | Display of Hand washing Instruction at | 2 | ОВ | washing facility , preferably in Local | |
| | | Point of Use | _ | | language | |
| | | Availability of elbow operated taps | 2 | ОВ | | |
| | | Hand washing sink is wide and deep | | | | |
| | | enough to prevent splashing and | 2 | ОВ | | |
| | | retention of water | | | | |

| | The facility staff is trained in hand washing | | | | | |
|-------------|--|--|----------------|-----------------|---|--|
| ME F2.2 | practices and they adhere to standard hand washing practices | Adherence to 6 steps of Hand washing | 2 | SI/OB | Ask for demonstration | |
| | | Staff aware of when to wash hand | 2 | SI | Ask 5 moments for hand washing | |
| ME F2.3 | The facility ensures standard practices and materials for antisepsis. | Availability of Antiseptic Solutions | 2 | ОВ | Providine iodine, Isopropyl alcohol, etc. | |
| | | Proper cleaning of vascular access site with antiseptics | 2 | OB/SI | Before preparing the access for cannulation/blood tubing, before giving IM/IV injection and drawing blood (If not applicable, give full compliance) | |
| Standard F3 | | The facility ensure | s standard pra | actices and m | aterials for Personal protection. | |
| ME F3.1 | The facility ensures adequate personal protection Equipment as per requirements. | Clean gloves are available at point of use | 2 | OB/SI | | |
| | | Availability of Mask | 2 | OB/SI | | |
| | | Availability of gown/ Apron | 2 | OB/SI | Staff and visitors | |
| | | Availability of shoe cover | 2 | OB/SI | Staff and visitors | |
| | | Availability of Caps | 2 | OB/SI | Staff and visitors | |
| | | Personal protective kit for infectious patients | 2 | OB/SI | | |
| ME F3.2 | The facility staff adheres to standard personal protection practices. | No reuse of disposable gloves, Masks, caps and aprons. | 2 | OB/SI | | |
| | | Compliance to correct method of wearing and removing the gloves | 2 | SI | | |
| Standard F4 | | | ard procedure | es for processi | ing of equipment and instruments. | |
| ME F4.1 | The facility ensures standard practices and materials for decontamination and cleaning of instruments and equipments | Cleaning & Decontamination of dialysis machine and patient care area | 2 | SI/OB | Surfaces like dialysis bed or chair, countertops, external surfaces of dialysis machine & control panel etc. by wiping with .5% hypochlorite solution followed by removing chlorine residues from metallic surfaces with water | |
| | | Proper Decontamination of instruments after use | 2 | SI/OB | Ask staff how they decontaminate the instruments like scissors, haemostats, clamps (Soaking in 0.5% Chlorine Solution), blood pressure cuffs, stethoscopes, etc. (Wiping with 0.5% Chlorine Solution or 70% Alcohol) | |
| | | Contact time for decontamination is adequate | 2 | SI/OB | 10 minutes | |
| | | Cleaning of instruments after decontamination | 2 | SI/OB | Cleaning is done with detergent and running water after decontamination | |
| | | Proper handling of Soiled and infected linen | 2 | SI/OB | Sorting, Rinsing or sluicing of soiled/infected linen is done outside the dialysis unit/ Patient care area | |
| | | Staff know how to make chlorine solution | 2 | SI/OB | Prepared chlorine solution has 500-600ppm free chlorine (e.g., 1:100 dilution of a 5.25- 6.15% sodium hypochlorite provides 525- 615 ppm available chlorine) | |

| ME F4.2 | The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments | Dialysis machines are disinfected after each session taking in to account level of biofilm and endotoxin removal | 2 | OB/SI | Using Citric acid in the hydraulic circuit of haemodialysis machines | |
|-------------|--|--|----------------|-----------------|---|--|
| | | Bottles containing unused dialysate are disinfected after session | 2 | OB/SI | | |
| | | Opened bottles containing unused fluid should be discarded after 24 hours | 2 | OB/SI | | |
| | | Unfinished bottles used for infected patients must be discarded immediately | 2 | OB/SI | | |
| | | Cleaning and disinfection of Hemodialysers is done as per protocols | 2 | OB/SI/RR | Blood compartment is rinsed with water till the effluent is clear while hydrogen peroxide should be instilled in dialysate compartment followed by rinsed out of cleaning agents from dialysate compartment with water | |
| | | Backwashing or Reverse Ultrafiltration is done as per protocols | 2 | OB/SI/RR | Backwashing is carried out for at least 15 minutes with periodic 1-2 minute rinsing of the blood compartment. The direction of flow should be reversed at 5 minute intervals. | |
| | | Only dialysers clearing the 'Test of performance' are reused | 2 | OB/SI/RR | The 'Test of Performance' includes testing for total cell volume (TCV should be more than <80%), membrane integrity (should pass leak test) and perform residual disinfection (shall be checked using 'Potency Test Strip'). Dialyser failing 'Test of Performance' are discarded | |
| | | Labelling and storage of Dialyzer is done appropriately | 2 | OB/SI/RR | Dialyzer should be kept in a sealed polythene bag/leakproof box with the patients name, TCV, reuse number and date marked with indelible ink over it. If stored for more than 7 days prior to the subsequent use, it should be refilled with disinfectant before use | |
| | | Cleaning/Disinfection of the pipes of water management system | 2 | OB/SI/RR | Distribution loop of water treatment system should be cleaned preferably, once in 6 months | |
| | | Autoclaved dressing material is used | 2 | OB/SI | Ensure the traceability of sterilized packs is maintained during storage | |
| Standard F5 | | Physical layout and environ | mental control | l of the patien | t 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 patient from infectious patients | 2 | ОВ | Separate bed/area for HBV, HCV and HIV cases | |
| | | Facility layout ensures separation of routes for clean and dirty items | 2 | ОВ | | |
| | | Floors and wall surfaces are easily cleanable | 2 | ОВ | Look for non-slippery floor (or epoxy grout in tiles), surfaces should be smooth & washable, seamless and impervious with sealed or welded joints | |

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| ME F5.2 | The facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Availability of disinfectant as per requirement | 2 | OB/SI | Sodium Hypochlorite solution, Citric acid, Glutaraldehyde |
| | | Availability of cleaning agent as per requirement | 2 | OB/SI | Hospital grade phenyl, disinfectant detergent solution |
| ME F5.3 | The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas | Staff is trained for spill management | 2 | SI/RR | Blood spill management |
| | | Cleaning of patient care area with detergent solution | 2 | SI/RR | chair, armrests, bedside table top/counter, and drawer/ cupboard handles) and high touch surfaces (the exterior surfaces of the HD machine, computer screens, and keyboards |
| | | Staff is trained for preparing cleaning solution as per standard procedure | 2 | SI/RR | |
| | | Standard practice of mopping and scrubbing are followed | 2 | OB/SI | Unidirectional mopping from inside out |
| | | Cleaning equipment like broom are not used in patient care areas | 2 | OB/SI | Any cleaning equipment leading to dispersion of dust particles in air should be avoided |
| | | Use of three bucket system for mopping | 2 | OB/SI | |
| | | External foot wares are restricted | 2 | OB | |
| ME F5.4 | The facility ensures segregation infectious patients. | Isolation and barrier nursing procedure are followed for septic cases | 2 | OB/SI | |
| | | Separate staff for infected patients | 2 | OB/PI | Staff caring for HBV, HCV, HIV patients |
| ME F5.5 | The facility ensures air quality of high risk area. | Negative pressure is maintained in Isolation | 2 | OB/SI | |
| Standard F6 | | | es for segregat | tion, 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 carried out as per guidelines | Availability of colour coded bins at point of waste generation | 2 | ОВ | Adequate number. Covered. Foot operated. |
| | | Availability of colour coded non chlorinated plastic bags | 2 | ОВ | |
| | | Segregation of Anatomical and soiled waste in Yellow Bin | 2 | OB/SI | Human Anatomical waste, Dialysers after treatment, Items contaminated with blood, body fluids, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. |
| | | Segregation of infected plastic waste in red bin | 2 | OB | Items such as tubing, bottles, dialysers filters, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves |
| | | Display of work instructions for segregation and handling of Biomedical waste | 2 | ОВ | Pictorial and in local language |

| | | There is no mixing of infectious and general waste | 2 | ОВ | | |
|------------------------|--|---|--------------------------|-----------------------------------|---|-------|
| ME F6.2 | Facility ensures management of sharps as per guidelines | Availability of functional hub cutters | 2 | ОВ | See if it has been used or just lying idle. | |
| | | Segregation of sharps waste including Metals in white (translucent) puncture proof, leak proof, tamper proof containers | 2 | OB | See availability near the point of generation. Needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps | |
| | | Availability of post exposure prophylaxis | 2 | SI/OB | Ask if available. Where it is stored and who is in charge of that. | |
| | | Staff knows what to do in condition of needle stick injury | 2 | SI | Look for facilities for post-exposure prophylaxis | |
| | | Contaminated and broken glass are disposed in puncture proof and leak proof box/ container with Blue colour marking | 2 | ОВ | 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 | 2 | SI/OB | | |
| | | Disinfection of liquid waste before disposal | 2 | SI/OB | Dialysate A and B, Discarded disinfectant | |
| | | Transportation of bio medical waste is done in close container/trolley | 2 | SI/OB | | |
| | | A | rea of Concer | n - G : Quality | Management | |
| Standard G1 | | The facility has esta | blished organ | izational fram | ework for quality improvement. | |
| ME G1.1 | The facility has a quality team in place. | A Quality Circle is formed and functional with a designated nodal officer for quality. | 2 | RR/SI | Quality circle may have nephrologist/equivalent, Technician, nurses and housekeeping staff. | |
| ME G1.2 | The facility reviews quality of its services at periodic intervals. | Quality Circle meets once in a month and review quality of services. | 2 | RR/SI | Quality circle meets at least once in a month and minutes are recorded. | |
| Standard G2 | | | stablished sys | tem for patier | nt and employee satisfaction. | |
| ME G2.1 | Patient satisfaction surveys are conducted at periodic intervals. | Patient satisfaction survey done on monthly basis | 2 | RR/SI | | |
| ME G2.2 | The facility analyses the patient feedback, and root-cause analysis. | Analysis of low performing attributes of | 2 | RR/SI | | |
| | | patient feedback is done | - | KK/SI | | |
| ME G2.3 | The facility prepares the action plans for the areas, contributing to low satisfaction of patients. | patient feedback is done Action plan is prepared to address the areas of low satisfaction | 2 | RR/SI | | |
| ME G2.3 | The facility prepares the action plans for the areas, contributing to low satisfaction | Action plan is prepared to address the | | | | |
| ME G2.3 Standard G3 | The facility prepares the action plans for the areas, contributing to low satisfaction | Action plan is prepared to address the areas of low satisfaction Action plan is implemented to improve the patient satisfaction | 2 | RR/SI | nce Programmes wherever it is critical to qua | lity. |
| | The facility prepares the action plans for the areas, contributing to low satisfaction | Action plan is prepared to address the areas of low satisfaction Action plan is implemented to improve the patient satisfaction | 2 | RR/SI | tee Programmes wherever it is critical to qua Unit In charge should visit on daily basis and the findings/instructions during the visits are recorded | lity. |
| Standard G3 | The facility prepares the action plans for the areas, contributing to low satisfaction of patients. The facility has established internal quality | Action plan is prepared to address the areas of low satisfaction Action plan is implemented to improve the patient satisfaction The facility has established internal There is system of daily round by Dialysis Unit in charge for monitoring of | 2 2 and external o | RR/SI RR/SI quality assurar | Unit In charge should visit on daily basis and the findings/instructions during the visits are | lity. |

