सत्यमेव जयते

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

ASSESSOR'S GUIDEBOOK FOR QUALITY ASSURANCE IN DISTRICT HOSPITALS

2013

VOLUME - I

Ministry of Health and Family Welfare
Government of India

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VOLUME - I

Maternal Health Division
Ministry of Health and Family Welfare
Government of India

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DISCLAIMER

The check-lists given in Volume I & II have been developed after review of Indian Public Health Standards (IPHS), Guidelines of Ministry of Health & Family Welfare, National Health Programmes, Standard Text Books, Journals & Periodicals, etc. The check-lists are to be used as tools for the Quality Improvement. While taking patient and clinical care related decisions these check-lists may not be used.

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PREFACE

The National Rural Health Mission (NRHM) Strives to Provide Quality Health care to all citizens of the country in an equitable manner. The 12th five year plan has re-affirmed Government of India's commitment – *"All government and publicly financed private health care facilities would to expected to achieve and maintain Quality Standards. An in-house quality management system will be built into the design of each facility, which will regularly measure its quality achievements."*

Indian Pubic Health Standards (IPHS) developed during 11th Five Year Plan describe norms for health facilities at different levels of the Public Health System. However, It has been observed that while implementing these Standards, the focus of the states has been mostly on creating IPHS specified infrastructure and deploying recommended Human Resources. The requirement of national programmes for ensuring quality of the services and more importantly use's perspective are often overlooked.

The need is to create an inbuilt and sustainable quality for Public Health Facilities which not only delivers good quality but is also so perceived by the clients. The guidelines have been prepared with this perspective defining relevant quality standards, a robust system of measuring these standards and institutional framework for its implementation.

These operational guidelines and accompanying compendium of cheek-lists are intended to support the efforts of states in ensuring a credible quality system at Public Health Facilities. I do hope states would take benefit of this painstaking work.

(Keshav Desiraju)

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FOREWORD

The successful implementation of NRHM since its launch is 2005 is clearly evident by the many fold increase in OPD, IPD and other relevant services being delivered in the Public health institutions, however, the quality of services being delivered still remains an issue. The offered services should not only be judged by its technical quality but also from the perspective of service seekers. An ambient and bright environment where the patients are received with dignity and respect along with prompt care are some of the important factors of judging quality from the clients' perspective.

Till now most of the States' approach toward the quality is based on accreditation of Public Health Facilities by external organizations which at times is hard to sustain over a period of time after that support is withdrawn. Quality can only be sustained, if there is an inbuilt system within the institution along with ownership by the providers working in the facility As Aristotle said "Quality is not as act but a habit"

Quality Assurance (QA) is cyclical process which needs to be continuously monitored against defined standards and measurable elements. Regular assessment of health facilities by their own staff and state and 'action-planning' for traversing the observed gaps is the only way in having a viable quality assurance prgramme in Public Health. Therefore, the Ministry of Health and Family welfare (MOHFW) has prepared a comprehensive system of the quality assurance which can be operationalzed through the institutional mechanism and platforms of NRHM.

I deeply appreciate the initiative taken by Maternal Health division and NHSRC of this Ministry in preparing these guidelines after a wide range of consultations. It is hoped that States' Mission Directors and Programme Officers will take advantage of these guidelines and initiate quick and time bound actions as per the road map placed in the guidelines.

(Anuradha Gupta)

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FOREWORD

The National Rural Health Mission (NRHM) was launched in the year 2005 with aim to provide affordable and equitable access to public health facilities. Since then Mission has led to considerable expansion of the health services through rapid expansion of infrastructure, increased availability of skilled human resources; greater local level flexibility in operations, increased budgetary allocation and improved financial management. However, improvement in Quality of health services at every location is still not perceived, generally.

Perceptions of poor quality of health care, in fact, dissuade patients from using the available services because health issues are among the most salient of human concerns. Ensuring quality of the services will result in improved patient/client level outcomes at the facility level

Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets the need of Public Health system in the country which is sustainable. The present guidelines on Quality Assurance has been prepared with a focus on both the technical and perception of service delivery by the clients. This would enhance satisfaction level among users of the Government Health Facilities and reposing trust in the Public Health System.

The Operational guidelines along-with standards and checklist are expected to facilitate the states in improving and sustaining quality services beginning with RMNCH-A services at our Health facilities so as to bring about a visible change in the services rendered by them. The guideline is broad based and has a scope for extending the quality assurance in disease control and other national programme. It is believed that states will adopt it comprehensively and extend in phases for bringing all services under its umbrella. Feedback from the patients about our services is single-most important parameter to assess the success of our endeavour.

I acknowledge and appreciate the contribution given by NRHM division and NHSRC to RCH division of this Ministry in preparing and finalizing the guidelines. I especially acknowledge proactive role and initiative taken by Dr. Himanshu Bhushan, Deputy Commissioner and I/C of Maternal Health Division, Dr. SK Sikdar Deputy Commissioner and I/C of family planning Division and Dr. JN Srivastava of NHSRC in framing these guidelines.

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The Operational Guidelines for Quality Assurance have been developed by the Ministry of Health and family welfare GOI, under the guidance and support of Shri Keshav Desiraju, Secrelary, Health & Family Welfare, GoI. The contribution and insightful inputs given by Ms. Anuradha Gupta, Additional Secretary & Mission Director NRHM helped in firming up the guidelines within a set time period.

I must appreciate the efforts and initiatives of the entire team of Maternal Health, Family Planning & Child health Divisions, especially Dr. Himanshu Bhushan (DC MH I/C), Dr S K Sikdar (DC FP I/C), and Dr PK Prabhakar (DC CH), who have coordinated the process of developing these Operational Guidelines besides making substantial technical contributions in it.

The technical contribution by Dr J.N Srivastava, Head of QI Division and their team members Dr. Nikhil Prakash and Dr. Deepika Sharma of NHSRC need a special mention for their robust and sound contribution and collating all available information.

I would like to express my sincere gratitude to Mr. Vikas Kharge, Mission Director & Dr. Satish Pawar, DG (Health), Govt. of Maharashtra for their inputs and continued support. I would also like to place on record the contribution of development partners like WHO, UNICEF, UNFPA particularly Dr. Arvind Mathur, Dr Malalay, Dr. Ritu Agarwal and Dr. Dinesh Agarwal.

I would like to convey my special thanks to all the experts, particularly Dr. Poonam Shivkumar from MGIMS, Wardha, Dr. Neerja Bhatla from AIIMS, Dr. R Rajendran, Institute of OBGYN, Chennai, Dr R.P. Sridhar from MCH Gujart Dr. P. Padmanaban and Mr. Prashanth from NHSRC, MH Division Consultants Dr. Pushkar Kumar, Mr Nikhil Herur, Dr. Rajeev Agarwal and Dr. Anil Kashyap for putting their best efforts in preparing several drafts and final guidelines. Since it is difficult to acknowledge all those who contributed a list of contributors is attached in the guidelines.

I hope these Operational Guidelines and accompanying compendium of check-lists facilitate to build a sound and credible quality system at Public Health facilities at-least in provision of RMNCH-A services to start with.

(Dr. Rakesh Kumar)

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Program Officer's Message

'Quality' is the core and most important aspect of services being rendered at any health facility. The Clinicians at the health facility particularly public health facilities mostly deliver their services based on their clinical knowledge. Mostly client's expectations goes beyond only cure & includes courtesy, behavior of the staff, cleanliness of the facility & delivery of prompt & respectful service. Few of these clinician's also take care of clients perspective however in many cases, it is overlooked. Those who can afford, can go to a private facility but the large mass particularly the poor and those living in rural areas do not have such means neither they have the voices which can be heard.

Government System particularly the policy makers, planners and programme officers have this responsibility to act upon the needs of the people, who cannot raise voices but needs equal opportunity, at par with those who can afford. Fulfilling the needs of sick and ailing is the responsibility of public health service provider.

We have several stand alone guidelines from IPHS to Technical aspects of service delivery but there is no standard guideline defining quality assurance and its different parameters. The present set of guidelines have been prepared comprehensively beginning with areas of concerns, defining its standards, measurable elements and checkpoints both from service provider and service seekers aspect. There is a prudent mix of technical, infrastructural and clients perspective while framing these guidelines.

The programme divisions of RCH, NRHM, NHSRC and other experts along with team from Govt. of Maharashtra, representative from Govt. Of Karnataka, Gujarat, Tamil Nadu and Bihar along with institutional experts had extensive deliberations before firming up each and every aspects of these guidelines.

It is an earnest request to all the States and District Programme Officers to utilize these guidelines for placing the services as per the expectations of those who do not have means to afford treatment and services from a private health facility. Protecting the dignity and rendering timely services with competency to the clients is our moral duty but we also need to assess the quality of services sitting on the opposite side of the chair. Implementing these guidelines in letter and spirit will help us in achieving our desired outcomes.

Ensuring standard practices and adherence to the technical protocols, changing behavior and attitude of a staff is not an easy task. It needs rigorous monitoring, continuous support and encouragement by the supervisors and most importantly the ownership of the staff working at the facility for implementation and sustainability of quality efforts. The guidelines are only a tool and its success will depend upon actions envisaged under these guidelines.

(Dr. Himanshu Bhushan)

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HOW TO USE ASSESSOR'S GUIDEBOOK

Assessor's Guidebook contains tools for Internal and External Assessment of a District Hospital (and equivalent health facility). Volume I contains guidelines for Assessment and nine departmental checklists. Volume II of this guidebook have another nine departmental checklist. CD provided with volume I contains a formula fitted MS-Excel tool with can be used for reproducing these checklist and for generating score cards.

List of check-lists given in Assessor's Guidebook is given below –

Volume I		Volume II	
1	Accident & Emergency Department	10	Intensive Care Unit (ICU)
2	Out Patient Department	11	Indoor Patient Department
3	Labour Room	12	Blood Bank
4	Maternity Ward	13	Laboratory Services
5	Paediatrics Ward	14	Radiology & USG
6	Sick Newborn Care Unit (SNCU)	15	Pharmacy
7	Nutritional Rehabilitation Center (NRC)	16	Auxiliary Services
8	Operation Theatre	17	Mortuary
9	Post Partum Unit	18	General Administration

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PART-A

GUIDELINES FOR ASSESSMENT

I INTRODUCTION TO QUALITY MEASUREMENT SYSTEM

Often, measuring the quality in health facilities has never been easy, more so, in Public Health Facilities. We have had quality fame-work and Quality Standards & linked measurement system, globally and as well as in India. The proposed system has incorporated best practices from the contemporary systems, and contextualized them for meeting the needs of Public Health System in the country.

The system draws considerably from the guidelines (more than one hundred fifty in number), Standards and Texts on the Quality in Healthcare and Public health system, which ranges from ISO 9001 based system to healthcare specific standards such as JCI, IPHS, etc. Operational Guidelines for National Health Programmes and schemes have also been consulted.

We do realise that there would always be some kind of 'trade-off', when measuring the quality. One may have short and simple tools, but that may not capture all micro details. Alternatively one may devise all-inclusive detailed tools, encompassing the micro-details, but the system may become highly complex and difficult to apply across Public Health Facilities in the country.

Another issue needed to be addressed is having some kind of universal applicability of the quality measurement tools, which are relevant and practical across the states. Therefore, proposed system has flexibility to cater for differential baselines and priorities of the states.

Following are salient features of the proposed quality system -

1. **Comprehensiveness** – The proposed system is all inclusive and captures all aspects of quality of care within the eight areas of concern. The eighteen departmental check-sheets transposed within seventy standards, and commensurate measurable elements provide an exhaustive matrix to capture all aspects of quality of care at the Public Health Facilities.
2. **Contextual** – The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities; since Public Hospitals have their own processes, responsibilities and peculiarities, which are very different from 'for-profit' sector. For instance, there are standards for providing free drugs, ensuring availability of clean linen, etc. which may not be relevant for other hospitals.
3. **Contemporary –** Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and their relevant practices have been incorporated.
4. **User Friendly –** The Public Health System requires a credible Quality system. It has been endeavour of the team to avoid complex language and jargon. So that the system remains user-friendly to enable easy understanding and implementation by the service providers. Checklists have been designed to be user-friendly with guidance for each checkpoint. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for the convenience, and also to avoid calculation errors.
5. **Evidence based –** The Standards have been developed after consulting vast knowledge resource available on the quality. All respective operational and technical guidelines related to RMCH+A and National Health Programmes have been factored in.
6. **Objectivity –** Ensuring objectivity in measurement of the Quality has always been a challenge. Therefore in the proposed quality system, each Standard is accompanied with measurable elements & Checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures inter-departmental variability for the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a snap-shot, which can be used for monitoring, as well as for inter-hospital/ inter-state(s) comparison.
7. **Flexibility –** The proposed system has been designed in such a way that states and Health Facilities can adapt the system according to their priorities and requirements. State or facilities may pick some of the departments or group of services in the initial phase for Quality improvement. As baseline differs from state to state, checkpoints may either be made essential or desirable, as per availability of resources. Desirable checkpoints will be counted

in arriving at the score, but this may not withhold its certification, if compliance is still not there. In this way the proposed system provides flexibility, as well as 'road-map'.

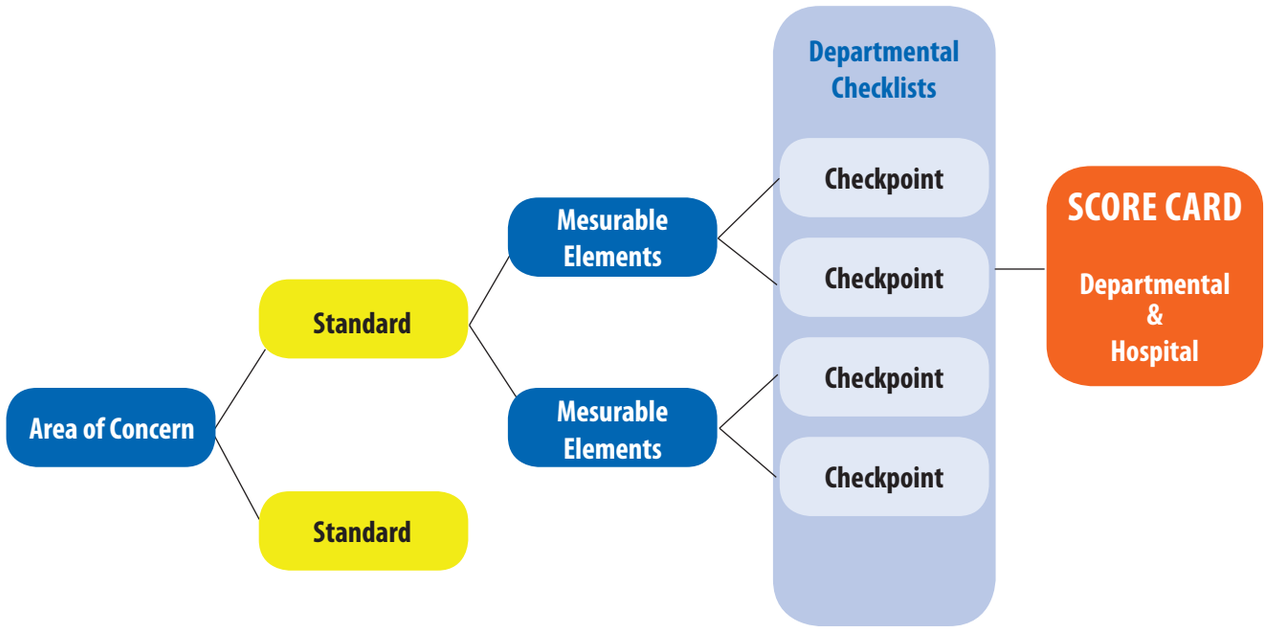
8. **Balanced –** All three components of Quality – Structure, process & outcome, have been given due weightage.
9. **Transparency –** All efforts have been made to ensure that the measurement system remains transparent, so that assessee and assessors have similar interpretation of each checkpoint.
10. **Enabler –** Though standards and checklists are primarily meant for the assessment, it can also be used as a 'road-map' for improvement.

II COMPONENTS OF QUALITY MEASUREMENT SYSTEM AND THEIR INTENT

The main pillars of Quality Measurement Systems are Quality Standards. There are **Seventy standards,** defined under the proposed quality measurement system. The standards have been grouped within the eight **areas of concern**. Each Standard further has specific **measurable elements**. These standards and measurable elements are checked in each department of a health facility through department specific **checkpoints**. All Checkpoints for a department are collated, and together they form assessment tool called '**Checklist**'. Scored/ filled-in Checklists would generate scorecards.

Functional relationship between quality standards, measurable elements, check-points and check-sheet is shown in Figure1.

Figure 1: Functional Relationship between Components of Quality Measurement System



Following are the area of concern in a health facility –

1. Service Provision
2. Patient Rights
3. Inputs
4. Support Services
5. Clinical Services
6. Infection Control
7. Quality Management
8. Outcome

Categorization of standards within the eight areas of concern is in line with the Quality of Care model - Structure, Process and Outcome. Summary of each area of concern is given in succeeding paragraphs -

AREA OF CONCERN - A: SERVICE PROVISION

Apart from the curative services that district hospitals provides, Public hospitals are also mandated to provide preventive and promotive services. Reproductive and Child Health services are now grouped as RMCH+A, which are major chunk of the services. These services are also priority for the government, so as to have direct impact on the key indicators such as MMR and IMR.

This area of concern measures availability of services. "Availability" of functional services means service is available to end-users because mere availability of infrastructure or human resources does not always ensure into availability of the services. For example, a facility may have functional OT, Blood Bank, and availability of Obstetrician and Anaesthetist, but it may not be providing CEmOC services on 24x7 basis. The facility may have functional Dental Clinic, but if there are hardly any procedures undertaken at the clinic, it may be assumed that the services are either not available or non-accessible to users. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of records and checking utilisation of the service.

Compliance to following standards ensures that the health facility is addressing this area of concern.

STANDARD A1: THE FACILITY PROVIDES CURATIVE SERVICES	The standard would include availability of OPD consultation, Indoor services and Surgical procedures, Intensive care and Emergency Care under different specialities e. g. Medicine, Surgery, Orthopaedics, Paediatrics etc. Each measurable element under this standard measures one speciality across the departments. For Example, ME A1.2 measures availability of emergency surgical procedures in Accident & Emergency department, availability of General surgery clinic at OPD, Availability of surgical procedures in Operation theatre and availability of indoors services for surgery patients in wards.
STANDARD A2: THE FACILITY PROVIDES RMNCHA SERVICES	This standard measures availability of Reproductive, Maternal, Newborn, Child and Adolescent services in different departments of the hospital. Each aspect of RMNCH+A services is covered by one measurable element of this standard.
STANDARD A3: THE FACILITY PROVIDES DIAGNOSTIC SERVICES	It covers availability of Laboratory, Radiology and other diagnostics services in the respective departments.
STANDARD A4: THE FACILITY PROVIDES SERVICES AS MANDATED IN NATIONAL HEALTH PROGRAMMES/ STATE SCHEME	This standard measures availability of the services at health facility under different National Health Programmes such as RNTCP, NVBDCP, etc. One Measurable element has been assigned to each National Health Programme.
STANDARD A5: THE FACILITY PROVIDES SUPPORT SERVICES	The standard measures availability of support services like dietary, laundry and housekeeping services at the facility.
STANDARD A6: HEALTH SERVICES PROVIDED AT THE FACILITY ARE APPROPRIATE TO COMMUNITY NEEDS.	The standard mandates availability of the services according to specific local health needs. Different geographical area may have certain health problems, which are prevalent locally.

AREA OF CONCERN – B: PATIENT RIGHTS

Mere availability of services does not serve the purpose until the services are accessible to the users, and are provided with dignity and confidentiality. Access includes Physical access as well as financial access. The Government has launched many schemes, such as JSSK, RBSK and RBSY, for ensuring that the service packages are available cashless to different targeted groups. There are evidences to suggest that patients' experience and outcome improves, when they are involved in the care. So availability of information is critical for access as well as enhancing patients' satisfaction. Patients' rights also include that health services give due consideration to patients' cultural and religious preferences.

Brief description of the standards under this area of concern are given below –

STANDARD B1: THE FACILITY PROVIDES THE INFORMATION TO CARE SEEKERS, ATTENDANTS & COMMUNITY ABOUT THE AVAILABLE SERVICES AND THEIR MODALITIES	Standard B1 measures availability of the information about services and their modalities to patients and visitors. Measurable elements under this standard check for availability of user-friendly signages, display of services available and user charges, citizen charter, enquiry desk and access to his/her clinical records.
STANDARD B2 SERVICES ARE DELIVERED IN A MANNER THAT IS SENSITIVE TO GENDER, RELIGIOUS AND CULTURAL NEEDS, AND THERE ARE NO BARRIERS ON ACCOUNT OF PHYSICAL ECONOMIC, CULTURAL OR SOCIAL REASONS.	Standard B2 - This standard ensure that the services are sensitive to gender, cultural and religious needs. This standard also measures the physical access, and disable-friendliness of the services, such as availability of ramps and disable friendly toilets. Last measurable element of this standard mandates for provision for affirmative action for vulnerable and marginalized patients like orphans, destitute, terminally ill patients, victims of rape and domestic violence so they can avail health care service with dignity and confidence at public hospitals.
STANDARD B3 THE FACILITY MAINTAINS PRIVACY, CONFIDENTIALITY & DIGNITY OF PATIENT, AND HAS A SYSTEM FOR GUARDING PATIENT RELATED INFORMATION.	Standard B3 - This standard measures the patient friendliness of the services in terms of ensuring privacy, confidentiality and dignity. Measurable elements under this standard check for provisions of screens and curtains, confidentiality of patients' clinical information, behaviour of service providers, and also ensuring specific precautions to be taken, while providing care to patients with HIV infection, abortion, teenage pregnancy, etc.
STANDARD B4 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INFORMING PATIENTS ABOUT THE MEDICAL CONDITION, AND INVOLVING THEM IN TREATMENT PLANNING, AND FACILITATES INFORMED DECISION MAKING	Standard B4 - This standard mandates that health facility has procedures of informing patients about their rights, and actively involves them in the decision-making about their treatment. Measurable elements in this standards look for practices such informed consent, dissemination of patient rights and how patients are communicated about their clinical conditions and options available. This standard also measures for procedure for grievance redressal. Compliance to these standards can be checked through review of records for consent, interviewing staff about their awareness of patients' rights, interviewing patients whether they had been informed of the treatment plan and available options.
STANDARD B5 THE FACILITY ENSURES THAT THERE IS NO FINANCIAL BARRIER TO ACCESS, AND THAT THERE IS FINANCIAL PROTECTION GIVEN FROM THE COST OF HOSPITAL SERVICES.	Standard B5 – This standard majorly checks that there are no financial barriers to the services. Measurable elements under this standard checks for availability of drugs, diagnostics and transport free of cost under different schemes, and timely payment of the entitlements under JSY and Family planning incentives.

AREA OF CONCERN C – INPUT

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take into cognizance of the IPHS requirement. However, focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like 'adequate' and 'as per load' has been given in the requirements for many standards & measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load. For example, a 100-bedded hospital having 40% bed occupancy may not have same requirements as the similar hospital having 100% occupancy. So structural requirement should be based more on the utilization, than fixing the criteria like beds available. Assessor should use his/her discretion to arrive at a decision, whether available structural component is adequate for committed service delivery or not.

Following are the standards under this area of concern –

STANDARD C1 THE FACILITY HAS INFRASTRUCTURE FOR DELIVERY OF ASSURED SERVICES, AND AVAILABLE INFRASTRUCTURE MEETS THE PREVALENT NORMS	Standard C1 measures adequacy of infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities, service counters, etc. It also looks into the functional aspect of the structure, whether it commensurate with the process flow of the facility or not. Minimum requirement for space, layout and patient amenities are given in some of departments, but assessors should use his discretion to see whether space available is adequate for the given work load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with staff and hospital administration may be required to know the process flow between the departments, and also within a department.
STANDARD C2 THE FACILITY ENSURES THE PHYSICAL SAFETY OF THE INFRASTRUCTURE.	Standard C2 deals with Physical safety of the infrastructure. It includes seismic safety, safety of lifts, electrical safety, and general condition of hospital infrastructure.
STANDARD C3 THE FACILITY HAS ESTABLISHED PROGRAMME FOR FIRE SAFETY AND OTHER DISASTER	Standard C3 is concerned with fire safety of the facility. Measurable elements in this standard look for implementation of fire prevention, availability of adequate number of fire fighting equipment and preparedness of the facility for fire disaster in terms of mock drill and staff training.
STANDARD C4 THE FACILITY HAS ADEQUATE QUALIFIED AND TRAINED STAFF, REQUIRED FOR PROVIDING THE ASSURED SERVICES TO THE CURRENT CASE LOAD	Standard C4 measures the numerical adequacy and skill sets of the staff. It includes availability of doctors, nurses, paramedics and support staff. It also ensures that the staff have been trained as per their job description and responsibilities. There are two components while assessing the staff adequacy - first is the numeric adequacy, which can be checked by interaction with hospital administration and review of records. Second is to access human resources in term of their availability within the department. For instance, a hospital may have 20 security guards, but if none of them is posted at the labour room, then the intent of standard is not being complied with. Skill set may be assessed by reviewing training records and staff interview and demonstration to check whether staff have requisite skills to perform the procedures.
STANDARD C5 THE FACILITY PROVIDES DRUGS AND CONSUMABLES REQUIRED FOR ASSURED SERVICES.	Standard C5 measures availability of drugs and consumables in user departments. Assessor may check availability of drugs under the broad group such as antibiotics, IV fluids, dressing material, and make an assessment that majority of normal patients and critically ill patients are getting treated at the health facility.
STANDARD C6 THE FACILITY HAS EQUIPMENT & INSTRUMENTS REQUIRED FOR ASSURED LIST OF SERVICES.	Standard C6 is also concerned with availability of instruments in various departments and service delivery points. Equipment and instruments have been categorized into sub groups as per their use, and measurable elements have been assigned to each sub group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non clinical support services. Some representative equipment could be used as tracers and checked in each category.

AREA OF CONCERN D – SUPPORT SERVICES

Support services are backbone of every health care facility. The expected clinical outcome cannot be envisaged in absence of sturdy support services. This area of concern includes equipment maintenance, calibration, drug storage and inventory management, security, facility management, water supply, power backup, dietary services and laundry. Administrative processes like RKS, Financial management, legal compliances, staff deputation and contract management have also been included in this area of concern.

Brief description of the standards under this area of concern are given below -

STANDARD D1 THE FACILITY HAS ESTABLISHED PROGRAMME FOR INSPECTION, TESTING AND MAINTENANCE AND CALIBRATION OF EQUIPMENT.	Standard D1 is concerned with equipment maintenance processes, such as AMC, daily and breakdown maintenance processes, calibration and availability of operating instructions. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive / corrective maintenance is done timely. Calibration records and label on the measuring equipment should be reviewed to confirm that the calibration has been done. Operating instructions should be displayed or should readily available with the user.
STANDARD D2 THE FACILITY HAS DEFINED PROCEDURES FOR STORAGE, INVENTORY MANAGEMENT AND DISPENSING OF DRUGS IN PHARMACY AND PATIENT CARE AREAS	Standard D2 is concerned with safe storage of drugs and scientific management of the inventory, so drugs and consumables are available in adequate quantity in patient care area. Measurable elements of this standard look into processes of indenting, procurement, storage, expired drugs management, inventory management, stock management at patient care areas, including storage at optimum temperature. While assessing drug management system, these practices should be looked into each clinical department, especially at the nursing stations and its complementary process at drug stores/Pharmacy.
STANDARD D3 THE FACILITY PROVIDES SAFE, SECURE AND COMFORTABLE ENVIRONMENT TO STAFF, PATIENTS AND VISITORS.	Standard D3 - This standard is concerned with providing safe, secure and comfortable environment to patients as well service providers. The measurable elements under this standard have two aspects, - firstly, provision of comfortable work environment in terms of illumination and temperature control in patient care areas and work stations, and secondly, arrangement for security of patients and staff. Availability of environment control arrangements should be looked into. Security arrangements at patient area should be observed for restriction of visitors and crowd management.
STANDARD D4 THE FACILITY HAS ESTABLISHED PROGRAMME FOR MAINTENANCE AND UPKEEP OF THE FACILITY	Standard D4 - This standard is concerned with adequacy of facility management processes. This includes appearance of facility, cleaning processes, infrastructure maintenance, removal of junk and condemned items and control of stray animals and pest control at the facility.
STANDARD D5 THE FACILITY ENSURES 24X7 WATER AND POWER BACKUP AS PER REQUIREMENT OF SERVICE DELIVERY, AND SUPPORT SERVICES NORMS	Standard D5 covers processes to ensure water supply (quantity & quality), power back-up and medical gas supply. All departments should be assessed for availability of water and power back-up. Some critical area like OT and ICU may require two-tire power backup in terms of UPS. Availability of central oxygen and vacuum supply should especially be assessed in critical area like OT and ICU.
STANDARD D6 DIETARY SERVICES ARE AVAILABLE AS PER SERVICE PROVISION AND NUTRITIONAL REQUIREMENT OF THE PATIENTS.	Standard D6 is concerned with processes ensuring timely and hygienic dietary services. This includes nutritional assessment of patients, availability of different types of diets and standard procedures for preparation and distribution of food, including hygiene & sanitation in the kitchen. Patients / staff may be interacted for knowing their perception about quality and quantity of the food.
STANDARD D7 THE FACILITY ENSURES CLEAN LINEN TO THE PATIENTS	Standard D7 is concerned with the laundry processes. It includes availability of adequate quantity of clean & usable linen, process of providing and changing bed sheets in-patient care area and process of collection, washing and distributing the linen. Besides direct observation, staff interaction may help in knowing availability of adequate sets of linen and work practices. An assessment of segregation and disinfection of soiled laundry should be undertaken. Observation should be recorded if laundry is being washed at some public water body like pond or river.

STANDARD D8 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR PROMOTING PUBLIC PARTICIPATION IN MANAGEMENT OF HOSPITAL TRANSPARENCY AND ACCOUNTABILITY.	Standard D8 measures processes related to functioning of Rogi Kalyan Samiti (RKS; equivalent to Hospital Management Society) and community participation in Hospital Management. RKS records should be reviewed to assess frequency of the meetings, and issues discussed there. Participation of non-official members like community/NGO representatives in such meetings should be checked.
STANDARD D9 HOSPITAL HAS DEFINED AND ESTABLISHED PROCEDURES FOR FINANCIAL MANAGEMENT	Standard D9 is concerned with the financial management of the funds/grants, received from different sources including NRHM. Assessment of financial management processes by no means should be equated with financial or accounts audit. Hospital administration and accounts department can be interacted to know process of utilization of funds, timely payment of salaries, entitlements and incentives to different stakeholders and process of receiving funds and submitting utilization certificates. An assessment of resource utilisation and prioritisation should be undertaken.
STANDARD D10 THE FACILITY IS COMPLIANT WITH ALL STATUTORY AND REGULATORY REQUIREMENT IMPOSED BY LOCAL, STATE OR CENTRAL GOVERNMENT	Standard D10 is concerned with compliances to statuary and regulatory requirements. It includes availability of requisite licenses, updated copies of acts and rules, and adherence to the legal requirements as applicable to Public Health Facilities.
STANDARD D11 ROLES & RESPONSIBILITIES OF ADMINISTRATIVE AND CLINICAL STAFF ARE DETERMINED AS PER GOVT. REGULATIONS AND STANDARDS OPERATING PROCEDURES.	Standard D11 is concerned with processes regarding staff management and their deployment in the departments of a facility. This includes availability of Job descriptions for different cadre, processes regarding preparation of duty rosters and staff discipline. Staff can be interviewed to assess about their awareness of job description. It should be assessed by observation and review of the records. Adherence to dress-code should be observed during the assessment.
STANDARD D12 THE FACILITY HAS ESTABLISHED PROCEDURE FOR MONITORING THE QUALITY OF OUTSOURCED SERVICES AND ADHERES TO CONTRACTUAL OBLIGATIONS	Standard D12 This standard measures the processes related to outsourcing and contract management. This includes monitoring of outsourced services, adequacy of contact documents and tendering system, timely payment for the availed services and provision for action in case for inadequate/ poor quality of services. Assessor should review the contract records related to outsourced services, and interview hospital administration about the management of outsource services.

AREA OF CONCERN- E CLINICAL CARE

The ultimate purpose of existence of a hospital is to provide clinical care. Therefore, clinical processes are the most critical and important in the hospitals. These are the processes that define directly the outcome of services and quality of care. The Standards under this area of concern could be grouped into three categories. First, nine standards are concerned with those clinical processes that ensure adequate care to the patients. It includes processes such as registration, admission, consultation, clinical assessment, continuity of care, nursing care, identification of high risk and vulnerable patients, prescription practices, safe drug administration, maintenance of clinical records and discharge from the hospital.

Second set of next seven standards are concerned with specific clinical and therapeutic processes including intensive care, emergency care, diagnostic services, transfusion services, anaesthesia, surgical services and end of life care.

The third set of seven standards are concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent & Family Planning services and National Health Programmes. These standards are based on the technical guidelines published by the Government of India on respective programmes and processes.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon review of the clinical records as well. Interaction with the staff to know their skill level and how they practice clinical care (Competence testing) would also be helpful. Assessment of theses standard would require thorough domain knowledge.

Following is the brief description of standards under this area of concern.

STANDARD E1 THE FACILITY HAS DEFINED PROCEDURES FOR REGISTRATION, CONSULTATION AND ADMISSION OF PATIENTS.	Standard E1 -This standard is concerned with the registration and admission processes in hospitals. It also covers OPD consultation processes. The Assessor should review the records to verify that details of patients have been recorded, and patients have been given unique identification number. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, etc. have been recorded on the OPD ticket. Staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.
STANDARD E2 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CLINICAL ASSESSMENT AND REASSESSMENT OF THE PATIENTS.	Standard E2 -This standard pertains to clinical assessment of the patients. It includes initial assessment as well as reassessment of admitted patients.
STANDARD E3 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR CONTINUITY OF CARE OF PATIENT AND REFERRAL	Standard E3 is concerned with continuity of care for the patient's ailment. It includes process of inter-departmental transfer, referral to another facility, deputation of staff for the care, and linkages with higher institutions. Staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and arrangement for the vehicles and follow-up car. Records should be reviewed for confirming that referral slips have been provided to the patients.
STANDARD E4 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR NURSING CARE	Standard E4 measures adequacy and quality of nursing care for the patients. It includes processes for identification of patients, timely and accurate implementation of treatment plan, nurses' handover processes, maintenance of nursing records and monitoring of the patients. Staff should be interviewed and patients' records should be reviewed for assessing how drugs distribution/ administration endorsement and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process and should be assessed adequately. Review BHT for patient monitoring & nursing notes should be done.
STANDARD E5 THE FACILITY HAS A PROCEDURE TO IDENTIFY HIGH RISK AND VULNERABLE PATIENTS.	Standard E5 is concerned with identification of vulnerable and High-risk patients. Review of records and staff interaction would be helpful in assessing how High-risk patients are given due attention and treatment.
STANDARD E6 THE FACILITY FOLLOWS STANDARD TREATMENT GUIDELINES DEFINED BY STATE/CENTRAL GOVERNMENT FOR PRESCRIBING THE GENERIC DRUGS & THEIR RATIONAL USE.	Standard E6 is concerned with assessing that patients are prescribed drugs according standard treatment guidelines and protocols. Patient records are assessed to ascertain that prescriptions are written in generic name only.

STANDARD E7 THE FACILITY HAS DEFINED PROCEDURES FOR SAFE DRUG ADMINISTRATION	Standard E7 concerns with the safety of drug administration. It includes administration of high alert drugs, legibility of medical orders, process for checking drugs before administration and processes related to self-drug administration. Patient's records should be reviewed for legibility of the writing and recording of date and time of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.
STANDARD E8 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR MAINTAINING, UPDATING OF PATIENTS' CLINICAL RECORDS AND THEIR STORAGE	Standard E8 is concerned with the processes of maintaining clinical records systematically and adequately. Compliance to this standard can be assessed by comprehensive review of the patients' record.
STANDARD E9 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR DISCHARGE OF PATIENT.	Standard E9 measures adequacy of the discharge process. It includes pre-discharge assessment, adequacy of discharge summary, pre-discharge counselling and adherence to standard procedures, if a patient is leaving against medical advice (LAMA) or is found absconding. Patients' record should also be reviewed for adequacy of the discharge summary.
STANDARD E10 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR INTENSIVE CARE.	Standard E10 is concerned with processes related to intensive care treatment of patients, availability and adherence to protocols related to pain management, sedation, intubation, etc.
STANDARD E11 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR EMERGENCY SERVICES AND DISASTER MANAGEMENT	Standard E11 is concerned with emergency clinical processes and procedures. It includes triage, adherence to emergency clinical protocols, disaster management, processes related to ambulance services, handling of medico-legal cases, etc. Availability of the buffer stock for medicines and other supplies for disaster and mass casualty needs to be found out. Interaction with staff and hospital administration should be done to asses overall disaster preparedness of the health facility.
STANDARD E12 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF DIAGNOSTIC SERVICES	Standard E12 deals with the procedures related to diagnostic services. The standard is majorly applicable for laboratory and radiology services. It includes pre-testing, testing and post-testing procedures. It needs to be observed that samples in the laboratory are properly labelled, and instructions for handling sample are available. The process for storage and transportation of samples needs to be ensured. Availability of critical values and biological references should also be checked.
STANDARD E13 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR BLOOD BANK/STORAGE MANAGEMENT AND TRANSFUSION.	Standard E13 is concerned with functioning of blood bank and transfusion services. The measurable elements under this standard are processes for donor selection, collection of blood, testing procedures, preparation of blood components, labelling and storage of blood bags, compatibility testing, issuing, transfusion and monitoring of transfusion reaction. The assessor should observe the functioning, and interact with the staff to know regarding adherence to standard procedures for blood collection and testing, including preparation of blood components, storage practices, as per standard protocols. Record of temperature maintained in different storage units should be checked. The staff should also be interacted to know how they mange if certain blood is not available at the blood bank. Records should be reviewed for assessing processes of monitoring transfusion reactions.
STANDARD E14 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANAESTHETIC SERVICES	Standard E14 is concerned with the processes related with safe anaesthesia practices. It includes pre-anaesthesia, monitoring and post-anaesthesia processes. Records should be reviewed to assess how Pre-anaesthesia check-up is done and records are maintained. Interact with Anaesthetists and OT technician/Nurse for adherence to protocols in respect of anaesthesia safety, monitoring, recording & reporting of adverse events, maintenance of anaesthesia notes, etc.
STANDARD E15 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES OF OPERATION THEATRE SERVICES	Standard E15 is concerned with processes related with Operation Theatre. It includes processes for OT scheduling, pre-operative, Post-operative practices of surgical safety. Interaction with the surgeon(s) and OT staff should be done to assess processes - preoperative medication, part preparation and evaluation of patient before surgery, identification of surgical site, etc. Review of records for usage of surgical safety checklist & protocol for instrument count, suture material, etc may be undertaken.

STANDARD E16 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR END OF LIFE CARE AND DEATH	Standard E 16 concerned with end of life care and management of death. Records should be reviewed for knowing adequacy of the notes. Interact with the facility staff to know how news of death is communicated to relatives, and kind of support available to family members.
STANDARD E17 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ANTENATAL CARE AS PER GUIDELINES	Standard E17 is concerned with processes ensuring that adequate and quality antenatal care is provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of serve anaemia and counselling services. Staff at ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. Review the line listing of anaemia cases and how they are followed. Client and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.
STANDARD E18 THE FACILITY HAS ESTABLISHED PROCEDURES FOR INTRANATAL CARE AS PER GUIDELINES	Standard E18 measures the quality of intra-natal care. It includes clinical process for normal delivery as well management of complications and C-Section surgeries. Staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Staff may be interacted for demonstration of resuscitation and essential newborn care. Competency of the staff for managing obstetric emergencies, interpretation of partograph, APGAR score should also be assessed.
STANDARD E19 THE FACILITY HAS ESTABLISHED PROCEDURES FOR POSTNATAL CARE AS PER GUIDELINES	Standard E19 is concerned with adherence to post-natal care of mother and newborn within the hospital. Observe that postnatal protocols of prevention of Hypothermia and breastfeeding are adhered to. Mother may be interviewed to know that proper counselling has been provided.
STANDARD E20 THE FACILITY HAS ESTABLISHED PROCEDURES FOR CARE OF NEW BORN, INFANT AND CHILD AS PER GUIDELINES	Standards E20 is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, emergency triage, management of newborn and childhood illnesses like neonatal asphyxia, low birth weight, neo-natal jaundice, sepsis, malnutrition and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test. Adherence to clinical protocols for management of different illnesses in newborn and child should be done through interaction with the doctors and nursing staff.
STANDARD E21 THE FACILITY HAS ESTABLISHED PROCEDURES FOR ABORTION AND FAMILY PLANNING AS PER GOVERNMENT GUIDELINES AND LAW	Standard 21 is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family palling counselling, spacing methods, family planning surgeries and counselling and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. Staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, family planning surgery, etc.
STANDARD E22 THE FACILITY PROVIDES ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH SERVICES AS PER GUIDELINE	Standard E22 is concerned with services related to adolescent Reproductive and Sexual health (ARSH) guidelines. It includes promotive, preventive, curative and referral services under the ARSH. Staff should be interviewed, and records should be reviewed.
STANDARD E23 THE FACILITY PROVIDES NATIONAL HEALTH PROGRAMME AS PER OPERATIONAL/CLINICAL GUIDELINES	Standard E23 pertains to adherence for clinical guidelines under the National Health Programmes. For each national health programme, availability of clinical services as per respective guidelines should be assessed

AREA OF CONCERN F – INFECTION CONTROL

The first principle of health care is "to do no harm". As Public Hospitals usually have high occupancy, the Infection control practices become more critical to avoid cross-infection and its spread. This area of concern covers Infection control practices, hand-hygiene, antisepsis, Personal Protection, processing of equipment, environment control, and Biomedical Waste Management.

Following is the brief description of the Standards within this area of concern

STANDARD F1 THE FACILITY HAS INFECTION CONTROL PROGRAMME AND PROCEDURES IN PLACE FOR PREVENTION AND MEASUREMENT OF HOSPITAL ASSOCIATED INFECTION	Standard F1 is concerned with the implementation of Infection control programme at the facility. It is includes existence of functional infection control committee, microbiological surveillance, measurement of hospital acquired infection rates, periodic medical check-up and immunization of staff and monitoring of Infection control Practices. Hospital administration should be interacted to assess the functioning of infection control committee. Records should be reviewed for confirming the culture surveillance practices, monitoring of Hospital acquired infection, status of staff immunization, etc. Implementation of antibiotic policy can be assessed though staff interview, perusal of patient record and usage pattern of antibiotic.
STANDARD F2 THE FACILITY HAS DEFINED AND IMPLEMENTED PROCEDURES FOR ENSURING HAND HYGIENE PRACTICES AND ANTISEPSIS	Standard F2 is concerned with practices of hand-washing and antisepsis. Availability of Hand washing facilities with soap and running water should be observed at the point of use. Technique of hand-washing for assessing the practices, and effectiveness of training may be observed.
STANDARD F3 THE FACILITY ENSURES STANDARD PRACTICES AND MATERIALS FOR PERSONAL PROTECTION	Standard F3 is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal the adequacy of supply of PPE.
STANDARD F4 THE FACILITY HAS STANDARD PROCEDURES FOR PROCESSING OF EQUIPMENT AND INSTRUMENTS	Standard F4 is concerned with standard procedures, related to processing of equipment and instruments. It includes adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed and staff should be interviewed for compliance to certain standard procedures.
STANDARD F5 PHYSICAL LAYOUT AND ENVIRONMENTAL CONTROL OF THE PATIENT CARE AREAS ENSURES INFECTION PREVENTION	Standard F5 pertains to environment cleaning. It assesses whether lay out and arrangement of processes are conducive for the infection control or not. Environment cleaning processes like mopping, especially in critical areas like OT and ICU should be observed for the adequacy and technique.
STANDARD F6 THE FACILITY HAS DEFINED AND ESTABLISHED PROCEDURES FOR SEGREGATION, COLLECTION, TREATMENT AND DISPOSAL OF BIO MEDICAL AND HAZARDOUS WASTE.	Standard F6 is concerned with Management of Biomedical waste management including its segregation, transportation, disposal and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed and records are verified.

AREA OF CONCERN G QUALITY MANAGEMENT

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, checking and acting upon the compliances. The standards in this area concern are the opportunities for improvement to enhance quality of services and patient satisfaction. These standards are in synchronization with facility based quality assurance programme given in 'Operational Guidelines'.

Following are the Standards under this area of Concern.

STANDARD G1 THE FACILITY HAS ESTABLISHED ORGANIZATIONAL FRAMEWORK FOR QUALITY IMPROVEMENT	Standard G1 is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality Team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed.
STANDARD G2 THE FACILITY HAS ESTABLISHED SYSTEM FOR PATIENT AND EMPLOYEE SATISFACTION	Standard G2 is concerned with having a system of measurement of patient and employee satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that Patient feedback is taken at prescribed intervals and adequate sample size is adequate.
STANDARD G3 THE FACILITY HAS ESTABLISHED INTERNAL AND EXTERNAL QUALITY ASSURANCE PROGRAMMES WHEREVER IT IS CRITICAL TO QUALITY.	Standard G3 is concerned with implementation of internal quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental check-lists, EQUAS records at laboratory, etc. Interview with Matron, Hospital Mangers etc may give information about how they conduct daily round of departments and usage of checklists.
STANDARD G4 THE FACILITY HAS ESTABLISHED, DOCUMENTED IMPLEMENTED AND MAINTAINED STANDARD OPERATING PROCEDURES FOR ALL KEY PROCESSES AND SUPPORT SERVICES.	Standard G4 is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.
STANDARD G 5 THE FACILITY MAPS ITS KEY PROCESSES AND SEEKS TO MAKE THEM MORE EFFICIENT BY REDUCING NON VALUE ADDING ACTIVITIES AND WASTAGES	Standard G5 concerns the efforts' made for the mapping and improving processes. Records should be checked to ensure that the critical processes have been mapped, wastes have been identified and efforts are made to remove them to make processes more efficient.
STANDARD G6 THE FACILITY HAS ESTABLISHED SYSTEM OF PERIODIC REVIEW AS INTERNAL ASSESSMENT , MEDICAL & DEATH AUDIT AND PRESCRIPTION AUDIT	Standard G6 pertains to the processes of internal assessment, medical and death audit at a defined periodicity. Review of Internal assessment and clinical audit records may revel their adequacy and periodicity.
STANDARD G7 THE FACILITY HAS DEFINED AND ESTABLISHED QUALITY POLICY & QUALITY OBJECTIVES	7.7 Standard G7 is concerned with establishment and dissemination of quality policy and objectives in the hospital. The staff may be interviewed regarding their awareness of Quality policy and Objectives. Review of records should be done for assessing that Quality objectives meet SMART criteria, and have been reviewed periodically.
STANDARD G8 THE FACILITY SEEKS CONTINUALLY IMPROVEMENT BY PRACTICING QUALITY METHOD AND TOOLS.	7.8 Standard G8 is concerned with the practice of using Quality tools and methods like control charts, 5-'S', etc. The Assessor should look for any specific methods and tools practiced for quality improvement.

AREA OF CONCERN H OUTCOME

Measurement of the quality is critical to improvement of processes and outcomes. This area of concern has four standard measures for quality- Productivity, Efficiency, Clinical Care and Service quality in terms of measurable indicators. Every standard under this area has two aspects – Firstly, there is a system of measurement of indicators at the health facility; and secondly, how the hospital meets the benchmark. It is realised that at the beginning many indictors given in these standards may not be getting measured across all facilities, and therefore it would be difficult to set benchmark beforehand. However, with the passage of time, the state can set their benchmarks, and evaluate performance of health facilities against the set benchmarks.

Following is the brief description of the Standards in this area of concern

STANDARD H1 THE FACILITY MEASURES PRODUCTIVITY INDICATORS AND ENSURES COMPLIANCE WITH STATE/NATIONAL BENCHMARKS	Standard H1 is concerned with the measurement of Productivity indicators and meeting the benchmarks. This includes utilization indicators like bed occupancy rate and C-Section rate. Assessor should review these records to ensure that theses indictors are getting measured at the health facility.
STANDARD H2 THE FACILITY MEASURES EFFICIENCY INDICATORS AND ENSURE TO REACH STATE/ NATIONAL BENCHMARK	Standard H2 pertains to measurement of efficiency indicators and meeting benchmark. This standard contains indicators that measure efficiency of processes, such as turnaround time, and efficiency of human resource like surgery per surgeon. Review of records should be done to assess that these indicators have been measured correctly.
STANDARD H3 THE FACILITY MEASURES CLINICAL CARE & SAFETY INDICATORS AND TRIES TO REACH STATE/NATIONAL BENCHMARK	Standard H3 is concerned with the indicators of clinical quality, such as average length of stay and death rates. Record review should be done to see the measurement of these indicators.
STANDARD H4 THE FACILITY MEASURES SERVICE QUALITY INDICATORS AND ENDEAVOURS TO REACH STATE/ NATIONAL BENCHMARK	Standard H4 is concerned with indicators measuring service quality and patient satisfaction like Patient satisfaction score and waiting time and LAMA rate.

Complete list of standard wise measurable elements are given in Annexure 'A'.

III INTRODUCTION TO DEPARTMENTAL CHECKLIST – TOOL FOR ASSESSMENT

As we discussed earlier, Checklist are the tools for measuring compliance to the Standards. We may also recall that *"standards are statement of requirements for that are critical for delivery of quality services"*.

These are cross sectional themes that may apply to all or some of the departments. Assessing every standard independently in each department may take lot of time and hence not practicable. Therefore for the convenience sake, all the applicable standards and measurable elements for one department have been collated in the checklists. It enables measurement of all aspect of quality of care in a department in one go. After assessing the departments on the checklist, their scores can be calculated to see compliance to different standards in the department.

There are eighteen checklists given in these Assessors Guidebooks (Volume I & II). Following is a brief description of checklists -

1. **Accident &Emergency** – This checklist is applicable to Accident& Emergency department of a Hospital. The checklist has been designed to assess all aspect of dedicated emergency department. If emergency department is shared with OPD infrastructure than two checklists should be used independently.
2. **Outdoor department** – This checklist is applicable to outdoor department of a hospital. It includes all clinics and support areas like immunization room, dressing room, waiting area and laboratory's sample collection centre, located there, except for Family planning Clinic (if co-located in OPD), which has been included in the post partum unit. Similarly dispensary has been included in the Pharmacy check list. This checklist also includes ICTC and ANC clinics. It may be possible that OPD services are dispersed geographically, for example ANC Clinic may not be located in the main OPD complex. Therefore, all such facilities should be visited.
3. **Labour Room**- This checklist is applicable to the labour room(s) and its auxiliary area like nursing station, waiting area and recovery area. It also includes septic labour room and eclampsia room.
4. **Maternity ward** – This checklist is meant for assessment of indoor obstetric department including wards for Antenatal care, and Post-partum wards (including C-Section). The auxiliary area for these wards like nursing station, toilets and department sub stores are also included in this check-list. However, general female wards or family planning ward are not covered within the purview of maternity ward.
5. **Indoor Department –** This is a common checklist for other indoors wards including Medical, Surgical, Orthopaedics, etc. In subsequent years, separate checklist for each ward may be included. However, as of now, this checklist should be used for all such departments.
6. **Nutritional Rehabilitation Centre –** This checklist is applicable to NRC functioning within the health facility. However, it may not be relevant, if management of malnourished patients is done in the paediatric wards.
7. **Paediatric ward-** This checklist meant for a dedicated paediatric ward. If, there is no such ward in the hospital and paediatric patients are treated in other wards, then this checklist is not applicable at such health facilities.
8. **Sick Newborn Care Unit –** This checklist is applicable to a functional Level II SNCU, located in the Hospital. It includes auxiliary area like waiting area for relatives, side laboratory and duty rooms for the staff. This checklist is not meant for lower level of facilities like Newborn Stabilization units and Newborn corner.
9. **Intensive Care Unit –** This checklist is meant for assessing level II ICUs, which are recommended for District Hospitals. The ICU should have ventilators.
10. **Operation Theatre-** This checklist is applicable for OT complex including General OT, Obstetrics & Gynaecology OT, Orthopaedics OT, Ophthalmic OT and any other facility for undertaking the surgeries(if available). Family planning/ Postpartum OT is excluded from this checklist, which will be assessed through postpartum checklist. This checklist also includes CSSD /TSSU, either co-located within the OT complex or located separately.
11. **Postpartum Unit –** This checklist is applicable to Family Planning clinic, separate OT used for Family planning surgeries & abortion cases and separate indoor ward available to admit any such cases. Assessment of Post partum unit would be undertaken through this checklist.

12. **Blood Bank–** This checklist is applicable to Blood bank available within the premises of the hospital. This checklist also use covers the blood component services. This checklist is not meant for blood storage unit.
13. **Laboratory** – This checklist is meant for main clinical laboratory of the hospital and also includes the laboratory for testing TB and malaria cases under respective National Health programme. This does not include ICTC lab for HIV testing which is part of OPD checklist.
14. **Radiology –** This checklist is applicable on X-ray and Ultrasound departments. This checklist does not cover technical checkpoints for CT Scan and MRI.
15. **Pharmacy –** This checklist is applicable on Drug store, Cold Chain storage and Drug dispensing counter. General store and Drug warehouse are not covered within ambit of this checklist.
16. **Auxiliary Services –** This checklist covers Laundry ,Dietary and medical record department. If these departments are outsourced and even located outside the premises, then also this checklist can be used. Washing hospital linen in public water body like river or pond or food supplied by charitable/religious institutions does not constitute having Hospital laundry / kitchen *per se*.
17. **Mortuary –** This checklist is applicable to Mortuary and post-mortem room located at the hospital
18. **General Hospital Administration–** This checklist covers medical superintendent (equivalent) and hospital manager offices and processes related to their functioning. This also covers hospital policy level issues and hospital wide cross cutting processes. This checklist is complimentary to all other checklist. So if a hospital wants to choose only of some of the department for quality assurance initially, then this check list should always be included in the assessment programme.

IV ASSESSMENT PROTOCOL

A. General Principles

Assessment of the Quality at Public Health Facilities is based on general principles of integrity, confidentiality, objectivity and Replicability -

1. **Integrity** – Assessors and persons managing assessment programmes should
   - Perform their work with honesty, diligence and responsibility
   - Demonstrate their competence while performing assessment
   - Performance assessment in an impartial manner
   - Remain fair and unbiased in their findings
2. **Fair Presentation** - Assessment findings should represent the assessment activities truthfully and accurately. Any unresolved diverging opinion should between assessors and assesses should be reported.
3. **Confidentiality-** Assessors should ensure that information acquired by them during the course of assessment is not shared with any authorised person including media. The information should not be used for personal gain.
4. **Independence-** Assessors should be independent to the activity that they are assessing and should act in a manner that is free from bias and conflict of interest. For internal assessment, the assessor should not assess his or her own department and process. After the assessment, assessor should handhold to guide the service providers for closing the gap and improving the services.
5. **Evidence based approach –** Conclusions should be arrived based on evidences, which are objective, verifiable and reproducible.

B. Planning Assessment Activities

Following assessment activities are undertaken at different level -

1. Internal Assessment at the facility level– A continuous process of assessment within the facility by internal assessors.
2. Assessment by District and State Quality Assurance Units
3. Accreditation assessment – Assessment by national assessors for the purpose for certification/ accreditation.

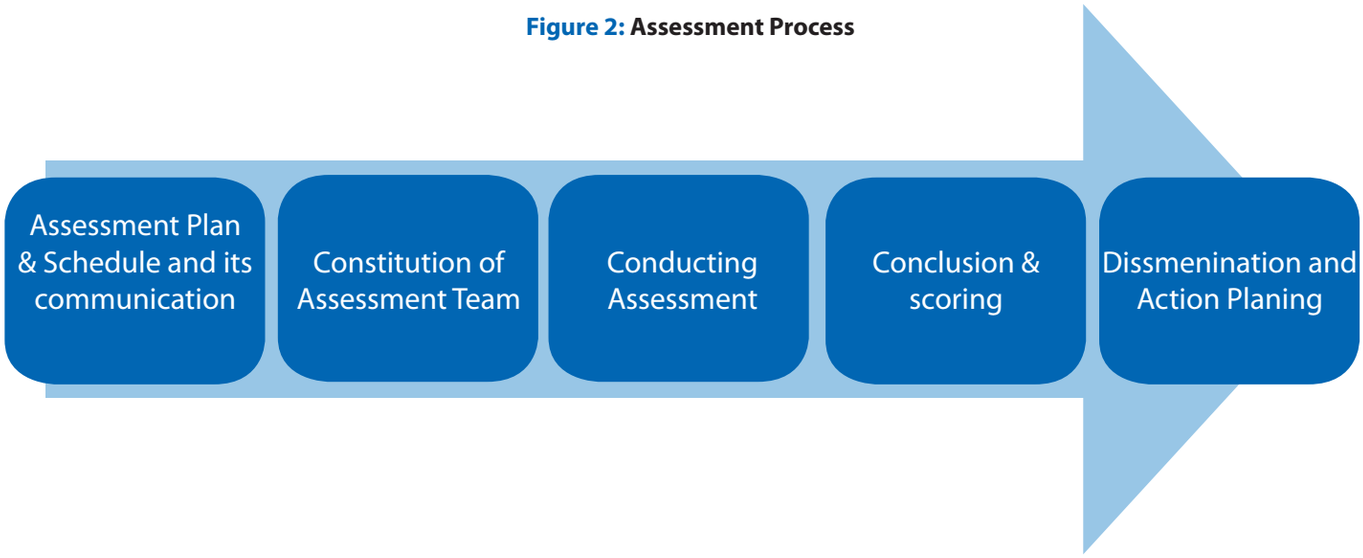
Internal Assessment- Internal assessment is a continuous process and integral part of facility based Quality assurance program. Assessing all departments in a health facility every month may not be possible. The hospital should prepare a quarterly assessment schedule. It needs to be ensured that every department would be assessed and scored at least once in a quarter. This plan should be prepared in consultation with respective departments. Quality team at the facility can also prioritize certain departments, where quality of services has been a cause of concern.

For internal assessment, the Hospital Quality Team should appoint a coordinator, preferably the hospital manager or quality manger, whose main responsibilities are given below -

1. Preparing assessment plan and schedule
2. Constitute an assessment team for internal assessment
3. Arrange stationary (forms & formats) for internal assessment
4. Maintenance of assessment records
5. Communicating and coordinating with departments
6. Monitor & review the internal assessment programme
7. Disseminate the findings of internal assessment
8. Preparation of action plan in coordination with quality team and respective departments.

Assessment by DQAU/SQAU – DQAU and SQAU are also responsible for undertaking an independent quality assessment of a health facility. Facilities having poor quality indicators would have priority in the assessment programme. Visit for the assessment should also be utilised for building facility level capacity of quality assurance and handholding. Efforts should be made to ensure that all departments of the hospital have been assessed during one visit. Assessment process is shown in Figure 2.

Figure 2: Assessment Process



C. Constituting assessment team

Assessment team should be constituted according to the scope of assessment i.e. departments to be assessed. Team assessing clinical department should have at least one person form clinical domain preferably a doctor, assessing patient care departments. Indoor departments should also have one nursing staff in the team. It would be preferable to have a multidisciplinary team having at least one doctor and one nurse during the external assessment. As DQAU/SQAU may not have their own capacity for arranging all team members internally, a person form another hospital may be nominated to be part of the assessment team. However, it needs to be ensured that person should not assess his/her own department and there is no conflict of interest. For external assessment, the team members should have undergone the assessors' training.

D. Preparing assessment schedule

Assessment schedule is micro-plan for conducting assessment. It constitutes of details regarding departments, date, timing, etc. Assessment schedule should be prepared beforehand and shared with respective departments.

E. Performing Assessment –

i. Pre-assessment preparation – Team leader of the assessment team should ensure that assessment schedule has been communicated to respective departments. Team leader should assign the area of responsibility to each team member, according to the schedule and competency of the members.

ii. Opening meeting – A short opening meeting with the assessee's department or hospital should be conducted for introduction, aims & objective of the assessment and role clarity.

iii. Reviewing documents – The available records and documents such as SOPs, BHT, Registers, etc should be reviewed.

F. Communication during assessment

Behaviours and communication of the assessors should be polite and empathetic. Assessment should be fact finding exercise and not a fault finding exercise. Conflicts should be avoided.

G. Using checklists

Checklists are the main tools for the assessment. Hence, familiarity with the tools would be important -

Figure 3: Sample checklist*.