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| | | Non-compliances are enumerated and recorded | 2 | | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed during quality assurance process | Check action plans are prepared and implemented as per internal assessment record findings | 2 | SI/RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| ME G3.5 | Planned actions are implemented through Quality Improvemnet Cycles (PDCA) | Check PDCA or revalent quality method is used to take corrective and preventive action | 2 | SI/RR | Check actions have been taken to close the gap. It can be in form of action taken report or Quality Improvement (PDCA) project report | |
| Standard G4 | The facility l | has established, documented implement | ed and mainta | ained Standar | d Operating Procedures for all key processes and | d support services. |
| ME G4.1 | Departmental standard operating procedures are available. | Standard operating procedure for department has been prepared and available | 2 | RR | | |
| | | Current version of SOP are available with process owner | 2 | RR | Check current version of SOP is available with the staff of Dialysis Unit. | |
| ME G4.2 | Standard Operating Procedures adequately describes process and procedures. | Department has documented procedure for ensuring patients rights including consent, privacy, confidentiality & entitlement | 2 | RR | Processes pertaining to ensuring privacy, confidentiality, respectful maternity care and consent | |
| | | Department has documented procedure for safety & risk management | 2 | RR | Processes related to physical safety, patient safety and risk assessment | |
| | | Department has documented procedure for support services & facility management. | 2 | RR | Process description of support services such as equipment maintenance, calibration, housekeeping, security, storage and inventory management | |
| | | Department has documented procedure for general patient care processes | 2 | RR | Processes of triage, assessment, admission, identification of high risk patients, Referral, Medication management and maintenance of clinical records | |
| | | Department has documented procedure of pre-dialysis care. | 2 | RR | Processes of physical assessment, information related to previous dialysis session and dialysis plan | |
| | | Department has documented procedure of care during dialysis session. | 2 | RR | Monitoring of the patient, frequency of observation as per their clinical status, safety measures e.g. needle dislodgement, clotted circuit, adverse drug reaction, etc. | |
| | | Department has documented procedure of post-dialysis care. | 2 | RR | Protocols for post-dialysis investigations, disconnecting access, dressing, post-dialysis advice and counselling | |
| | | Department has documented procedure for infection control & bio medical waste management | 2 | RR | Process 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 | 2 | RR | Process of internal quality assessment & gap analysis, Root cause analysis, Change ideas to address the gap, implementing & monitoring the change ideas (PDCA) | |
|--------------|---|---|-----------------|----------------|--|-------------|
| | | Department has documented procedure for data collection, analysis & using the information for improvement | 2 | RR | Process related to collection of data & quality indicators , their analysis and use for quality improvement | |
| ME G4.3 | Staff is trained and aware of the procedures written in SOPs. | Check Staff is aware of relevant part of SOPs | 2 | SI/RR | Interview dialysis Unit staff for their awareness about content of SOPs | |
| ME G4.4 | The facility ensures the documented policies and procedures are appropriately approved and controlled | Standard operating procedure for department is duly approved by the competent authority | 2 | RR | | |
| | | Work instructions are duly approved | 2 | OB | | |
| | | Work instructions are displayed | 2 | ОВ | How to calculate dry weight, information on maintaining fluid balance before, during and after dialysis session, bio-medical waste management, hand wash instructions (when and how), diet counselling, etc. | |
| | | SOP is controlled by providing unique identification number | 2 | RR | | |
| | | Standard operating procedure for department is reviewed periodically by quality circle | 2 | RR | At least once in a year | |
| | | Revision history of the SOP is documented | 2 | RR | Date of revision, revision no, changes suggested by, changes made, reason of change, etc. | |
| Standard G 5 | Th | e facility maps its key processes and seek | s to make the | m more efficie | nt by reducing non value adding activities and w | vastages |
| ME G5.1 | The facility maps its critical processes. | Process mapping of critical processes done | 2 | SI/RR | Critical processes are the ones where there are 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 | 2 | SI/RR | Non value adding activities are wastes. In these steps resources are expanded, delays occur, and no value is added to the service. | |
| ME G5.3 | The facility takes corrective action to improve the processes. | Processes are improved & implemented | 2 | SI/RR | Look for the improvements made in the critical process in measurable terms. | |
| Standard G6 | | The facility has defined Mission, Value | s, Quality poli | cy and Objecti | ves, and prepares a strategic plan to achieve ther | e m. |
| ME G6.1 | Facility has defined mission statement | Check if mission statement has been defined adequately | 2 | RR/SI | Mission statement should be defined by the implementing agency (In-house/PPP) with purpose, target users and long term goal of dialysis unit. Mission should be aligned with the stated mission of Pradhan Mantri National Dialysis Program | |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | Check if Quality Policy has been defined and approved | 2 | RR/SI | Check quality policy has been defined in consultation with dialysis unit staff and duly approved by appropriate authority. | |
| | | | | | | |

| ME G6.4 | Facility has de defined quality objectives to achieve mission and quality policy | Check if SMART Quality Objectives have framed | 2 | RR/SI | Check if the Quality objectives are Specific, Measurable, Attainable, Relevant and Time Bound. |
|-------------|--|---|----------------|------------------------------|--|
| ME G6.5 | Mission, Values, Quality policy and objectives are effectively communicated to staff and users of services | Check if staff is aware of Mission , Values, Quality Policy and objectives | 2 | RR/SI | Interview with staff for their awareness. Check if Mission Statement and Quality Policy is displayed prominently in local language at Key Points |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | RR/SI | Verify with records that a time bound action plan has been prepared to achieve quality policy and objectives in consultation with staff. |
| ME G6.7 | Facility periodically reviews the progress of strategic plan towards mission, policy and objectives | Check time bound action plan is being reviewed at regular time interval | 2 | RR/SI | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet |
| Standard G7 | | The facility seeks con | tinually impro | vement by pra | acticing Quality method and tools. |
| ME G7.1 | Facility uses method for quality improvement in services | Basic quality improvement method | 2 | SI/OB | PDCA & 5S |
| | | Advance quality improvement method | 2 | SI/OB | Six sigma, lean. |
| ME G7.2 | Facility uses tools for quality improvement in services | 7 basic tools of Quality | 2 | SI/RR | Minimum 2 applicable tools are used |
| Standard G8 | | Facility has defined, approved and o | communicated | <mark>l Risk Manage</mark> i | ment framework for existing and potential risks. |
| ME G8.1 | Risk Management framework has been defined including context, scope, objectives and criteria | There is a well defined and documented Risk Management Framework | 2 | SI/RR | The risk management framework should include incident reporting related to 1. Patient: Identification, Assessment, Diagnosis, Patient fall 2. Device related: Dialyzer identification, Efficacy of dialyzer, Alarm failure, Clotted circuit, Short-circuit 3. Process related: Haematoma, Air, Embolism, Fluid Imbalance, Dialysis plan, Monitoring errors, Infection control and prevention, Needle dislodgement and Safety checks and mitigation measures |
| ME G8.3 | Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders | Check if process of reporting risks and hazards have been defined and implemented | 2 | SI/RR | Responsibility of identifying the existing and potential risks is defined amongst staff and all the staff are aware of how to identify the risks, how to report them and mitigate them |
| ME G8.5 | Modality for staff training on risk management is defined | Check training on risk management has been provided to all staff members | 2 | SI/RR | Verify with the training records . Training on risk management at least should be provided to person/staff responsible in haemodialysis unit for indemnifying and managing risks |

| ME G8.6 | Risk Management Framework is reviewed periodically | Check risk management framework is reviewed at least once in a year | 2 | SI/RR | Check with the records that quality circle reviews the framework at least once in a year |
|--------------|---|---|----------------|-----------------|---|
| Standards G9 | | Facility has established procedures for a | assessing, rep | orting, evaluat | ing and managing risk as per Risk Management Plan |
| G9.3 | Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders | Check if risk assessment checklist is available with stakeholders | 2 | SI/RR | Check if facility has prepared assessment checklist for identifying risk on routine basis. This checklist has been disseminate to the staff members responsible for identifying and reporting risks |
| G9.4 | Periodic assessment for Physical and Electrical risks is done as per defined criteria | Check if periodic assessment of Physical, Fire and electrical safety risk is done using the risk assessment checklist | 2 | SI/RR | Verify with the assessment records. Comprehensive of physical, Fire and electrical safety should be done at least once in three month |
| G9.7 | Periodic assessment for potential risk regarding safety and security of staff including violence against service providers is done as per defined criteria | Check if Periodic assessment of violence risks is done | 2 | SI/RR | Verify with records. At least once in year and whenever a major incident has occurred. |
| G9.8 | Risks identified are analysed, evaluated and rated for severity | Check if various risks identified during the risk assessment proceeds are evaluated | 2 | SI/RR | Risk identified should be listed and evaluated for their severity, frequency for occurrence and consequences. |
| G9.9 | Identified risks are treated based on severity and resources available | Risks are prioritized and action plan is made to eliminate/mitigate the risks | 2 | SI/RR | Verify with the records that a risk priority number (RPN) is given to each identified risk. Risks are prioritized based on their RPN and action plan is prepared and implemented to eliminate/mitigate the occurrence of risks |
| Standard G10 | | The facility has established clinical gov | ernance fram | ework to impro | ove the quality and safety of clinical care processes |
| ME G10.3 | Clinical care effectiveness criteria has been defined and communicated | Criteria for effectiveness of dialysis sessions are defined and communicated | 2 | SI/RR | For e.g. URR (Urea Reduction Ratio), and Kt/V (amount of fluid that is cleared of urea during each dialysis session/volume of water a person's body contains), Symptomatic improvement |
| | | The facility has established process to review the clinical care | 2 | rr/Si | Check parameter are defined & implemented to review the clinical care i.e. through Ward round, peer review, morbidity & mortality review, patient feedback, clinical audit & clinical outcomes. |
| | | Check regular ward rounds are taken to review case progress | 2 | RR/SI | (1) Both critical and stable patients (2) Check the case progress is documented in BHT/ progress notes- |
| | | Check the patient /family participate in the care evaluation | 2 | RR/SI | Feedback is taken from patient/family on health status of individual under treatment |
| | | Check the care planning and co- ordination is reviewed | 2 | RR/SI | System in place to review internal referral process, review clinical handover information, review patient understanding about their progress |

| ME G10.4 | Facility conducts the periodic clinical audits | | 2 | SI/RR | Look for records. Should be conducted at | |
|----------|--|--|---|--------|---|--|
| | including prescription, medical | conducted. | 2 | 51/111 | least quarterly. | |
| | | There is procedure to conduct medical audits | 2 | RR/SI | Check medical audit records (a) Completion of the medical records i.e. Medical history, assessments, re assessment, investigations conducted, progress notes, interventions conducted, outcome of the case, patient education, delineation of responsibilities, discharge etc. (b) Check whether treatment plan worked for the patient (C) progress on the health status of the patient is mentioned (d) whether the goals defined in treatment plan is met for the individual cases (e) Adverse clinical events are documented (f) Re admission | |
| | | There is procedure to conduct death audits | 2 | RR/SI | (1) All the deaths are audited by the committee. (2) The reasons of the death is clearly mentioned (3) Data pertaining to deaths are collated and trend analysis is done (4) A through action taken report is prepared and presented in clinical Governance Board meetings / during grand round (wherever required) | |
| | | There is procedure to conduct prescription audits | 2 | RR/SI | (1) Random prescriptions are audited (2) Separate Prescription audit is conducted foe both OPD & IPD cases (3) The finding of audit is circulated to all concerned (4) Regular trends are analysis and presented in Clinical Governance board/Grand round meetings | |
| | | All non compliance are enumerated recorded for medical audits | 2 | RR/SI | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for death audits | 2 | RR/SI | Check the non compliances are presented & discussed during clinical Governance meetings | |
| | | All non compliance are enumerated recorded for prescription audits | 2 | RR/SI | Check the non compliances are presented & discussed during clinical Governance meetings | |

| | | 1 | | | | Г |
|-------------|---|---|-------------------------------|-----------------|---|---|
| ME G10.5 | Clinical care audit data is analysed, and actions are taken to close the gaps identified during the audit process | Non Compliance are enumerated and recorded, Action plan prepared, Corrective and preventive action taken | 2 | SI/RR | Look for completeness of audit report with non-compliances identified, action plan with designated responsibilities, corrective and preventive plan is implemented with measurable improvements | |
| | | Check action plans are prepared and implemented as per medical audit record findings | 2 | RR/OB | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per death audit record's findings | 2 | RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check action plans are prepared and implemented as per prescription audit record findings | 2 | RR | Randomly check the actual compliance with the actions taken reports of last 3 months | |
| | | Check the data of audit findings are collated | 2 | RR | Check collected data is analysed & areas for improvement is identified & prioritised | |
| | | Check PDCA or revalent quality method is used to address critical problems | 2 | RR | Check the critical problems are regularly monitored & applicable solutions are duplicated in other departments (wherever required) for process improvement | |
| ME G10.6 | Governing body/top management of healthcare facilities ensures accountability for clinical care provided | Top management review the audit reports and PSS periodically | 2 | SI/RR | Members of the top management meet at least quarterly, audits and PSS analysis reports are reviewed, minutes of the meeting are recorded, the minutes show that data relating to audit reports and grievances are discussed, decisions to improve quality are made and progress is followed. | |
| ME G10.7 | Facility ensures easy access and use of standard treatment guidelines and implementation tools at point of care | Standard norms, guidelines and other implementation tools are accessible to Dialysis unit's staff | 2 | SI/RR | Ask staff how they adhere with norms, guidelines and implementation tools during the provision of care at Haemodialysis Unit | |
| | | Check standard treatment guidelines / protocols are available at point of use | 2 | SI/RR | Staff is aware of Standard treatment protocols/ guidelines | |
| | | Check treatment plan is prepared as per Standard treatment guidelines Check the drugs are prescribed as per | 2 | SI/RR | Check staff adhere to clinical protocols while preparing the treatment plan Check the drugs are as per EML or | |
| | | Standards treatment guidelines | 2 | RR | formulary | |
| | | | Area of C | Concern - H: Oເ | | |
| Standard H1 | | | ity Indicators | and ensures co | ompliance with State/National Benchmarks. | |
| ME H1.1 | The facility measures productivity Indicators on monthly basis | Average dialysis session conducted per day | 2 | RR | Total no of dialysis sessions done in a month/ total no of days in a month | |
| | | Percentage of dialysis session conducted free of cost for entitled patients | 2 | RR | No of dialysis session done free*100/ total no of dialysis sessions conducted | |
| Standard H2 | | The facility measures Effi | i <mark>ciency Indicat</mark> | ors and ensure | e to reach State/National Benchmark. | · |
| ME H2.1 | The facility measures efficiency Indicators on monthly basis | Average dialysis sessions performed per machine | 2 | RR | Total no of dialysis sessions performed/ total no of functioning dialysis machine | |
| | | Downtime critical equipments/unit | 2 | RR | | |

| | | Percentage of patients shortening their dialysis sessions | 2 | RR | No of patients leaving dialysis session before completion of dialysis session*100/ total no of dialysis sessions conducted | |
|-------------|---|---|----------------|----------------|---|---|
| Standard H3 | | The facility measures Clinical | Care & Safety | Indicators and | tries to reach State/National benchmark | |
| ME H3.1 | The facility measures Clinical Care & Safety Indicators on monthly basis | Dialysis complication rate (Percentage of incidence of complication occurring while dialysis session) | 2 | RR | Total no of complications occurring during dialysis session e.g. Haematoma, Needle dislodgement, Dialyzer mismatch, Air embolism, Clotted circuit/ Total no of dialysis sessions | |
| | | No of adverse events per thousand patients | 2 | RR | | |
| | | Average Urea Reduction Ratio | 2 | RR | Average of (pre dialysis urea-post dialysis urea) of all the patients underwent dialysis session | |
| | | Average Kt/V | 2 | RR | Average of Kt/V (1.2)(amount of fluid that is cleared of urea during each dialysis session/volume of water a person's body contains) of all the patients underwent dialysis session | |
| | | Dialyser reuse rate | 2 | RR | Total no of dialysis sessions performed/ Total no of dialyzer used | Single Dialyzer not to be used for more than 8 times (in reprocessing machine) or bundle volume is >70% which is earlier. |
| | | Culture Surveillance sterility rate | 2 | RR | % of environmental swab culture reported positive | |
| Standard H4 | | The facility measures Service | Quality Indica | tors and endea | avours to reach State/National benchmark | |
| ME H4.1 | The facility measures Service Quality Indicators on monthly basis | Average days in availing follow up sessions | 2 | RR | | Avg.Waiting time for follow up session |
| | | Patient Satisfaction Score | 2 | RR | | |

| Checklist for Administration 21 Assessment Summary Assessment Colspan="2">Assessment Name of the Hospital Date of Assessment Annes Names of Assessors Names of Assesses Action plan Submission Date Type of Assessment (Internal/External) Action plan Submission Date Administration Score Card A Service Provision 97% B Patient Rights 100% C Inputs 100% D Support Services 100% E Clinical Services 100% F Infection Control 100% H Outcome 100% | | National Quality Assurance Standards for District Hospitals Version: DH/ | | | | | | |
|--|-------------|--|--------------------|-----------------------------|----|--|--|--|
| Name of the Hospital Date of Assessment Names of Assessors Names of Assesses Type of Assessment (Internal/External) Action plan Submission Date Administration Score Card Addministration Score A service Provision 97% B Patient Rights 100% C Inputs 100% E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | | | Checklist for Admi | nistration | 21 | | | |
| Names of Assessors Names of Assesses Type of Assessment (Internal/External) Action plan Submission Date Administration Score Card Administration Score A Service Provision 97% B Patient Rights 100% C Inputs 100% E Clinical Services 100% F Infection Control 100% H Outcome 100% | | | | | | | | |
| And the system of the system | | | | Date of Assessment | | | | |
| Administration Score Card Area of Concern wise Score Administration Score A Service Provision 97% B Patient Rights 100% C Inputs 100% D Support Services 100% E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | | | | Names of Assessees | | | | |
| Area of Concern wise Score Administration Score A Service Provision 97% B Patient Rights 100% C Inputs 100% D Support Services 100% E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | Type of Ass | sessment (Internal/External) | | Action plan Submission Date | | | | |
| A Service Provision 97% B Patient Rights 100% C Inputs 100% D Support Services 100% E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | | | Adr | ninistration Score Card | | | | |
| B Patient Rights 100% C Inputs 100% D Support Services 100% E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | | Area of Conce | ern wise Score | Administration Score | | | | |
| C Inputs 100% D Support Services 100% E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | A | Service Provision | 97% | | | | | |
| DSupport Services100%EClinical Services100%FInfection Control100%GQuality Management100%HOutcome100% | В | Patient Rights | 100% | | | | | |
| E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | с | Inputs | 100% | | | | | |
| E Clinical Services 100% F Infection Control 100% G Quality Management 100% H Outcome 100% | D | Support Services | 100% | 1000/ | | | | |
| G Quality Management 100% H Outcome 100% | E | Clinical Services | 100% | 100% | | | | |
| H Outcome 100% H Major Gaps Observed 100% | F | Infection Control | 100% | | | | | |
| Major Gaps Observed | G | Quality Management | 100% | | | | | |
| | н | Outcome | 100% | | | | | |
| | | | | | | | | |
| | | Major Gaps Observed | | | | | | |

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| | Strengths / Good Practices |
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| 2 | |
| 3 | |
| 4 | |
| 5 | |
| | Recommendations/ Opportunities for Improvement |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| | Signature of Assessors |
| | Date |
| | |

| Reference No. | ME Statement | Checkpoint | Compliance | Assessment Method | Means of Verification | Remarks |
|---------------|--|---|--------------------|-----------------------|--|---------|
| | | | Area of Concern | - A Service Provisior | 1 | |
| Standard A1 | | | Facility Provide | s Curative Services | | |
| ME A1.16. | The facility provides Accident & Emergency Services | Availability of functional A& E department | 0 | SI/OB | | |
| | | Availability of functional disaster management unit | 2 | SI/OB | | |
| ME A1.17. | The facility provides Intensive care Services | Availability of functional Intensive care unit | 2 | SI/OB | | |
| ME A1.18. | The facility provides Blood bank & transfusion services | Availability of functional Blood Bank | 2 | SI/OB | | |
| Standard A2 | | | Facility provide | s RMNCHA Services | | |
| ME A 2.1. | The facility provides Reproductive health Services | Availability of Post Partum unit at the facility | 2 | SI/OB | | |
| ME A2.3. | The facility provides Newborn health Services | Availability of functional SNCU | 2 | SI/OB | | |
| ME A2.4. | The facility provides Child health Services | Availability of dedicated paediatric ward | 2 | SI/OB | | |
| | | | | | | |
| Standard A3 | | | Eacility Provides | diagnostic Services | | |
| | | | 2 | | Availability of in-house services. Partial Compliance if it is | |
| ME A3.1. | The facility provides Radiology Services | Availability of X-Ray Unit | 2 | | outsourced | |
| • | | Availability of Ultrasound services | 2 | SI/OB | Availability of in-house services. Partial Compliance if it is outsourced | |
| | | Availability of CT scan | 2 | SI/OB | | |
| ME A3.2 | The facility Provides Laboratory Services | Availability of In-house/ outsourced lab | 2 | SI/OB | | |
| ME A 3.3 | The facility provides other diagnostic services, as mandated | Availability of ECG Services | 2 | SI/OB | | |
| Standard A4 | | Facility provides se | rvices as mandated | in national Health P | rograms/ state scheme | |
| ME A4.3 | The facility provides services under National Leprosy Eradication Programme as per guidelines | Formation of District Apex Group | 2 | SI/RR | Headed by Dermatologist/ Physician along with specialists of Orthopaedics/ General Surgery, Ophthalmology, assisted by Physiotherapist and laboratory Technician | |
| ME A4.4 | The facility provides services under National AIDS Control Programme as per guidelines | Availability Functional ICTC is available | 2 | SI/OB | | |
| ME A4.7. | The facility provides services under National Programme for the health care of the elderly as per guidelines | Availability of Geriatric ward/Clinic | 2 | SI/OB | | |

| | The facility provides services under National | | | | | |
|------------------------|---|--|---------------------------|------------------------------|--|-----------------------|
| ME A4.8. | Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines | Availability of CCU | 2 | SI/OB | | |
| ME A4.9 | The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines | Hospital has System for immediate reporting of any disease out break authorities | 2 | SI/RR | | |
| | | A Nodal person is designated for collecting and reporting data to IDSP cell | 2 | SI/RR | | |
| Standard A5 | | Hospital disseminate the list of conditions to be reported to all clinical department | 2 Eacility provid | SI/RR es support services | | |
| ME A5.1. | The facility provides dietary services | Availability of dietary service | 2 | SI/OB | | |
| ME A5.2. | The facility provides laundry services | Availability of laundry services | 2 | SI/OB | | |
| ME A5.3. ME A5.4. | The facility provides security services The facility provides housekeeping services | Availability of security services Availability of Housekeeping services | 2 | SI/OB SI/OB | | |
| ME A5.5. | The facility ensures maintenance services | Availability of maintenance services | 2 | SI/OB | | |
| ME A5.6. | The facility provides pharmacy services | Availability of drug storage and dispensing services | 2 | SI/OB | | |
| ME A5.7. | The facility has services of medical record | A set to be the set of | 2 | SI/OB | | |
| | department | Availability of Medical record services | | | | |
| ME A5.8 Standard A6 | The facility provides mortuary services | Availability of mortuary services Health services n | 2 rovided at the facil | SI/OB | o community needs. | |
| | The facility provides curatives & preventive | Availability of 300 indoor functional beds per ten lakh | 2 | SI/RR | | |
| ME A 6.1. | services for the health problems and diseases, prevalent locally. There is process for consulting community/ or | population (as per IP population/NMC norms) | | 51/11 | | |
| ME A 6.2. | their representatives when planning or revising scope of services of the facility | Community representative are consulted while revising or expanding the scope of service | 2 | SI/RR | | |
| | | User charges if any are decided in consultation with user groups /RKS | 2 | SI/RR | | |
| Ston doub Dt | | Eacility provides the information to serve | | rn - B Patient Rights | t the susiable convices and their modelities | |
| Standard B1 | The facility has uniform and user-friendly signage | Name of the facility prominently displayed at front of | | 1 | t the available services and their modalities | |
| ME B1.1. | system | hospital building | 2 | OB | | |
| | | Hospital lay out with location and name of the departments are displayed at the entrance. | 2 | ОВ | | |
| | | Hospital has established directional signage | 2 | OB | | |
| - | | List of departments are displayed All signages are in uniform colour scheme | 2 | OB OB | | |
| | | Signages are user friendly and pictorial | 2 | OB | | |
| ME B1.2 | The facility displays the services and entitlements available in its departments | Services not available are displayed | 2 | ОВ | | |
| | | Availability of administrative services like handicap certificate, death certificate services are displayed. | 2 | ОВ | | |
| | | Mandatory information under RTI is displayed | 2 | OB | | |
| - | | Mandatory mormation under Krits displayed | 2 | 08 | | |
| ME B1.3. | The facility has established citizen charter, which is followed at all levels | Citizen charter is established in the facility | 2 | ОВ | | |
| | is followed at all levels | Citizen Charter includes Mission statement and | 2 | | | |
| | - | Quality Policy of the facility Citizen charter includes the services available at | | | | |
| | | the facility | 2 | OB | | |
| | | Citizen Charter includes the days and timings of different services available | 2 | ОВ | | |
| | | Citizen Charter Includes Rights of Patient | 2 | OB | | |
| | | Citizen Charter includes Responsibilities of Patients and Visitors | 2 | ОВ | | |
| | | Citizen Charters includes Beds available | 2 | ОВ | Check for display of number for General beds, critical care beds | |
| | | Citizen Charters Includes Complaints and Grievances | 2 | ОВ | | |
| | | Mechanism Citizen Charter mention about paid services, if | 2 | | | |
| | | applicable Citizen Charter includes Grievance Redressal's Help | | OB | Check for Toll free number, name, contact number and email id | |
| | | Desk | 2 | OB | of designated officer for assistance Check for visiting time (Morning & Evening), details of visiting | |
| | | Citizen Charter include details of visitor policy | 2 | | pass system | |
| ME B1.4 ME B1.6. | Information is available in local language and easy | Signage's and information are available in local | 2 | ОВ | DELETED | |
| | to understand The facility provides information to patients and | language A dedicated facilitation counter/Rogi sahayata Kendra | | | Important contact no. are available at the counter/Rogi | |
| ME B1.7. | visitor through an exclusive set-up. | available | 2 | ОВ | sahayata kendra | |
| | | Information regarding services available at the counter | 2 | ОВ | | |
| | | | | | | |
| Standard B2 | | | ious and cultural n | eeds, and there are | no barrier on account of physical economic, cultur | ral or social reasons |
| ME B2.1 | Services are provided in manner that are sensitive to gender | Hospital has defined policy for non discrimination according to gender | 2 | SI/PI | | |
| ME B2.2 | Religious and cultural preferences of patients and attendants are taken into consideration while | Environment of the health facility should be inclusive of all religious faiths | 2 | ОВ | | |
| | delivering services | Staff is respectful to patients religious and cultural beliefs | 2 | PI/SI | | |
| | | Hospital has defined policy to ensure the religious and | 2 | RR/SI | | |
| | Access to facility is provided without any physical | cultural preferences of the patient Approach road to hospital is accessible without | | | | |
| ME B2.3. | barrier & and friendly to people with disabilities | congestion or encroachment Internal Pathways and corridors of the facility are | 2 | OB | | |
| | | without any obstruction / Protruding Object There are no open manholes/Potholes at access road | 2 | OB OB | | |
| | | and internal pathways Hospital has defined policy to provide barrier free | 2 | ОВ | | |
| | | services to patient Ramps are conducive for use | 2 | ОВ | At least 120 cm width, gradient not steeper than 1:12, ramp has slip resistance surface | |
| | | Warning blocks have been provide at beginning and end of the ramp and Stairs | 2 | ОВ | To aid people with visual impairment | |
| | | Hand rails are provided with stairs | 2 | OB | | |
| | | Facility conducts periodic Access Audits | 2 | OB | | |
| | | Parking area is earmarked for People with disabilities | 2 | ОВ | | |
| | | Symbol of Access is displayed at the facilities available | 2 | ОВ | Ramps, Wheel Chair Bay, Lifts, Toilets | |
| ME B2.4 | There is no discrimination on basis of social and | for people with disabilities There is no discrimination on basis of social and | 2 | PI/SI | | |
| MIL 02.4 | economic status of the patients | economic status of the patients | 2 | P1/31 | | |
| ME B2.5 | There is affirmative actions to ensure that vulnerable sections can access services | There are arrangement and Linkages for care of terminally ill patients | 2 | RR/SI | Linkage for Palliative Care , Hospice | |
| | | There are Linkages for care , Counselling and Protection of Victims of Violence including domestic violence | 2 | RR/SI | Linkages with NGOS, Police Mediation Cell | |
| | | | | | 1 | L |