Checklist for Accident & Emergency					
Reference No.	**Measurement Element**	**Checkpoint**	**Compli-ance**	**Assess-ment Method**	**Means of Verification**
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolumic Shock, Dysnea, Unconsious Patients
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3.	the facility provides Obstetrics & Gynaecology Services	Availability of Emergency Obstertics & Gynaecology Procedures		SI/OB	APH, PPH, Eclampsia, Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4.		Availability of emergency Pediatric procedures		SI/OB	ARI, Diarrheal diseases, Hypothermia, PEM, reucitation

* - ME denotes measurable elements of a standard, for which details have been provided in the Annexure 'A'.

a) Header of the checklist denotes the name of department for which checklist is intended.

b) The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.

c) Extreme left column of checklist in blue colour contain the reference no. of Standard and Measurable Elements, which can used for the identification and traceability of the standard. When reporting or quoting, reference no of the standard and measurable element should also be mentioned.

d) Yellow horizontal bar contains the statement of standard which is being measured. There are a total of seventy standards, but all standards may not be applicable to every department, so only relevant standards are given in yellow bars in the checklists.

e) Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in the checklists. Therefore, all measurable elements under a standard are not there in the departmental check-lists. They have been excluded because they are not relevant to that department.

f) Next right to measurable elements are given the check points to measure the compliance to respective measurable element and the standard. It is the basic unit of measurement, against which compliance is checked and the score is awarded.

g) Right next to Checkpoint is a blank column for noting the findings of assessment, in term of Compliance – Full, Partial or and Non Compliance.

h) Next to compliance column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment - SI means staff interview, OB means observation, RR means record review & PI - Patient Interview.

i) Column next to assessment method contains means of verification. It denotes what to see at a Checkpoint. It may be list of equipment or procedures to be observed, or question you have to ask or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It has been left blank, as the check point is self-explanatory.

Assessor should gather information and evidences to assess compliance to the requirement of measurable element and checkpoints at Health Facility being assessed. Information can be gathered by following four methods

i. **Observation–** Compliance to many of the measurable elements can be assessed by directly observing the articles, processes and surrounding environment. Few examples are given below -

   a) Enumeration of articles like equipment, drugs, etc

   b) Displays of signages, work instructions, important information

   c) Facilities - patient amenities, ramps, complaint-box, etc.

   d) Environment – cleanliness, loose-wires, seepage, overcrowding, temperature control, drains, etc

   e) Procedures like measuring BP, counselling, segregation of biomedical waste,

ii. **Record Review –** It may not be possible to observe all clinical procedures. Records also generate objective evidences, which need to be triangulated with finding of the observation. For example on the day of assessment, drug tray in the labour room may have adequate quantity of Oxytocin, but if review of the drug expenditure register reveals poor

consumption pattern of Oxytocin, then more enquiries would be required to ascertain on the adherence to protocols in the labour room. Examples of the record review are given below -

a) Review of clinical records - delivery note, anaesthesia note, maintenance of treatment chart, operation notes, etc.
b) Review of department registers like admission registers, handover registers, expenditure registers, etc.
c) Review of licenses, formats for legal compliances like Blood bank license and Form 'F' for PNDT
d) Review of SOPs for adequacy and process
e) Review of monitoring records – TPR chart, Input/output chart, culture surveillance report, calibration records, etc
f) Review of department data and indicators

iii. Staff interview –Interaction with the staff helps in assessing the knowledge and skill level, required for performing job functions.

Examples -

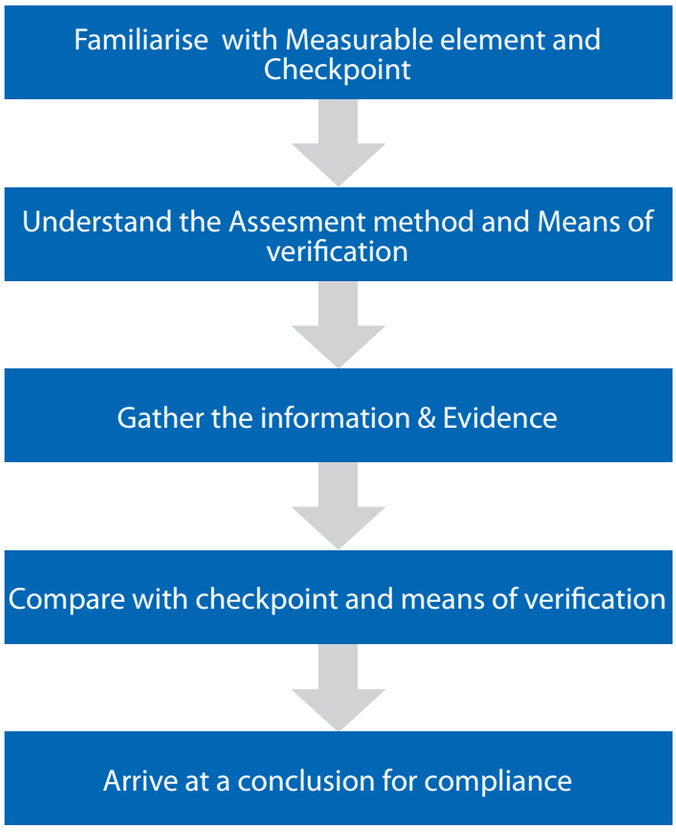
a) Competency testing – Quizzing the staff on knowledge related to their job
b) Demonstration – Asking staff to demonstrate certain activities like hand-washing technique, new born resuscitation, etc.
c) Awareness - Asking staff about awareness off patients' right, quality policy, handling of high alerts drugs, etc.
d) Attitude about patient's dignity and gender issues.
e) Feedback about adequacy of supplies, problems in performing work, safety issues, etc.

iv. Patient / Client Interview– Interaction with patients/clients may be useful in getting information about quality of services and their experience in the hospital. It gives us users' perspective. It should include -

a) Feedback on quality of services staff behaviour, food quality, waiting times, etc.
b) Out of pocket expenditure incurred during the hospitalisation
c) Effective of communication like counselling services and self drug administration

Assessor may use one these method to asses certain measurable element. Suggestive methods have been given in the Assessment method column against each checkpoint Means of verification has been given against each checkpoint. Normal flow of gathering information assessment would be as given in Figure 4 -

Figure 4: Flow of Information



H. Assessment conclusion

After gathering information and evidence for measurable elements, assessors should arrive at a conclusion for extent of compliance - full, partial or non-compliance for each of the checkpoints. If the information and evidence collected gives an impression of not fully meeting the requirements, it could be given 'Partial compliance', provided there some evidences pointing towards the complaince. Non-compliance should be given of none or very few of the requirements are being met.

After arriving on conclusion, assessor should mark 'C' for compliance, 'P' for partial compliance and 'N' for non-compliance in Compliance column.

V SCORING SYSTEM

After assessing all the measurable elements and checkpoints and marking compliance, scores of the department/ facility can be calculated.

Rules of Scoring

- 2 marks for full compliance
- 1 mark for partial compliance
- 0 Marks for Non Compliances

All checkpoints have equal weightage to keep scoring simple.

Once scores have been assigned to each checkpoint, department wise scores can be calculated for the departments, and also for standards by adding the individual scores for the checkpoints.

The final score should be given in percentage, so it can be compared with other groups and department.

Calculation of percentage is as follows

$$\frac{\text{Score obtained X 100}}{\text{No of checkpoint in checklist X 2}}$$

Scores can be calculated manually or scores can be entered into excel sheet given in the accompanying soft copy to get score card. All scores should be in percentages to have uniform unit for inter-departmental and inter-hospital comparison.

The assessment scores can be presented in three ways

1. **Departmental Scorecard** – This score-card presents the Quality scores of a department. It shows the overall quality score of the department as well as the area of concern wise score in term of percentages. This score card can be generated by two way
   - **a.** If calculations are done manually departmental score can be calculated by simple formula given above, and filled-in score card format given at the end of checklist.
   - **b.** If using excel tool given with this guide book, the scorecard will be generated automatically after filling a score for all checkpoints

Figure 5 is an example of a filled in score-card after assigning and calculating scores. Score given in the yellow box denotes the overall quality score of the department in percentage.

Scores given in blue label are area of concern wise scores of the department in percentage.

Figure 5: Sample of filled-in Score card for Labour Room

LABOUR ROOM SCORE CARD	
Labour Room Score	**70%**
Area of Concern wise score	
1. Service Provision	78 %
2. Patient Rights	52 %
3. Inputs	55 %
4. Support Services	50 %
5. Clinical services	77 %
6. Infection control	85 %
7. Quality Management	90 %
8. Outcome	73 %

2. Hospital Quality Score care

This scorecard depicts departmental and overall quality score of hospital in a snapshot. Another variant depicts area of Concern wise scores of the Hospital.

Figure 6 is an example of hospital score card generated after calculation of scores for all departments in the hospital. Yellow label depicts the overall score of the hospital in percentage by taking average of departmental scores. Rest of the boxes in blue label shows individual scores of the departments.

Figure 6: Sample Scorecard of a Hospital with Departmental Score

HOSPITAL QUALITY SCORE CARD DEPARTMENT WISE				
Accident & Emergency 45%	OPD 58%	Labour room 70%	Maternity Ward 67%	Indoor Department 78%
NRC 68%	Paediatric ward 85%	HOSPITAL SCORE 70%	SNCU 57%	ICU 68%
Operation Theatre 82%	Post Partum Unit 49%		Blood Bank 85%	Laboratory 50%
Radiology 35%	Pharmacy 72%	Auxiliary Services 65%	Mortuary 25%	General Administration 60%

Figure 7 gives a sample score card for each of eight areas of concern. These have been calculated by taking average of area of concern score of all departments. Yellow label shows the overall score of Hospital.

Figure 7: Sample Scorecard of a Hospital with Area of Concern Score

HOSPITAL SCORE CARD (AREA OF CONCERN WISE)			
Service Provision 72%	Patient Rights 66%	Inputs 78%	Support Services 59%
HOSPITAL SCORE 70%			
Clinical Services 85%	Infection Control 75%	Quality Management 70%	Outcome 55%

3. Apart from these scorecards, the tool provided in the accompanying CD provides flexibility to present scores according to your choice. You can choose some of the area and themes like RMNCHA, Patient Safety, etc, as per requirement.

There are endless possibilities they way you can represent your quality scores.

PART - B

DEPARTMENTAL CHECKLISTS

CHECKLIST–1

ACCIDENT & EMERGENCY DEPARTMENT

NATIONAL QUALITY ASSURANCE STANDARDS

Checklist for ACCIDENT & EMERGENCY DEPARTMENT

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1.	**Facility Provides Curative Services**				
ME A1.1.	The facility provides General Medicine services	Availability of Emergency Medical Procedures		SI/OB	Poisoning, Snake Bite, CVA, Acute MI, ARF, Hypovolumic Shock , Dyspnoea, Unconscious Patients
ME A1.2.	The facility provides General Surgery services	Availability of Emergency Surgical Procedures		SI/OB	Appendicitis, Rupture spleen, Intestinal Obstruction, Assault Injuries, perforation, Burns
ME A1.3.	The facility provides Obstetrics & Gynaecology Services	Availability of Emergency Obstetrics &Gynaecology Procedures		SI/OB	APH, PPH, Eclampsia , Obstructed labour, Septic abortion, Emergency Contraceptives
ME A1.4.	The facility provides Paediatric Services	Availability of emergency Paediatric procedures		SI/OB	ARI, Diarrhoeal diseases, Hypothermia, PEM,resustication
ME A1.5.	The facility provides Ophthalmology Services	Availability of Emergency Ophthalmology procedures		SI/OB	Foreign body and injuries
ME A1.6.	The facility provides ENT Services	Availability of Emergency ENT procedures		SI/OB	Epitasis, foreign body
ME A1.7.	The facility provides Orthopaedics Services	Availability of Emergency Orthopaedic procedures		SI/OB	Fracture, RTA, Poly trauma
ME A1.9.	The facility provides Psychiatry Services	Availability of Emergency Psychiatric procedures		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		SI/OB	Drainage, dressing, suturing
		Availability of injection room facilities		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		SI/RR	
ME A1.16.	The facility provides Accident & Emergency Services	Availability of Emergency procedures		SI/OB	Defibrillation, CPR, Mobilization, Chest Tube, Intubations, Tracheotomy, Mechanical Ventilation
Standard A2	**Facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health Services	Availability of Emergency Obstetrics & Gynaecology procedure		SI/OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME A2.4	The facility provides Child health Services	Triage and emergency management of paediatric cases		SI/OB	
Standard A3.	**Facility Provides diagnostic Services**				
ME A3.1.	The facility provides Radiology Services	Availability / Linkage to X-ray & USG services		SI/OB	
		Radiology Services are functional 24X7		SI/OB	Check services are functional at night
ME A3.2.	The facility Provides Laboratory Services	Availability of Emergency diagnostic tests 24x7		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		SI/OB	
Standard A5.	**Facility provides support services**				
ME A5.3.	The facility provides security services	Availability of Police post		SI/OB	
ME A5.7.	The facility has services of medical record department	Availability of Medico-legal record services		SI/OB	
Standard A6.	**Health services provided at the facility are appropriate to community needs.**				
ME A6.1.	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of specific procedures for local prevalent emergencies		SI/OB	Ask for the specific local health frequent emergencies. See if emergency is ready for it or not.
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1.	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1.	The facility has uniform and user-friendly signage system	Availability departmental signage's .		OB	Emergency department board is prominently displayed with facility of illumination in night.
		Availability of Directional Signage's.		OB	Direction is displayed from main gate to direct.
ME B1.2.	The facility displays the services and entitlements available in its departments	List of services including emergencies that are managed at the facility		OB	
		Names of doctor and nursing staff on duty are displayed and updated		OB	
		List of drugs available are displayed		OB	
		Important numbers including ambulance, blood bank , police and referral centres displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed			
ME B1.6.	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B1.7.	The facility provides information to patients and visitor through an exclusive set-up.	Enquiry services are available 24X7.		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 B1.8	The facility ensures access to clinical records of patients to entitled personnel	Treatment note/ discharge note is given to patient		RR/OB	
Standard B2.	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, social, economic, cultural or social reason.**				
ME B2.1.	Services are provided in manner that are sensitive to gender	Separate room for examination of rape victims		OB	
		Availability of sexual assault forensic evidence kit		OB	
		Availability of protocols / guidelines for collection of forensic evidence in case of rape victim		OB /RR	
		Counselling services are available for rape victim and domestic violence		OB/RR	
		Availability of female staff if a male doctor examine a female patients		OB/SI	
		Separate toilets for male and females		SI/OB	
		Demarcated male and female observation areas		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		OB	
		Availability of ramps with railing		OB	
		Emergency is located at ground floor		OB	
		Ambulance has direct access to the receiving/ triage area of the emergency.		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 disable friendly toilet		OB	
Standard B3.	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.1.	Adequate visual privacy is provided at every point of care	Screens provided at emergency		OB	At the examination and procedure area.
ME B3.2.	Confidentiality of patients records and clinical information is maintained	Confidentiality of patient record maintained		SI/OB	
		MLC cases are kept in secure place beyond access of general public		SI/OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B3.3.	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
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, Rape, suicidal cases, domestic violence and psychotic cases		SI/OB	
Standard B4.	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1.	There is established procedures for taking informed consent before treatment and procedures	Consent is taken for invasive emergency procedures		SI/RR	
ME B4.2.	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.		OB	
ME B4.3.	Staff are aware of Patients rights responsibilities	Staff is aware about patient rights and responsibilities		SI	
ME B4.4.	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment been provided		PI	Ask patients about what they have been communicated about the treatment plan
ME B4.5.	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redresaal and whom to contact is displayed		OB	
Standard B5.	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Emergency services are free for all including pregnant woman, neonate and children		PI/SI	
ME B5.2.	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3.	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.4.	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free Emergency Consultation for BPL patients		PI/SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - C INPUTS					
Standard C1.	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1.	Departments have adequate space as per patient or work load	Adequate space for accommodating emergency load		OB	1000 square meters per 100 patient daily loads
		Availability of adequate waiting area		OB	
ME C1.2.	Patient amenities are provide as per patient load	Availability of seating arrangement in the waiting area		OB	
		Availability of cold Drinking water		OB	
		Availability of functional toilets		OB	
ME C1.3.	Departments have layout and demarcated areas as per functions	Demarcated trolley bay		OB	
		Demarcated receiving / triage areas		OB	
		Demarcated Nursing station		OB	
		Demarcated duty room for doctor /nurse		OB	
		Demarcated resuscitation area		OB	
		Demarcated observation area/beds		OB	
		Demarcated dressing area /room		OB	
		Demarcated injection room		OB	
		Demarcated area for keeping serious patient for intensive monitoring		OB	
		Demarcated areas for keeping dead bodies.		OB	Separate room or linkage with mortuary/ Post mortem room
		Lay out is flexible		OB	All the fixture and furniture are movable to rearrange the different areas in case of mass casualty
		Dedicated Minor OT		OB	
		Shaded porch for ambulance		OB	
		availability of clean and dirty utility room			
ME C1.4.	The facility has adequate circulation area and open spaces according to need and local law	Corridors at Emergency are broad enough for easy moment of stretcher and trolley		OB	2-3 meter

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.5.	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
		The ambulance(s) has a proper communication system(at least cell phone)		OB	
ME C1.6.	Service counters are available as per patient load	Availability of emergency beds as per load		OB	5% of the total beds
		Availability of buffer beds for handling mass causality and disaster			
ME C1.7.	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services.		OB	Receiving/Triage-Resucitation-observtion beds- Procedures area. There is no crises cross
		Separate entrance for emergency department		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		OB/SI	
		Emergency is located near to the entry of the hospital		OB	
Standard C2.	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , 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		OB	
ME C2.4.	Physical condition of buildings are safe for providing patient care	Floors of the Emergency are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3.	**The facility has established Programme for fire 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		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4.	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1.	The facility has adequate specialist doctors as per service provision	Availability of specialist Doctor		OB/RR	Check for specialist on call/ full time
ME C4.2.	The facility has adequate general duty doctors as per service provision and work load	Availability of emergency medical officer		OB/RR	
ME C4.3.	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	At least 2 in day and 1 in night
ME C4.4.	The facility has adequate technicians/ paramedics as per requirement	Availability of dresser / paramedic		OB/SI	
ME C4.5.	The facility has adequate support / general staff	Dedicated 24X7 house keeping staff		SI/RR	
		availability of dedicated security guards 24X7		SI/RR	
		Availability of registration clerk		SI/RR	
		Availability of Drivers for Ambulance 24X7		SI/RR	
ME C4.6.	The staff has been provided required training / skill sets	Triage and Mass Casualty Management		SI/RR	
		Basic life support (BLS)/ Advance life support (ALS)		SI/RR	
		Bio Medical waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety			

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C4.7.	The Staff is skilled as per job description	Staff is skilled for emergency procedures		SI/RR	
		Staff is skilled for resuscitation and use defibrillator		SI/RR	
		Staff is skilled for maintaining clinical records		SI/RR	
Standard C5.	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1.	The departments have availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	Tracers as per State EDL
		Availability of Antibiotics		OB/RR	Tracers as per State EDL
		Availability of Infusion Fluids		OB/RR	Tracers as per State EDL
		Availability of Drugs acting on CVS		OB/RR	Tracers as per State EDL
		Availability of drugs action on CNS/PNS		OB/RR	Tracers as per State EDL
		Availability of dressing material and antiseptic lotion		OB/RR	Tracers as per State EDL
		Drugs for Respiratory System		OB/RR	Tracers as per State EDL
		Hormonal Preparation		OB/RR	Tracers as per State EDL
		Availability of emergency drugs in ambulance		OB/RR	Tracers as per State EDL
		Availability of drugs for obstetric emergencies		OB/RR	Megsulf, Oxytocin, Plasma Expanders
		Availability of Medical gases		OB/RR	Availability of Oxygen Cylinders
		Availability of Immunological		OB/RR	Polyvalent Anti snake Venom, Anti tetanus Human Immunoglobin
		Antidotes and Other Substances used in Poisonings		OB/RR	Inj. Atropine Sulphate
ME C5.2.	The departments have adequate consumables at point of use	Resuscitation Consumables / Tubes		OB/RR	Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc
		Availability of disposables at dressing room		OB/RR	
		Availability of consumables in ambulance		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		OB/RR	
Standard C6.	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1.	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Multiparameter Torch, hammer , Spot Light
		Availability of Monitoring equipments in ambulance		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Emergency procedures		OB	
		Dressing tray are in adequate numbers as per load		OB	
		Availability of instruments for emergency obstetrics procedure		OB	
ME C6.3.	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic devices		OB	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.		OB	Ambu bag, defibrillator, layrngo scope, nebulizer, suction apparatus , LMA
		Availability of resuscitation equipments in ambulance		OB	
ME C6.5.	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7.	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility and wheels		OB	
		Availability of attachment/accessories with patient bed		OB	Hospital graded Mattress, IV stand, bed rails, Bed pan
		Availability of fixtures		OB	Spot light, electrical fixture for equipments like suction, monitor and defibrillator, X ray view box
		Availability of furniture at emergency		OB	Doctors Chair, Patient Stool, Examination Table, Chair, Table, Footstep, cupboard
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		Staff is skilled for trouble shooting in case equipment malfunction		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		OB/ RR	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Operating instructions for critical equipments are available		OB/SI	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in Emergency		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables in Emergency		RR/SI	
		There is practice of calculating and maintaining buffer stock in ambulance		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables in ambulance		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray emergency crash cart		SI/RR	
		There is procedure for replenishing drug tray emergency crash cart in ambulance		OB/SI	
		There is no stock out of drugs		SI/RR	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of re-frigerators are kept as per storage requirement and records are maintained		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	Narcotics and psychotropic drugs are kept in lock and key		OB/SI	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate illumination at procedure area		OB	Resuscitation area, dressing room and examination area
		Adequate illumination at receiving and triage area		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visitors are restricted at resuscitation and procedure area		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		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/duty room		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		SI/OB	See for linkage to police, self protection form staff
		Hospital has sound security system to manage overcrowding in emergency		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		SI	
Standard D4.	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3.	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5.	The facility has policy of removal of condemned junk material	No condemned/ Junk material in the Emergency		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5.	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1.	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D5.2.	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Emergency		OB/SI	
		Availability of UPS		OB/SI	
		Availability of Emergency light		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		OB	
Standard D7.	**The facility ensures clean linen to the patients**				
ME D7.1.	The facility has adequate sets of linen	Clean Linens are provided at observation beds		OB/RR	
ME D7.2.	The facility has established procedures for changing of linen in patient care areas	Linen are changed after change shift of each patient or whenever it get soiled		OB/RR	
ME D7.3	The facility has standard procedures for handling, collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D10	**Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities	Valid licences for ambulances are available		RR/SI	
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	Staff is aware of requirements of medico legal cases		SI	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Address, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is established criteria for admission through emergency department		SI/RR	
		There is establish procedure for admission of MLC cases as per prevalent laws		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is establish procedure for prisoners as per prevalent local laws		SI/RR	
		Admission is done by written order of a qualified doctor		SI/RR	
		There is no delay in treatment because of admission process		SI/RR	
		Time of admission is recorded in patient record		RR	
		There is no delay in transfer of patient to respective department once admission is confirmed		SI/RR	
		Emergency department is aware of admission criteria to critical care units		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		SI/RR	
ME E1.4.	There is established procedure for managing patients, in case beds are not available at the facility	The is provision of extra beds, trolley beds in case of high occupancy or mass casualty		OB/SI	
Standard E2.	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1.	There is established procedure for initial assessment of patients	Assessment criteria of different kind of medical emergencies is defined and practiced		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		OB/RR	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of patient under observation		RR/SI	
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure for hand over for patient transfer from emergency to IPD /OT		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		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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		SI/RR	
		Availability of referral linkages to higher centres. Check how patient are referred if services are not available		SI/RR	
		Advance communication is done with higher centre		SI/RR	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI	Check for referral cards filled from lower facilities
		Check for if there is any system of follow up		SI/RR	
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		SI/RR	
Standard E4.	**The facility has defined and established procedures for nursing care**				
ME E4.1.	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	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		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 ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3.	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		OB/SI	
ME E4.4.	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5.	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for TPR chart, IO chart, any other vital required is monitored
		Critical patients are monitored continually		RR/OB	Check for use of cardiac monitor/multi parameter
Standard E5.	**Facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1.	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Unstable, irritable, unconscious. Psychotic and serious patients are identified

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E5.2.	The facility identifies high risk patients and ensure their care, as per their need	High risk medical emergencies are identified and treatment given on priority		OB/SI	
Standard E6.	**Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1.	Facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		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		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary at emergency		SI/OB	
Standard E7.	**Facility has defined procedures for safe drug administration**				
ME E7.1.	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Uploads, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc.
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content indented to be used later on
		Check for separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Any adverse drug reaction is recorded and reported		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 drugs , right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist / nurse about the dosages and timings .		SI/PI	
Standard E8.	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1.	All the assessments, re-assessment and investigations are recorded and updated	Assessment findings are written on BHT		RR	Day to day progress of patient is recorded in BHT
ME E8.2.	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4.	Procedures performed are written on patients records	Any procedure performed written on BHT		RR	CPR, Dressing, mobilization etc
ME E8.5.	Adequate form and formats are available at point of use	Availability of form formats for emergency		OB/SI	MLC,PIB, Lab /X-ray re-quisition, death certificate, Initial assess- ment format, referral slip etc.
ME E8.6.	Register/records are maintained as per guidelines	Emergency Records are maintained		OB/RR	Emergency register, death register, MLC register, are maintained
		All register/records are identified and numbered		OB/RR	
ME E8.7.	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of MLC records		OB/SI	
Standard E9.	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1.	Discharge is done after assessing patient readiness	Assessment is done before discharging patient from emergency		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		SI/RR	
		Patient / attendants are consulted before discharge		PI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Treating doctor is consulted/ informed before discharge of patients		SI/RR	
ME E9.2.	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/CI	See for discharge summary, referral slip provided.
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling services are provided wherever it is required		SI/PI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.1	There is procedure for Receiving and triage of patients	Emergency has a implemented system of sorting the patients		SI/OB	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead
		Triage area is marked		OB/SI	
		Triage protocols are displayed		OB	
		Responsibility of receiving and shifting the patient from vehicle is defined		SI	
ME E11.2	Emergency protocols are defined and implemented	Emergency protocols are available at point of use		OB	See for protocols of head injury, snake bite, poisoning, drawing etc.
		Staff is aware of Clinical protocols		SI/RR	
		There is procedure for CPR		SI/OB	
ME E11.3	The facility has disaster management plan in place	Lines of authority is defined		SI/RR	
		Procedure for internal communication defined		SI/RR	
		There is procedure for setting up control room		SI/RR	
		Disaster buffer stock of medicines and other supplies maintained		OB/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Role and responsibilities of staff in disaster is defined		SI/RR	
		Staff is aware of disaster plan		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		OB/RR	
		Ambulances are equipped		OB	
		If the patient is stable then he is transferred in ambulance with the trained driver and one staff from hospital.		SI/RR	
		If the patient is serious (as decided by the Doctor), then trained driver and one paramedical staff is mandatory to accompany him.		SI/RR	
		The Patient's rights are respected during transport.		SI/RR	
		Ambulance appropriately equipped for BLS with trained personnel		OB/RR	
		There is a daily checklist of all equipment and emergency medications		RR	
		Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist		RR	
		Transfer register is maintained to record the detail of the referred patient		RR	
ME E11.5.	There is procedure for handling medico legal cases	Medico legal cases are identified by on patient records		RR/SI	
		MLC cases are not delayed because of police proceedings		SI/OB/RR	
		There is procedure for informing police		SI/RR	Discharge is not done before police consent
		Emergency has criteria for defining medico legal cases		SI/RR	Criteria is defined based on cases and when to do MLC
Standard E12.	**The facility has defined and established procedures of diagnostic services**				
ME E12.1.	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3.	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E13.	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	There is a procedure for issuing the blood promptly for life saving measures		RR/SI	
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient record		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		RR	
Standard E15	**Facility has defined and established procedures of Surgical Services**				
ME E15.1	Facility has established procedures OT Scheduling	There is procedure for emergency surgeries		SI/RR	See surgeon is available on call/on duty
		Procedure for arranging logistics		SI	Responsibilities are defined and patient is shifted promptly
Standard E16.	**The facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	
		Death note is written on patient record		RR	
ME 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		RR	Check what is policy for registering brought in dead, death cases as MLC
		There is criteria for declaring death		SI/RR	ask form how death is declared - Physical examination or ECG is done
		Procedure for handing over the dead body		SI	
		Death certificate is issued		SI/RR	
ME E16.3	The facility has standard operating procedure for end of life support	Patients Relatives are informed clearly about the deterioration in health condition of Patients		PI/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is a standard procedure of removal of life sustaining treatment as per law		SI/RR	Check about the policy and practice for removing life support
		There is a procedure to allow patient relative/ Next of Kin to observe patient in last hours		SI/OB	
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1.	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2.	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.4.	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxic etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alchol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand 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		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB/SI	
		Proper cleaning of procedure site with antisepesis		OB	like before giving IM/IV injection, drawing blood, putting Interavenous and urinary catheter

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard F3	**Facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**Facility has standard Procedures for processing of equipments and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Decontamination of instruments after use		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% Alcohal as applicable
		Contact time for decontamination is adeqaute		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2.	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterlized after each use as per requirement		OB/SI	Autoclaving/HLD/ Chemical Sterlization
		High level Disinfection of instruments/ equipments is done as per protocol		OB/SI	Ask staff about method and time required for bioling
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time requied for chemical sterilization
		Autoclaved dressing material is used		OB/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard F5.	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1.	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	
ME F5.2.	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyle, 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		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4.	Facility ensures segregation infectious patients	Emergency department define list of infectious diseases require special precaution and barrier nursing		OB/SI	
		Staff is trained for barrier nursing			
Standard F6.	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1.	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of color coded bins at point of waste generation		OB	
		Availability of color coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste			