| | | There are arrangements for adequate care and post discharge support of Orphan patients including | 2 | RR/SI | Linkages with NGOS , Orphan , old age home, Children home | |
|------------------------|--|---|-----------------------|-----------------------|--|------------------------|
| | | homeless children | | | | |
| Standard B3 ME B3.1 | Adequate visual privacy is provided at every point | Hospital has defined policy for maintenance of privacy | ality & dignity of pa | 1 | em for guarding patient related information. | |
| | of care Confidentiality of patients records and clinical | of patients Hospital has defined policy for maintenance of patient | | RR/SI | | |
| ME B3.2 | information is maintained | records and clinical information | 2 | RR/SI | | |
| ME B3.3 | The facility ensures the behaviours of staff is dignified and respectful, while delivering the services | Hospital defines and communicate policy regarding decent communication and courteous behaviour towards the patient and visitors | 2 | RR/SI | | |
| ME B3.4 | The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups | Hospital defines the policy for privacy and confidentiality of the patient and condition related with social stigma and vulnerable groups | 2 | RR/SI | | |
| Standard B4 | Facility has defined and | established procedures for informing and | involving patient a | nd their families abo | ut treatment and obtaining informed consent wh | erever it is required. |
| ME B4.1 | There is established procedures for taking informed consent before treatment and procedures | Hospital define policy for taking consent. | 2 | RR/SI | | |
| ME B4.2 | Patient is informed about his/her rights and responsibilities | Display of patient rights and responsibilities. | 2 | ОВ | | |
| ME B4.3 | Staff are aware of Patients rights responsibilities | Staff is aware of patients rights responsibilities | 2 | SI | | |
| | | Staff is regularly sensitize about rights and | 2 | SI/RR | | |
| | The facility has defined and established grievance | responsibilities of the patient Availability of complaint box at administrative office | | | | |
| ME B4.5. | redressal system in place | and display of process for grievance re Redressal and whom to contact is displayed | 2 | OB | | |
| | | Hospital defines policy for grievance redressal mechanism | 2 | RR/SI | | |
| | | There is defined frequency of collecting complaints | 2 | RR/SI | | |
| | - | from complaint box Records of patient complaints suggestion are | 2 | RR | | |
| | - | maintained | - | nn | Check for: | |
| Standard B5 | | There is system of periodic review of patient complaints | 2 | RR/SI | There is evidence of action taken on complaints Action taken are informed to the complainant nancial protection given from cost of care. | |
| | The facility provides cashless services to pregnant | Hospital establish policy for providing free services for | | | | |
| ME 85.1 | women, mothers and neonates as per prevalent government schemes | Gol and state scheme | 2 | RR/SI | | |
| ME 85.2 | The facility ensures that drugs prescribed are | Hospital has established policy for providing all drugs in the EDL free of cost | 2 | RR/SI | | |
| ME 85.3 | available at Pharmacy and wards It is ensured that facilities for the prescribed | Hospital has established policy for providing all | 2 | RR/SI | | |
| | investigations are available at the facility The facility provide free of cost treatment to | diagnostics free of cost | - | illy Si | | |
| ME B5.4 | Below poverty line patients without administrative hassles | Methods for verification of documents of patient is user friendly Hospital has established policy to provide free of cost | 2 | PI/SI | | |
| | | treatment to BPL patients | 2 | RR/SI | | |
| ME B5.5 | The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients | Hospital has establish policy for timely Reimbursement and payment to beneficiaries | 2 | RR/SI | | |
| ME B5.6 | The facility ensure implementation of health insurance schemes as per National /state scheme | Availability of dedicated PMJAY help desk | 2 | ОВ | Availability of a help desk/ kiosk/Arogya Mitra Sahayta Kendra near the reception area run by Pradhan Mantri Aarogya Mitra (PMAM) | IF APPLIACABLE |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| Standard B6 | | | gement including di | lemmas confronted | during delivery of services at public health faciliti Check for any circular, policy, notice, government order issued | es |
| ME B6.1 | Ethical norms and code of conduct for medical and paramedical staff have been established. | Check that hospital administration has defined code of conduct for various cadre of staff | 2 | RR/SI | that explains the code of conduct for staff such as doctor and nurses. | |
| ME 86.2 | The Facility staff is aware of code of conduct | Check if staff is aware of code of conduct | 2 | RR/SI | Interview doctors and nursing / paramedical staff on sample | |
| ME B6.3 | established The Facility has an established procedure for entertaining representatives of drug companies and suppliers | Check hospital has implemented a policy of not entertaining representative of pharma companies within hospital premises | 2 | RR/SI | basis. Ask medical superintendent / manager regarding any such circular / instructions issued to the doctors. Check on sample basis if doctors are aware of this policy and do not entertain | |
| 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 | Check hospital administration has aware of protocols for examination and treatment t of individuals | 2 | RR/SI | medical representatives in hospital premises As per state law and supreme court direction | |
| | government directions There is an established procedure for sharing of | brought police | | | Check list of agencies with which data shared has routinely shred has been prepared . For any other agency a formal | |
| ME B6.5 | hospital/patient data with individuals and external agencies including non governmental organization | Check hospital administration has defined protocols for data sharing | 2 | RR/SI | permission is sought from competent authorities before sharing the data including international agencies, press and NGOs. | |
| ME B6.6 | There is an established procedure for 'end-of-life' care | Facility has established has established policy of end of life care | 2 | SI/RR | | |
| ME B6.8 | There is an established procedure for obtaining informed consent from the patients in case facility is participating in any eligical or while health second | Check hospital ensures that informed consent is taken from patient participating in any clinical or public | 2 | SI/RR | Check for policy or practice | |
| | participating in any clinical or public health research | Health research | | | Check for policy defines | |
| 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 | 2 | SI/RR | List of certificates can be issued by hospital Who can issue certificates Formats shall used for different certificates Record keeping of issued certificate procedures for issuing duplicate certificates | |
| ME B6.10 | There is an established procedure to ensure medical services during strikes or any other mass protest leading to dysfunctional medical services | Hospital has laid strategy to resume the basic emergency and patient care services during strikes | 2 | SI/RR | Check hospital administration has made Buffer stock and alternate source pf supplies for consumables Strategy and coordination with local disruption to maintain hospital functions | |
| ME B6.11 | An updated copy of code of ethics under Indian Medical council act is available with the facility | Check code of conduct copies are available at the hospital | 2 | SI/RR | Check for availability of printed copies of code of conduct distributed to staff | |
| ME B6.12 | Facility has established a framework for identifying, receiving, and resolving ethical dilemmas' in a time- bound manner through ethical committee | Trospical Check facility has defined its ethical issues management framework | 2 | RR/SI | (a) Check the adequacy of the framework. It address the ethical issues and decision making in clinical care (b) Check facility es thical management framework address issues like admission, discharge, transfer, disclosure of information or any professional conflict which may not be in patient's best interest. | |

| | | Check facility has ethical committee or person designated to address the ethical issues confronted by medical professionals while delivering the services | 2 | RR/SI | Facility's supporting human subject research activities/ publishing the scientific papers/ supporting medical students in thesis writing/ running any course where patient data is collected and used for above mentioned activities - an ethical committee is constituted and approval are taken before publication. or Eaclity may collaborate with the institutions where there are ethical committee is present and appropriate approvals, guided by applicable laws and regulations is taken. or the facilities where they are not involved in research activities, to address the tehical dilemma's a person or group is appointed to address the dilemmas effectively within legal parameter | |
|-------------|--|---|----------------------|------------------------|---|--|
| | | | | | | |
| | | | | | | |
| | | | Area of Co | ncern - C Inputs | | |
| Standard C1 | | The facility has infrastructure for deliv | | | infrastructure meets the prevalent norms | |
| ME C1.1. | Departments have adequate space as per patient or work load | Residential quarters for clinical and support staff | 2 | OB/RR | | |
| | | Hospital has adequate space as per bed strength | 2 | OB/RR | 80 to 85 sqm per bed . | |
| ME C1.2. | Patient amenities are provide as per patient load | Availability of public toilet for visitors | 2 | ОВ | | |
| • | | Availability of dharmshala/stay facility for attendants | 2 | ОВ | | |
| | | Adequate number of Staff toilets available in proximity to duty area | 2 | OB/SI | | |
| | | Adequate number of Staff change room available in | 2 | OB/SI | | |
| | | proximity to duty area Separate cafeteria for patient and their relatives | 2 | ОВ | | |
| | | Cafeteria/ Recreation room for staff | 2 | OB/SI | | |
| | | Availability of Staff amenities at nursing station and duty room | 2 | OB/SI | | |
| ME C1.3. | Departments have layout and demarcated areas as per functions | Hospital has independent entry for emergency, OPD and support services/staff | 2 | ОВ | | |
| | | Corridors shall be at Wide to accommodate the daily traffic. | 2 | ОВ | | |
| | | The general traffic should not pass through the indoor/ critical patient care area | 2 | ОВ | | |
| | | Ambulatory services are located in outermost zone | 2 | ОВ | OPD, Emergency and Administrative offices are situated in near the entry/ exit of the hospital with direct access from | |
| | | Clinical support Services are located in proximity to | 2 | ОВ | approach road Lab , Radiology and Pharmacy | |
| | | outer zone Procedure and Intensive Care areas are located in Middle zone of the Hospital | 2 | ОВ | Operation Theatre, ICU, SNCU, Labour Room | |
| | | Indoor area are located in Inner zone of the Hospital | 2 | ОВ | Wards and Nursing Units are located in inner most area | |
| ME C1.4. | The facility has adequate circulation area and | Corridors shall be at Wide to accommodate the daily traffic. | 2 | ОВ | - | |
| | open spaces according to need and local law | Facility maintains open area as per floor area ratio | 2 | OB | | |
| ME C1.5. | The facility has infrastructure for intramural and | mandated by authorities Hospital has 24X7 functional telephone connection | 2 | OB | | |
| | extramural communication | There is designated person to answer the telephone enquiries | 2 | OB/SI/RR | | |
| | | Hospital has broadband internet connectivity There is establish system for managing postal | 2 | OB | Records are maintained for received and dispatched | |
| | | communication | 2 | OB/RR | communication | |
| | | There is established system for internal movement of documents and communication | 2 | OB/RR | System for communicating circulars, notices and orders etc. | |
| | | There is assigned person for managing internal and external movement of documents and communications | 2 | OB/RR | | |
| | | General notices and information are displayed at notice boards at relevant points | 2 | OB/RR | | |
| | | There is system of removal of old notices and updating the notice board | 2 | OB/RR | | |
| ME C1.6 | Service counters are available as per patient load The facility and departments are planned to | Availability of admission counter as per load | 2 | OB/RR | | |
| ME C1.7. | ensure structure follows the function/processes (Structure commensurate with the function of the hospital) | There is no crises cross between General and Patient Traffic | 2 | ОВ | | |
| Standard C2 | | | ity ensures the phys | sical safety of the in | frastructure. | |
| ME C2.1. | The facility ensures the safety of the building infrastructure | Facility has been surveyed by Structural engineer for vulnerability | 2 | OB/RR | Ask for records of survey | |
| | | | | | | |
| ME (2.2 | The facility ensures safety of lifts and lifts have required continues from the decignated hodies (| Lifte are installed with Automatic Provender to | 3 | 00/00 | | |
| ME C2.2. | required certificate from the designated bodies/ board | Lifts are installed with Automatic Rescue device. Every lift has Emergency Alarm System | 2 | OB/RR OB/RR | | |
| | | Periodic Maintenance of lift | 2 | OB/RR | | |
| | The facility ensures safety of electrical | Licence for lift operation Facility has mechanism for periodical check / test of | 2 | OB/RR | | |
| ME C2.3. | establishment | all electrical installation by competent electrical Engineer Facility has system for power audit of unit at defined | 2 | OB/RR | | |
| | | intervals Danger sign is displayed at High voltage electrical | 2 | OB/RR OB | | |
| | | All electrical panels are covered and has restricted | 2 | OB | | |
| | | access Personal protective equipment are available with | 2 | OB OB/SI | | |
| ME C2.4. | Physical condition of buildings are safe for | electrician Windows have grills and wire meshwork | 2 | ОВ | | |
| | providing patient care | Terrace, roof, balconies and stair case have protective | 2 | ОВ | | |
| | | railing Hospital premises has intact boundary wall | 2 | OB | | |
| | | Hospital has functional gate with provision of cattle trap | 2 | ОВ | | |
| | | There is system of periodic inspection of patient care areas of safety related issues | 2 | ОВ | | |
| | | Hospital building including walls, roofs, floor, windows , balconies and terraces are maintained | 2 | ОВ | | |
| | | Access to roof and terraces are restricted | 2 | OB | | |
| Standard C3 | | The facility has | established Progra | mme for fire safety | and other disaster | |

| VIE C3.1. | | | | | | |
|---|--|--|---|---|--|-------|
| ME C3.1. | | Check the fire exits provide egress to exterior of the | | | | |
| | The facility has plan for prevention of fire | building or to exterior open space Check the fire exits are free from obstruction | 2 | OB | | |
| | | Facility has conducted fire safety audit by competent | 2 | OB/RR | | |
| | | authority Evacuation plan is displayed at critical areas | 2 | ОВ | | |
| | | Facility has defined and implemented evacuation plan in case of fire | 2 | OB/RR | | |
| | | No smoking sign displayed inside and outside the | 2 | OB/RR | | |
| | | working area | | | | |
| VIE C3.2. | The facility has adequate fire fighting Equipment | Facility has fire safety alarm | 2 | OB | | |
| | | There is system to track the expiry dates and periodic refilling of the extinguishers | 2 | OB/RR | | |
| ME C3.3. | The facility has a system of periodic training of staff and conducts mock drills regularly for fire | Periodic Training is provided for using fire | 2 | OB/RR | | |
| | and other disaster situation | extinguishers | | | | |
| Standard C4 | | Periodic mock drills are conducted The facility has adequate qualified and | 2 trained staff, requi | OB/RR red for providing th | ne assured services to the current case load | |
| VIE C4.1. | The facility has adequate specialist doctors as per | Availability of General Surgeon | 2 | OB/RR/SI | As per patient load | |
| | service provision | Availability of Obstetric & Gynae Specialist | 2 | OB/RR/SI | As per patient load | |
| | | Availability of General Medicine specialist | 2 | OB/RR/SI OB/RR/SI | | |
| | | Availability of Paediatrician Availability of Anaesthetics | 2 | OB/RR/SI OB/RR/SI | As per patient load As per patient load | |
| | | Availability of Ophthalmologist Availability of Orthopaedic Surgeon | 2 | OB/RR/SI OB/RR/SI | As per patient load As per patient load | |
| | | Availability of Radiologist | 2 | OB/RR/SI | As per patient load | |
| | | Availability of Pathologist Availability of ENT specialist | 2 | OB/RR/SI OB/RR/SI | As per patient load As per patient load | |
| | | Availability of Dentist | 2 | OB/RR/SI | As per patient load | |
| | | Availability of Dermatologist Availability of Psychiatrist | 2 | OB/RR/SI OB/RR/SI | As per patient load As per patient load | |
| | | Availability of Microbiologist Availability of AYUSH Doctors | 2 | OB/RR/SI OB/RR/SI | As per patient load As per patient load | |
| | The facility has adequate general duty doctors as | | | | | |
| VIE C4.2. | per service provision and work load | Availability of general duty doctors | 2 | OB/RR/SI | As per patient load | |
| VIE C4.3. | The facility has adequate nursing staff as per | Availability of nursing staff | 2 | OB/RR/SI | As per patient load | |
| | service provision and work load The facility has adequate technicians/paramedics | | | | | |
| VIE C4.4. | as per requirement | Availability Lab Tech | 2 | OB/RR/SI | As per patient load | |
| | | Availability Pharmacist Availability Radiographer | 2 | SI/RR SI/RR | As per patient load As per patient load | |
| | | Availability ECG Tech/Eco | 2 | SI/RR SI/RR | As per patient load | |
| | | Availability Audiometrician Availability Optha. Technician/Referactionist | 2 | SI/RR | As per patient load As per patient load | |
| | | Availability Dietician Availability Physiotherapist | 2 | SI/RR SI/RR | As per patient load As per patient load | |
| | | Availability O.T. technician | 2 | SI/RR | As per patient load | |
| | | Counsellor Dental Technician | 2 | SI/RR SI/RR | As per patient load As per patient load | |
| | | Rehabilitation Therapist Biomedical Engineer | 2 | SI/RR SI/RR | As per patient load As per patient load | |
| ME C4.5. | The facility has adequate support / general staff | Availability of storekeeper | 2 | SI/RR | As per patient load | |
| in const | | | | | | |
| | | Availability of Housekeeping supervisor/In charge | 2 | SI/RR SI/RR | | |
| Standard C5 | | Availability of security In charge Facility provides | - | , | sured list of services. | |
| ME C5.1 | The departments have availability of adequate | Hospital has policy to ensure drugs at all point of use as per DG-ESIC RC List | 2 | SI/RR | | |
| Standard C6 | drugs at point of use | | uipment & instrum | ents required for as | ssured list of services. | |
| ME C6.6 | Availability of functional equipment and | Availability of equipment for Facility management | 2 | ОВ | Equipment's for horticulture, electrical repair, plumbing material etc | |
| | instruments for support services | Availability of equipment for processing of Bio medical | | | material etc | |
| | | | 2 | OB | Autoclave and mutilator | |
| | Departments have patient furniture and fixtures | waste | 2 | ОВ | Autoclave and mutilator | |
| VIE C6.7 | Departments have patient furniture and fixtures as per load and service provision | | 2 | OB OB | Autoclave and mutilator | |
| vie C6.7 | as per load and service provision | waste Availability of fixture for administrative office Availability of furniture for administrative office | 2 | OB OB | | |
| ME C6.7 Standard C7 | as per load and service provision | waste Availability of fixture for administrative office Availability of furniture for administrative office | 2 | OB OB | Autoclave and mutilator | staff |
| Standard C7 | as per load and service provision Facility | waste Availability of fixture for administrative office Availability of furniture for administrative office has a defined and established procedure fo | 2 2 pr effective utilizatio | OB OB | ugmentation of competence and performance of s | staff |
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| Standard C7 | as per load and service provision Facility Criteria for Competence assessment are defined for clinical and Para clinical staff | waste Availability of fixture for administrative office Availability of furniture for administrative office has a defined and established procedure for Check parameters for assessing skills and proficiency of clinical staff has been defined | 2 2 pr effective utilizatio | OB OB | ugmentation of competence and performance of a Check objective checklist has been prepared for assessing competence of doctors, nurses and parametical staff based on job description defined for each carder of staff. Dakhta checklist issued by MoHFW can be used for this purpose. | staff |
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| | | Training on staff Safety | 2 | SI/RR | | |
|-------------------------|---|---|------------------------|---------------------|---|--|
| | | Training on Measuring Hospital Performance | 2 | SI/RR | | |
| | | Indicators Training on facility level Quality Assurance | 2 | SI/RR | | |
| ME C7.10 | There is established procedure for utilization of skills gained thought trainings by on -job supportive supervision | Hospital has policy for regular competence testing as per job description. | 2 | 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 | |
| ME C7.11 | Feedback is provided to the staff on their competence assessment and performance evaluation | Check if feedback is given after each round of competence assessment and performance appraisal | 2 | RR | Verify with records of performance appraisal for feedback has been written on appraisal form and shared with staff. Interview staff for verification for feedback has been shared | |
| | | · | | - D Support Service | | |
| Standard D1 | The facility has established system for | The facility has established Progra Facility has contract agency for maintenance for | | | enance and calibration of Equipment. | |
| ME D1.1. | maintenance of critical Equipment | equipment | 2 | SI/RR | | |
| | | Contact details of the agencies responsible for maintenance are communicated to the staff | 2 | SI/RR | | |
| | | Asset list of all equipment are maintained There is system to maintain records of down time of | 2 | SI/RR | | |
| | | equipment | 2 | SI/RR SI/RR | | |
| | | Indexing of all equipment is done All equipment are covered under AMC including | 2 | | | |
| | | preventive maintenance for computers and other IT equipment There has system to label Defective/Out of order | 2 | SI/RR OB/RR | | |
| | | equipment and stored appropriately until it has been repaired | 2 | OB/RR | | |
| | | Staff is skilled for trouble shooting in case equipment malfunction | 2 | SI/RR | | |
| | | There is system of timely corrective break down maintenance of the for computers and other IT equipment | 2 | SI/RR | | |
| ME D1.2. | The facility has established procedure for internal and external calibration of measuring Equipment | Facility has contracted agency for calibration of equipment. | 2 | SI/RR | | |
| | | Records of the calibrated equipment are maintained | 2 | RR | | |
| Standard D2 | The facility ensures management of expiry and | The facility has defined procedures for stora Hospital has system to ensure that short expiry drugs | [| 1 | sing of drugs in pharmacy and patient care areas Check record of stock receipt from warehouse and Local | |
| ME D2.4 | near expiry drugs | are not procured | 2 | SI/RR | purchase purchase receipt | |
| | | Hospital has process for proper disposal and prevention of unintended use of expired drugs | 2 | SI/RR | Check policy for disposal of expired drugs and consumables | |
| ME D2.5 | The facility has established procedure for inventory management techniques | Hospital implements scientific inventory management system according to their needs | 2 | OB/RR/SI | Previous consumption pattern, disease burden, local disease prevalence, seasonality, ABC, VED, FSN | |
| ME D2.6 | There is a procedure for periodically replenishing the drugs in patient care areas | Hospital has policy that there is no stock out of the drugs and consumables at patient care area Hospital has a policy for ensuring proper management | 2 | RR/SI | Check policy for no stock out situation, stock replenishment | |
| ME D2.8 | There is a procedure for secure storage of narcotic and psychotropic drugs | and restriction of unintended use of narcotic substance and psychotropic drugs as per prevalent law | 2 | RR/SI | | |
| Standard D3 | The facility provides adequate illumination level | | | | to staff, patients and visitors. | |
| ME D3.1. | at patient care areas | Adequate illumination in open area at night | 2 | OB | | |
| | | Adequate illumination in circulation area Adequate illumination in toilets | 2 | OB | Stairs, corridor and waiting area | |
| | | Hospital periodically measure illumination at different area of the hospitals | 2 | OB | | |
| | | Adequate illumination at approach roads to hospital | 2 | ОВ | | |
| ME D3.2. | The facility has provision of restriction of visitors | There is restriction on entry of vendors and hawkers | 2 | ОВ | | |
| • | in patient areas | inside the premise of the hospital Hospital has visitor policy in place | 2 | OB/RR | | |
| | | Hospital has policy for restriction of media person in side the hospital | 2 | OB/RR | | |
| | | Hospital implement visitor pass area for indoor areas | 2 | OB/RR | | |
| ME D3.4. | The facility has security system in place at patient | | 2 | RR/SI | | |
| | care areas | place Duty roaster is available for security staff | 2 | RR/SI | | |
| | | Training and Drills of security staff is done Security staff is aware of patient right, visitor policy | 2 | RR/SI | | |
| | | and disaster Management | 2 | RR/SI | | |
| | | There is system for supervision of security staff Facility has a security plan for deputation of guard at | 2 | RR/SI RR/SI | | |
| | | different location Responsibility and timing of opening and closing different department is fixed and documented | 2 | RR/SI | | |
| | | There is established procedure for safe custody of | 2 | RR/SI/OB | | |
| | | keys There is procedure for handing over the keys at the | 2 | RR/SI | | |
| • | | time of shift change Hospital has system to manage violence /mass | | | | |
| • | The facility has established measure for safety and | situation | 2 | RR/SI | | |
| ME D3.5. | security of female staff | No female staff is posted alone at night Where ever there are male employees/patients | 2 | SI SI/RR | | |
| | | female staff are posted in pairs Timing of the shift is arranged keeping in mind the safety of female staff | 2 | SI/RR | | |
| | | Committee against sexual harassment is constituted at the facility Staff has been provided awareness training on Gender | 2 | RR/SI | | |
| Should be a | | issues | 2 blichod Programme | RR/SI | nd unknon of the feeility | |
| Standard D4 ME D4.1. | Exterior of the facility building is maintained | Boundary Walls of building is plastered and | 2 | ob OB | nd upkeep of the facility | |
| | appropriately | whitewashed. No unwanted/outdated posters on hospital boundary and building walls | 2 | ОВ | | |
| | | Hospital Buildings are in uniform colour scheme | 2 | ОВ | | |
| | | Hospital has system to whitewash the building | 2 | OB/RR | | |
| ME D4.2. | Patient care areas are clean and hygienic | periodically General waste from hospital is removed daily by | 2 | OB/RR | | |
| | | municipal/outsourced agency | 2 | SI/RR | Even department has schedule for inspective of department | |
| | | Every department has Schedule of cleaning Hospital has system for periodic maintenance of | | | Every department has schedule for inspection of cleaning work | |
| ME D4.3. | Hospital infrastructure is adequately maintained | infrastructure at defined interval | 2 | OB/RR | | |
| • | | There is no clogged/over flowing drain in facility | 2 | ОВ | | |
| | | Hospital sewage is linked with municipal drainage system | 2 | OB/SI/RR | | |
| | | Facility has a closed drainage system Intramural roads are in good condition without | 2 | ОВ | | |
| • | - | potholes/ditches Facility has a annual maintenance plan for its | 2 | OB | | |
| • | | Facility has a annual maintenance plan for its infrastructure | 2 | RR/SI | | |