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F6.2.	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps			
		Availability of post exposure prophylaxis		OB/SI	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		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 waste as per guidelines	Check bins are not overfilled		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
AREA OF CONCERN - G : QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G3.	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**				
ME G3.1.	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/ hospital manager/ hospital superitendant/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
		There is system for periodic check up of Ambulances by designated hospital staff		SI/RR	
ME G3.2.	Facility has established external assurance programs at relevant departments	There is periodic assessment of preparedness for disaster by competent authority		SI/RR	
ME G3.3.	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G4.	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1.	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB	
ME G4.2.	Standard Operating Procedures adequately describes process and procedures	Emergency has documented procedure for receiving the patient in emergency		RR	
		Department has documented procedure for triaging		RR	
		Department has documented procedure for taking consent		RR	
		Department has do-cumented procedure for initial screening of patient		RR	
		Department has documented procedure for nursing care		RR	
		Department has documented procedure for admission and transfer of the patient to ward		RR	
		Emergency has documented procedure for Handling medical records		RR	
		Department has documented procedure for maintaining records in Emergency		RR	
		Department has documented procedure to handle brought in dead patient		RR	
		Department has documented procedure for storage, handling and release of dead body		RR	
		Department has documented procedure for storage and replenishing the medicine in emergency		RR	
		Department has documented procedure for equipment preventive and break down maintenance		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for Disaster management		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		SI/RR	
ME G4.4.	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Triage, CPR, Medical clinical protocols like Snake bite and poisoning
Standard G 5.	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1.	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2.	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6.	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1.	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/ death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4.	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5.	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7.	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2.	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for emergency defined		RR/SI	
ME G7.3.	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8.	**Facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1.	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2.	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1 .	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1.	Facility measures productivity Indicators on monthly basis	No of Emergency cases per thousand population		RR	
		No of trips per ambulance		RR	
		No. of trauma cases treated per 1000 emergency cases		RR	
		No. of poisoning cases treated per 1000 emergency cases		RR	
		No. of cardiac cases treated per 1000 emergency cases		RR	
		No. of obstetric cases treated per 1000 emergency cases		RR	
		No of resuscitation done per thousand population		RR	Resuscitation should include: Chest Compression, Airway and Breathing
		Proportion of Patients attended in Night		RR	
ME H1.2.	The Facility measures equity indicators periodically	Proportion of BPL Patients		RR	
Standard H2 .	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1.	Facility measures efficiency Indicators on monthly basis	Response time for ambulance		RR	
		Proportion of cases referred		RR	
		Response time at emergency for initial assessment		RR	
		Average Turn Around Time		RR	Average time a patient stays at emergency observation bed
		Proportion of patient referred by state owned/108 ambulance per 1000 referral cases		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard H3.	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1.	Facility measures Clinical Care & Safety Indicators on monthly basis	No of adverse events per thousand patients		RR	
		Death Rate		RR	No of Deaths in Emergency/ Total no of emergency attended
Standard H4.	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1.	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	No of LAMA X 100/ No of Patients seen at emergency
		Absconding rate		RR	No of Absconding X 100/ No of Patients seen at emergency

ASSESSMENT SUMMARY

A. SCORE CARD

ACCIDENT & EMERGENCY DEPARTMENT SCORE CARD	
Accident & Emergency Department Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–2

OUT PATIENTS DEPARTMENT (OPD)

Checklist for OUT PATIENTS DEPARTMENT (OPD)

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.1	The facility provides General Medicine services	Availability of functional General Medicine Clinic		SI/OB	Dedicated General speciality Medicine Clinic
ME A1.2	The facility provides General Surgery services	Availability of functional General Surgery Clinic		SI/OB	Dedicated General speciality Surgical Clinic
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Functional Obstetrics & Gynaecology Clinic		SI/OB	Dedicated speciality Obstetrics & Gynaecology Clinic. High risk pregnancy cases are referred from ANC clinic and consulted.
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic		SI/OB	Dedicated Paediatric speciality Clinic
ME A1.5	The facility provides Ophthalmology Services	Availability of functional Ophthalmology Clinic		SI/OB	Dedicated ophthalmology clinic providing consultation services
ME A1.6	The facility provides ENT Services	Availability of Functional ENT Clinic		SI/OB	Dedicated ENT providing consultation services
		Availability of OPD ENT procedures		SI/OB	Foreign Body Removal (Ear and Nose),Stitching of CLW's, Dressings, Syringing of Ear, Chemical Cauterization (Nose & Ear), Eustachian Tube Function Test, Vestibular Function Test/Caloric Test
ME A1.7	The facility provides Orthopaedics Services	Availability of Functional Orthopaedic Clinic		SI/OB	Dedicated clinical for Orthopaedic consultation
		Availability of OPD Orthopaedic procedure		SI/OB	plaster room procedure
ME A1.8	The facility provides Skin & VD Services	Availability of functional Skin & VD Clinic		SI/OB	Dedicated Clinic providing consultation services

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME A1.9	The facility provides Psychiatry Services	Availability of functional Psychiatry Clinic		SI/OB	Dedicated Clinic providing consultation services
ME A1.10	The facility provides Dental Treatment Services	Availability of functional Dental Clinic		SI/OB	Dedicated Clinic providing consultation services
		Availability of OPD Dental procedure		SI/OB	Accompanied by dental lab. Extraction, scaling, tooth extraction, denture and Restoration.
ME A1.11	The facility provides AYUSH Services	Availability of Functional Ayush clinic		SI/OB	AYUSH clinic accompanied by dispensary
ME A1.12	The facility provides Physiotherapy Services	Availability of Functional Physiotherapy Unit		SI/OB	Pain Management with cryotherapy, Pain Management with deep heat therapy (SWD), Increase range of motion with mobilization,
ME A1.13	The facility provides services for OPD procedures	Availability of Dressing facilities at OPD		SI/OB	Dressing, Suturing and drainage
		Availability of Injection room facilities at OPD		SI/OB	
ME A1.14	Services are available for the time period as mandated	At least 6 Hours of OPD Services are available		SI/RR	
ME A1.15	The facility provides services for Super specialties, as mandated	Availability of functional Cardiology clinic		SI/OB	
		Availability of functional gastro entomology clinic		SI/OB	
		Availability of functional nephrology clinic		SI/OB	
		Availability of functional Neurology clinic		SI/OB	
		Availability of functional endocrinology Clinic is available		SI/OB	
		Availability of functional Oncology Clinic		SI/OB	
		Availability of functional nuclear medicine clinic is available		SI/OB	
Standard A2	**Facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health Services	Availability of functional ANC clinic		SI/OB	
ME A2.3	The facility provides Newborn health Services	Availability of Functional immunization clinic		SI/OB	
ME A2.4	The facility provides Child health Services	Availability Functional IYCF clinic		SI/OB	
		Services under RBSY		SI/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME A2.5	The facility provides Adolescent health Services	Availability of Functional ARSH clinic		SI/OB	
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	Availability of Sample collection Centre		SI/OB	
ME A3.3	The facility provides other diagnostic services, as mandated	Functional ECG Services are available		SI/OB	
		Availability of TMT services		SI/OB	
Standard A4	**Facility provides services as mandated in national Health Programs/ state scheme**				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of OPD Services Under NVBDCP		SI/RR	OPD Management of Malaeria, Kala Azar, Dengue
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Functional DOTS clinic		SI/OB	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of OPD services under NLEP		SI/RR	
		Assessment of Disability Status			
		Supply of Customized Foot wear			
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability of Functional ICTC		SI/OB	
		Availability of HIV Testing and Counselling		SI/RR	
		PPTCT Services for HIV positive Pregnant Women		SI/OB	
		Availability of Functional ART Centre		SI/OB	
		Availability of CD4 testing facility		SI/OB	
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	Screening and early detection of visual impairment and refraction		SI/RR	Refraction, syringing and probing, foreign body removal, Tonometery and retinoscopy
		Availability of OPD procedures		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 counselling centre for Suicide prevention		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		SI/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
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		SI/OB	
ME A4.10	The facility provide services under National health Programme for deafness	Management of case referred from PHC/CHC directly reported to Hospital		SI/RR	
ME A4.11	The facility provides services as per State specific health programmes	Availability of OPD services as per State Health Programs			
Standard A6	**Health services provided at the facility are appropriate to community needs.**				
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Special clinics are available for local prevalent endemics		SI/OB	Ask for the specific local health problems/ diseases .i.e.. Kala azar, Swine Flue, arsenic poisoning etc.
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, social, economic, cultural or social reason.**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Display of layout/floor directory		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of OPD Clinics are available		OB	
		Names of doctor on duty is displayed and updated		OB	
		Timing for OPD are displayed		OB	
		Entitlement under JSY , JSSK and other schemes		OB	
		Important numbers like ambulance are displayed		OB	
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	
		Education material for counselling are available in Counselling room		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	OPD slip is given to the patient		RR/OB	
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious, gender and cultural needs, and there are no barrier on account of physical access, social, economic, cultural or social status.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Separate queue for female at registration		OB	
		Separate Female general OPD		OB	
		Separate toilets for male and female		OB	
		Availability of female staff if a male doctor examination a female patients		OB	
		Availability of Breast feeding corner		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 OPD		OB	
		Availability of ramps with railing		OB	
		There is no chaos and over crowding in the OPD		OB	
		Availability of disable friendly toilet		OB	
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen at Examination Area		OB	
		One Patient is seen at a time in clinics		OB	
		Privacy at the counselling room is maintained		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of HIV reports at ICTC		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
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, Leprosy Patients		SI/OB	Check in RTI/STI clinic
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent for before HIV testing at ICTC		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.		OB	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment been provided		PI	Ask patients about what they have been communicated about the treatment plan
		Pre and Post test counselling is given at ICTC		SI/PI/RR	
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 redressal and whom to contact is displayed		OB	
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free OPD Consultation / ANC Checkups		PI/SI	For JSSK entitlement
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free OPD Consultation for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	
	AREA OF CONCERN - C INPUTS				
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Clinics has adequate space for consultation and examination		OB	Adequate Space in Clinics (12 sq ft)
		Availability of adequate waiting area		OB	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 waiting area		OB	As per average OPD at peak time

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Availability of sub waiting at for separate clinics		OB	For clinics has high patient load
		Availability of cold Drinking water		OB	See if its is easily accessible to the visitors
		Availability of functional toilets		OB	Urinals 1 per 50 person water closet and wash basins 1 per 100 person
		Availability of patient calling system		OB	
		Availability of public telephone booth		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	There is designated area for registration		OB	
		Dedicated clinic for each speciality		OB	
		One clinic is not shared by 2 doctors at one time		OB	
		Dedicated examination areas is provided with each clinics		OB	
		Demarcated dressing area / room		OB	
		Demarcated injection room		OB	
		Demarcated immunization room for pregnant women and children		OB	
		OPD has separate entry and exit from IPD and Emergency		OB	
		availability of clean and dirty utility room		OB	
		Demarcated trolley/ wheelchair bay		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		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of Registration counters as per Patient load		OB	Average Time taken for registration would be 3-5 min so number of counter required would be worked on scale of 12-20 patient/hour per counter
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services		OB	Layout of OPD shall follow functional flow of the patients, e.g.:Enquiry Registration Waiting Sub-waiting Clinic Dressing room/ Injection Room Diagnostics (lab/X-ray)Pharmacy Exit

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		All OPD clinics and related auxiliary services are co located in one functional area		OB	
		OPD is located near to the entry of the hospital		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the OPD are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OPD has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	OPD has installed fire Extinguisher that is Class A , Class B C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of specialist Doctor at OPD time		OB/RR	Check for specialist are available at scheduled time
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of General duty doctor at Screening Clinic		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	At Injection room/ OPD Clinic as Per Requirement

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of dresser/ paramedic at dressing room		OB/SI	
		Counsellor for ICTC		SI/RR	Full Time
		Lab technician for ICTC		SI/RR	Full time
		Counsellor for ARSH clinic		SI/RR	
		Availability of ECG technician		SI/RR	
		Availability of Audiometrician		SI/RR	
		Availability of Ophthalmic assistant		SI/RR	
		Availability of Physiotherapist		SI/RR	
		Availability of Dental technician		SI/RR	
		Availability of rehabilitation therapist		SI/RR	
ME C4.5	The facility has adequate support / general staff	availability of dedicated security guard for OPD		SI/RR	
		Availability of registration clerks as per load		SI/RR	
		Availability of housekeeping staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Bio Medical waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
		ICTC Team Training		SI/RR	
		Induction and refresher training for ICTC counsellor		SI/RR	
		Induction and refresher training for ICTC lab technician		SI/RR	
ME C4.7	The Staff is skilled as per job description	Check the competency of staff to use OPD equipment like BP apparatus etc		SI/RR	
		At ANC clinic staff is skilled to identify high risk pregnancies		SI/RR	
		Counsellor is skilled for counselling		SI/RR	
		Staff is skilled for maintaining clinical records		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of injectables at injection room		OB/RR	ARV, TT
		Availability of vaccine as per National Immunization Program		OB/RR	
ME C5.2	The departments have adequate consumables at point of use	Availability of disposables at dressing room and clinics		OB/RR	examination gloves, Syringes, Dressing material , suturing material
		HIV testing Kits I, II and III at ICTC		OB/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained at injection room & immunization room		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, thermometer, weighting machine, torch, stethoscope, Examination table
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional Instruments/Equipments for Gynae and obstetric		OB	PV examination kit, Inch tape, fetoscope, Weighting machine, BP apparatus, etc.
		Availability of functional Equipment/Instruments for Orthopaedic Procedures		OB	X ray view box, Equipment for plaster room
		Availability of functional Instruments / Equipments for Ophthalmic Procedures		OB	Retinoscope, refraction kit, tonometer, perimeter, distant vision chart, Colour vision chart.
		Availability of Instruments/ Equipments Procedures for ENT procedures		OB	Audiometer, Laryngoscope, Otoscope, Head Light, Tuning Fork, Bronchoscope, Examination Instrument Set
		Availability of functional Instruments/ Equipments for Dental Procedures		OB	Dental chair, Air rotor, Endodontic set, Extraction forceps
		Availability of functional Equipment/Instruments of Physiotherapy Procedures		OB	Traction, Wax bath, Short Wave Diathermy, Exercise table Etc .
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Equipments for ICTC lab		OB	Micropipettes, Centrifuge, Needle destroyer, Refrigerators
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrumental trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Spot light, electrical fixture for equipments, X ray view box

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		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		OB/ RR	BP apparatus, thermometer are calibrated
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is process indenting consumables and drugs in injection/ dressing room		SI/RR	Stock level are daily updated Requisition 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		OB	
		Vaccine are kept at recommended temperature at immunization room		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates for injectables are maintained at injection and immunization room		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables		SI/RR	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart		SI/RR	
		There is no stock out of drugs		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
		Cold chain is maintained at immunization room		OB/RR	Check for four conditioned Ice packs are placed in Carrier Box, DPT, DT, TT and Hep B Vaccines are not kept in direct contact of Frozen Ice pack
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination in clinics		OB	Examination table
		Adequate Illumination in procedure area		OB	Dressing room, injection room and immunization room
ME D3.2	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed one time at clinic		OB/SI	
		Limited number of attendant/ relatives are allowed with patient		OB/SI	
		Medical representative are restricted in OPD timings		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in waiting areas		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in clinics		SI/OB	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place at patient care areas	Hospital has sound security system to manage overcrowding in OPD		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		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material lying in the OPD		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OPD		OB/SI	
Standard D6	**Dietary services are available as per service provision and nutritional requirement of the patients**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done as required and directed by doctor		RR/SI	
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Availability of linen in examination area		OB	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligation**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in OPD registration records		RR	Check for that patient demographics like Name, age, Sex, Address etc.
		Patients are directed to relevant clinic by registration clerk based on complaint		PI/SI	
		Registration clerk is aware of categories of the patient exempted from user charges		SI/RR	
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/attendant as per his/her turn on the basis of "first come first examine" basis.
		Patient History is taken and recorded		RR	
		Physical Examination is done and recorded wherever required		OB/RR	
		Provisional Diagnosis is recorded		OB/RR	
		No Patient is Consulted in Standing Position		OB	
		Clinical staff is not engaged in administrative work		OB/SI	
ME E1.3	There is established procedure for admission of patients	There is establish procedure for admission through OPD		SI/RR	
		There is establish procedure for day care admission		SI/RR	
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	There is screening clinic for initial assessment of the patients		OB	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	Procedure for follow up of old patients		OB/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over of patients during departmental transfer		SI/RR	
		There is a procedure consultation of the patient to other specialist with in the hospital		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.	Availability of referral linkages for OPD consultation.		RR/OB	Check how patient are referred if services are not available
ME E3.4	Facility is connected to medical colleges through telemedicine services	Facility has functional referral linkages to higher facilities		SI/RR	
		Facility has functional referral linkages to lower facilities		SI/RR	
		There is a system of follow up of referred patients		RR	
		ICTC has functional Linkages with ART and state reference Labs		RR/SI	
		Telemedicine service are used for consultation		RR/SI	
Standard E5	**Facility has a procedure to identify high risk and vulnerable 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 providing services on priority basis		RR	
Standard E6	**Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	
		A copy of Prescription is kept with the facility		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		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check OPD ticket that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	**Facility has defined procedures for safe drug administration**				
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	
		Check for the writing, It comprehendible by the clinical staff		RR/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	Check in Injection room
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings .		SI/PI	
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Patient History, Chief Complaint and Examination Diagnosis/ Provisional Diagnosis is recorded in OPD slip		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Written Prescription Treatment plan is written		RR	
ME E8.4	Procedures performed are written on patients records	Any dressing/injection, other procedure recorded in the OPD slip		RR	
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/SI	
ME E8.6	Register/records are maintained as per guidelines	OPD records are maintained		OB/RR	OPD register, ANC register, Injection room register etc
		All register/records are identified and numbered		OB/RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records		OB/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Clinics is provided with the critical value of different tests		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
MATERNAL & CHILD HEALTH SERVICES					
Standard E17	**Facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	Line listing
		Records are maintained for ANC registered pregnant women		RR	Records of each ANC checkups is maintained in Mother and child protection card
ME E17.2	There is an established procedure for History taking, Physical examination, and counselling for each antenatal visit.	ANC checkups is done by Qualified personnel		RR/SI	
		At ANC clinic, Pregnancy is confirmed by performing urine test		RR/SI	
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated		RR/SI	
		Weight measurement		RR/SI	
		blood pressure,		RR/SI	
		respiratory rate		RR/SI	
		pallor, oedema and icterus.		RR/SI	
		abdominal palpation for foetal growth, foetal lie		RR/SI	
		auscultation for foetal heart sound		RR/SI	
		breast examination		RR/SI	
		History of past illness / pregnancy complication is taken and recorded		RR/SI	
		4 ANC checkups of women is confirmed		RR/SI	
ME E17.3	Facility ensures availability of diagnostic and drugs during antenatal care of pregnant women	Diagnostic test under ANC check up are prescribed by ANC clinic		RR/SI	Check for Haemoglobin, urine albumin urine sugar blood group and Rh factor Syphilis (VDRL/RPR) HIV blood sugar malaria Hepatitis B
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/ referral as per scope of services.	High risk pregnant women are referred to specialist		RR/SI	
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia	Line listing of pregnant women with moderate and sever anaemia		RR/SI	
		Provision for Injectable Iron Treatment for moderate anaemia		RR/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age	nutritional counselling		RR/PI	
		recognizing danger sign of labour		RR/PI	
		breast feeding		RR/PI	
		institutional delivery		RR/PI	
		arrangement of referral transport		RR/PI	
		birth preparedness		RR/PI	
		family planning		RR/PI	
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Availability of diluents for Reconstitution of measles vaccine		RR/SI	
		Recommended temperature of diluents is insured before reconstitution		RR/SI	Check diluents are kept under cold chain at least before 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack
		Reconstituted vaccines are not used after recommended time		RR/SI	Ask staff about when BCG, measles and JE vaccines are constituted and till when these are valid for use. Should not be used beyond 4 hours after reconstitution
		Time of opening/ Reconstitution of vial is recorded		RR	Check for records
		Staff checks VVM level before using vaccines		SI	Ask staff how to check VVM level and how to identify discard point
		Staff is aware of how check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, DT and TT
		Discarded vaccines are kept separately		SI/OB	Check for no expired, frozen or with VVM beyond the discard point vaccine stored in clod chain
		Check for DPT, DT, Hep Band TT vials are not kept in direct contact of ice pack		SI/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		AD syringes are available as per requirement		SI/OB	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available
		Staff knows correct use AD syringe		SI	Ask for demonstration , How to peel, how to remove air bubble and injection site
		Check for AD syringes are not reused		OB	
		Vaccine recipient is asked to stay for half an hour after vaccination to observer any Adverse effect following immunization		SI/RR	
		Antipyretic medicines available		SI/RR	
		Availability of Immunization card		SI/RR	
		Counselling on side effects and follow up visits done(CEI)		SI/RR	
		Staff is aware of how to minor and serious advise events (AEFI)		SI	
		Staff knows what to do in case of anaphylaxis		SI	
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Check for adherence to clinical protocols		SI/RR	
ME E20.5	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Check for adherence to clinical protocols		SI/RR	
ME E20.6	Management of children with severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC		SI/RR	
ME E20.7	Management of children presenting diarrhoea is done per guidelines	Check for adherence to clinical protocols		SI/RR	
		availability of ORT corner		SI/RR	
Standard E22	**Facility provides Adolescent Reproductive and Sexual Health services as per guidelines**				
ME E22.1	Facility provides Promotive ARSH Services	Provision of Antenatal natal check up for pregnant adolescent		SI/RR	Nutritional Counselling, contraceptive counselling, Couple counselling ANC checkups, ensuring institutional delivery

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Counselling and provision of emergency contraceptive pills		SI/RR	Check for the availability of Emergency Contraceptive pills (Levonorgesterol)
		Counselling and provision of reversible Contraceptives		RR/SI	Check for the availability of Oral Contraceptive Pills, Condoms and IUD
		Availability and Display of IEC material		OB	Poster Displayed, Reading Material handouts etc.
		Information and advice of sexual and reproductive health related issues		SI/RR	Advice on topic related to Growth and development, puberty, sexuality cancers, myths & 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		SI/RR	TT at 10 and 16 year
		Services for Prophylaxis against Nutritional Anaemia		SI/RR	Haemoglobin estimation, weekly IFA tablet, and treatment for worm infestation
		Nutrition Counselling		SI/RR	
		Services for early and safe termination of pregnancy and management of post abortion complication		SI/RR	MVA procedure for pregnancy up to 8 week Post abortion counselling
ME E22.3	Facility Provides Curative ARSH Services	Treatment of Common RTI/ STI's		SI/RR	Privacy and Confidentiality, treatment Compliance, Partner Management, Follow up visit and referral
		Treatment and counselling for Menstrual disorders		SI/RR	Symptomatic treatment , counselling
		Treatment and counselling for sexual concern for male and female adolescents		SI/RR	
		Management of sexual abuse amongst Girls		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		SI/RR	
		Privacy and confidentiality maintained at ARSH clinic		SI/RR	Screens and curtains for visual privacy, confidentaility policy displayed, one client at a time

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
NATIONAL HEALTH PROGRAMS					
Standard E23	**Facility provides National health program as per operational/Clinical Guidelines**				
ME E23.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Ambulatory care of uncomplicated P. Vivax malaria		SI/RR	As per Clincal Guidelines for Treatment of Maleria
		Ambulatory care of uncomplicated P. Falciparum Malaria		SI/RR	As per Clincal Guidelines for Treatment of Maleria
		Ambulatory care of drug resistant malaria		SI/RR	As per Clincal Guidelines for Treatment of Maleria
ME E23.2	Facility provides service under Revised National TB Control Program as per guidelines	Diagnosis and Management of Pulmonary Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Diagnosis and Management of Extra pulmonary Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Management of Paediatric Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Management of Patients vith HIV infection and Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Drug administration for Intensive and Continuation done as per RNTCP treatment protocol		SI/RR	Check for filled treatment Cards
		Protocols for treatment for TB during pregnancy and Post natal Period is adhered		SI/RR	Discontinuation of Streptomycin Chemoprophylaxis of baby in case of smear positive mother
		Monitoring and follow up of patient done as per protocols		SI/RR	Check for records/ Protocols
		There is functional Linkage between DMC and ICTC		SI/RR	
ME E23.3	Facility provides service under National Leprosy Eradication Program as per guidelines	Validation and Diagnosis of Referred and Directly Reported Cases		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Treatment of all diagnosed cases including Reaction and Neuritis		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Assessment of Disability Status		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Management of Lepra Reactions		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Management of Complicated Ulcers		SI/RR	As per Operation/ Clincal Guidelines of NLEP

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Management of Eye Complications		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Physiotherapy including Pre and Post Operative Care		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Follow-up of cases treated at tertiary Level		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Supply of Customized Foot wear		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Self care Counselling		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Outreach Services to Leprosy Clinics		SI/RR	As per Operation/ Clincal Guidelines of NLEP
		Screening of Cases of RCS		SI/RR	As per Operation/ Clincal Guidelines of NLEP
ME E23.4	Facility provides service under National AIDS Control program as per guidelines	Pre Test Counselling is done as per protocols		SI/RR	basic information and benefits of HIV testing potential risks such as discrimination. The client is also informed about their right to refuse, follow-up services. Pregnant women are given additional information on nutrition, hygiene, the importance of an institutional delivery and HIV testing so as to avoid HIV transmission from mother to child.
		Post test counselling given as per protocol		SI/RR	window period, a repeat test is recommended, clients with suspected tuberculosis are referred to the nearest microscopy centre. In case of a positive test result, the counsellor assists the client to understand the implications of the positive test result and helps in coping with the test result. The counsellor also ensures access to treatment and care, and supports disclosure of the HIV status to the spouse.

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Diagnosis and treatment of opportunistic Infections		SI/RR	As per NACO guidelines
		Screening of PLHA for initiating ART		SI/RR	As per NACO guidelines
		Monitoring of patients on ART and management of side effects		SI/RR	As per NACO guidelines
		Counselling and Psychological support for PLHA		SI/RR	As per NACO guidelines
ME E23.6	Facility provides service under Mental Health Program as per guidelines	Treatment of Menal illnesses as per clinical guidelines		SI/RR	
ME E23.7	Facility provides service under National programme for the health care of the elderly as per guidelines	Geriatic Care is provided as per Clinical Guidelines		SI/RR	
ME E23.8	Facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines	Opportunistic screening for diabetes, hypertension, cardiovascular diseases		SI/RR	Screening of persons above age of 30 - History of tobacco examination, BP Measurement and Blood sugar estimation Look for records at NCD clinic
		screen women of the age group 30-69 years approaching to the hospital for early detection of cervix cancer and breast cancer.		SI/RR	
		Health Promotion through IEC and counselling		OB	increased intake of healthy foods increased physical activity through sports, exercise, etc.; avoidance of tobacco and alcohol; 24 stress management warning signs of cancer etc
ME E23.9	Facility provide service for Integrated disease surveillance program	Weekly reporting of Presumptive cases on form "P" from OPD clinic		SI/RR	
ME E23.10	Facility provide services under National program for prevention and control of deafness	Early detection and screening for detection of deafness		SI/RR	As per Clinical guidelines
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxic etc
		Periodic medical checkups of the staff		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand 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		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	**Facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard F4	**Facility has standard Procedures for processing of equipments and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/Trolleys etc. (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/ HLD/Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	
		Clinics for infectious diseases are located away from main traffic		OB	Preferably in remote corner with independent access
		Sitting arrangement in TB clinic is as per guideline		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB	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 detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	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		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	OPD Patient satisfaction survey done on monthly basis		RR	
Standard G3	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
		Internal Quality Assurance is established at ICTC lab		SI/RR	
ME G3.2	Facility has established external assurance programs at relevant departments	External Quality assurance program is established at ICTC lab		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	OPD has documented procedure for Registration		RR	
		OPD has documented procedure for patient calling system in OPD clinics		RR	
		OPD has documented procedure for receiving of patient in clinic		RR	
		OPD has documented process for OPD consultation		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		OPD has documented procedure for investigation		RR	
		OPD has documented procedure for prescription and drug dispensing		RR	
		OPD has documented procedure for nursing process in OPD		RR	
		OPD has documented procedure for patient privacy and confidentiality		RR	
		OPD has documented procedure for conducting, analysing patient satisfaction survey		RR	
		OPD has documented procedure for equipment management and maintenance in OPD		RR	
		Department has documented procedure for Administrative and non clinical work at OPD		RR	
		Department has documented procedure for No Smoking Policy in OPD		RR	
		OPD has documented procedure for duty roaster, punctuality, dress code and identity for OPD staff		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Relevant protocols are displayed like Clinical Protocols for ANC checkups
Standard G 5	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.1	The facility defines its quality policy				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for OPD defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**Facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Prateo / Prioritization		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1		Proportion of follow-up patients		RR	
		No of ANC done per thousand		RR	
		ICTC OPD per thousand		RR	
		ART patient load per thousand		RR	
		ARSH OPD per thousand		RR	
		Immunization OPD per thousand		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL patients		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Medicine OPD per Doctor		RR	
		Surgery OPD per Doctor		RR	
		Paediatric OPD per Doctor		RR	
		OBG OPD per Doctor		RR	
		Dental OPD per Doctor		RR	
		Ophthalmology OPD per doctor		RR	
		Skin & OPD per doctor		RR	
		TB/DOT pod per doctor		RR	
		ENT OPD per doctor		RR	
		Psychiatry OPD per doctor		RR	
		AYUSH OPD per doctor		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Consultation time at ANC Clinic		RR	Time motion study
		Consultation time at General Medicine Clinic		RR	
		Consultation time for General Surgery Clinic		RR	
		Consultation time for paediatric clinic		RR	
		Proportion of High risk pregnancy detected during ANC		RR	No of High Risk Pregnancies X100/ Total no PW used ANC services in the month
		Proportion of severe anaemia cases		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient Satisfaction Score		RR	
		Waiting time at registration counter		RR	
		Waiting time at ANC Clinic		RR	
		Waiting time at general OPD		RR	
		Waiting time at paediatric Clinic		RR	
		Waiting time at surgical clinic		RR	
		Average door to drug time		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

OUT PATIENTS DEPARTMENT (OPD) SCORE CARD	
Out Patients Department (OPD) Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–3

LABOUR ROOM

NATIONAL QUALITY ASSURANCE STANDARDS

Checklist for LABOUR ROOM

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of comprehensive obstetric services		SI/OB	
ME A1.14	Services are available for the time period as mandated	Labour room service are functional 24X7		SI/RR	
Standard A2	**The facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services		SI/OB	PPIUD insertion
ME A2.2	The facility provides Maternal health Services	Vaginal Delivery		SI/OB	Term, post Date and pre term
		Assisted Delivery		SI/OB	Forceps delivery and vacuum delivery
		Management of Postpartum Haemorrhage		SI/OB	Medical /Surgical
		Management of Retained Placenta		SI/OB	
		Septic Delivery		SI/OB	
		Delivery of HIV positive PW		SI/OB	
		Management of PIH/Eclampsia/pre Eclampsia		SI/OB	
		Initial Diagnosis and management of MTP and Ectopics		SI/OB	
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation		SI/OB	
		Availability of Essential new born care		SI/OB	
Standard A3	**The facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability of dedicated services for USG		SI/OB	
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	HIV, Hb% , Random blood sugar /as per state guideline