| | Hospital maintains the open area and landscaping | | | | | |
|-------------|--|--|--|---|--|---------|
| ME D4.4. | of them | Availability of parking space as per requirement Dedicated parking space for ambulances | 2 | OB OB | | |
| | | No water logging in side the premises of the hospital | 2 | ОВ | | |
| | | There is no abandoned /dilapidated building in the | 2 | ОВ | | |
| | | premises Proper landscaping and maintenance of trees, garden | 2 | ОВ | | |
| • | | There shall be no encroachment in and around | | | | |
| • | | the hospital Hospital has rain water harvesting facility | 2 | OB OB | | |
| • | | Hospital has Herbal garden | 2 | OB | | |
| ME D4.5. | The facility has policy of removal of condemned junk material | Hospital has condemnation policy in place | 2 | RR/SI | | |
| • | | Periodic removal of junk material done Hospital has designated covered place to keep | 2 | OB/RR OB | | |
| | | junk/condemned material No junk/condemned articles in open spaces | 2 | ОВ | | |
| ME D4.6. | The facility has established procedures for pest, rodent and animal control | Pest control measures are evident at facility | 2 | RR/SI | | |
| | | Anti Termite treatment of the wooden furniture | 2 | RR/SI | | |
| Standard D5 | | The facility ensures 24X7 water and p | <mark>ower backup</mark> as per | requirement of ser | vice delivery, and support services norms | |
| ME D5.1. | The facility has adequate arrangement storage and supply for portable water in all functional | Hospital has adequate water storage facility as per requirements | 2 | OB/RR/SI | 450-500 Litres per bed per day | |
| | areas | Hospital has adequate water supply from municipal | | 00/0 | | |
| · | | /under ground source All water tanks are kept tightly closed | 2 | OB/SI OB | | |
| | | Periodic cleaning of water tanks carried out Hospitals periodically tests the quality of water from | 2 | OB/RR | Records of cleaning is maintained | |
| | | the source (municipal supply, bore well etc) for | 2 | RR | | |
| | - | bacterial and chemical content Chlorination of water is done as per requirement | 2 | RR | | |
| | | RO/ Filters are available for potable drinking water | 2 | ОВ | | |
| | | | | | | |
| | | Hospital ensures that the distribution pipelines are not running in close vicinity of the sewage system. | 2 | RR/SI | | |
| ME D5.2. | The facility ensures adequate power backup in all patient care areas as per load | Availability of noiseless generators for power back up | 2 | OB/SI | | |
| | patient care areas as per load | Estimation of power consumption of different | 2 | RR/SI | | |
| | | department of hospitals is done Generator has adequate capacity to provide 24x7 | 2 | RR/SI | | |
| | | power back at least critical areas Hospital has dedicated sub station for electrical supply | 2 | OB/RR/SI | | |
| | | | 2 | RR/SI | 2Wash Filoson had | |
| | | Hospital has adequate power supply connection | | | 3Kw to 5Kw per bed | |
| | Critical areas of the facility ensures availability of | Use of energy efficient bulbs/solar panel for light | 2 | SI | | |
| ME D5.3. | oxygen, medical gases and vacuum supply | Manifold room is located on ground floor | 2 | OB | | |
| | | Manifold room has adequate stock of Oxygen and Nitrogen Cylinders | 2 | OB/SI | At least for three days | |
| | | Cylinders banks are in duplicate | 2 | OB/RR/SI | Check for there two dedicated banks - Running and reserve fitted with automatic changeover device | |
| | | Colour of gas pipeline and Gas Cylinder are as per standards | 2 | OB/RR | | |
| | | Alarm system has been provided to indicate any abnormal pressure change | 2 | RR/SI | | |
| | | LMO storage tank has a Petroleum and Explosive Safety Organisation (PESO) license | 2 | RR/SI | Also check for availability of Medical Gas Pipeline System (MGPS) network in the hospital | |
| | | LMO tank is located away from the indoor environment or not located near drain or pits | 2 | ОВ | | |
| | | | | | Check that | |
| | | Availability of vacant space within a radius of 5 meters around the tank | 2 | | 1. flammables and combustibles are not stored in near vicinity | |
| | | | | | 2. Postage of 'No Smoking" and 'No Open Flames' signages | |
| | | There is procedure for prompt replacement of empty cylinders with filled cylinders | 2 | SI/RR/OB | | |
| | | There is a procedure for periodic checking of all terminal units for malfunctioning | 2 | SI/RR | | |
| | | Entry to Manifold room/LMO plant is prohibited Instruction for operating different equipment clearly | 2 | OB/SI | | |
| Standard D7 | | displayed | 2 he facility ensures c | OB | tients | |
| ME D7.2 | The facility has established procedures for | Hospital has policy to change linen | 2 | | | |
| Standard D8 | changing of linen in patient care areas | | | I RR/SI | | |
| | | | | RR/SI | anagement of hospital transparency and accounta | bility. |
| | The facili The facility has established procedures for | ty has defined and established procedures Hospital Management Society/RKS is registered under | for promoting publi | ic participation in m | anagement of hospital transparency and accounta | bility. |
| ME D8.1. | The facili | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act | | | anagement of hospital transparency and accounta | bility. |
| | The facili The facility has established procedures for | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of income tax exemption certificate for donations | for promoting publi 2 2 | RR RR | anagement of hospital transparency and accounta | bility. |
| | The facili The facility has established procedures for | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded | for promoting publi | RR | anagement of hospital transparency and accounta | bility. |
| | The facili The facility has established procedures for | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval | for promoting publi 2 2 2 2 | RR RR RR RR | anagement of hospital transparency and accounta | bility. |
| | The facili The facility has established procedures for | ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured RKS reviews the patient complaint/ feedback and | for promoting public 2 2 2 2 2 2 | RR RR RR RR RR RR RR | anagement of hospital transparency and accounta | bility. |
| | The facili The facility has established procedures for | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from | for promoting public 2 2 2 2 2 2 2 2 | RR RR RR RR RR RR RR RR | anagement of hospital transparency and accounta | bility. |
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| ME D8.1. | The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from donation/leasing of space Community based monitoring/social audits are done at periodic intervals Facility communicate updated information on Quality of services Facility communicate updated information on Quality of services Salaries and compensation are provided to | for promoting public 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | c participation in m RR RR RR RR RR RR/SI RR/SI RR/SI d procedures for Fir RR/SI RR/SI RR/SI RR/SI | nancial Management | bility. |
| ME D8.1. | The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis The facility has established procedures for community based monitoring of its services The facility ensures the proper utilization of fund provided to it The facility ensures proper planning and | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NKG is ensured RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from donation/leasing of space Community based monitoring/social audits are done at periodic intervals Facility communicate updated information on Quality of services Facility communicate updated information on Quality of services Facility promunicate updated information on Quality of services Facility promunicate updated information on Quality of services Facility promunicate updated information on Quality of services Facility provided are utilized in specific time Finds/Grants provided are utilized in specific time limit. There is no backlog in payment to beneficiaries as per their entiltement under different schemes Salaries and compensation are provided to contractual staff on time Facility provides utilization certificate for funds on | for promoting public 2 2 2 2 2 2 2 2 2 2 2 2 2 | c participation in m RR RR RR RR RR RR RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI | nancial Management | bility. |
| ME D8.1. | The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis | ty has defined and established procedures: Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from donation/leasing of space Community based monitoring/social audits are done at periodic intervals Facility communicate updated information on Quality of services Facility participates in Jan Sunawais and Jan Samwads at regular intervals Facility corritories for and ensure that funds are received on time Funds/Grants provided are utilized in specific time limit There is no backlog in payment to beneficiaries as per their entitement under different schemes Salaries and compensation are provided to contractual staff on time Facility provides utilization certificate for funds on time | for promoting public 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | c participation in m RR RR RR RR RR RR RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR | nancial Management | bility. |
| ME D8.1. | The facilit The facility has established procedures for management of activities of Rogi Kalyan Samitis The facility has established procedures for community based monitoring of its services The facility ensures the proper utilization of fund provided to it The facility ensures proper planning and | ty has defined and established procedures Hospital Management Society/RKS is registered under societies registration act Availability of Income tax exemption certificate for donations RKS meeting are held at prescribed interval Minutes of meeting are recorded Participation of community representatives/NGO is ensured RKS reviews the patient complaint/ feedback and action taken RKS generates its own resources from donation/leasing of space Community based monitoring/social audits are done at periodic intervals Facility communicate updated information on Quality of services Facility participates in Jan Sunawais and Jan Samvads at regular intervals Hospital has def There is system to track and ensure that funds are received on time Funds/Grants provided are utilized in specific time limit. There is no backlog in payment to beneficiaries as per their entitlement under different schemes Salaries and compensation are provided to contractual staff on time Facility provides utilization certificate for funds on time Facility provitize the resource available Requirement for funds are sent to state on time | for promoting public 2 2 2 2 2 2 2 2 2 2 2 2 2 | c participation in m RR RR RR RR RR RR RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR/SI RR | nancial Management | bility. |

| | The facility has requisite licences and certificates | Availability of valid No objection Castificate from fire | | | | |
|--------------|---|--|------------------------|-------------------------|--|--|
| ME D10.1. | for operation of hospital and different activities | Availability of valid No objection Certificate from fire safety authority | 2 | RR | | |
| | | Availability of Biomedical Waste Management Authorisation for generating BMW as per | 2 | RR | | |
| | | prevalent norms/regulations Availability of certificate of inspection of electrical | | | | |
| | | installation Availability of licence for operating lift | 2 | RR | | |
| ME D10.2. | Updated copies of relevant laws, regulations and | Availability of copy of Bio medical waste management | 2 | RR | | |
| WIE 010.2. | government orders are available at the facility | rules 2016 and it's subsequent amendments | 2 | RR | | |
| | | Drug and cosmetic Act 2005 Safety code for Medical diagnostic X ray equipment | 2 | RR | AERB safety code no. AERB/SC/MED-2(Rev 1) | |
| | | and installation Narcotics and Psychotropic substances act 1985 | 2 | RR | | |
| | | Code of Medical ethics 2002 Nursing Council Act | 2 | RR RR | | |
| | | Medical Termination of Pregnancy 1971 & amendments | 2 | RR | | |
| | | Person with disability Act 1995 Pre conception pre natal diagnostic test 1996 | 2 | RR | | |
| | | Right to information act 2005 Indian Tobacco control Act 2003 | 2 | RR | | |
| Standard D11 | | es & Responsibilities of administrative and | clinical staff are det | termined as per gov | t. regulations and standards operating procedures | |
| ME D11.1. | The facility has established job description as per govt guidelines | Job description of Specialist Doctor is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of General duty Doctor is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of nursing staff is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of paramedic staff is defined and communicated | 2 | RR | Regular + contractual. Lab technician, X ray technician, OT technician, MRD technician etc. | |
| | | Job description of counsellor is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of ward boy is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of security staff is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of cleaning staff is defined and communicated | 2 | RR | Regular + contractual | |
| | | Job description of Administrative staff is defined and communicated | 2 | RR | Regular + Contractual MS, Hospital Manager, supervisor, Matron, Ward Master. Pharmacist etc. | |
| ME D11.2. | The facility has a established procedure for duty | Duty roster of doctors is prepared, updated and | 2 | RR/SI | | |
| | roster and deputation to different departments | communicated Duty roster of Nurses is prepared, updated and | | | | |
| | | communicated | 2 | RR/SI | | |
| | | Duty roster of Paramedics is prepared, updated and communicated | 2 | RR/SI | | |
| | | Duty roster of Cleaning staff is prepared, updated and communicated | 2 | RR/SI | | |
| | | Duty roster of security staff is prepared, updated and communicated | 2 | RR/SI | | |
| | | There is provision of Rotatory posting of staff Facility has established line of reporting for clinical | 2 | RR/SI RR/SI | | |
| | The facility ensures the adherence to dress code | and administrative staff Facility has policy for dress code for different cadre of | | | | |
| ME D11.3. | as mandated by its administration / the health department | hospital. | 2 | RR/SI | | |
| | | I Cards have been provided to staff Name plate have been provided to staff | 2 | OB OB | | |
| Standard D12 | | Facility has established procedure for m | onitoring the qualit | y of outsourced serv | vices and adheres to contractual obligations | |
| ME D12.1. | There is established system for contract management | Valid contract for disposal for Bio Medical waste with | | | | |
| ME D12.1. | for out sourced services | common treatment facility Selection of outsourced agencies done through | 2 | RR | | |
| • | | competitive tendering system Eligibility criteria is explicitly defined as per term of | 2 | RR | | |
| | | reference | 2 | RR | | |
| | | There is system to make payment as per adequacy and quality of services provided by the vendor | 2 | RR | Check for that Contract document has provision for dedication of payment if quality of services is not good | |
| | | Payment to the outsourced services are made on time | 2 | RR | | |
| ME D12.2. | There is a system of periodic review of quality of out sourced services | Facility as defined criteria for assessment of quality of outsourced services | 2 | RR | | |
| | sourced services | Regular monitoring and evaluation of staff is done | 2 | RR | | |
| | | according against defined criteria Actions are taken against non compliance / deviation from contractual obligations | 2 | RR/SI | | |
| | | from contractual obligations Records of blacklisted vendors are available with | 2 | RR | | |
| | | facility | Area of Concerr | n - E Clinical Services | | |
| Standard E1 | There is established according for the table of | | rocedures for regis | tration, consultation | n and admission of patients. | |
| ME E1.3 | There is established procedure for admission of patients | Facility ensures that there is process for admission of patients after routine working hours | 2 | RR/SI | | |
| ME E1.4 | There is established procedure for managing patients, in case beds are not available at the | Facility updates daily availability of vacant patient | 2 | RR/SI/PI | | |
| | facility | beds in different in door units | | , | | |
| | | Facility has established plan for accommodating high patient load due to situation like disaster/ mass | 2 | RR/SI | | |
| | | casualty or disease outbreak | | | | |
| | | Facility has policy for internal adjustment of the patient within cold wards for accommodating patient | 2 | RR/SI | | |
| | | as extra temporary measure | astablish adv | | form of notions on the formation | |
| Standard E3 | Facility has established procedure for continuity | Facility has defined and Facility has established policy for co ordination | | | f care of patient and referral | |
| ME E3.1. | of care during interdepartmental transfer | and handover during interdepartmental transfer | 2 | RR/SI | | |
| | | There is a policy for consultation of the patient | 2 | RR/SI | | |
| | For the second data and the second data and | to other specialist with in the hospital | | | | |
| ME E3.2. | Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities | There is policy for referral of patient for which services can not be provided at the facility | 2 | RR/SI | | |
| | to assure their continuity of care. | Facility maintain list of higher centres where | | | | |
| • | | patient can be managed. | 2 | RR/SI | | |
| | | Facility ensures the referral patient to public | 2 | RR/SI | | |
| | | healthcare facilities | | | | |
| · · | | Facility defines and communicate referral criteria for different departments | 2 | RR/SI | | |
| | | Facility defines and communicate referral criteria for | 2 | RR/SI RR/OB | | |

| ME E3.4 | Facility is connected to medical colleges through | There is functional telemedicine centre | 2 | ОВ | | |
|------------------------|---|---|---------------------|-------------------------|--|-----------|
| | telemedicine services | Telemedicine services are utilized for continual | 2 | - | | |
| Standard E4 | | medical education | - | RR/SI | for nursing care | |
| ME E4.1 | Procedure for identification of patients is | There is policy for identification of patient before any | 2 | RR/SI | | |
| | established at the facility | clinical procedure | - | iny si | | |
| ME E4.2. | Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility | There is a policy for ensuring accuracy of verbal/telephonic orders | 2 | RR/SI | | |
| ME E4.3 | There is established procedure of patient hand over, whenever staff duty change happens | Hospital has policy for patient hand over during shift change | 2 | RR/SI | | |
| ME E4.4 | Nursing records are maintained | Hospital has policy for maintaining nursing records | 2 | RR/SI | | |
| ME E4.5 | There is procedure for periodic monitoring of | There is policy for periodic monitoring of patient | 2 | RR/SI | | |
| Standard E5 | patients | | procedure to ident | ify high risk and vuli | nerable patients. | |
| ME E5.1 | The facility identifies vulnerable patients and ensure their safe care | Hospital identify and communicate the category of patient considered as vulnerable | 2 | OB/SI | | |
| ME E5.2 Standard E6 | The facility identifies high risk patients and ensure their care, as per their need | Hospital identify and communicate the category of patient considered as high risk | 2 | OB/SI | r prescribing the generic drugs & their rational use | |
| ME E6.1. | Facility ensured that drugs are prescribed in generic | Facility has policy and enabling order for prescribing | 2 | RR | | <u>•</u> |
| ME E6.2 | name only There is procedure of rational use of drugs | drugs in generic drug only Facility provides adequate copies of STG to respective | 2 | SI/RR | | |
| WIE E0.2 | There is procedure of rational use of drugs | department | | | | |
| | | Facility maintains a list of updated version of STG Facility provides training on use of STG | 2 | RR SI/RR | | |
| Standard E7 | | Facility h | - | res for safe drug ad | ministration | |
| ME E7.3 | There is a procedure to check drug before administration/ dispensing | Facility has policy for reporting of adverse drug reaction | 2 | RR/SI | Adverse drug event trigger tool is used to report the events | |
| Standard E8 | | | rocedures for maint | aining, updating of | oatients' clinical records and their storage | |
| ME E8.7 | The facility ensures safe and adequate storage and retrieval of medical records | kinds of records Hospital has policy for safe disposal of records | 2 | RR | | |
| Standard E11 | The facility has directed more than 1.1.1.1 | The facility has defined and e | | | rvices and Disaster Management | |
| ME E11.3. | The facility has disaster management plan in place | Hospital has prepared disaster plan | 2 | RR | | |
| | | Disaster management committee has been constituted | 2 | RR | | |
| Standard E16 | | | shed procedures for | the management o | f death & bodies of deceased patients | |
| ME E16.1. | Death of admitted patient is adequately recorded and communicated | communicate death to relatives | 2 | SI/RR | | |
| Standard E20 | The facility provides immunization services as per | | | | nt and child as per guidelines | |
| ME E20.1 | guidelines | follow up of AEFI | 2 | SI/RR | | |
| | | Staff is trained for detecting , managing and reporting of AEFIs | 2 | SI/RR | | |
| Standard F1 | | Eacility has infection control program and | | - F Infection Contro | I measurement of hospital associated infection | |
| ME F1.1. | Facility has functional infection control | Infection control committee constitute at the facility | | SI/RR | measurement of hospital associated infection | . <u></u> |
| WIE F 1.1. | committee | ICC is approved by appropriate authority | 2 | SI/RR | | |
| | | Roles and responsibilities are defined and | 2 | SI/RR | | |
| | | communicated to its members ICC meet at periodic time interval | 2 | SI/RR | | |
| | | Records of Infection control activities are maintained | 2 | SI/RR | | |
| ME F1.2. | Facility has provision for Passive and active culture surveillance of critical & high risk areas | Facility has in-house/ linkage with microbiology lab for culture surveillance | 2 | SI/RR | | |
| | | There is defined format for requisition and reporting of culture surveillance | 2 | SI/RR | | |
| | | Reports of culture surveillance are collated and analysed | 2 | SI/RR | | |
| | | Feedback is given to the respective departments | 2 | SI/RR | | |
| ME F1.3 | Facility measures hospital associated infection | Sample are taken for culture to detect HAI in | 2 | SI/RR | | |
| | rates | suspected cases. There is defined criteria and format for reporting HAI | 2 | SI/RR | | |
| | | based on clinical observation Reports from different department are collated and | 2 | SI/RR | | |
| | | analysed | 2 | | | |
| | There is Provision of Periodic Medical Check-ups | Feedback is given to the respective departments | | SI/RR | | [|
| ME F1.4. | and immunization of staff | Records of immunization available | 2 | SI/RR SI/RR | | |
| ME F1.5. | Facility has established procedures for regular monitoring of infection control practices | Records of Medical Check-ups are available There is designated person for Co coordinating infection control activities | 2 | SI/RR | Infection control nurse | |
| | | There is defined format/checklist for monitoring of | 2 | SI/RR | | |
| ME F1.6. | Facility has defined and established antibiotic | hand washing and infection control practices Facility has antibiotic policy in place | 2 | SI/RR | | |
| | policy | There is system for reporting Anti Microbial | 2 | SI/RR | | |
| | | Resistance with in the facility Antibiotic policy includes plan for identifying, | <u> </u> | Signa | | |
| | | Antibiotic policy includes plan for identifying, transferring , discharging and readmitting patients with specific antimicrobial resistant pathogen | 2 | SI/RR | | |
| | | Policy Includes Rational Use of Antibiotics Standard treatment guidelines are followed while | 2 | SI/RR | | |
| | | developing Antibiotic Policy | 2 | SI/RR | | |
| | | There is procedure for periodic Laboratory Surveillance for Antibiotic Resistance | 2 | SI/RR | | |
| | | Facility Measures the Antibiotic Consumption Rates | 2 | SI/RR | | |
| Standard F2 | | Facility has defined and Imple Facility ensures uninterrupted and adequate supply of | emented procedure | s for ensuring hand | hygiene practices and antisepsis | |
| ME F2.1 | Hand washing facilities are provided at point of use | antiseptic soap and alcohol hand rub in all | 2 | SI/RR | | 1 |
| ME F2.2 | Staff is trained and adhere to standard hand | departments Check for the records that training have been | 2 | SI/RR | | |
| | washing practices Facility ensures standard practices and materials | provided Facility ensures uninterrupted and adequate supply of | | | | |
| ME F2.3 | for antisepsis | antiseptics | 2 | SI/RR | | |
| Standard F3 | Facility ensures adequate personal protection | | | and materials for P | ersonal protection | |
| ME F3.1 | equipment as per requirements | Availability of Heavy duty gloves for cleaning staff Availability of gum boats for cleaning staff | 2 | OB/SI OB/SI | <u> </u> | |
| | | | | | | |
| | | Availability of mask for cleaning staff | 2 | OB/SI | | |
| | | | 2 2 2 | OB/SI OB/SI SI/RR | | |

| ME F3.2 | Staff is adhere to standard personal protection | There is policy for judicious use of personal protective equipment specially sterile gloves | 2 | SI/RR | | |
|--|--|--|--|---|---|--|
| Standard F4 | practices | | ard Procedures for | processing of equipr | nent and instruments | |
| ME F4.1 | Facility ensures standard practices and materials for decontamination and cleaning of instruments and | Facility ensure adequate supply of disinfectant at the | 2 | SI/RR | Disinfectant like hypochlorite, bleaching powder etc. | |
| | procedures areas | point of use | | | | |
| | | Staff is trained for preparation of disinfectant solution | 2 | SI/RR | | |
| Standard F5 | | | mental control of t | he patient care area | s ensures infection prevention | |
| ME F5.2 | Facility ensures availability of standard materials for cleaning and disinfection of patient care areas | Facility ensure the availability of good quality disinfectant and cleaning material | 2 | SI/RR | | |
| ME F5.4 | Facility ensures segregation infectious patients | Hospital has policy for identification and segregation | 2 | SI/RR | | |
| Standard F6 | | of infectious patient ility has defined and established procedures | s for segregation, co | | and disposal of Bio Medical and hazardous Waste | |
| ME F6.1 | Facility Ensures segregation of Bio Medical Waste | | 2 | SI/RR | | |
| | as per guidelines | Separate bins for Recyclable and biodegradable waste | 2 | | Check adequacy in patient care and administrative areas. Also | |
| | | is available There is established procedure for daily monitoring of | _ | | check there is no mixing of waste | |
| | | proper segregation of Bio medical waste by a designated person | 2 | SI/RR | | |
| | | Bar code system for the bags or containers containing BMW | 2 | | | |
| ME F6.2 | Facility ensures management of sharps as per | Facility ensures supply of puncture proof containers | 2 | SI/RR | Containers are puncture proof, leak proof and temper proof | |
| | guidelines | and needle cutters Facility ensures availability of post exposure | 2 | | ······································ | |
| | | prophylaxis drugs | | SI/RR | | |
| | | There is system for reporting of needle stick injuries | 2 | SI/RR | | |
| ME F6.3. | Facility ensures transportation and disposal of waste as per guidelines | Facility has secured designated place for storage of Bio Medical waste before disposal | 2 | SI/OB | | |
| | | BMW is stored in lock and key Log book /Record of waste generated is maintained on | 2 | SI/OB | Check there is no scope for unauthorized entry | |
| | | day to day basis | 2 | RR | Check records are being displayed monthly on its web site | |
| | | No signs of burning within the premises. Check infectious liquid waste is not directly drained in | 2 | OB OB | | |
| | | to municipal sewerage system Display of Bio Hazard sign at the point of use | 2 | OB | | |
| | | Infectious Waste is not stored for more than 48 hours | 2 | RR | | |
| | | Disposal of anatomical waste as per BMW rule | 2 | OB/SI/RR | Preferably by CTWF/in-house deep burial pits/ In house | |
| | | | | | incinerator with prior approval Preferably by CTWF/ Deep burial/ in absence of above | |
| | | Disposal of solid waste as per BMW rule | 2 | OB/SI/RR | autoclaving or micro waving/ hydroclaving followed by shredding or mutilation or combination of sterlization and shredding. | |
| | | Disposal of sharp waste as per BMW rule | 2 | OB/SI/RR | Preferably by CTWF/autoclaving or dry heat sterlization followed by shredding or mutilation or encapsulation in metal | |
| | | | | | contained or cement concrete Preferably by CTWF/Autoclaving or microwaving/ hydroclaving | |
| | | Disposal of contaminated waste (recyclable) as per BMW rule | 2 | OB/SI/RR | followed by shredding or mutilation or combination of sterlization and shredding Preferably By CTWF/ disinfection (by soaking the washed | |
| | | Disposal of Glass ware and metallic body implants (Blue) | 2 | | glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving | |
| | | Annual report to the pollution control board is submitted | 2 | RR | | |
| | | | | | | |
| | | Biomedical waste transported in authorized vehicle | 2 | OB/SI/RR | | |
| | | | Area of Concern - | G Quality Managem | | |
| Standard G1 | | The facility has est | Area of Concern - (tablished organizati | l G Quality Managem ional framework for | quality improvement | |
| Standard G1 ME G1.1 | The facility has a quality team in place | The facility has est District Quality Team for district hospitals are Constituted | Area of Concern - | G Quality Managem | | |
| | The facility has a quality team in place | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overall quality assurance program at the | Area of Concern - (tablished organizati | l G Quality Managem ional framework for | quality improvement | |
| | The facility has a quality team in place | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overall quality assurance program at the facility. There is designated head of the quality team | Area of Concern - tablished organizati 2 | G Quality Managem ional framework for SI/RR | quality improvement Check for Office order by designated authority | |
| | | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality critics and overall quality assurance program at the facility There is designated head of the quality team Team members are aware for of there respective responsibilities | Area of Concern - tablished organizati 2 2 | G Quality Managem ional framework for SI/RR SI/RR | quality improvement Check for Office order by designated authority Hospital Manager | |
| | The facility has a quality team in place | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overal quality assurance program at the facility There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality activities | Area of Concern - 1 tablished organizati 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for Si/RR Si/RR Si/RR Si/RR Si/RR | quality improvement Check for Office order by designated authority Hospital Manager | |
| ME G1.1 | The facility reviews quality of its services at periodic | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overall quality assumce program at the facility There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality activities Minutes of meeting are recorded | Area of Concern - 1 tablished organizati 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for Si/RR Si/RR Si/RR Si/RR Si/RR Si/RR RR | quality improvement Check for Office order by designated authority Hospital Manager MS | |
| ME G1.1 | The facility reviews quality of its services at periodic | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality crites and overall quality assurance program at the facility. There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality activities Minutes of meeting are recorded Results for internal /External assessment are discussed in the meeting | Area of Concern - 1 tablished organizat 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for si/RR Si/RR Si/RR Si/RR Si/RR RR Si/RR | quality improvement Check for Office order by designated authority Hospital Manager MS Check the meeting records | |
| ME G1.1 | The facility reviews quality of its services at periodic | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co cordinating with the quality critics and overall quality assurance program at the facility There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality activities Minutes of meeting are recorded Results for internal /External assessment are discussed in the meeting Hospital performance and indicators are reviewed in meeting | Area of Concern - 1 tablished organizat 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for SI/RR SI/RR SI/RR SI/RR RR SI/RR SI/RR SI/RR | quality improvement Check for Office order by designated authority Hospital Manager MS | |
| ME G1.1 | The facility reviews quality of its services at periodic | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality crites and overal quality assurance program at the facility There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality activities Minutes of meeting are recorded Results for internal /External assessment are discussed in the meeting Hospital performance and indicators are reviewed in meeting Progress on time bound action plan is reviewed Follow up actions from previous meetings are | Area of Concern - 1 tablished organizat 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for SI/RR SI/RR SI/RR SI/RR RR SI/RR SI/RR SI/RR SI/RR | quality improvement Check for Office order by designated authority Hospital Manager MS Check the meeting records | |
| ME G1.1 | The facility reviews quality of its services at periodic | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality circles and overal quality assurance program at the facility. There is designated head of the quality team Team members are aware for of there respective responsibilities. Quality team meets monthly and review the quality activities Minutes of meeting are recorded Results for internal / External assessment are discussed in the meeting Hospital performance and indicators are reviewed in meeting Progress on time bound action plan is reviewed | Area of Concern - tablished organizat 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR SI/RR | quality improvement Check for Office order by designated authority Hospital Manager MS Check the meeting records | |
| ME G1.1 | The facility reviews quality of its services at periodic intervals | The facility has est District Quality Team for district hospitals are Constituted There is designated person for co coordinating with the quality critics and overal quality assurance program at the facility. There is designated head of the quality team Team members are aware for of there respective responsibilities Quality team meets monthly and review the quality activities Minutes of meeting are recorded Results for internal /External assessment are discussed in the meeting Hospital performance and indicators are reviewed in meeting Progress on time bound action plan is reviewed Follow up actions from previous meetings are reviewed Resource requirement and support from higher level are discussed | Area of Concern - tablished organizat 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | G Quality Managem ional framework for SI/RR SI/RR SI/RR SI/RR RR SI/RR SI/RR SI/RR SI/RR | quality improvement Check for Office order by designated authority Hospital Manager MS Check the meeting records Check the meeting records Check the meeting records Check the meeting records | |
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| | | There is procedure for preparing action plan for improving employee satisfaction | 2 | RR/SI | | |
|--------------------------|---|---|-----------------------|----------------------|--|------|
| Standard G3 | | Facility have established interna | l and external qual | ty assurance progra | ams wherever it is critical to quality. | |
| ME G3.1. | Facility has established internal quality assurance program at relevant departments | Daily round schedule is defined and practiced | 2 | SI/RR | Check for entries in Round Register | |
| ME G3.2. | Facility has established external assurance programs at relevant departments | External Quality assurance is done on(at) defined interval by DQAC(can be deleted) | 2 | SI/RR | | |
| | · · · · · · · · · · · · · · · · · · · | External Quality assurance is done on(at) defined interval by SQAC(can be deleted) | 2 | SI/RR | | |
| | Facility has established system for use of check | | | | NQAS, Kayakalp, SaQushal tools are used to conduct internal | |
| ME G3.3 | lists in different departments and services | Internal assessment is done at periodic interval | 2 | RR/SI | assessment | |
| | | Departmental checklist are used for monitoring and quality assurance | 2 | SI/RR | Staff is designated for filling and monitoring of these checklists | |
| | | | 2 | 88 | | |
| | | Non-compliances are enumerated and recorded | 2 | RR | Check the non compliances are presented & discussed during quality team meetings | |
| ME G3.4 | Actions are planned to address gaps observed | Check action plans are prepared and implemented as per internal assessment record findings | 2 | RR | Randomly check the details of action, responsibility, time line and feedback mechanism | |
| | during quality assurance process | - | | | Check actions have been taken to close the gap. It can be in | |
| ME G3.5 | Planned actions are implemented through Quality Improvement Cycles (PDCA) | Check PDCA or revalent quality method is used to take corrective and preventive action | 2 | SI/RR | form of action taken report or Quality Improvement (PDCA) project report | |
| Standard G4 | | has established, documented implemente | d and maintained S | tandard Operating I | procedures for all key processes and support servi | ces. |
| ME G4.1. | Departmental standard operating procedures are available | Hospital has documented Quality system manual | 2 | RR | | |
| | | Hospital has Records of distribution of Standard operating procedure | 2 | RR | | |
| | | Hospital has system for periodic review of the | 2 | RR | | |
| | | standard procedures as and when required | 2 | nn. | | |
| ME G4.2. | Standard Operating Procedures adequately describes process and procedures | Hospital has documented system for Internal audits at defined intervals | 2 | RR | | |
| | | Hospital has documented procedure for control | 2 | RR | | |
| | | of documents and records Hospital has documented procedure for defining | 2 | RR | | |
| | | Quality objectives Hospital has documented procedure for action | 2 | RR | | |
| | | planning | 4 | nn | | |
| | | Hospital has documented procedure for training and CMEs of hospital staff at defined intervals | 2 | RR | | |
| | | Hospital has documented procedure for monthly | 2 | RR | | |
| | Staff is trained and aware of the standard | review meeting | | | | |
| ME G4.3. | procedures written in SOPs | Check Staff is trained for relevant part of SOPs | 2 | SI/RR | Check for the training records | |
| | | | | | (a) Check availability of requisition forms & formats for developing the required documents. A system in place to draft, | |
| ME G4.4 | The facility ensures documented policies and procedures are appropriately approved and | Hospital has established procedure for drafting, reviewing, approving the Quality Management | 2 | RR | review the QMS documents and approval to use the documents is given by appropriate authority. | |
| | controlled | systems documents | | | (b) Check the detailed procedure is mentioned in Quality Improvement manual and followed | |
| | | | | | | |
| | | Hospital has established procedure for controlling & | 2 | RR | (a) Check all the QMS documents and records (both internal & external origin) are controlled. | |
| | | updating the QMS documents | - | NN . | (b) Check the documents are updated as and when required | |
| | | | | | (a) Check system in place to retention and retrieval the all QMS | |
| | | Hospitals has established system to provide | | | documents (b) Check all documents have title, effective date, reference | |
| | | identification number to the QMS documents and records | 2 | RR | number etc and signed by competent authority | |
| | | | | | (C) Check the system is meticulously followed in all departments | |
| | | | 2 | RR | (a) Check master list of documents and records is maintained. | |
| | | Master list of the documents and records is available | | | (b) Check the list is updated. | |
| Standard G 5 ME G5.1. | Facility maps its critical processes | Process mapping of critical processes done | to make them mor | SI/RR | ing non value adding activities and wastages | |
| ME G5.2. | Facility identifies non value adding activities / waste / redundant activities | Non value adding activities are identified | 2 | SI/RR | | |
| ME G5.3. | Facility takes corrective action to improve the | Processes are rearranged as per requirement | 2 | SI/RR | | |
| Standard G6 | processes | | alues, Quality policy | & objectives & pre | pared a strategic plan to achieve them | |
| | | | | | Mission state meant should define the purpose , target users | |
| ME G6.1 | Facility has defined mission statement | Check if mission statement has been defined adequately | 2 | SI/RR | and long term goal of facility. Mission should be defined in consultation with stakeholders and duly approved by head of | |
| | | adequatery | | | facility. Mission should be in coherence with the stated mission of state health department and National Health Mission | |
| | | | | | Check if core values of organization such as non discrimination, | |
| ME G6.2 | Facility has defined core values of the organization | Check if core values of the facilities have been defined | 2 | SI/RR | transparency, ethical clinical practices, competence etc have been defined | |
| | | | | | Check quality policy of the facility has been defined in | |
| ME G6.3 | Facility has defined Quality policy, which is in congruency with the mission of facility | Check if Quality Policy has been defined and approved | 2 | SI/RR | consultation with hospital staff and duly approved by the head of the facility . Also check Quality Policy enables achievement | |
| | | | | | of mission of the facility and health department | |
| | Facility has de defined quality objectives to achieve | | | | Check short term valid quality objectivities have been framed addressing key quality issues in each department and cores | |
| ME G6.4 | mission and quality policy | Check if SMART Quality Objectives have framed | 2 | SI/RR | services. Check if these objectives are Specific, Measurable, | |
| | Mission, Values, Quality policy and objectives are | | | | Attainable, Relevant and Time Bound. Interview with staff for their awareness. Check if Mission | |
| ME G6.5 | effectively communicated to staff and users of services | Check of staff is aware of Mission , Values, Quality Policy and objectives | 2 | SI/RR | Statement, Core Values and Quality Policy is displayed prominently in local language at Key Points | |
| | | | | | Verify with records that a time bound action plan has been | |
| ME G6.6 | Facility prepares strategic plan to achieve mission, quality policy and objectives | Check if plan for implementing quality policy and objectives have prepared | 2 | SI/RR | prepared to achieve quality policy and objectives in consultation with hospital staff . Check if the plan has been | |
| | | | | | approved by the hospital management | |
| ME G6.7 | Facility periodically reviews the progress of strategic | Check time bound action plan is being reviewed at | 2 | SI/RR | Review the records that action plan on quality objectives being reviewed at least once in month by departmental in charges | |
| | plan towards mission, policy and objectives | regular time interval | - | synn | and during the quality team meeting. The progress on quality objectives have been recorded in Action Plan tracking sheet | |
| Standard G7 | | Facility seeks cont | inually improvemer | it by practicing Qua | lity method and tools. | |
| ME G7.1. | Facility uses method for quality improvement in services | PDCA | 2 | SI/RR | | |
| | | 55 Mistaka proofing | 2 | SI/OB SI/OB | | |
| | | Mistake proofing Six Sigma | 2 | SI/OB SI/RR | | |
| ME G7.2. | Facility uses tools for quality improvement in services | Basic tools of Quality | 2 | SI/RR | | |
| | | Prateo/Priorization Gantt Chart/Project Management | 2 | SI/RR SI/RR | | |
| Standard G8 | | | d communicated Ri | | mework for existing and potential risks. | |
| | | | | | | |