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Directional signage for department is displayed		OB	Direction is displayed from main gate to direct.
		Restricted area signage displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlements under JSSK Displayed		OB	
		Entitlement under JSY displayed		OB	
		Name of doctor and Nurse on duty are displayed and updated		OB	
		Contact details of referral transport / ambulance displayed		OB	
		Services provision of labour room are displayed at the entrance		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, kangaroo care, family planning etc (Pictorial and chart)
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB	Enquiry desk serving both maternity ward and labour
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, social, economic, cultural or social reason.**				
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		OB	
		Availability of female staff if a male doctor examine a female patients		OB/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 labour room		OB	
		Availability of ramps and railing		OB	
		Labour room is located at ground floor		OB	If not located on the ground floor availability of the ramp / lift
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ partition at delivery tables		OB	
		Curtains / frosted glass have been provided at windows		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		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
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		SI/OB	
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	General consent is taken before delivery		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Labour room has system in place to involve patient relative in decision making about pregnant women treatment		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 re redressal and whom to contact is displayed		OB	
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Drugs and consumables under JSSK are available free of cost		PI/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	
	AREA OF CONCERN - C INPUTS				
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per delivery load		OB	One labour table requires 10X10 sqft of space, Every labour table should have space for vertical trolley with space for six trays
		Availability of Waiting area for attendants/ ASHA		OB	
ME C1.2	Patient amenities are provide as per patient load	Attached toilet and bathroom facility available		OB	
		Availability of Hot water facility		OB	
		Availability of Drinking water		OB	
		Availability of Changing area		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Delivery unit has dedicated Receiving area		OB	
		Availability of Examination Room		OB	
		Availability of Pre delivery room		OB	
		Availability of Delivery room		OB	
		Availability of Post delivery observation room		OB	
		Dedicated nursing station within or proximity labour room		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Area earmarked for newborn care Corner		OB	
		Dedicated Eclampsia room available		OB	
		Dedicated Septic Labour Room with NBCC		OB	
		Preparation of medicine and injection area		OB	
		Availability of dirty utility room		OB	
		Availability of store		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors connecting labour room are broad enough to manage stretcher and trolleys		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of labour tables as per delivery load		OB	At least 2 labour table for 100 deliveries per month (Minimum 4)
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Labour room is in Proximity and function linkage with OT		OB	
		Labour room is in proximity a proximity and functional linkage with SNCU		OB	
		Unidirectional flow of care		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	Labour room does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
		Stabilizer is provided for Radiant warmer		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the labour room are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Labour room has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	Labour room has installed fire Extinguisher that is Class A , Class B, C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist on duty and on call paediatrician		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 at labour room		OB/RR	at least One per shift
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff /ANM		OB/RR/SI	at least Three per shift
ME C4.5	The facility has adequate support / general staff	Availability of labour room attendants/ Birth Companion		SI/RR	at least 1 sanitary worker and 1 ayah per shift
		Availability of dedicated female security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Navjat Shishu Surkasha Karyakarm (NSSK) training		SI/RR	
		Skilled birth Attendant (SBA)		SI/RR	
		Biomedical Waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient safety		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C4.7	The Staff is skilled as per job description	Nursing staff is skilled for operating radiant warmer		SI/RR	
		Nursing staff is skilled for resuscitation		SI/RR	Newborn as well as Mother
		Nursing staff is skilled identifying and managing complication		SI/RR	
		Counsellor is skilled for postnatal counselling		SI/RR	
		Nursing Staff is skilled for maintaining clinical records including partograph		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of uterotonic Drugs		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge)
		Availability of Antibiotics		OB/RR	Cap Ampicillin 500mg, Tab Metronidazole 400mg, Gentamicin,
		Availability of Antihypertensive		OB/RR	Tab Misprostol 200mg, Nefedipine,
		Availabity of analgesics and antipyretics		OB/RR	Tab Paracetamol, Tab Ibuprofen
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer lactate,
		Availability of local anaesthetics		OB/RR	Inj Xylocaine 2%,
		Others		OB/RR	Tab B complex, Inj Betamethasone, Inj Hydralazine, methyldopa, (Nevirapine and other HIV drugs)
		Availability of emergency drugs		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj diazepam, inj Pheniramine maleate, inj Corboprost, Inj Fortwin, Inj Phenergen, Betamethasone, Inj Hydralazine, Nefedipine, Methyldopa, ceftriaxone
		Availability of drugs for newborn		OB/RR	Vit K

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads		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		OB/RR	Paediatric iv sets,urinery catheter,
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion
		Availability of consumables for new born care		OB/RR	gastric tube and cord clamp, Baby ID tag
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, stethoscope Thermometer, foetoscope/ Doppler, baby weighting scale, Wall clock (tracers)
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of instrument arranged in Delivery treys		OB	Scissor, Artery forceps, Cord clamp, Sponge holder, speculum, kidney tray, bowl for antiseptic lotion,
		Delivery kits are in adequate numbers as per load		OB	As per delivery load and cycle time for processing of instrument
		Availability of Instruments arranged for Episiotomy trays		OB	Episiotomy scissor, kidney tray, artery forceps, allis forceps, sponge holder, toothed forceps, needle holder,thumb forceps,
		Availability of Baby tray		OB	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,

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of instruments arranged for MVA/EVA tray		OB	Speculum, anterior vaginal wall retractor, posterior wall retractor, sponge holding forceps, MVA syringe, cannulas, MTP, cannulas, small bowl of antiseptic lotion,
		Availability of instruments arranged for PPIUCD tray		OB	PPIUCD insertion forceps, CuIUCD 380A/ Cu IUCD375 in sterile package
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, Doppler 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 Instruments for Newborn Care		OB	Oxygen, Suction machine/ mucus sucker , radiant warmer, laryngoscope
		Availability of resuscitation instrument for mother		OB	Suction machine, Oxygen, Adult bag and mask, mouth gag,
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler/Autocalve
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Delivery tables		OB	Steel Top
		Availability of attachment/ accessories with delivery table		OB	Hospital graded Mattress, IV stand, Kelly's pad, support for delivery tables, Macintosh, foot step, Bed pan

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of fixture		OB	Wall clock with Second arm Lamps- wall mounted /side, electrical fixture for equipments like radiant warmer, suction.
		Availability of Furniture		OB	Cupboard, Table, chair, Counter.
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		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		OB/ RR	BP apparatus, thermometers, weighing scale , radiant warmer Etc are calibrated
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 labour room staff.		OB/SI	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart		SI/RR	
		There is no stock out of drugs		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotics and psychotropic drugs are kept in lock and key		SI/RR	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at delivery table		OB	
		Adequate Illumination at observation area		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	There is no overcrowding in labour room		OB	
		One female family members allowed to stay with the PW		OB/SI	
		Visitors are restricted at labour room		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		PI/OB	Optimal temperature and warmth is ensured at labour room. Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/duty room		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	Lockable doors in labour room		OB	
		Security arrangement in labour room		OB/SI	Preferably female security staff
		New born identification band and foot prints are in practice		OB/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Delivery table are intact and without rust		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Labour room		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of hot water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in Labour room		OB/SI	
		Availability of UPS		OB/SI	
		Availability of Emergency light		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		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Availability of clean Drape, Macintosh on the Delivery table,		OB/RR	
		Gown are provided in labour room		OB/RR	
		Availability of Baby blanket, sterile drape for baby		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		SI/RR	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/ Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E1.3	There is established procedure for admission of patients	There is procedure for admitting Pregnant women directly coming to Labour room		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		There is no delay in admission of pregnant women in labour pain		OB/SI/RR	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Check how service provider cope with shortage of delivery tables due to high patient load		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	Rapid Initial assessment of Pregnant Women to identify complication and Prioritize care		RR/SI/OB	Assessment and immediate sign if following danger sign are present - difficulty in breathing, fever, sever abdominal pain, Convulsion or unconsciousness, Severe headache or blurred vision
		Recording and reporting of Clinical History		RR/SI	Recording of women obstetric History including LMP and EDD Parity, gravid status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart diseases, STD etc, HIV status and Surgical History
		Recording of current labour details		RR	Time of start, frequency of contractions, time of bag of water leaking, colour and smell of fluid and baby movement
		Physical Examination		RR/SI	Recording of Vitals , shape & Size of abdomen, presence of scars, foetal lie and presentation. & vaginal examination

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of Pregnant women as per standard protocol		RR/OB	There is fix schedule of reassessment as per protocols
		Partograph is used and updated as per stages of labour		RR/OB	All step are recorded in timely manner
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over patient / new born form labour room to OT/ Ward/ SNCU		SI/RR	
		There is a procedure for consultation of the patient to other specialist with in the hospital		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		RR/SI	A referral slip/ Discharge card is provide to patient when referred to another health care facility
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		RR/SI	
		Referral in or referral out register is maintained		SI/RR	
		Facility has functional referral linkages to lower facilities		RR	Check for referral cards filled from lower facilities
		There is a system of follow up of referred patients		SI/RR	
ME E3.3	A person is identified for care during all steps of care	Nurse is assigned for each patients		RR/SI	Check for nursing hand over
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags 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	There is a process to ensue the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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		RR/SI	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for BP, pluse, temp, Respiratory rate FHR, Uterine contraction Contractions, any other vital required is monitored
		Critical patients are monitored continuously		RR/SI	Check for BP, pluse, temp, Respiratory rate FHR, Uterine contraction Contractions, any other vital required is monitored
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	Check for the frequency of observation: Ist stage :half an hour and 2nd stage: every 5 min
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	Check for rational use of uterotonic drugs
		Availability of drug formulary		SI/OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Magsulf (to be kept in fridge) , Methergine
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs , right route, right time		SI/OB	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Progress of labour is recorded		RR	Partograph Full compliance and on bed head ticket partial compliance

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment prescribed in nursing records		RR	Medication order, treatment plan, lab investigation are recoded adequately
ME E8.4	Procedures performed are written on patients records	Delivery note is adequate		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		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 available		RR/OB	Availability of BHT, Partograph, etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	labour room register, OT register, MTP register, FP register, Maternal death register and records, lab register, referral in /out register, internal& PPIUD register etc.
		All register/records are identified and numbered		RR	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management.**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient record		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		RR	
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	
		Death note is written on patient record		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		RR	Maternal and neonatal death are recorded as per MDR guideline
		There is established criteria for distinguish between newborn death and still birth		SI/RR	Every still record/ birth is examined by paediatrician before declaration
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		SI/RR	
Standard E17	**The facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	
ME E17.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women	Tests for Urine albumin, haemoglobin, blood grouping		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E18	**The facility has established procedures for Intranatal care as per guidelines**				
ME E18.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility	Management of 1st stage of labour:		SI/OB	Check progress is recorded, Women is allowed to give birth in the position she wants , Check progress is recorded on partograph
		Management of 2nd stage of labour:		SI/OB	Allows the spontaneous delivery of head , gives Perineal support and assist in delivering baby. Check progress is recorded on partograph
		Active Management of Third stage of labour		SI/OB	Palpation of mother's abdomen to rule out presence of second baby
		Use of Uterotonic Drugs		SI/RR	Administration of 10 IU of oxytocin IM with in 1 minute of Birth
		Control Cord Traction		SI/RR	Only during Contraction
		Uterine Massage		SI/RR	After placenta expulsion, Checks Placenta & Membranes for Completeness
ME E18.2	There is an established procedure for assisted and C-section deliveries per scope of services.	Staff is aware of Indications for refereeing patient for to Surgical Intervention		SI	Ask staff how they identify slow progress of labour , Hoe they interpret Partogram
ME E18.3	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.	Management and follow up of PIH/ Eclampsia \Pre Eclampsia		SI/RR	Monitors of BP, tests for proteinuria in cases of eclampsia—administers loading dose of Magnesium Sulphate (MgSO4) and refers/ calls for specialist attention;

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
					continues maintenance dose of MgSO4- 5 g of MgSO4 IM in alternate buttocks every four hours, for 24 hours after birth/last convulsion, whichever is later
		Management of Postpartum Haemorrhage		SI/RR	Assessment of bleeding (PPH if >500 ml or > 1 pad soaked in 5 Minutes. IV Fluid, bladder catheterization, measurement of urine output, Administration of 20 IU of Oxytoc in in 500 ml Normal Saline or RL at 40-60 drops per minute. Performs Bimanual Compression of Uterus
		Management of Retained Placenta		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
		Management of Uterine Atony		SI/RR	Vigorous Uterine massage, gives Oxytocin 20 IU in 500 ml of R/L 40 to 60 drops/minute (Continue to administer Oxytocin upto maximum of 3 litres of solution with Oxytocin) If still bleeding perform bi manual uterine compression with palpation of femoral pulse

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Management of Obstructed Labour		SI/RR	Diagnoses 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 catheterization and takes blood for Hb & grouping, Decides on the mode of delivery as per the condition of mother and the baby
		Management of Puerperal sepsis		SI/RR	Conduct appropriate lab. investigations, Prescribes IV fluids and broad spectrum antibiotics for seven days & advises perineal care
		Delivery of infectious cases HIV positive PW		SI/RR	
ME E18.4	There is an established procedure for new born resuscitation and newborn care.	Recording date and Time of Birth, Weight		SI/RR	Check the records
		Dried and put on mothers abdomen		SI/OB	With a clean towel from head to feet, discards the used towel and covers baby including head in a clean dry towel
		Vitamin K for low birth weight		SI/RR	Given to all new born (1.0 mg IM in > 1500 gms and 0.5 mg in < 1500 gms
		Warmth		SI/RR	Check use of radiant warmer
		Care of Cord and Eyes		SI/RR	Delayed Cord Clamping, Clamps & Cut the cords by sterile instruments within 1-3 minutes of Birth Clean baby's eyes with sterile cotton/Gauge

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		APGAR Score		SI/RR	Check practice of maintaining APGAR Score, Nurse is skilled for it
		Kangaroo Mother Care		SI/RR	Observe /Ask staff about the practice
		New born Resuscitation		SI/RR	Ask Nursing staff to demonstrate Resuscitation Technique
Standard E19	**The facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Post partum Care is provided to the mothers	Prevention of Hypothermia of new born		SI/RR	
		Initiation of Breastfeeding with in 1 Hour		PI	
		Mother is monitored as per post natal care guideline		RR/SI	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation)
		Check for perineal washes performed		PI	
ME E19.3	There is an established procedure for Post partum counselling of mother	Labour room has procedure to provide post partum Counselling		PI/SI	Breast feeding and prevention of hypothermia
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		SI/RR	
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.**				
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxic etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antiseptics		OB/SI	like before giving IM/ IV injection, drawing blood, putting Intravenous and urinary catheter
		Proper cleaning of perineal area before procedure with antisepsis		SI	
		Check Shaving is not done during part preparation/delivery cases		SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of Masks		OB/SI	
		Sterile s gloves are available at Labour room		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	
		Availability of gown/ Apron		OB/SI	
		Availability of shoe cover/gum boots		OB/SI	
		Availability of Caps		OB/SI	
		Heavy duty gloves and gum boats for housekeeping staff		OB/SI	
		Personal protective kit for delivering HIV patients		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff about how they decontaminate the procedure surface like Delivery Table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction cannula, Delivery Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Proper handling of Soiled and infected line		SI/OB	No sorting, Rinsing or sluicing at Point of use/ Patient care area
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting, Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/ HLD/Chemical Sterilization
		High level Disinfection of instruments/ equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaving of delivery kits is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Chemical sterilization of instruments/ equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		There is a procedure to ensure the traceability of sterilized packs		OB/SI	
		Sterility of autoclaved packs is maintained during storage		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 F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of routes for clean and dirty items		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
		Use of three bucket system for mopping		OB/SI	
		Fumigation/ carbolization as per schedule		SI/RR	
		External footwares are restricted		OB	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	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		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/ trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for receiving and assessment of the patient of delivery		RR	
		Labour room has documented procedure for Emergency obstetric care		RR	
		Department has documented procedure for management of high risk pregnancy		RR	
		Department has documented procedure for rapid initial assessment		RR	
		Department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		Department has documented procedure for intra partum care		RR	Intrapartum care includes Management of 1st stage of labour, 2nd stage of labour and 3rd stage of labour
		Department has documented immediate post partum care		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented essential new born care		RR	
		Department has documented procedure for neonatal resuscitation		RR	
		Department has documented procedure for admission, shifting and referral of the patient		RR	
		Department has documented procedure for arrangement of intervention for labour room		RR	Labour room management include maintenance and calibration of equipments and inventory management etc
		Labour room has documented procedure for blood transfusion		RR	
		Labour room has documented criteria for distinguish between newborn death and still birth		RR	
		Labour room has documented procedure for environmental cleaning and processing of the equipment		RR	
		Labour room has documented procedure for maintenance of rights and dignity of pregnant women		RR	
		Department has documented procedure for record Maintenance including taking consent		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/ clinical protocols are displayed		OB	AMSTL, PPH,Infection control,Eclamsia, New born resuscitation, kangaroo care

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for labour room are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	The facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	The facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto/Prioritization		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Normal Deliveries per 1000 population		RR	
		Proportion of deliveries conducted at night		RR	
		Proportion of complicated cases managed		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Proportion assisted delivery conducted		RR	
		% PPIUCD inserted against total IUCD		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL Deliveries		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Proportion of cases referred to OT		RR	
		Proportion of cases referred to Higher Facilities		RR	
		% of newborns required resuscitation out of total live births		RR	
		% of newborns required resuscitation out of total live births		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Proportion of cases partograph maintained		RR	
		Episiotomy site infection rate		RR	
		No of adverse events per thousand patients		RR	
		Culture Surveillance sterility rate		RR	% of environmental swab culture reported positive
		Proportion of cases of different complications		RR	PPH, Eclampsia, obstructed labour etc.
		Rational oxytocin usage Index		RR	No. of Oxytocin doses used / No. of normal deliveries conducted
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient satisfaction		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

LABOUR ROOM SCORE CARD	
Labour Room Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–4

MATERNITY WARD

NATIONAL QUALITY ASSURANCE STANDARDS

Checklist for MATERNITY WARD

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Gynaecology indoor services		SI/OB	For obstetric indoor services kindly refer to ME A2.2
ME A1.14	Services are available for the time period as mandated	Availability of nursing services 24X7		SI/RR	
ME A1.18	The facility provides Blood bank & transfusion services	Availability/ linkage with blood bank		SI/OB	
Standard A2	**The facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health Services	Availability of indoor services for Antenatal cases		SI/OB	Antenatal ward-Clean Ward
		Availability of indoor services for normal delivery		SI/OB	Postnatal ward -Normal delivery
		Availability of indoor services for C section		SI/OB	Postnatal ward -C-section delivery
		Availability of indoor services for Septic cases		SI/OB	Septic ward
		Availability of indoor services for Eclampsia cases		SI/OB	Eclampsia room
ME A2.3	The facility provides Newborn health Services	Prevention of hypothermia and initiation of breast feeding		SI/OB	
ME A2.4	The facility provides Child health Services	Screening of New born for Birth Defects		SI/OB	
Standard A3	**The facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability / linkage with Radiology		SI/OB	
ME A3.2	The facility Provides Laboratory Services	Availability / linkage with laboratory		SI/OB	
Standard A4	**The facility Provides services as mandated in national Health Programmes/State Scheme**				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Treatment of Malaria in pregnancy		SI/OB	check the records for management of cases in last one year
ME A4.10	The facility provide services under National health Programme for prevention & control of deafness	Referral of child born of High Risk pregnancy showing features suggestive of hearing empairment		SI/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlements under JSSK Displayed		OB	
		Entitlement under JSY displayed		OB	
		List of drugs available are displayed and updated		OB	
		Contact details of referral transport / ambulance are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding and care of breast, kangaroo care, family planning, Danger signs, PN advice, Information material about PCPNDT etc
		Counselling aids like flip chart etc are available for post partum counselling		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.7	The facility provides information to patients and visitors through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB	Enquiry desk serving both maternity ward and labour
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summery is given to the patient		RR/OB	
Standard B2	**Services are delivered in manners that are sensitive to gender, religious, social and cultural needs and there are no barrier on account of physical access, language, cultural or social status.**				
ME B2.1	Services are provided in manner that are sensitive to gender	No Male attendant is allowed to stay in female wards at night		OB/SI	
		Availability of female staff if a male doctor examine a female patients		OB/SI	
		Availability of Breast feeding corner		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
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		OB	
		Availability of ramps and railing		OB	
		Availability of disable friendly toilet		OB	
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen in Examination Area		OB	Bracket screen
		Curtains have been provided at windows		OB	
		Patients are dressed/ covered while been shifted from one department to other		OB	
		No two patients are treated on one bed		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secured place beyond access to general staff/ visitors		SI/OB	
		No information regarding patient identity and details are unnecessary displayed		SI/OB	
ME B3.3	The facility ensures the behaviour of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
ME B3.4	The facility ensures that 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 directly involved in care		SI/OB	
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making**				
ME B4.1	There is established procedure for taking informed consent before treatment and procedures	General Consent is taken before admission		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient and/ or attendant are informed about her clinical condition and treatment being provided		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 redresaal and whom to contact is displayed		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Stay in ward is free of cost		PI/SI	
		Availability of Free Diet		PI/SI	
		Availability of Free drop back		PI/SI	
		Availability of Free referral vehicle/Ambulance services		PI/SI	
		Availability of Free Blood		PI/SI	
		Availability of Free drugs		PI/SI	
		Availability of free diagnostics		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient does not spentd on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient does not spentd on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure incurred it is reimbursed from hospital		PI/SI/RR	
		JSY Payment is done before discharge		PI/SI/RR	
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme				
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in wards with no cluttering of beds		OB	Distance between centres of two beds – 2.25 meter
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available as per strength and patient load in ward		OB	One toilet for 12 patients
		Functional bathroom with running water are available as per patient load in ward		OB	One toilet for 12 patients
		Availability of drinking water		OB	
		Patient/ visitor Hand washing area		OB	
		Separate toilets for visitors		OB	
		TV for entertainment and health promotion		OB	
		Adequate shaded waiting area is provided for attendants of patient		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of Dedicated nursing station		OB	
		Availability of Examination room		OB	
		Availability of Treatment room		OB	
		Availability of Doctor's Duty room		OB	
		Availability of Nurse Duty room		OB	
		Availability of Store		OB	Drug &Linen store
		Availability of Dirty room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	There is sufficient space between two beds to provide bed side nursing care and movement		OB	Space between two beds should be at least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft
		Corridors are wide enough for patients, visitors and trolleys/ equipment movement		OB	Corridor should be 3 meters wide
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	There is separate nursing station in each ward		OB	
		Availability of adequate beds as per delivery load		OB	10 beds for 100 deliveries per month
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Prepartaum and post partum wards are in proximity and have functional linkage with labour room		OB	
		Postpartum ward and SNCU are in proximity and have functional linkage		OB	
		C section ward is in Proximity and has functional linkage with the OT		OB/SI	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	IPD building does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact, there is proper earthing
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the maternity ward are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Maternity ward has sufficient fire exits to permit safe escape to its occupant in emergency		OB/SI	
		Fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting equipment	Maternity ward has installed fire Extinguisher that are Class A , either B, C type or ABC type		OB	
		Expiry date for fire extinguishers displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Ob&G specialist on duty and on call paediatrician		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		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	6 for 100-200 Deliveries/ Month 8 for More than 200 deliveries per month

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of RMNCH counsellor		OB/SI	Counsellor available for postpartum counselling of mothers
		Availability of dresser for C section ward		SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant		SI/RR	Availability of mamta/ ayahs and Sanitary worker
		Availability of Security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Infant and young Child Feeding (IYCF) practices		SI/RR	
		Biomedical waste management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Nursing staff is skilled in identification and managing complications		SI/RR	
		Staff is skilled for maintaining clinical records		SI/RR	
		Counsellor is skilled for postnatal counselling		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Uterotonic Drugs		OB/RR	Tocolytics, Isoxsuprine
		Availability of Antibiotics		OB/RR	Tab Metronidazole 400mg, Inj. Gentamicin,
		Availability of Antihypertensive		OB/RR	Labetalol
		Availability of analgesics and antipyretics		OB/RR	Tab Paracetamol, Tab Ibuprofen,
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer is lactate,
		Availability of other emergency drugs		OB/RR	Tab Retrodrine, Misoprostol, Prostodin, ste-roid as Hydro-cortison Dex-amethasone, iron, Calcium, and Folic acids tablets

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Availability of drugs for newborn		OB/RR	Inj Vit K 10mg, Vaccine OPV, Hep B, BCG, Paracetamol syrup/drops, Syp Calcium with Vit D, Multivitamin 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		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		OB/RR	Paediatric IV sets, Urinary catheter with bag, Foyley is catheter Nasogastric tube, Syringe A/D
		Availability of Antiseptic Solutions		OB/RR	Betadine
		Availability of consumables for new born care		OB/RR	Gastric tube and cord clamp, dressing 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		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & monitoring		OB	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		OB	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		OB	Glucometer and HIV rapid diagnostic kit

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation equipment		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		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 sterilization and disinfection		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for cleaning		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility		OB	
		Availability of attachment/ accessories with patient bed		OB	Hospital graded mattress, Bed side locker , IVstand, Bed pan
		Availability of Fixtures		OB	Spot light, electrical fixture for equipment like suction, machine X ray view box
		Availability of furniture		OB	cupboard, nursing counter, table for preparation of medicines, chair.
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing, maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	
		There is a system of timely corrective break down maintenance of the equipment		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		OB/ RR	BP apparatus, Oxygen flow meter etc are calibrated

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting of drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is a procedure for replenishing drug tray / crash cart		SI/RR	
		There is no stock out of drugs		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotics and psychotropic drugs are kept in lock and key		OB/SI	Separate prescription for narcotic and psychotropic drugs
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level in patient care areas	Adequate Illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	
ME D3.2	The facility has provision of restriction of visitors in patient area	Visiting hour are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during visitors hours		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Optimal temperature and warmth is ensured Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/duty room		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	Recording of New-born identification band and foot prints are in practice		OB/RR	
		Security arrangement in maternity ward		OB/SI	
ME D3.5	The facility has established the measures for safety and security of female staff	Ask female staff weather they feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check if there is seepage, Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are Intact and clean		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement for storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of hot water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in ward		OB/SI	
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient is done specially for high risk pregnancy and other specified cases		RR/SI	For hypertensive patient, diabetic cases. Check nutrition advice from records
ME D6.2	The facility provides diet according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu are provided to the patient
		Check for the Quality of diet provided		PI/SI	Ask patient/staff weather they are satisfied with the Quality of food
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		RR/SI	Diet for diabetic patients, low salt and high protein diet etc
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	
		Gowns are provided to the cases going for surgery		OB/RR	
		Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care area	Linen is changed every day and whenever it get soiled		OB/RR	
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	There is system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/ Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		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 no delay in treatment because of admission process		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		There is separate counter for admission of patients		OB/RR	
		Time of admission is recorded in patient record		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra Beds		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patients done as per standard protocols		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		RR/SI	
		Physical Examination is done and recorded wherever required		RR	Assesses general condition, including: vital signs, conjunctiva for pallor and jaundice, and bladder and bowel function, conducts breast examinations
		Dangers signs are identified and recorded		RR/SI	Examines the perineum for 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		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over of patients from maternity ward to OT/labour room		SI/RR	
		There is a procedure for consultation of the patient to other specialist with in the hospital		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 are referred with referral slips		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle are arranged		RR/SI	
		Referral in or referral out register is maintained		SI/RR	
		Facility has functional referral linkages to lower facilities		RR	Check for referral cards filled from lower facilities
		Functional linkage with higher facilities		RR	
		There is a system of follow up of referred patients		SI/RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse are assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags 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		RR	Check that treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.
		There is a process to ensue the accuracy of verbal/ telephonic orders		SI/RR	Verbal orders are rechecked before administration of drug
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check that 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		RR/SI	Check that TPR chart, IO chart, any other vital are is monitored
		Critical patients are monitored continually		RR/SI	
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	High risk cases : Eclampsia, Sepsiss, diabetic, cardiac diseases and Intrauterine growth retardation
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check that relevant Standard treatment guideline are available at point of use		RR	
		Check if staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs for department are identified		SI/OB	Magsulf (to be kept in fridge) , Methergine
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		There is process to ensure that right doses of high alert drugs are only given		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 are accompanied with date , time and signature		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs , right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advised by doctor/ Pharmacist /nurse about the dosages and timings .		RR/SI	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Treatment prescribed & nursing records
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/treatment registers		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Any procedure performed written on BHT		RR	Dressing, mobilization etc
ME E8.5	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet are available as per state guidelines		RR/OB	Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc.

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, FP register, Diet register, Linen register, Drug indent register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient / attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/ informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is given to patients going on LAMA/ Referral out		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		prior time of discharge is communicated to patient		PI/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept at optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		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		RR	
Standard E14	**The facility has established procedures for Anaesthetic 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		SI/RR	
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to communicate death to relatives sympathetically		SI	
		Death note is written on patient record		RR	
ME E16.2	The facility has standard procedures for handling the death in the hospital	Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		SI/RR	Maintenance of records as per guideline
		Death note including efforts done for resuscitation are noted in patient record		RR	Maternal and neonatal death

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard E17	**The facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/ referral as per scope of services.	Management of PIH/ Eclampsia		RR/SI	
		Management of sepsis		RR/SI	
		Management of diabetic pregnant mother		RR/SI	
		Management of cardiac cases		RR/SI	
		Management of IUGR		RR/SI	
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia	Management of of severe anaemia		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	Post partum Care is provided to the mothers	Post partum care of mother		PI	Check uterine contraction, bleeding as per treatment plan, check for TPR and output chart, Breast examination and milk initiation and perineal washes
		Initiation of Breastfeeding with in 1 Hour		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 Newborn		SI/RR	Maintains hand hygiene, keeps the baby wrapped (maintains temperature), Checks weight, temperature, respiration, heart rate, colour of skin and cord stump

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E19.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocols.	48 Hour Stay of mothers and new born after delivery		SI/RR	
ME E19.3	There is an established procedure for Post partum counselling of mother	Counselling provided for Post partum care		PI/SI	Nutrition ,Contraception ,Breastfeeding ,Registration of Birth ,IFA Supplement ,Danger Signs, Contraception
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		SI/RR	
ME E19.5	There is established procedure for discharge and follow up of mother and newborn.	Check if patient is explained about follow up visits, advice and counselling is done before discharge		RR/PI	
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines.**				
ME E20.1	The facility provides immunization services as per guidelines	Zero dose vaccines are given		RR	Check for records BCG, Hepatitis Band OPV 0 given to New born
ME E20.3	Management of Low birth weight newborns is done as per guidelines	Care of Low Birth Weight and Premature babies		SI/RR	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
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.**				
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. check with Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff is aware when to hand wash		SI	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/ IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff how do they decontaminate Examination table , Patients Beds Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decon-tamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting, Rinsing or sluicing at Point of use/ Patient care area
		Staff knows how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/ HLD/Chemical Sterilization

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.1	Layout of the department is conducive for the infection control practices				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, Carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipment like broom are not used in patient care areas		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		OB/SI	
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of color coded bins at point of waste generation		OB	
		Availability of plastic color coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	Verify its usage
		Availability of puncture proof box		OB	Should be available near to point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	Ask if available. Where it is stored and who is in charge of that.
		Staff knows reporting processes after sharp injury		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**Facility has established organizational framework for quality improvement**				
ME G1.1	Facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Client/Patient satisfaction survey done on monthly basis		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
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		RR	
		Department has documented procedure for admission, shifting and referral of pregnant mother		RR	
		Department has documented procedure for shifting the mother to labour room		RR	
		Department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		Department has documented procedure for preparation of the patient for surgical procedure		RR	
		Department has documented procedure for transfusion of blood in maternity ward		RR	
		Department has documented procedure for maintenance of rights and dignity of pregnant women		RR	
		Department has documented procedure for record Maintenance including taking consent		RR	
		Department has documented procedure for discharge of the patient from maternity ward		RR	
		Department has documented procedure for post natal inpatient care of mother		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Department has documented procedure for post natal inpatient care of new born		RR	
		Department has documented procedure for payment/ incentives of beneficiary		RR	
		Department has documented procedure for counselling of the patient at the time of discharge		RR	
		Maternity ward has documented procedure for environmental cleaning and processing of the equipment		RR	
		Maternity ward has documented procedure for arrangement of intervention for maternity ward		RR	
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Maternity ward has documented procedure for sorting, cleaning and distribution of clean linen to patient		RR	
		Maternity ward has documented procedure for providing free diet to the patient as per their requirement		RR	
		Department has documented procedure for end of life care		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Patient safety, Identification of danger sign, postnatal care and counselling, new born care etc
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct maternal Death audit		RR/SI	
		There is procedure to conduct New born Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for Maternity ward are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	The facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	The facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Bed Occupancy Rate for normal delivery ward		RR	
		Bed Occupancy Rate for C section ward		RR	
		Proportion of Severe anaemia cases treated with blood transfusion		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Proportion of cases of high risk pregnancy/ obstetric complications		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Referral Rate		RR	
		Bed Turnover rate		RR	
		Discharge rate		RR	
		No. of drugs stock out in the ward		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of stay for normal delivery		RR	
		Average length of Stay for C-Section		RR	
		Newborns Breastfed within 1 hr of Birth		RR	
		Maternal Death per 1000 deliveries		RR	
		No of adverse events per thousand patients		RR	
		Proportion of mother given postnatal counselling		RR	
		Time taken for initial assessment		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Patient Satisfaction Score		RR	
		Proportion of JSY payment done with in stay of mother at facility		RR	
		Proportion of mothers given drop back facility		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

MATERNITY WARD SCORE CARD	
Maternity Ward Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–5

PAEDIATRICS WARD

Checklist for PAEDIATRICS WARD

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.4	The facility provides Paediatric Services	Availability of dedicated paediatric ward		SI/OB	
		Availability of isolation room		SI/OB	Particularly for chicken pox, measles etc.)
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24X7		SI/RR	
Standard A2	**The facility provides RMNCHA Services**				
ME A2.4	The facility provides Child health Services	Indoor Management of Severe Acute Malnutrition		SI/RR	
		Indoor Management of Severe Diarrhoea with severe dehydration		SI/RR	
		Indoor Management of Meningitis		SI/RR	
		Indoor Management of Acute respiratory infections		SI/RR	
		Seizers and convulsions		SI/RR	
		Shock		SI/RR	
		Accidental poisoning		SI/RR	
		Services Under RBSY		SI/RR	
Standard A4	**The facility Provides services as mandated in national Health Programmes/State Scheme**				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Indoor management of malaria		SI/RR	
		Indoor management of Chikungunia		SI/RR	
		Indoor management of JE		SI/RR	
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Management of paediateric Tuberculosis		SI/RR	
ME A4.10	The facility provide services under National health Programme for deafness	Referral of child born of High Risk pregnancy showing features suggestive of hearing impairment		SI/RR	
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B1.2	The facility displays the services and entitlements available in its departments	Contact details of referral transport / ambulance displayed		OB	
		Entitlement under RBSY are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, immunization schedule and Zn, ORS, nutrition and hand washing etc.
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summery is given to the patient		RR/OB	
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, social, economic, cultural or social reason.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Cots in paediatric ward are large enough for stay of mother with child		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		OB	
		Availability of ramps with railing		OB	
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen		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		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	General Consent is taken before admission		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment been provided		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 re addressal and whom to contact is displayed		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard B5	**The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of free diagnostics		PI/SI	
		Availability of Free drop back		PI/SI	
		Availability of Free diet to patient		PI/SI	
		Availability of Free Diet to mother		PI/SI	
		Availability of Free patient transport		PI/SI	
		Availability of Free Blood		PI/SI	
		Availability of Free drugs		PI/SI	
		Availability of free stay in paediatric ward		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumbles from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI/RR	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Treatment to BPL patient is free		PI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space in wards with no cluttering of beds		OB	Distance between centres of two beds – 2.25 meter
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available as per strength and patient load of ward		OB	
		Functional bathroom with running water are available as per strength and patient load of ward		OB	
		Availability of drinking water		OB	
		Patient/ visitor Hand washing area		OB	
		Separate toilets for visitors		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		TV for entertainment and health promotion		OB	
		Adequate shaded waiting area is provide for attendants of patient		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of Dedicated nursing station		OB	
		Availability of Examination room		OB	
		Availability of Treatment room		OB	
		Availability of Doctor's Duty room		OB	
		Availability of Nurse Duty room		OB	
		Availability of Store		OB	Drug &Linen store
		Availability of Dirty room		OB	
		Availability of play room		OB	
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		OB	Space between two beds should be at least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft
		Corridors are wide enough for patient, visitor and trolley/ equipment movement		OB	Corridor should be 3 meters wide
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of IPD beds as per load		OB	
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments, hanging objects are properly fastened and secured

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C2.3	The facility ensures safety of electrical establishment	Paediatric building does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the paediatric wards are non slippery and even		OB	
		Windows have grills and wire meshwork		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	Paediatric Ward has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	Paediatric ward has installed fire Extinguisher that is Class A, Class B, C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Paediatrician on call		OB/RR	
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctor		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of nursing staff		OB/RR	As per patient load
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant/ Ward boy		OB/RR	availability of ayahs/ Sanitary worker
		Availability Security staff		OB/RR	
ME C4.6	The staff has been provided required training / skill sets	Facility based immunization		OB/RR	
		Infant and young Child Feeding (IYCF) practices		OB/RR	
		IMNCI Training		OB/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Biomedical waste management		OB/RR	
		Infection control and hand hygiene		OB/RR	
		Patient safety		OB/RR	
ME C4.7	The Staff is skilled as per job description	Nursing staff is skilled for maintaining clinical records		OB/RR	
		Counsellor is skilled IYCF counselling		OB/RR	
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of emergency drugs		OB/RR	Adrenaline Diazepam, Phenobarbitone Pheniramine (Cetirizine) Hydrocortisone Calcium gluconate Sodium bicarbonate Dopamine, methasone
		Availability of IV fluid		OB/RR	Ringer's lactate· Normal saline· N/5 in 5% Dextrose Dextrose (10%)
		Availability of antibiotics		OB/RR	(Ampicillin, Genta micin,,Cefotaxime ,Ceftriaxone
		Other Injectables		OB/RR	Quinine, Mannitol, Potassium chloride(KCL), Vitamin K, Nebuliser solution of salbutamol, Artesunate
		Oral Drugs 1		OB/RR	ORS Cotrimoxazole paediatric tablets & Syrup Amoxicillin tablets Doxycycline & Syrup Zinc tablets Chloroquine tablets Paracetamol, Metrindazol, Albendazol
		Oral Drugs 2		OB/RR	Vitamin A, IFA tablets, Salbutamol, Prednisolone tablets, Frusemide tablets

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C5.2	The departments have adequate consumables at point of use	Consumables for Paediatric ward		OB/RR	Plastic / disposable syringes· IV cannulas (22G and 24G)· Scalp vein set No. 22 and 24· IV infusion sets (adult and paediatric), simple rubber catheter
		Resuscitation consumables		OB/RR	Nasogastric tube (8,10,12FG) Suction catheter (6,8,10 FG) Uncuffed tracheal tube (all sizes) Oropharyngeal airway
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	Weighing machine(infant & adult) · Stadiometer for height · Infantometer for length BP apparatus with paediatric cuff, Thermometer.
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Face masks (3 type; Neonate, Infant and paediatric type) Self-inflating ventilation bag (all sizes) Laryngoscope Nebulizer Suction machines Oxygen supply, ET tube (different sizes)

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds		OB	
		Availability of attachment/ accessories with patient bed		OB	Hospital graded mattress, Bed side locker, IVstand, Bed pan, bed rail
		Availability of Fixtures		OB	Electrical fixture for equipments like suction, X ray view box
		Availability of furniture		OB	cupboard, nursing counter, table for preparation of medicines, chair.
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		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		OB/ RR	BP apparatus, thermometers etc are calibrated
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed
		Drugs are intended in Paediatric dosages only		OB/RR/SI	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labeled		OB	
		Empty and filled cylinders are labeled		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in paediatric ward		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	
		There is no stock out of drugs		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during visitors hours		OB	
		One female/ family members allowed to stay with the child		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Room kept between 25° - 30° C (to the extent possible) Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Safe measures used for re-warming children		SI/OB	Check availability of Blankets to cover the children

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Side railings has been provided to prevent fall of patient		OB	
ME D3.4	The facility has security system in place at patient care areas	Identification band for children below 5 years		OB	
		Security arrangement in Paediatric . Ward		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		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage, Cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	**The facility ensures 24 × 7 water and power backup as per requirement of service delivery, and support services norms.**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done as required and directed by doctor		RR/SI	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu is provided to the patient
		Check for the Quality of diet provided		PI/SI	Ask patient/staff weather they are satisfied with the Quality of food
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		RR/SI	
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	
		Availability of Blankets, draw sheet, pillow with pillow cover and machintosh		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		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		SI/RR	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/ Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		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		SI/RR	Age Criteria & clinical diagnosis, all emergency and serious cases
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra Beds		OB/SI	
Standard E2	**Facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	
		Patient History is taken and recorded		RR	
		Physical Examination is done and recorded wherever required		RR	
		Provisional Diagnosis is recorded		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over of patients during departmental transfer		SI/RR	
		There is a procedure for consultation of the patient to other specialist with in the hospital		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		RR/SI	Check for referral cards filled from lower facilities
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	
		There is a system of follow up of referred patients		RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags are used for children less than 5 yrs
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.
		There is a process to ensue the accuracy of verbal/ telephonic orders		SI/RR	Verbal orders are rechecked before administration

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for TPR chart, IO chart, weight records any other vital required is monitored
		Critical patients are monitored continually		RR/SI	
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc.

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines done after ensuring right patient, right drugs, right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings .		PI/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Procedures performed are written on patients records		RR	Nebulization, Resuscitation etc
ME E8.5	Adequate form and formats are available at point of use	Standard Format for bed head ticket/ Patient case sheet available as per state guidelines		RR/OB	TPR chart, IO chart, Growth chart (Pre term)
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, Diet register, Linen register, Drug intend register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient / attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/ informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling the mother on correct treatment and feeding of the child at home, when to return for follow-up care and immunization		PI/SI	
		Time of discharge is communicated to patient in prior		PI/SI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labeled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Paediatric bags for blood available		RR/SI	
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		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		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E14	**The facility has established procedures for Anaesthetic 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		SI/RR	
Standard E16	**Facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	
		Death note is written on patient record		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		SI/RR	
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		RR	
Standard E17	**The facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Assessment Protocols are available		SI/RR	Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration
		Triage Protocols are available		SI/RR	Emergency, priority and can wait
		Staff aware and practice ETAT protocols		SI/RR	
		Staff is skilled for basic life support for young infants and children's		SI/RR	
		ETAT checklist is available and practiced		SI/RR	
ME E20.5	Management of children presenting with fever, cough/ breathlessness is done as per guidelines	Differential diagnosis algorithm are available		SI/RR	
ME E20.6	Management of children with severe Acute Malnutrition is done as per guidelines	Food/ fluid intake is chart is maintained		RR	
		Weight chart is maintained		RR	
		Start-up and catch formula made as per guidelines		SI/RR	check for composition
ME E20.7	Management of children presenting diarrhoea is done per guidelines	Assessment of dehydration done as per protocols		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - F INFECTION CONTROL					
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxid etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in Local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
		Mothers are practicing wash hand washing with soap		PI/OB	After using the toilet or changing diapers and before feeding children

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff about how they decontaminate the procedure surface like Examination table, Patients Beds Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Proper handling of Soiled and infected linen		SI/OB	No sorting,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/ HLD/Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		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		OB/SI	
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of color coded bins at point of waste generation		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of plastic color coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	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		SI	Staff knows what to do in case of shape injury. Whom to report. See if any reporting has been done
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines	Check bins are not overfilled		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient satisfaction survey done on monthly basis		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented Procedure for receiving and initial assessment of the patient		RR	
		Department has documented procedure for reassessment of the patient as per clinical condition		RR	
		Department has documented procedure for admission, shifting and referral of children		RR	
		Department has documented procedure for emergency triage assessment and treatment		RR	
		Department has documented procedure for assessment and management of Emergency signs		RR	
		Department has documented procedure for Management of fever, cough, breathlessness, diarrhoea and malnutrition		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented discharge process for paediatric patient		RR	
		Department has documented procedure for transfusion of blood in maternity ward		RR	
		Department has documented procedure for requisition and reporting of diagnostics		RR	
		Department has documented procedure for end of life care		RR	
		Department has documented procedure for discharge of the patient		RR	
		Department has documented procedure for environmental cleaning and processing of the equipment		RR	
		Department has documented procedure for arrangement of intervention for Paediatric ward		RR	
		Department has documented procedure for sorting, cleaning and distribution of clean linen to patient		RR	
		Department has documented procedure for providing free diet to the patient as per their requirement		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Patient safety, formula for calculation of paediatric doses, CPR etc
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has established system of periodic review as internal assessment, medical & death audit and prescription audit**				
ME G6.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality Objectives are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	The facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	The facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Bed Occupancy Rate		RR	
		Proportion of Mothers given nutritional counselling		RR	
		No. of paediatric admission per 1000 indoor admission		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME H1.2	The Facility measures equity indicators periodically	Proportion of female patient		RR	
		LAMA rate for female patient		RR	
		Proportion of BPL patient		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Referral Rate		RR	
		Bed Turnover rate		RR	
		No. of drug stock out in the paediatric ward		RR	
		Discharge Rate		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	No of Newborn / Child Resuscitated		RR	
		Average length of Stay		RR	
		Death rate		RR	
		No of adverse events per thousand patients		RR	
		% of infants exclusively breastfed from admission to discharge		RR	
		Time taken for initial assessment		RR	
		Case fatality rate		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Attendant Satisfaction Score		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

PAEDIATRICS WARD SCORE CARD	
Paediatrics Ward Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–6

SICK NEWBORN CARE UNIT (SNCU)

Checklist for SICK NEWBORN CARE UNIT (SNCU)

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.4	The Facility Provides Paediatric Services	Availability of functional SNCU		SI/OB	
ME A1.14	Services are available for the time period as mandated	Availability of nursing care services 24X7		SI/RR	
Standard A2	**Facility provides RMNCHA Services**				
ME A2.3	The Facility provides Newborn health Services	Management of low birth weight infants <1800 gm and preterm		SI/RR	
		Management of all sick new borns except those requiring mechanical ventilation and major surgical intervention		SI/RR	
		Resuscitation		SI/RR	
		Prevention of infection including management of newborn sepsis		SI/RR	
		Provision of Warmth		SI/RR	
		Phototherapy for new born		SI/RR	
		Breast feeding/feeding support and Kangaroo Mother care (KMC)		SI/RR	
ME A2.4	The Facility provides child health Services	Screening of New born for Birth Defects		SI/RR	
Standard A3	**Facility Provides diagnostic Services**				
ME A3.1	The Facility provides Radiology Services	Availability for USG and portable X ray services		SI/OB	In house, Parent hospital and Outsourced
ME A3.2	The Facility Provides Laboratory Services	SNCU has facility /Linkage for laboratory investigation.		SI/OB	Availability of side laboratory: Serum billirubin, Plasma glucose, Serum creatnine, Blood count, Platelet, C reactive protein, Prothrobin time, Blood gas analysis with PH measurement analysis. If linkage with outside lab than give partial compliance

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Directional signage for department is displayed		OB	
		Restricted area signage displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Services available in SNCU are displayed		OB	
		Entitlements under JSSK Displayed		OB	
		Information about doctor/ Nurse on duty is displayed and updated		OB	
		Contact information in respect of SNCU referral services are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother / relatives		OB	Display of pictorial information/ chart regarding expression of milk/ techniques for assistive feeding , KMC, complimentary feeding etc.
		Counselling aids are available for education of mother		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summery is given to the patient		OB	
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained in breast feeding room		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		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	SNCU has system in place to take informed consent from patient relative whenever required		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	SNCU has system in place to involve patient relatives in decision making of patient treatment		PI	
		SNCU has system in place to provide communication of newborn condition to parents/ relatives at least once in day		PI/SI	
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	availability of Free diagnostics		PI/SI	
		Availability of free drop back		PI/SI	
		Availability of Free diet to patient		PI/SI	
		Availability of Free Diet to mother		PI/SI	
		Availability of Free patient transport		PI/SI	
		Availabliity of Free Blood		PI/SI	
		Availability of Free drugs		PI/SI	
		Availability of free stay to mother		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space as per patient care units		OB	Space between 2 adjacent beds in SNCU should be 4 ft. Space between wall and beds is 2 ft
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provide as per patient load	Availability of drinking water		OB	
		Toilets for visitors		OB	
		TV for entertainment and health promotion		OB	
		Adequate sitting area for patient relative		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	SNCU has separate Inborn unit		OB	
		SNCU has separate Out born unit		OB	
		SNCU has separate designed washing area		OB	
		The rooms has been separated by transparent observation windows from the nurses' working place in between		OB	Patient care area has 2 interconnected rooms
		Availability of nursing station		OB	
		Hand washing and gowning area		OB	
		Receiving room with examination area		OB	
		Clean area for mixing intravenous fluids and Medications/ fluid preparation area		OB	
		Doctors duty room,		OB	
		Dirty utility area		OB	
		Mother's area for expression of breast milk/ Breast feeding		OB	SNCU has system in place to call mother's of baby for feeding
		Unit stores		OB	
		Side lab. Nurses change room, autoclaving room, Counselling room		OB	
		Step down area in close proximity		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 and equipments		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of adequate patient care units as per case load		OB	According to the delivery load (Calculation as per GOI guidelines)
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	SNCU is easily accessible from labour room, maternity ward and obstetric OT		OB	
		Arrangement of different section ensures unidirectional flow		OB	Unidirectional flow of goods and services.
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	**Facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	SNCU does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
		SNCU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer		OB/RR	
		10 central Voltage stabilize outlets are available with each warmer in main SNCU, Step down area and triage room		OB/RR	50% 0f each should be 5amp and 50% should be 15 amp to handle equipments
		SNCU has system for power audit of unit at defined intervals and records of same is maintained		OB/RR	
		SNCU has earthling system available		OB/RR	Dedicated earthling pit system available

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		SNCU has dedicated earthling pit system available and records of its measurement is maintained		OB/RR	Earth resistance should be measured twice in a year and logged
		Wall mounted digital display is available in SNCU to show earth to neutral voltage		OB	Normal range 3-5 V (if exceed to report immediately)
		Quality output of voltage stabilizer is displayed in each stabilizer as per manufacturer guideline		OB	
		Power boards are marked as per phase to which it belongs		OB	
		SNCU has system to measure earth resistance at defined interval		OB/RR	Earth resistance should be measured twice in a year and logged
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the SNCU are non slippery and even		OB	
		Windows/ ventilators if any in the OT are intact and sealed		OB	
Standard C3	**Facility has established program for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	SNCU has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	SNCU has installed fire Extinguisher that is Class A , ClassB, C type or ABC type		OB	
		SNCU has provision of Smoke and heat detector		OB	
		SNCU has electrical and automatic fire alarm system or alarm system sounded by actuation of any automatic fire extinguisher		OB/RR	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 compatencies for operating fire extinguisher and what to do in case of fire		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard C4	**Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of fulltime Paediatrician		OB/RR	At least one paediatrician
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of 1 Medical officer per shift		OB/RR	
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of 3 Nursing staff per shift		OB/RR/SI	
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability 1 technician for side lab		OB/SI	
ME C4.5	The facility has adequate support / general staff	Availability of SNCU attendant		SI/RR	Availability of one sanitary staff and ayahs
		Availability Security staff		SI/RR	
		Availability of one data entry operator		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Facility based New Born Care (FBNC) training		SI/RR	To all Medical Officers and Nursing Staff posted at SNCU
		Training on infection control and hand hygiene		SI/RR	
		Training on Bio Medical waste Management		SI/RR	
		Patient Safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Nursing staff is skilled for operation of equipments		SI/RR	
		Staff is skilled for resuscitation of New Born		SI/RR	
		Nursing staff is skilled identifying and managing complication		SI/RR	
		Nursing Staff is skilled for maintaining clinical records		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamycin Amoxycillin-Clavulanic Suspension
		Availability of analgesics and antipyretics		OB/RR	Paracetamol
		Availability of IV Fluids		OB/RR	5%, 10%, 25% Dextrose Normal saline

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of other emergency drugs		OB/RR	Inj. Adrena-line (1:10000) Inj. Naloxone Sodium Bicar-bonate Injection Aminophy lline Phenobarbi tone (Injection +oral) Injection Hydrocortisone, Inj. Dexam-ethasone, Inj. Phenytoin
		Drugs for electrolyte imbalance		OB/RR	Inj. Potassium Chloride 15% Inj. Calcium Gluconate 10% Inj. Magnesium Sulphate 50%
		Availability of drugs for newborn		OB/RR	Vit K ,
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material and diapers		OB/RR	Gauze piece and cotton swabs, Diapers,
		Availability of syringes and IV Sets /tubes		OB/RR	Neoflon 24 G , microdrip set with &without burette, BT set, Suction catheter, PT tube, feeding tube
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion
		Others		OB/RR	Baby ID tag, cord clamp, mucus sucker,
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C6	**Facility has equipments & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	Multiparamoni-tor , Thermom-eter, Weighing scale, pulse oxy meter, Stetho-scope
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of diagnostic instruments for side laboratory		OB	Availability of services in side lab; Micro hem atocrit,Multisti x,Bilirubinome ter,Microscope ,Dextrometer, Glucometer

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Functional Patient care units		OB	Radiant warmers and phototherapy machine
		Functional Critical care Equipments		OB	Infusion pumps,Oxygen cylinder/central line/Oxygen concentrator, oxygen hood,
		Functional Resuscitation equipments		OB	Bag and mask, laryngoscope, ET tubes, suction machine
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, Separate mops for inborn and outborn and circulation area, duster, waste trolley, Deck brush
		Availability of dedicated washing machine for SNCU		OB	
		Availability of equipment for sterilization and disinfection		OB	Autoclave
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Electrical panel with each unit, X ray view box.
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, furniture at breast feeding room.
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**Facility has established program for inspection, testing and maintenance and calibration of equipments.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Radiant warmer, suction machine, Oxygen concentrator, pulse oximeter/ Multipara monitor

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired		OB/RR	
		Staff is skilled for trouble shooting in case equipment malfunction		SI/RR	
		Periodic cleaning, inspection and maintenance of the equipments is done by the operator		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		OB/ RR	
		There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due		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 SNCU staff.		OB/SI	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed
		Drugs are intended in Paediatric dosages only		OB/RR/SI	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
		Expressed milk is stored at recommended temperature		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock in SNCU		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	
		There is no stock out of drugs		OB/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station		OB	Separate procedure lightening capable of providing not less than 200Lux at the plane of infant bed, Ambient lightening levels in infants spaces shall be adjustable through range of at least 50 to more than 600 Lux.
		Adequate illumination in patient care unit		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	One female family members allowed to stay with the new born in step down		OB/SI	
		Entry to SNCU is restricted		OB	
		Visiting hour are fixed and practiced		OB/PI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	SNCU has system to control temperature and humidity and record of same is maintained		SI/RR	Temperature inside main SNCU should be maintained at (22-26OC), round O clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained
		SNCU has procedure to check the temperature of radiant warmer ,phototherapy units, baby incubators etc.		SI/RR	Each equipment used should have servo controlled devices for heat control with cut off to limit increase in temperature of radiant warmers beyond a certain temperature or warning mechanism for sounding alert/ alarm when temp increases beyond certain limits

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		SNCU has system to control the sound producing activities and gadgets (like telephone sounds, staff area and equipments)		SI/RR	Background sound should not be more than 45 db and peak density should not be more than 80db.
		SNCU has functional room thermometer and temperature is regularly maintained		SI/RR	1 for each patient care room
ME D3.4	The facility has security system in place at patient care areas	New born identification band and foot prints are in practice		OB/RR	
		There is procedure for handing over the baby to mother/father		SI	
		Security arrangement in SNCU		OB	
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the SNCU		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	
		Availability of UPS		OB/SI	
		Availability of Emergency light		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		OB	
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	Nutritional assessment of patient done specially for mother of admitted baby		RR/SI	
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Check for the adequacy and frequency of diet as per nutritional requirement		OB/RR	Check that all items fixed in diet menu is provided to the patient
		Check for the Quality of diet provided		PI/SI	Ask patient/staff weather they are satisfied with the Quality of food
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	SNCU has facility to provide sufficient and clean linen for each patient		OB/RR	
		Gown are provided to visitors/staff at the entrance of SNCU		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		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		SI/RR	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/ Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	Admission criteria for SNCU is defined & followed		SI/RR	
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		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		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	Defined criteria for assessment like Silverman Anderson Score and down score
		Patient History is taken and recorded		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Physical Examination is done and recorded wherever required		RR	
		Provisional Diagnosis is recorded		RR	
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessment as per need		RR/OB	
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of taking over of new born from labour OT/ Ward to SNCU		RR/SI	Check continuity of care is maintained while transferring/ handover the patient
ME E3.2	The facility provides appropriate referral linkages to the patients/ Services for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	Check for referral cards filled from lower facilities
		There is a system of follow up of referred patients		RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	Identification tags are used for identification of newborns		OB/SI	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is a process to ensue the accuracy of verbal/ telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for TPR chart, Phototherapy chart, any other vital required is monitored
		Critical patients are monitored continually		RR/SI	Check for use of cardiac monitor/ multi parameter
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume is calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines done after ensuring right patient, right drugs , right route, right time		SI/OB	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Patient progress is recorded as per defined assessment schedule		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		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		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Procedure performed are recorded in BHT		RR	Mobilization, resuscitation etc
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for Treatment Charts, TPR Chart , Intake Output Chart, Community follow up card, BHT, continuation sheet, Discharge card Etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, Diet register, Linen register, Drug intend register
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	SNCU has established criteria for discharge of the patient		SI/RR	Patient is shifted to ward/step down after assessment
		Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient / attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/ informed before discharge of patients		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/ Referral		SI/RR	
		there is procedure for clinical follow up of the new born by local CHW (Community health care worker)/ASHA		RR/SI	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mother before discharge		PI/SI	for care of new born and breastfeeding, treatment and follow up counselling
		Time of discharge is communicated to patient in prior		PI/SI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/SI	
Standard E10	**The facility has defined and established procedures for intensive care.**				
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal	Criteria are defined for intubation		RR/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.1	There is procedure for Receiving and triage of patients	Triaging of new born as per guidelines		SI/RR	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	System for coordinating with ambulances		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		SNCU has provision of Ambulance to refer the case to higher centre		SI/RR	
		Ambulance has provision/ method for maintenance of Warm chain while referred to higher centre		SI/RR	
		Ambulance/transport vehicle have adequate arrangement for Oxygen		OB/RR	
		Ambulance/transport vehicle have dedicated rescue kit including " essential supplies kit", emergency drug kit		OB/RR	
		SNCU has system to periodic check of ambulances/transport vehicle by driver/paramedic staff and counter checked by SNCU staff		SI/RR	
		Transfer of patient in Ambulance /patient transport vehicle is accompanied by trained medical Practitioner		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	SNCU has critical values of various lab test		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Paediatric blood bags are available		RR/SI	if not available than how facility cope with it
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		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		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to decent communicate death to relatives		SI	
		SNCU has system for conducting grievance counselling of parents in case of newborns' mortality		RR/SI	
		Death note is written on patient record		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		SI/RR	
		Procedure to declare death for brought in dead cases		SI/RR	
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		SI/RR	
ME E16.3	The facility has standard operating procedure for end of life support	Patients Relatives are informed clearly about the deterioration in health condition of Patients		SI/RR	
		There is a procedure to allow patient relative/Next of Kin to observe patient in last hours		SI/OB	
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Immunization services as per national guidelines		SI/RR	zero dose, system of ensuing immunization
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
ME E20.3	Management of Low birth weight newborns is done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
ME E20.4	Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxid etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	FNBC guideline: Each unit should have at least 1 wash basin for every 5 beds
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply. Hand rub dispenser are provided adjacent to bed
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
		Mothers are practicing wash hand washing with soap		PI/OB	
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/ IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	Handwashing b/w each patient & change of gloves
		Availability of Mask		OB/SI	
		Availability of gown/ Apron		OB/SI	Staff and visitors
		Availability of shoe cover		OB/SI	Staff and visitors
		Availability of Caps		OB/SI	Staff and visitors
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Cleaning & Decontamination of patient care Units		SI/OB	Cleaning of Radiant warmer, Incubators and Bassinets with detergent water
		Proper Decontamination of instruments after use		SI/OB	Decontami-nation for thermometer, Stethoscope, Suction appara-tus, ambu bag 70% Alcohol or detergent water as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running wa-ter after decon-tamination