| ME G8.1 | Risk Management framework has been defined including context, scope, objectives and criteria | Check for adequacy of Risk Management Framework | 2 | SI/RR | Review the risk management framework document. Check scope and objectives of the framework is contextual to the facility and criterion for identifying risk has been explicitly laid out. | |
|--------------------------|--|--|---|---|--|--|
| ME G8.2 | Risk Management framework defines the responsibilities for identifying and managing risk at each level of functions | Check if responsibilities for identifying and managing risk has been defined and communicated | 2 | SI/RR | Review risk management framework delineation of responsibilities amongst staff for identifying the risk in their work area and their management. Verify with the staff members if they are aware of their responsibilities | |
| ME G8.3 | Risk Management Framework includes process of reporting incidents and potential risk to all stakeholders | Check if process of reporting risks and hazards have been defined | 2 | SI/RR | Review risk management framework for process of reporting incidents including near miss and potential risks | |
| ME G8.4 | A compressive list of current and potential risk including potential strategic, regulatory, operational, financial, environmental risks has been prepared | Check if list of existing and potential risk have been prepared | 2 | SI/RR | Review risk management framework includes list of identified current and potential risks. These may included safety, strategic, financial, statutory, operational and environmental risks. | |
| ME G8.5 | Modality for staff training on risk management is defined | Check training on risk management has been provided to key staff members | 2 | SI/RR | Verify with the training records . Training on risk management at least should be provided to person responsible for indemnifying and managing risks | |
| ME G8.6 | Risk Management Framework is reviewed periodically | Check risk management framework is reviewed at least once in a year | 2 | SI/RR | Check with the records that quality team/ risk management committee reviews the framework at least once in a year | |
| Standard G9 | Risk management plan has been prepared and | | assessing, reportin | g, evaluating and m | anaging risk as per Risk Management Plan Review the risk management plan document. Check it has been | |
| ME G9.1 | approved by the designated authority and there is a system of its updating at least once in a year | Check if a valid risk management plan is available at the facility | 2 | SI/RR | updated at lest once in a month and duly approved by the head of facility. | |
| ME G9.2 | Risk Management Plan has been effectively communicated to all the staff, and as well as relevant external stakeholders | Check if risk management plan has been communicated to all stake holders | 2 | SI/RR | ask staff if they are aware of key actionable points of risk management plan of their concerned areas. Check what measures hospital administration has taken for effective dissemination of risk management plan amongst staff members, outsource agencies and as well as concerned officials in district and state health administration | |
| ME G9.3 | Risk assessment criteria and checklist for assessment have been defined and communicated to relevant stakeholders | Check if risk assessment checklist is available with stakeholders | 2 | SI/RR | Check if facility has prepared assessment checklist for identifying risk on routine basis. This checklist has been disseminate to the staff members responsible for identifying and reporting risks | |
| ME G9.4 | Periodic assessment for Physical and Electrical risks is done as per defined criteria | Check if periodic assessment of Physical and electrical safety risk is done using the risk assessment checklist | 2 | SI/RR | Verify with the assessment records. Comprehensive of physical and electrical safety should be done at least once in three month | |
| ME G9.5 | Periodic assessment for potential disasters including re is done as per de defined criteria | Check periodic assessment pf potential disaster is done periodically | 2 | SI/RR | Check comprehensive assessment of both manmade and natural potential disaster is done at least once in year | |
| ME G9.6 | 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 | 2 | SI/RR | Verify with the records. A comprehensive risk assessment of all clinical processes should be done using pre define d criteria at least once in three month. | |
| 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 | Check if Periodic assessment of violence risks is done | 2 | SI/RR | Verify with records. At least once in year and whenever a major incident has occurred. | |
| ME G9.8 | Risks identified are analysed evaluated and rated for severity | Check if various risks identified during the risk assessment proceeds are formally evaluated | 2 | SI/RR | Risk identified should be listed and evaluated for their security and frequency for occurrence. A risk severity score / grade should be give to each risk identified and according gaps should be rated. Verify with the records | |
| ME G9.9 | Identified risks are treated based on severity and | Check if risk have high severe are prioritised. | 2 | SI/RR | Check risks are prioritized base on their severity rating. Verify | |
| ME G9.10 | resources available A risk register is maintained and updated regularly to risk records identify ed risks, there severity and action to be taken | Check if a risk register is maintained | 2 | SI/RR | with the records Check hospital administration/ responsible committee maintains a risk register which risk identified, their severity, action to be taken to mitigate risk and follow up action. Check if risk register share been updated timely. | |
| | | | | | in tisk register share been updated timely. | |
| Standard G10 | | The facility has established clinical (| Governance framev | vork to improve qua | lity and safety of clinical care processes | |
| Standard G10 ME G10.1 | The facility has defined clinical governance framework | The facility has established clinical (Facility has defined framework for clinical Governance | Governance framev | r <mark>ork to improve qua</mark> RR/SI | | |
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| ME H2.1 | Facility measures efficiency Indicators on monthly basis | Overall Referral Rate | 2 | RR | | |
|-------------|---|--|----------------------|-----------------------|--|--|
| | | Overall discharge rate | 2 | RR | | |
| | | Proportion of obstetric cases out of total IPD | 2 | RR | | |
| | | Proportion of fund/ grant utilized | 2 | RR | | |
| Standard H3 | | The facility measures Clinica | l Care & Safety Indi | cators and tries to r | each State/National benchmark | |
| ME H3.1 | Facility measures Clinical Care & Safety Indicators on monthly basis | Average Length of Stay | 2 | RR | | |
| | | Crude mortality rate | 2 | RR | | |
| | | Maternal mortality per 1000 deliveries | 2 | RR | | |
| | | Neonatal mortality per 1000 live births | 2 | RR | | |
| | | Hospital acquired infection rate | 2 | RR | Surgical Site, Device related hospital acquired infection rate | |
| Standard H4 | | The facility measures Service | Quality Indicators | and endeavours to i | reach State/National benchmark | |
| ME H4.1 | Facility measures Service Quality Indicators on monthly basis | Overall LAMA Rate | 2 | RR | | |
| | | Patient satisfaction Score IPD | 2 | RR | | |
| | | Staff Satisfaction Score | 2 | RR | | |
| | | Turn over rate of contractual staff | 2 | RR | | |