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/ HLD/Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		There is a procedure to ensure the traceability of sterilized packs		OB/SI	
		Sterility of autoclaved packs is maintained during storage		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 F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	
		Facility layout ensures separation of routes for clean and dirty items		OB	
		SNCU has double door system		OB	
		There is separation between in born and out born unit		OB	by glass pane
		Floors and wall surfaces of SNCU are easily cleanable		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
		Use of three bucket system for mopping		OB/SI	
		Fumigation/carbolization as per schedule		SI/RR	
		External foot wares are restricted		OB	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
ME F5.5	The facility ensures air quality of high risk area	SNCU has system to maintain ventilation and its environment should be dust free		OB	Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	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		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 waste as per guidelines	Check bins are not overfilled		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	SNCU has documented procedure for receiving and assessment of the patient		RR	
		SNCU has documented procedure for admission of the new born		RR	
		SNCU has documented procedure for discharge of the patient from unit		RR	
		SNCU has documented procedure for triage of new borns		RR	
		SNCU has documented procedure for assessment and treatment of new born emergency signs		RR	
		SNCU has documented procedure for neonatal transportation and referral from unit		RR	
		SNCU has documented procedure for shifting the patient in Step down unit		RR	
		SNCU has documented procedure for collection, transfer and reporting the sample to side laboratory		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		SNCU has documented procedure for clinical assessment and reassessment of the patient and doctor follows it		RR	
		SNCU has documented procedure for key clinical protocols		RR	
		SNCU has documented procedure for preventive-break down maintenance and calibration of equipments		RR	
		SNCU has documented system for storage, retaining ,retrieval of SNCU records		RR	
		SNCU has documented procedure for purchase of External services and supplies		RR	
		SNCU has documented procedure for Maintenance of infrastructure of SNCU		RR	
		SNCU has documented procedure for thermoregulation of new borns		RR	
		SNCU has documented procedure for drugs,intravenous,and fluid management and nutrition management of new borns		RR	
		SNCU has documented procedure for resuscitation of new born if required		RR	
		SNCU has documented procedure for infection control practices		RR	
		SNCU has documented procedure for inventory management		RR	
		SNCU has documented procedure for entry of parents visitor		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		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	STP for phototherapy, Grading and management of hypothermia, Expression of milk\, Monitoring of babies receiving I/V, Precaution for phototherapy, Management of hypoglycaemia, housekeeping protocols, Administration of commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct New born Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for SNCU are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	The facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
ME G8.2	The facility uses tools for quality improvement in services	Control Charts		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Inborn admission rate		RR	Proportion of inborn babies admitted in the unit
		Proportion of admissions which are out born		RR	
		Bed Occupancy Rate		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of female babies admitted		RR	
		LAMA rate for female babies		RR	
		Proportion of BPL Patients		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Proportion of very low birth weight babies		RR	No. of very low birth weight babies (< 1200 gm)/No. of Low birth+ Very low birth babies
		Down time Critical Equipments		RR	
		Bed Turnover Rate		RR	
		Referral Rate		RR	
		Survival rate		RR	Discharge rate
		No. of drug stock out in SNCU		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average waiting time for initial assessment of newborn		RR	
		Proportion of newborn deaths among inborn		RR	
		Proportion of newborn deaths among out-born		RR	
		Case Fatality Rates		RR	Respiratory distress syndrome (RDS) Meconium aspiration syndrome (MAS) • Hypoxic-ischemic encephalophaty (HIE/ moderate/ severe birth asphyxia(BA) • Sepsis/ pneumonia/ meningitis Ma)or congenial malformation • Prematurely
		Proportion of asphyxiated newborn babies admitted out of deliveries conducted at facility		RR	
		Antibiotic use rate		RR	
		Average length of stay		RR	
		Adverse events are reported		RR	Baby theft, wrong drug administration, needle stick injury, absconding patients etc
		No of Newborn Resuscitated		RR	
		% of environmental swab culture reported positive		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Attendant Satisfaction Score		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

SICK NEWBORN CARE UNIT (SNCU) SCORE CARD	
Sick Newborn Care Unit (SNCU) Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–7

NUTRITIONAL REHABILITATION CENTRE (NRC)

Checklist for NUTRITIONAL REHABILITATION CENTRE (NRC)

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.4	The Facility Provides Paediatric Services	Availability of functional NRC	SI/OB		For detail service provision kindly refer A2.4
ME A1.14	Services are available for the time period as mandated	Availability of NRC services 24X7	SI/RR		
Standard A2	**Facility provides RMNCHA Services**				
ME A2.4	The Facility provides child health services	Management of hypoglycaemia as per the guideline	SI/RR		
		Management of hypothermia as per the guideline	SI/RR		
		Management of dehydration in the children with SAM, without shock as per the guideline	SI/RR		
		Management of SAM child with shock as per the guideline	SI/RR		
		Management of infection is done as per the guideline.	SI/RR		
		Management of SAM children less than 6 months	SI/RR		
		Management of SAM in HIV exposed/HIV infected and TB infected children as per the guidelines	SI/RR		
		Provision of Therapeutic feeding as per guideline	SI/RR/OB		
		Counselling on appropriate feeding, care and hygiene as per guideline	SI/RR/OB		
		Demonstration and practice- by -doing on preparation of energy dense child food using locally available items	SI/RR/OB		

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The Facility Provides Laboratory Services	NRC has facility / Linkage for laboratory investigation	SI/OB		Availability of Side lab. Blood glucose, Haemoglobin, Serum electrolyte, TLC, DLC, urine routine, urine culture,Mantoux test, HIV (after counselling) and any specific test based on local and geographic needs like coeliac disease and malaria. If linkage to outside lab then it is partial compliance
Standard A5	**Facility provides support services**				
ME A5.1	The facility provides dietary services	Availability of functional nutritional services	SI/OB		
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Service available at NRC are displayed		OB	
		Entitlement under JSSK and RBSY are displayed		OB	
		Information about doctor/ Nurse on duty is displayed and updated		OB	
		Contact information in respect of NRC referral services are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother /care taker		OB	Display of pictorial information/ chart regarding expression of milk, management of sick children with SAM etc.,

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Counselling aids are available for education of the mother/care taker		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summery is given to the patient		RR/OB	
Standard B2	**Services are delivered in manners that are sensitive to gender, religious, social and cultural needs and there are no barrier on account of physical access, language, cultural or social status.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Cots in NRC are large enough for stay of mother with child		OB	
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained at breast feeding area		OB	
ME B3.2	Confidentiality of patients' records and clinical information is maintained	Patient Records are kept at secured place beyond access to general staff/ visitors		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedure for taking informed consent before treatment and procedures	NRC has system in place to take informed consent from patient relative whenever required		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	NRC has system in place to involve patient relatives in decision making of the treatment		PI	
		NRC has system in place to provide communication of child condition to parents/ relatives at least once in day		PI/SI	
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of Free diagnostics		PI/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availablity of Free drop back		PI/SI	
		Availablity of Free diet to patient		PI/SI	
		Availablity of Free Diet to mother		PI/SI	
		Availablity of Free patient transport		PI/SI	
		Availabliity of Free Blood		PI/SI	
		Availablity of Free drugs		PI/SI	
		Availablity of free stay in NRC		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred, it is reimbursed from hospital		PI/SI/RR	
		NRC has system to provide Wage compensation to mother/caregiver for the duration of the stay at NRC as per basic daily wages of the state		PI/SI/RR	
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	NRC has adequate space as per guideline		OB	Covered area for NRC should be about 150 sq ft per bed with 30% of ancillary area.
ME C1.2	Patient amenities are provide as per patient load	Availability of drinking water		OB	
		Toilets for attendant/ visitor		OB	
		Availability of sitting arrangement for patient attendant		OB	
		Availability of separate Bathing area and laundry area for mothers		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.3	Departments have layout and demarcated areas as per functions	Availability of nursing station		OB	
		Receiving room with examination area		OB	
		Clean area for mixing intravenous fluids and Medications/ fluid preparation area		OB	
		Availability of Doctors duty room		OB	
		Availability of dirty utility area		OB	
		Availability of breast feeding corner/ Area for expression of breast milk		OB	
		Availability of unit stores		OB	
		NRC has designated play area and counselling room in proximity to NRC ward		OB	
		NRC has designated kitchen area in proximity to NRC ward		OB	
		NRC has separate washing area		OB	
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		OB	Space between two beds should be at least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft
		Corridors are wide enough for patient, visitor and trolley/ equipment movement		OB	Corridor should be 3 meters wide
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of adequate beds as per case load		OB	
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	NRC should be in proximity with Paediatric/in patient facility		OB	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard C2	**Facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured
ME C2.3	The facility ensures safety of electrical establishment	NRC does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the NRC are non slippery and even		OB	
		Windows covered wire mesh		OB	
Standard C3	**Facility has established program for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	NRC has sufficient fire exit to permit safe escape to its occupant at in emergency		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	NRC has installed fire Extinguisher that is Class A /B/ C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4	**Facility has the appropriate number of staff with the correct skill mix required for providing the assured services to the current case load**				
ME C4.2	The facility has adequate general duty doctors as per service provision and work load	Availability of Medical officer		OB/RR	Availability of 1 Medical officer per 10 bed
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Availability of 4 Nursing staff for 10 bedded NRC

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C4.5	The facility has adequate support / general staff	Availability of nutrition counsellor		SI/RR	Availability of 1 Nutrition Counsellor for 10 bedded NRC
		Availability of cook		SI/RR	Availability of one cook cum care taker
		Availability of cleaner/ Attendant		SI/RR	Availability of 2 attendant/ cleaner
		Availability of Medical social worker		SI/RR	Availability of 1 Medical Social Worker
		Availability of security staff		SI/RR	1 Security staff per shift
ME C4.6	The staff has been provided required training / skill sets	Facility based care of Severe acute malnutrition		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Bio Medical waste Management		SI/RR	
		Patient Safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skilled for nutritional assessment of baby		SI/RR	
		Nursing staff is skilled for maintaining clinical records		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamicin,
		Availability of analgesics and antipyretics		OB/RR	Paracetamol
		Availability of IV Fluids		OB/RR	Ringer's lactate solution with 5% glucose, 0.45% (half normal) saline with 5% glucose, 0.9% saline (for soaking eye pads)
		Availability of other drugs		OB/RR	Metronidazole, or Chloramphenicol eye drops, Atropine eye drops

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Electrolyte and minerals		OB/RR	ORS, Potassium chloride, Magnesium chloride/ sulphate, Iron syrup, multivitamin, folic acid, Vitamin A syrup, Zinc sulphate or dispersible Zinc tablets, Glucose(or sucrose)
		Availability of drugs for management of SAM in HIV exposed		OB/RR	Antiretroviral drugs, Cotrimoxazole prophylaxis
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings material		OB/RR	Gauze piece and cotton swabs.
		Availability of syringes and IV Sets /tubes		OB/RR	Cannulas, IV sets, paediatric nasogastric tubes
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C6	**Facility has equipments & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	Thermometers, Weighing scale s(digital),Infant ometer,Stadiom eter,
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.6	Availability of functional equipment and instruments for support services	Availability of kitchen equipment		OB	Cooking Gas, Dietary scales (to weigh to 5 gms.), Measuring jars, Electric Blender (or manual whisks), Water Filter,Refrigrator, Utensils (large containers, cooking utensils, feeding cups, saucers, spoons, jugs etc.)
		Availability of equipment for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds		OB	
		Availability of attachment/ accessories with patient bed		OB	Hospital graded mattress, Bed side locker , IVstand, Bed pan, bed rail
		Availability of Fixtures		OB	Electrical fixture for equipments like suction, X-ray view box
		Availability of furniture		OB	cupboard, nursing counter, table for preparation of medicines, chair.
		Availability of toys		OB	Washable toys
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**Facility has established program for inspection, testing and maintenance and calibration of equipments.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Glucometer, Infantometer, Resuscitation equipments,
		There is system of timely corrective break down maintenance of the equipments		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		OB/ RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables ,drugs and food material		SI/RR	Stock level are daily updated Requisition are timely placed
		Drugs are intended in Paediatric dosages only		OB/RR/SI	
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
		Food items are stored at recommended temperature		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintaines stock and expenditure register of drugs and consumables		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	
		There is no stock out of drugs		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station		OB	
		Adequate illumination in ward		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D3.2	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and practiced		OB/PI	
		There is no overcrowding in the wards during visitors hours		OB	
		One female/ family members allowed to stay with the child		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		PI/OB	Room kept between 25° - 30° C (to the extent possible) Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
		Safe measures are used for re-warming children		SI/OB	Check availability of Blankets to cover the children
		Temperature control and ventilation in nursing station/duty room		SI/OB	Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
		Side railings has been provided to prevent fall of patient		OB	
ME D3.4	The facility has security system in place at patient care areas	NRC has system for identification tagging for babies if baby is less than 6 months		OB	
		Security arrangement in NRC		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		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered		OB	
		Walls of patient care area are brightly painted and decorated		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check that there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are Intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the NRC		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement for storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in patient care areas		OB/SI	
		Availability of Emergency light		OB/SI	
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.1	The facility has provision of nutritional assessment of the patients	NRC has system in place to assess appetite of baby based on their nutritional needs		RR/SI/PI	Check appetite test for SAM baby is done as per standard guideline
		NRC has system to assess feeding problems of child and provide individual counselling to mother		RR/SI/PI	Counselling is done by nutrition counsellor
		NRC has system to access requirement and dose of micronutrient of SAM children as per their age		RR/SI	As per standards guideline

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D6.2	The facility provides diets according to nutritional requirements of the patients	NRC has system to provide a diet to children based on their clinical condition/ Medical complication		RR/SI/OB	Management of SAM are based on 3 phases: Stabilization Phase, Transition Phase and rehabilitation phase
		Starter diet (F-75) is given to child just after admission.		RR/SI/OB	Feeding begins as soon as possible after admission with 'Starter diet' until the child is stabilized
		Catch up diet (F-100) is given to the child.		RR/SI/OB	Catch up diet is started when child is clinically stable and can tolerate increased energy and protein intake .Quantity of catch up diet given is equal to Quantity of starter diet given in stabilization phase
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	F-75 and F-100 made are as per the guideline.		SI	F-75 and F-100 refers to the specific combination of calories proteins, electrolytes and minerals that should be delivered to children with SAM as per WHO guidelines made available for this purpose.
		The cook prepare special diet for children under the supervision of the Nutrition counsellor.		SI	
		Check if raw material is kept in closed air tight containers		OB	
		Check if all perishable items are kept refrigerator		OB	
		NRC has system to monitor the amount of food served to baby as per guideline		RR	
		NRC has system to monitor the amount of feed left over as per guideline		RR	Check any system to left over recorded

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	
		Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh		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		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		SI/RR	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures adherence to the dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/ Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
ME E1.2	The facility has a established procedure for OPD consultation	Screening of children coming to OPDs using weight for height and/or MUAC			
ME E1.3	There is established procedure for admission of patients	There is no delay in admission of patient			
		Admission criteria for NRC is defined & followed		SI/RR	NRC has criteria for admission of children from 6-59 months and less than 6 month as per standard guideline.
		NRC has established criteria for re admission		SI/RR	Child previously discharged from in-patient care but meets admission criteria again.
		NRC has established criteria for return after default		SI/RR	Child who returns after default (away from in-patient care for 2 consecutive days) and meets the admission criteria.
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in patient record		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		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient done as per standard protocols		RR/SI	
		Patient History is taken and recorded		RR	
		Physical Examination is done and recorded wherever required		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Provisional Diagnosis is recorded		RR	
		Initial assessment and treatment is provided immediately		RR/SI	
		Initial assessment is documented preferably within 2 hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment by Medical Officer/Nutrition Counsellor		RR/OB	
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		RR/SI	
ME E3.2	The facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure the continuity of care.	Patient referred with referral slip		RR/SI	
		Advance communication is done with higher centre		RR/SI	
		Referral vehicle is being arranged		SI/RR	To and back transport for the mother and the child with SAM children
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	Check for referral cards filled from lower facilities
		Linkage with higher label facilities			
		There is a system of follow up of referred patients		RR	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags are used for children less than 5 yrs
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed. dispensing feed, time of oral drugs, supervision of intravenous fluids .

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		There is a process to ensue the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for TPR chart, weight records any other vital required is monitored
		Critical patients are monitored continually		RR/SI	
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check for that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E7	**The facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	Check for any open single dose vial with left over content indented to be used later on
		Check that separate sterile needle is used every time for multiple dose vial		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E7.4	There is a system to ensure right medicine is given to right patient	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume are calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines is done after ensuring right patient, right drugs , right route, right time		SI/OB	
ME E7.5	Patient is counselled for self drug administration.	Mother is adviced by doctor/ Pharmacist / nurse about the dosages and timings .		PI/SI	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Day to day progress of patient is recorded in BHT		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Treatment prescribed inj nursing records
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/ treatment registers		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Procedure performed are recorded in BHT		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for Treatment Charts, Community follow up card, BHT, continuation sheet, Discharge card Etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/ referral out register, OT register, Diet register, Linen register, Drug intend register

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	All register/records are identified and numbered		RR	
		Safe keeping of patient records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient.**				
ME E9.1	Discharge is done after assessing patient readiness	NRC has established criteria for discharge of the patient		SI/RR	Discharge criterion for all infants and children is 15% weight gain and no signs of illness
		Assessment is done before discharging patient		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient / attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/ informed before discharge of patients		SI/RR	
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary adequately mentions patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going in LAMA/Referral		SI/RR	
		There is procedure for clinical follow up of the child for assessment and monitoring of growth and development till the child recovers completely		RR/SI	By local CHW (Community health care worker)/ASHA/ AWW. Follow up also includes enrolment of baby to Anganwadi centre and provide Supplementary food

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mothers/ caregiver before discharge		PI/SI	Preparation and feeding the child, how to give prescribed medication, folic acid, vitamins and iron at home, how to give home treatment for diarrhoea, fever and acute respiratory infections
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		Time of discharge is communicated to patient		PI/SI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.1	There is procedure for Receiving and triage of patients	Triaging of sick children as per guideline		SI/RR	
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	NRC has critical values of various lab test		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Paediatric blood bags are available		RR/SI	if not available than how facility cope with it
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Blood transfusion of SAM child is done as per standard Guideline		RR	Blood transfusion is required (1) Hb is less than 4 g/dl (2) or if there is respiratory distress and Hb is between 4 and 6 g/dl.
		Blood is kept on optimum temperature before transfusion		SI/RR	
		Blood transfusion is monitored and regulated by qualified person		RR	Give (1) whole blood 10 ml/kg body weight slowly over 3 hours (2) furosemide 1 mg/kg IV at the start of the transfusion
		Blood transfusion note is written in patient recorded		RR	
		Staff is aware of conditions in which blood transfusion is not done/repeated		SI/RR	(1) Blood transfusion should not be started until the child has begun to gain weight. (2) Following the transfusion, if the Hb remains less than 4 g/dl or between 4 and 6 g/dl with continuing respiratory distress, DO NOT repeat the transfusion within 4 days
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible person		RR	
Standard E17	**The facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".			RR/SI
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines**				
ME E20.1	The facility provides immunization services as per guidelines	Immunization services as per national guidelines		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E20.2	Triage, Assessment & Management of newborns having emergency signs are done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
ME E20.3	Management of Low birth weight newborns is done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
ME E20.4	Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
ME E20.6	Management of children with severe Acute Malnutrition is done as per guidelines	Staff is aware and practice of 10 General principles of routine care as per guideline		SI	(1) Treat / Prevent Hypoglycaemia (2) treat and prevent Hypothermia (3) treat and prevent dehydration (4) Correct electrolyte imbalance (5) treat/ prevent infection (6) Correct micro nutrient deficiency (7) Start cautious diet (8) Achieve catch up growth (9) Provide sensory stimulation and emotional support (10) Prepare follow up after recovery
		Staff is aware of Emergency treatment of shock and anaemia as per guideline		SI/RR	Competence testing
		Staff is aware of treatment of associated conditions like Vitamin A deficiency, Dermatosis, Parasitic worms, Continual diarrhoea and TB as per guideline		SI/RR	Competence testing
		Staff is aware of criteria for failure to respond to treatment as per guideline		SI/RR	Competence testing

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E23	**The facility provides National health Programme as per operational/Clinical Guidelines**				
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.3	The facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	The facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	The facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility, preferably in local language
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Mothers are aware of importance of washing hands		PI	
		Mothers are practicing wash hand washing with soap		PI/OB	After using the toilet or changing diapers and before feeding children
ME F2.3	The facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/ IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	**The facility ensures standard practices and materials for Personal protection**				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	Hand washing b/w each patient & change of gloves
		Availability of Masks		OB/SI	
ME F3.2	The facility staff adheres to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff about how they decontaminate the procedure surface like Examination table , Patients Beds (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Check for availability for 0.5 chlorine solution Ask staff how they decontaminate the instruments after use (Should be at least for 10 minutes

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
		Toys washed regularly, and after each child uses		SI/OB	Check for decontamination and washing of toys
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/ HLD/Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyle, 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		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F5.4	The facility ensures segregation of infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	Ask if available. Where it is stored and who is in charge of that.
		Staff knows reporting procedure after sharp injury		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 waste as per guidelines	Check bins are not overfilled		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff is aware of mercury spill management		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
	AREA OF CONCERN - G QUALITY MANAGEMENT				
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	**The facility has established system for patient and employee satisfaction**				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient relative satisfaction survey done on monthly basis		RR	
Standard G3	**The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/ hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for receiving and initial assessment of the patient		RR	
		Department has documented procedure for admission, shifting and referral 0f patient		RR	
		Department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		Department has documented procedure for counselling of Mother for feeding, care and Hygiene		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department have standard procedures for management of medical complications associated with Severe Acute Malnutrition		RR	
		Department has documented procedures for feeding of Child with SAM		RR	
		Department has documented procedure for management of SAM children less than 6 month of age		RR	
		Department has documented procedure for Management of SAM in HIV exposed /HIV infected and TB infected children		RR	
		Department has documented procedure for Structures play therapy and loving care		RR	
		Department has documented procedure for environmental cleaning and processing of the equipment		RR	
		Department has documented procedure for sorting, and distribution of clean linen to patient		RR	
		Department has documented procedures for demonstration and practice of energy dense child food		RR	
		Department has documented procedure for follow up of children discharge from the NRC		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Appropriate feeding practices, wall charts for assessment and management of sick children with SAM, Management of medical complications, Triage, 10 steps for management of SAM,

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
					Grading and management of hypothermia, Management of hypoglycaemia, Management of Dehydration, housekeeping protocols, Administration of commonly used drugs, etc
Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	The facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	The facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Prescription audit		RR/SI	
		There is procedure to conduct Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for NRC are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check if staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	The facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
ME G8.2	The facility uses tools for quality improvement in services	Control Charts		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	Total admissions		RR	
		Bed Occupancy Rate		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of admissions by gender		RR	
		Proportion of BPL Patients		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Achieved target weight(15% weight gain)		RR	
		Down time Critical Equipments		RR	
		Bed Turnover Rate		RR	
		Referral Rate		RR	
		Discharge Rate		RR	
		Defaulter rate		RR	Acceptable- <15% Not Acceptable- >25%
		Relapse rate		RR	
		Average waiting time for admission (mins)		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Average length of stay in (weeks)		RR	Acceptable- 1-4 week Not Acceptable- <1 and >6
		Death rate following discharge from NRC		RR	Acceptable- <5% Not Acceptable- >15%
		Recovery rate		RR	Acceptable- >75% Not Acceptable- <50%
		Adverse events are reported		RR	wrong drug administration, needle stick injury, absconding patients etc
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Attendant Satisfaction Score		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

NUTRITIONAL REHABILITATION CENTRE (NRC) SCORE CARD	
Nutritional rehabilitation centre (NRC) Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–8

OPERATION THEATRE

Checklist for OPERATION THEATRE

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.2	The facility provides General Surgery services	Availability of General Surgery procedures		SI/OB	Appendectomy, Intestinal Obstruction, Perforation, Tongue Tie, Inguinal Hernia
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Gynaecology procedures		SI/OB	D & E, Hysterectomy . For Obstetric procedure kindly see A2.2
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Surgery procedure		SI/OB	I&D, Pepuceal Dilation, Meatomy, Gland Biopsy, Reduction Paraphimosis, Brachial/ Thyoglossal Cyst and Fistula, Inguinal Herniotomy, Neonatal Intestinal Obstruction
ME A1.5	The facility provides Ophthalmology Services	Availability of Ophthalmic Surgery procedures		SI/OB	Cataract Extraction with IOL, Canthotomy, Paracentesis, Enucleation, Glaucoma, Cunjuctival Cyst,
ME A1.6	The facility provides ENT Services	Availability of ENT surgical procedure		SI/OB	Nose, Ear and Throat surgical procedures Packing , Antral Puncture , Fracture Reduction, Mastoid Abscess I & D, Mastoidectomy Stapedotomy, Adenoidectomy, Tonsillectomy
ME A1.7	The facility provides Orthopaedics Services	Availability of Orthopaedic surgical procedures		SI/OB	Open and Closed Reduction, Nailing and Plating, Amputation, Disarticulation of Hip and Shoulder
ME A1.10	The facility provides Dental Treatment Services	Availability of Oral surgery procedures		SI/OB	Trauma Including Vehicular Accidents , Fracture Wiring
ME A1.14	Services are available for the time period as mandated	OT Services are Available 24X7		SI/RR	
ME A1.16	The facility provides Accident & Emergency Services	Availability of Emergency OT services as & when required		SI/OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard A2	**Facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services		SI/OB	tubal ligation
ME A2.2	The facility provides Maternal health Services	Availability of C-section services		SI/OB	
		Management of obstetrics complications		SI/OB	
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation		SI/OB	
		Availability of essential new born care		SI/OB	
ME A2.4	The facility provides Child health Services	Availability of Paediatric surgical Procedure under RBSY		SI/OB	Developmental Dysplasia of the Hip, Congenital Cataract cleft lip/palate
Standard A3	**Facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability of C arm services		SI/OB	
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	Blood Gas, Blood Glucose, Rapid HIV Testing
Standard A4	**Facility provides services as mandated in national Health Programs/ state scheme**				
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of Reconstructive Surgery		SI/OB	
		Availability of Amputation Surgery		SI/OB	
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Signage for restricted area are displayed		OB	
		Zones of OT are marked		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Display doctor/ Nurse on duty and updated		OB	
		OT schedule displayed		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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, social, economic, cultural or social reason.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff if a male doctor conducts surgery on female patients & present of female staff in pre & post operative room in female are their		OB/SI	
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 OT		OB	
		Availability of ramps with railing		OB	
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen between OT table		OB	
		Patients are properly draped/covered before and after produce		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		SI/OB	
		No information regarding patient identity and details are unnecessary displayed		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
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		SI/OB	
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	High risk consent is taken before major surgeries		SI/RR	
		Anaesthesia Consent for OT		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient attendant is informed about clinical condition and treatment been provided		PI/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B4.5	The facility has defined and established grievance redressal system in place	Availabilty of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free medicines and consumables are available		PI/SI	JSSK
		All surgical procedure are free of cost for JSSK beneficeries		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not spent money on purchasing drugs or consumbles from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not spent on diagnostics from outside.		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Surgical services are free for BPL patients		PI/SI/RR	
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space for accommodating surgical load		OB	
		Availability of OT for elective major surgeries		OB	100-200 -1OT, 200-300-2, 300-400 -3
		Availability of OT for Emergency surgeries		OB	Emergency OT 1
		Availability of OT ophthalmic/ENT		OB	Ophthalmic/ENT- 1
		Waiting area for attendants		OB	
ME C1.2	Patient amenities are provide as per patient load	Hot water facility		OB	
		Toilet facility for patient attendant		OB	
		Seating arrangement for patient attendant		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated of Protective Zone		OB	
		Demarcated Clean Zone		OB	
		Demarcated sterile Zone		OB	
		Demarcated disposal Zone		OB	
		Availability of Changing Rooms		OB	
		Availability of Pre Operative Room		OB	
		Availability of earmarked area for newborn Corner		OB	
		Availability of Post Operative Room		OB	
		Availaility of Scrub Area		OB	
		Availability of Autoclave room/ TSSU		OB	
		Availability of dirty utility area		OB	
		Availability of store		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys		OB	2-3 meters
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	OT tables are available as per load		OB	Hydrolic OT Tables As per case load at least two for 100 - 200 beded DH and 4 for More than 200 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 goods and services		OB	No cris cross of infectious and sterile goods
Standard C2	**The facility ensures the physical safety of the infrastructure.**				

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , 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		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the ward are non slippery and even		OB	
		Walls and floor of the OT covered with joint less tiles		OB	
		Windows/ ventilators if any in the OT are intact and sealed		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OT has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	OT room has installed fire Extinguisher that is Class A , Class B, C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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 compatencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of Obg & Gynae Surgeon		OB/RR	As per case load
		Availability of general surgeon		OB/RR	As per case load
		Availability of Orthopaedic Surgeon		OB/RR	As per case load
		Availability of ophthalmic surgeon		OB/RR	As per case load

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of ENT surgeon		OB/RR	As per case load
		Availability of anaesthetist		OB/RR	As per case load
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		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		OB/SI	
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant		SI/RR	
		Availability CSSD/ TSSU Asstt.		SI/RR	
		Availability of Security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Advance Life support		SI/RR	
		OT Management		SI/RR	
		Bio Medical waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Training on processing/sterilization of equipments		SI/RR	
		Patient Safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skilled for resuscitation and intubation		SI/RR	
		Nursing Staff is skilled for maintaining clinical records		SI/RR	
		Staff is Skilled to operate OT equipments		SI/RR	
		Staff is skilled for processing and packing instrument		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of medical gases		OB/RR	Availability of Oxygen Cylinders / Piped Gas supply, Nitrogen
		Availability of Uterotonic Drugs		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge)
		Availability of Antibiotics		OB/RR	Inj. Ampillicin 500mg, Inj. metronizazole 400mg, Gentamycin,
		Availability of Antihypertensive		OB/RR	Injectable preparations
		Availability of analgesics and antipyretics		OB/RR	Inj. Diclofenac Sodiam

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer lactate, plasma expender
		Availability of anesthetics		OB/RR	
		Availability of emergency drugs		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 drugs for newborn		OB/RR	Availability of Oxygen Cylinders
ME C5.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads		OB/RR	
		Availability of syringes and IV Sets		OB/RR	
		Availability of Antiseptic Solutions		OB/RR	
		Availability of consumables for new born care		OB/RR	
		Availability of personal protective equipments		OB/RR	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency drug tray are maintained in operation theater and post operative room		OB/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Thermometer, Pulse Oxymeter, Multiparameter
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of functional instruments for Gynae and obstetrics		OB	LSCS Set, Cervical Biopsy Set, Proctoscopy Set, Hysterectomy set, D&C Set
		Availability of functional equipments/ Instruments for New Born Care		OB	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

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of functional General surgery equipments		OB	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 equipments		OB	C arm, check OT table is C arm compatible, Thomas Splint, IM Nailing Set, SP Nailing, Compression Plating Kit, Sislocation Hip Screw Fixation
		Availability of Ophthalmic surgery equipments		OB	Operating Microscope, IOL Operation Set, Ophthalmoscope Keratometer, A Scan Biometer
		Availability of functional ENT surgery equipments		OB	Operating Microscope, ENT Operation set, Mastoid Set, Tracheotomy set, Microdrill System set
		Operation Table with Trendelenburg facility		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Portable X-Ray Machine, Glucometer, HIV rapid diagnostic kit Blood Gas analyzer and ultrasound
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		OB	Ambu bag, Oxygen, Suction machine , laryngoscope scope, Defibrillator (Paediatric and adult) , LMA, ET Tube
		Availability of functional anaesthesia equipment		OB	Boyles apparatus, Bains Circuit or Sodalime absorbent in close circuit
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
		Availability of equipment for storage of sterilized items		OB	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		OB	Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for CSSD/ TSSU		OB	Autoclave Horizontal & Vertical, Sterlizer Big & Small

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	Shadow less Major & Minor, Ceiling and Stand Model, Focus Lamp
		Availability of attachment/ accessories with OT table		OB	Hospital graded mattress , IVstand, Bed pan
		Availability of Fixtures		OB	Trey for monitors, Electrical panel for anaesthesia machine, cardiac monitor etc, panel with outlet for Oxygen and vacuum, X ray view box.
		Availability of furniture		OB	Cupboard, table for preparation of medicines, chair, racks,
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired		OB/RR	
		Staff is skilled for trouble shooting in case equipment malfunction		SI/RR	
		Periodic cleaning, inspection and maintenance of the equipments is done by the operator		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		OB/ RR	Boyels apparatus, cautery, BP apparatus, autoclave etc.
		There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due		OB/ RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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.		OB/SI	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	
		Department maintained stock and expenditure register of drugs and consumables		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart		SI/RR	
		There is no stock out of drugs		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic and psychotropic drugs are kept in lock and key		OB/SI	
		Anaesthetic agents are kept at secure place		OB/SI	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table		OB	100000 lux
		Adequate Illumination at pre operative and post operative area		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D3.2	The facility has provision of restriction of visitors in patient areas	Entry to OT is restricted		OB	
		Warning light is provided outside OT and its been used when OT is functional		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is kept		SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained
		Humidity is maintained at desired label ICU and record of same is maintained		SI/RR	50-60%
		Positive pressure is maintained in OT		SI/RR	
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at OT		OB	
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		SI	
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		OT Table are intact and without rust		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the OT		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray pests		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of Hot water supply		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 OT		OB/SI	2 tier backup with UPS
		Availability of UPS		OB/SI	
		Availability of Emergency light		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, nitrogen and vacuum supply		OB	
Standard D7	**The facility ensures 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		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		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		SI/RR	
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/ Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	There is procedure for Pre Operative assessment		RR/SI	Physical examination, results of lab investigation, diagnosis and proposed surgery
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over while receiving patient form OT to indoor and ICU		SI/RR	
		There is a procedure for consultation of the patient to other specialist with in the hospital		RR/SI	
ME E3.3	A person is identified for care during all steps of care	Duty Doctor and nurse is assigned for each patients		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Patient id band/ verbal confirmation etc.
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 ensue the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for use of cardiac monitor/multi parameter

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E5	**Facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority		OB/SI	HIV, Infectious cases
Standard E6	**Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	**Facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E7.3	There is a procedure to check drug before administration/ dispensing	Drugs are checked for expiry and other inconsistency before administration		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs , right route, right time		SI/OB	
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of Monitoring/ Assessments are maintained		RR	PAC, Intraoperative monitoring
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Treatment prescribed in nursing records
ME E8.4	Procedures performed are written on patients records	Operative Notes are Recorded		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 removed, complications etc.
		Anaesthesia Notes are Recorded		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Consents, surgical safety check list
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	OT Register, Schedule, Infection control records, autoclaving records etc
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	OT is provided with the critical value of different test		SI/RR	
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**				
ME E13.8	There is established procedure for issuing blood	Availability of blood units in case of emergency with out replacement		RR/SI	The blood is ordered for the patient according to the MSBOS (Maximum Surgical Blood Order Schedule)
ME E13.9	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		blood is kept on optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in patient recorded		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		RR	
Standard E14	**Facility has established procedures for Anaesthetic Services**				
ME E14.1	Facility has established procedures for Pre Anaesthetic Check up	There is procedure to ensure that PAC has been done before surgery		RR/SI	
		There is procedure to review findings of PAC		RR/SI	
ME E14.2	Facility has established procedures for monitoring during anaesthesia	Anaesthesia plan is documented before entering into OT		RR	
		Food intake status of Patient is checked		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Patients vitals are recorded during anaesthesia		RR	Heart rate , cardiac rate , BP, O2 Saturation,
		Airway security is ensured		RR/SI	Breathing system is securely and correctly assembled
		Potency and level of anaesthesia is monitored		RR/SI	
		Anaesthesia note is recorded		RR	Check for the adequacy
		Any adverse Anaesthesia Event is recorded and reported		RR	
ME E14.3	Facility has established procedures for Post Anaesthesia care	Post anaesthesia status is monitored and documented		RR/SI	
Standard E15	**Facility has defined and established procedures of Surgical Services**				
ME E15.1	Facility has established procedures OT Scheduling	There is procedure OT Scheduling		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		RR/SI	Vitals , Patients fasting status etc.
		Antibiotic Prophylaxis given as indicated		RR/SI	
		Tetanus Prophylaxis is given if Indicated		RR/SI	
		There is a process to prevent wrong site and wrong surgery		RR/SI	Surgical Site is marked before entering into OT
		Surgical site preparation is done as per protocol		RR/SI	Cleaning , Asepsis and Draping
ME E15.3	Facility has established procedures for Surgical Safety	Surgical Safety Check List is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure
		Adequate Haemostasis is secured during surgery		RR/SI	Check for Cautery and suture legation practices
		Appropriate suture material is used for surgery as per requirement		RR/SI	Check for what kind of sutures used for different surgeries . 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

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check for suturing techniques are applied as per protocol		RR/SI	
ME E15.4	Facility has established procedures for Post operative care	Post operative monitoring is done before discharging to ward		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		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
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Death note is written on patient record		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		RR	Includes both maternal and neonatal death
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		RR/SI	
Standard E18	**Facility has established procedures for Intranatal care as per guidelines**				
ME E18.2	There is an established procedure for assisted and C-section deliveries per scope of services.	pre operative care and part preparation		SI/RR	Check for Haemoglobin level is estimated , and arrangement of Blood, Catheterization, Demonstration of Antacids
		Proper selection Anaesthesia technique		SI/RR	Check Both General and Spinal Anaesthesia Options are available. Ask for what are the criteria for using spinal and GA
		Intraoperative care		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		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E18.3	There is established procedure for management of Obstetrics Emergencies as per scope of services.	Management of PIH/ Eclampsia		SI/RR	Ask for how to secure airway and breathing, Loading and Maintenance dose of Magnesium sulphate , Administration of Hypertensive Drugs
		Postpartum Haemorrhage		SI/RR	
		Retained Placenta		SI/RR	
		Sepsis		SI/RR	
		Rupture uterus		SI/RR	
ME E18.4	There is an established procedure for new born resuscitation and newborn care.	Recording Time of Birth		RR	
		Vitamin K for low birth weight		SI/RR	
		Care of Cord and Eyes		SI/RR	
		APGAR Score		SI/RR	
		New born Resuscitation		SI/RR	
Standard E19	**Facility has established procedures for postnatal care as per guidelines**				
ME E19.1	Post partum Care is Provided to Mother	Prevention of Hypothermia		SI/RR	
		Initiation of Breastfeeding with in 1 Hour		PI/SI	
ME E19.4	Stabilization/ treatment/referral of post natal complication	There is established criteria for shifting newborn to SNCU		SI/RR	
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxid etc
		Periodic medical checkup of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Adherence to Surgical scrub method		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.
		Staff aware of when to hand wash		SI	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/ IV injection, drawing blood, putting Intravenous and urinary catheter
		Proper cleaning of perineal area before procedure with antisepsis		SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Check Shaving is not done during part preparation/delivery cases		SI	
		Check sterile field is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field.
Standard F3	**Facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
		Sterile s gloves are available at OT and Critical areas		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	
		Availability of gown/ Apron		OB/SI	
		Availability of Caps		OB/SI	
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**Facility has standard Procedures for processing of equipments and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff about how they decontaminate the procedure surface like OT Table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Clorine Solution or 70% Alcohal as applicable
		Contact time for decontamination is adeqaute		SI/OB	10 minutes

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterlized after each use as per requirement		OB/SI	Autoclaving/HLD/ Chemical Sterlization
		High level Disinfection of instruments/ equipments is done as per protocol		OB/SI	Ask staff about method and time required for bioling
		Chemical sterilization of instruments/ equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time requied for chemical sterilization
		Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions		OB/SI	
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		Instruments are packed according for autoclaving as per standard protocol		OB/SI	
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Regular validation of sterilization through biological and chemical indicators		OB/SI/RR	
		Maintenance of records of sterilization		OB/SI/RR	
		There is a procedure to enusure the tracibility of sterilized packs		OB/SI/RR	
		Sterility of autoclaved packs is maintained during storage		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 F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	Faculty layout ensures separation of general traffic from patient traffic
		Zoning of High risk areas		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Facility layout ensures separation of routes for clean and dirty items		OB	
		Floors and wall surfaces of ICU are easily cleanable		OB	
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	
		Cleaning equipments like broom are not used in patient care areas		OB/SI	
		Use of three bucket system for mopping		OB/SI	
		Fumigation/ carbolization as per schedule		SI/RR	
		External footwares are restricted		OB	
ME F5.4	Facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
ME F5.5	Facility ensures air quality of high risk area	Positive Pressure in OT		OB/SI	
		Adequate air exchanges are maintained		SI/RR	
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	Ask if available. Where it is stored and who is in charge of that.
		Staff knows about reporting process after sharp injury		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 waste as per guidelines	Check bins are not overfilled		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/ trolley		SI/OB	
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Staff aware of mercury spill management		SI/RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - G QUALITY MANAGEMENT					
Standard G1	**The facility has established organizational framework for quality improvement**				
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G3	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for scheduling the Surgery and its booking		RR	Tracers
		Department has documented procedure for pre operative procedure		RR	
		Department has documented procedure for pre operative anaesthetic check up		RR	
		Department has documented procedure for in process check during surgery		RR	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for post operative care of the patient		RR	
		Department has documented procedure for operation theatre asepsis and environment management		RR	
		Department has documented procedure for OT documentation.		RR	
		Department has documented procedure for reception of dirt packs and issue of sterile packs from TSSU		RR	
		Department has documented procedure for maintenance and calibration of equipments		RR	
		Department has documented procedure for general cleaning of OT and annexes		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/ clinical protocols are displayed		OB	processing and sterilization of equipments,
Standard G 5	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for OT are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**Facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	C-Section Rate		RR	
		Proportion of C-Sections done in night		RR	
		Proportion of other emergency surgeries done in the night		RR	
		No. of Major surgeries done per 1 lakh population		RR	
		CSSD/TSSU productivity index		RR	No. of packs sterilized against the no. of surgeries

Reference No.	Measure Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime critical euipments		RR	
		Skin to skin time		RR	
		No of major surgeries per surgeon		RR	
		Proportion of elective C-Sections		RR	
		Proportion emergency surgeries		RR	
		Cycle time for instrument processing		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site infection Rate		RR	No. of observed surgical site infections*100/total no. of Major surgeries
		No of adverse events per thousand patients		RR	
		Incidence of re-exploration of surgery		RR	
		% of environmental swab culture reported positive		RR	
		Perioperative Death Rate		RR	Deaths occurred from pre operative procedure to discharge of the patient
		Proportion of General Anaesthesia to spinal anaesthesia		RR	
		Proportion of PAC done out of total elective surgeries		RR	
		No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates		RR	No. of cancelled operation*1000 /total operation done

ASSESSMENT SUMMARY

A. SCORE CARD

OPERATION THEATRE SCORE CARD	
Operation Theatre Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____
2. _____
3. _____
4. _____
5. _____

C STRENGTHS/BEST PRACTICES

1. _____
2. _____
3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

CHECKLIST–9

POSTPARTUM UNIT

Checklist for POSTPARTUM UNIT

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	At least 6 hours of OPD services are available at Family Planning Clinic		SI/RR	
		Days for FP Surgeries are fixed		SI/RR	As per Operational Guidelines for Fixed Day Surgery (At least one day per week)
Standard A2	**Facility provides RMNCHA Services**				
ME A2.1	The facility provides Reproductive health Services	Availability of Spacing methods of family planning		SI/OB	IUCD, OCP, ECP & Condoms
		Availability of Female Limiting Methods of family Planning		SI/OB	Tubectomy (Minilap and Laparoscopic)
		Availability of Male Limiting Method for Family Planning		SI/OB	NSV/Conventional
		Availability of Post partum sterilization services		SI/OB	Tubal Ligation and PPIUD
		Availability of Family Planning Counselling and Promotive services		SI/OB	Counselling and IEC
		Abortion and Contraception services for Ist and 2nd trimester		SI/OB	
		Postpartum ward		SI/OB	Dedicated postpartum ward for FP surgeries and abortion clients
ME A2.2	The facility provides Maternal health Services	Availability of post natal counselling and follow up services		SI/OB	
ME A2.3	The facility provides Newborn health Services	Availability/Linkage to immunization services		SI/OB	
ME A2.5	The facility provides Adolescent health Services	Availability of Abortion services for adolescent		SI/OB	
		Availability of Contraception services		SI/OB	
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	For sterilization surgeries, availability of haemoglobin, urine analysis for sugar and albumin

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - B PATIENT RIGHTS					
Standard B1	**Facility provides the information to care seekers, attendants & community about the available services and their modalities**				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
		Restricted area signage are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of Family Planning Services available		OB	
		Compensation for family planning indemnity scheme		OB	
		Compensation for family planning services are displayed		OB	
		Family planning insurance scheme displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material regarding family planning displayed		OB	IEC materials such as posters, banners, and handbills available at the site and displayed
		Education material for counselling are available in Counselling room		OB	Flip charts, models, specimens, and samples of contraceptives available
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
Standard B2	**Services are delivered in manners that are sensitive to gender, religious, social and cultural needs and there are no barrier on account of physical access, language, cultural or social status.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff if a male doctor examines a female client		OB/SI	
		There is no over emphasis on one method		SI/PI	Ask Staff/client whether they were convinced for one method or given informed choice
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 OT		OB	
		Availability of ramps with railing		OB	
		Availability of disable friendly toilet		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screens at IUD insertion room		OB	
		Availability of screens at family planning OT		OB	
		Client are properly draped/covered before and after produce		OB	
		Privacy at the counselling room is maintained		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Client Records are kept at secures place beyond access to general staff/ visitors		SI/OB	
		No information regarding client identity and details are unnecessary displayed		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Confidentiality of Abortion cases		SI/OB	No entry shall be made in any case sheet , PT register , follow-up card or any other document, register indicating there in the name of the pregnant women . Only reference serial no. is mentioned on all the document
Standard B4	**Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.**				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent for IUD insertion		SI/RR	
		Informed consent for family planning surgeries		SI/RR	
		Informed consent on prescribed form C for abortion		SI/RR	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of reproductive rights of clients		OB	
ME B4.3	Staff are aware of Patients rights responsibilities	Check staff if about awareness reproductive rights of clients		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Client is informed about various options of family planning and assisted in decision making		PI/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME B4.5	The facility has defined and established grievance redressal system in place	Availabilty of complaint box and display of process for grievance re addressal and whom to contact is displayed		OB	
Standard B5	**Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.**				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Drugs, consumables and contraceptives are available free		PI/SI	
		All surgical procedure for family planning are free of cost		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that client party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that client has not spent on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure occurred it is reimbursed from hospital		PI/SI/RR	
		Timely payment of family planning compensation		PI/SI/RR	
AREA OF CONCERN - C INPUTS					
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms**				
ME C1.1	Departments have adequate space as per patient or work load	Adequate Space is for counselling and examination		OB	
		Availability of dedicated OT for Family planning surgeries in PP unit		OB	
ME C1.2	Patient amenities are provide as per patient load	Functional toilets with running water and flush are available as per bed strength and client load of ward		OB	Availability of drinking water
		Availability of drinking water		OB	
		Availability of seating arrangement		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated of Protective Zone			
		Demarcated Clean Zone			
		Demarcated sterile Zone		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Demarcated disposal Zone		OB	
		Availability of Changing Rooms		OB	
		Availability of Pre Operative Room		OB	
		Availability of earmarked area for newborn Corner		OB	
		Availability of Post Operative Room		OB	
		Availability of Scrub Area		OB	
		Availability of Autoclave room/ TSSU		OB	
		Availability of dirty utility area		OB	
		Availability of store		OB	
		Availability of dedicated counselling area		OB	
		Availability of examination cum minor procedure area for IUD insertion		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys and stretchers		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	OT tables are available as per load		OB	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of goods and services		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C2.3	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the ward are non slippery and even		OB	
		Walls and floor of the OT covered with joint less tiles		OB	
		Windows if any in the OT are intact and sealed		OB	
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.1	The facility has plan for prevention of fire	OT has sufficient fire exit to permit safe escape to its occupant at time of if emergency		OB/SI	
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C3.2	The facility has adequate fire fighting Equipment	PP unit has installed fire Extinguisher that is Class A /B/C type or ABC type		OB	
		Check the expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		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		SI/RR	
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load**				
ME C4.1	The facility has adequate specialist doctors as per service provision	Availability of trained surgeon for Minilap/ Laparoscopic/NSV		OB/RR	Minilap - MBBS trained in procedure Laparoscopic- DGO,MS, MD trained in laparoscopic surgery
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	Trained in IUCD insertion
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Viability of Counsellor for family planning		OB/SI	
		Availability of OT technician		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME C4.5	The facility has adequate support / general staff	Availability of OT attendant/assistant		SI/RR	
		Availability of Security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	IUD insertion		SI/RR	
		Family planning counselling		SI/RR	
		Laparoscopic surgery/ Minilap		SI/RR	
		NSV		SI/RR	
		Bio medical waste Management		SI/RR	
		Training on infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skill for counselling services		SI/RR	
		Staff is skilled for resuscitation		SI/RR	
		Nursing Staff is skilled for maintaining clinical records		SI/RR	
		Staff is Skilled to operate OT equipments		SI/RR	
		Staff is skilled for processing and packing instrument		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.1	The departments have availability of adequate drugs at point of use	Availability of Oral Contraceptive Pills		OB/RR	Stock for Month
		Availability of emergency Contraceptive Pills		OB/RR	Stock for Month
		Availability of IUD devices		OB/RR	Stock for Month
		Availability of Condoms		OB/RR	Stock for Month
		Availability of anaesthetics		OB/RR	
		Availability of medical gases		OB/RR	Tracer
ME C5.2	The departments have adequate consumables at point of use	Sterilized consumables in dressing drum		OB/RR	At OT
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drugs tray		OB/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Thermometer, Pulse Oxymeter, Multiparameter
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Instruments/ Equipments for Gynae and obstetric		OB	PV examination kit
		Availability of Sterile IUD insertion and removal Kits		OB	
		Operation Table with Trendelenburg facility		OB	
		Minilap instrument		OB	
		Laparoscopic set		OB	
		NSV sets		OB	
		Instruments for Laparoscopy		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, Doppler 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 Resuscitation		OB	Bag and mask, Oxygen, Suction machine , laryngoscope scope. LMA, ET Tube , Airway ,Defibrillator
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Autoclave/ boiler,
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	
		Availability of attachment/ accessories with OT table		OB	Hospital graded mattress , IVstand, Bed pan
		Availability of Fixtures		OB	Trey for monitors, Electrical panel for anaesthesia machine, cardiac monitor etc, panel with outlet for Oxygen and vacuum, X ray view box.

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Availability of furniture		OB	Cupboard, table for preparation of medicines, chair, racks,
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		There has system to label Defective/Out of order equipments and stored appropriately until it has been repaired		OB/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated		OB/ RR	
		There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due		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.		OB/SI	Laparoscope, MVA etc
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas**				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is process indenting consumable and drugs		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Contraceptives are stored away from water and sources of heat, direct sunlight etc.		OB/RR	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	Are expired contraceptives destroyed to prevent resale or other inappropriate use
		No expiry drug found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug stored at department		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of contraceptives		SI/RR	
		Department maintained stock and expenditure register of contraceptives		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray / crash cart		SI/RR	
		There is no stock out of contraceptives		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Anaesthetic agents are kept at secure place		OB/SI	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table		OB	
		Adequate Illumination at procedure area at family planning clinic		OB	At IUD insertion area
ME D3.2	The facility has provision of restriction of visitors in patient areas	Entry to OT is restricted		OB	
		Only one client is allowed one time at clinic		OB/SI	
		Warning light is provided outside OT and its been used when OT is functional		SI/RR	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is kept		SI/RR	20-25OC, ICU has functional room thermometer and temperature is regularly maintained
		Appropriate Humidity label is maintained		SI/RR	50-60%
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at PP unit		OB	
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		SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility**				
ME D4.1	Exterior of the facility building is maintained appropriately	Building is painted/ whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered & painted		OB	
ME D4.2	Patient care areas are clean and hygienic	Floors, walls, roof, roof topes, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D4.3	Hospital infrastructure is adequately maintained	Check for there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		OT Table are intact and without rust		OB	
		Mattresses are intact and clean		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the PP unit		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No pests are noticed		OB	
Standard D5	**The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of Hot water supply		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 OT		OB/SI	
		Availability of UPS		OB/SI	
		Availability of Emergency light		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, nitrogen and vacuum supply		OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard D7	**The facility ensures 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 client		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		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		SI/RR	
Standard D10	**Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	Staff is aware of legal age for family planning		SI/RR	22-49 married only
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**				
ME D11.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that staff is available on duty as per duty roster		RR/SI	Check for system for recording time of reporting and relieving (Attendance register/ Biometrics etc)
		There is designated in charge for department		SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.**				
ME D12.1	There is established system for contract management for out sourced services	There is procedure to monitor the quality and adequacy of outsourced services on regular basis		SI/RR	Verification of outsourced services (cleaning/ Dietary/Laundry/Security/ Maintenance) provided are done by designated in-house staff
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each client during process of registration		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Client demographic details are recorded in admission records		RR	Check for that client demographics like Name, age, Sex, etc.
ME E1.3	There is established procedure for admission of patients	Age criteria for family planning surgeries is adhered		RR/SI	
		There is established criteria for admission of abortion cases		RR/SI	
		There is no delay in admission of client		SI/RR/OB	
		Admission is done by written order of a qualified doctor		SI/RR/OB	
		Time of admission is recorded in client record		RR	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	There is provision of extra beds during fixed day family planning surgery		OB/SI	
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**				
ME E2.1	There is established procedure for initial assessment of patients	History of illness to screen for the diseases mentioned under the medical eligibility criteria		RR/SI	
		Immunization status of women for tetanus		RR/SI	
		Current medications		RR/SI	
		last contraceptive used and when		RR/SI	
		Menstrual history: Date of last menstrual period		RR/SI	
		current pregnancy status Obstetrics history		RR/SI	
		Physical Examination		RR/SI	Pulse, blood pressure, respiratory rate, temperature, body weight, general condition and pallor, auscultation of heart and lungs, examination of abdomen, pelvic examination, and other examinations as indicated by the client's medical history or general physical examination.
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for assessment of client		RR/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	Facility has established procedure for handing over form OT to ward		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.	Facility has functional referral linkages to higher facilities for cases can not be managed at the facility		RR/SI	
ME E3.3	A person is identified for care during all steps of care	A nurse /doctor is identified responsible for each case		RR/SI	
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Client id band/ verbal confirmation etc.
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 ensue the accuracy of verbal/telephonic orders		RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Client hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register. Notes are adequately written
ME E4.5	There is procedure for periodic monitoring of patients	Client Vitals are monitored and recorded periodically		RR/SI	
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable client are identified and measures are taken to protect them from any harm		OB/SI	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk medical emergencies are identified and treatment given on priority		OB/SI	
Standard E6	**The facility follows standard treatment guidelines defined by state/Central**				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check BHT if drugs are prescribed under generic name only		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E6.2	There is procedure of rational use of drugs	Check that relevant Standard treatment guideline are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
		Availability of drug formulary		SI/OB	
Standard E7	**Facility has defined procedures for safe drug administration**				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		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		RR	
		Check for the writing, It comprehendible by the clinical staff		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		OB/SI	
		Check single dose vial are not used for more than one dose		OB	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		OB	In multi dose vial needle is not left in the septum
		Any adverse drug reaction is recorded and reported		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 drugs , right route, right time		SI/OB	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E7.5	Patient is counselled for self drug administration	Client is advice by doctor/ Pharmacist /nurse about the dosages and timings .		SI/PI	
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of Monitoring/ Assessments are maintained		RR	History and Physical examination are recorded
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Drugs administered are recorded
ME E8.4	Procedures performed are written on patients records	Anaesthesia and surgery note recorded		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Formats for Consent etc available
ME E8.6	Register/records are maintained as per guidelines	Check for availability of eligible couple and sterilization register		RR	
		Records on family planning (FP) (including the number of clients counselled and the number of acceptors)		RR	
		Follow-up records for FP clients		RR	
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of client records		OB	
Standard E9	**The facility has defined and established procedures for discharge of patient**				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging client		SI/RR	
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Client / attendants are consulted before discharge		PI/SI	
		Treating doctor is consulted/ informed before discharge of clients		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
ME E9.2	Case summary and follow-up instructions are provided at the discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary adequately mentions clients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to clients going in LAMA/Referral		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of client before discharge		SI/PI	
		Advice includes the information about the nearest health centre for further follow up		RR/SI	
		Time of discharge is communicated to client in prior		PI/SI	
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management.**				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
Standard E12	**The facility has defined and established procedures of diagnostic services.**				
ME E12.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E12.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	
Standard E14	**Facility has established procedures for Anaesthetic Services**				
ME E14.2	Facility has established procedures for monitoring during anaesthesia	Local anaesthesia is given as per guidelines		SI/RR	
Standard E15	**Facility has defined and established procedures of Surgical Services**				
ME E15.1	Facility has established procedures OT Scheduling	FP surgeries are scheduled as oer guidelines		RR/SI	
		Preoperative instructions given to the client		RR/PI	
ME E15.2	Facility has established procedures for Preoperative care	Part preparation is done as per guidelines		RR/SI	
ME E15.4	Facility has established procedures for Post operative care	Post operative care as per guidelines		RR/SI	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard E16	**The facility has defined and established procedures for end of life care and death**				
ME E16.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure to communicate death to relatives		SI	
		Death note is written on client record		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 client record		RR	
		Death summary is given to client attendant quoting the immediate cause and underlying cause if possible		SI/RR	
Standard E17	**Facility has established procedures for Antenatal care as per guidelines**				
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		SI/RR	
Standard E21	**Facility has established procedures for abortion and family planning as per government guidelines and law**				
ME E21.1	Family planning counselling services provided as per guidelines	The client is given full information about optimal pregnancy spacing and the benefits of it as a part of FP health education and counselling.		PI/SI	The importance of timely initiation of an FP method after childbirth, miscarriage, or abortion will be emphasized.
		Client is counselled about the options for family planning available		PI/SI	
		The client is informed that condoms prevent sexually transmitted infections (STIs) & HIV		PI/SI	
ME E21.2	Facility provides spacing method of family planning as per guideline	Pills should be given only to those who meet the Medical Eligibility Criteria		SI/RR	Contraindication of COC in Breastfeeding mothers within 6week and hypertension
		The client should be given full information about the risks, advantages, and possible side effects before OCPs are prescribed for her.		PI/SI	
		Staff is aware of what to do if dose of contraceptive is missed		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Staff is aware of indication and method of administration of ECP		SI/RR	within 72 hours, second dose 12 hours after first dose
		IUD insertion is done as per standard protocol		SI/RR	No touch technique, Speculum and bimanual examination, sounding of uterus and placement
		Client is informed about the adverse effect that can happen and their remedy		SI/PI	Cramping, vaginal discharge, heavier menstruation, checking of IUD
		Follow up services are provided as per protocols		SI/RR	Removal of IUD, Instructions for when to return
		IUD insertion is done as per standard protocol		SI/RR	
		Staff is aware of case selection criteria for family planning		SI/RR	49-22 year age Married at least having one year old Spouse has not gone for sterilization
ME E21.3	Facility provides limiting method of family planning as per guideline	Assessment of client done before surgery for any delay, refer of caution signs		SI/RR	Physical examination and Medical History taken,
		Consent is confirmed before the procedure		RR	Surgeon check for informed consent signed and ask client for the same
		Client is informed about post operative care, complication and follow up		SI/RR/PI	use of another family planning method for 3 months only,
		Follow up visits done as per guidelines		SI/RR/PI	Visit after 48 hours, first follow up visit at 7th day and semen analysis after 3 months, emergency follow up
ME E21.4	Facility provide counselling services for abortion as per guideline	Pre procedure Counselling provided		SI/RR/PI	As per National Guidelines Transition phase after family planning surgery specially vasectomy are defined
		Post procedure Counselling provided		SI/RR/PI	As per National Guidelines
		Counselling on the follow-up visit		SI/RR/PI	
ME E21.5	Facility provide abortion services for 1st trimester as per guideline	MVA procedures are done as per guidelines		SI/RR	
		Medical termination of pregnancy done as per guidelines		SI/RR	
ME E21.6	Facility provide abortion services for 2nd trimester as per guideline	Surgical Procedures procedures are done as per guidelines		SI/RR	Dilation and evacuation
		Medical termination of pregnancy done as per guidelines		SI/RR	ethacridine lactate extra amniotic instillation

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - F INFECTION CONTROL					
Standard F1	**Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection**				
ME F1.2	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.3	Facility measures hospital associated infection rates	There is procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site .
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxid etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	**Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis**				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility at Point of Use		OB	Check for availability of wash basin near the point of use
		Availability of running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Adherence to Surgical scrub method		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.
		Staff aware of when to hand wash		SI	Ask of demonstration
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antisepsis		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Cleaning of cervix before IUD insertion with antiseptic solution		SI	
		Check Shaving is not done during part preparation/delivery cases		SI	
		Check sterile filled is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field.
Standard F3	**Facility ensures standard practices and materials for Personal protection**				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
		Sterile s gloves are available at OT and Critical areas		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	
		Availability of gown/ Apron		OB/SI	
		Availability of Caps		OB/SI	
		Personal protective kit for infectious clients		OB/SI	HIV kit
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	
Standard F4	**Facility has standard Procedures for processing of equipments and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and clean ing of instruments and procedures areas	Decontamination of operating & Procedure surfaces		SI/OB	Ask stff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. (Wiping with .5% Chlorine solution

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Clorine Solution or 70% Alcohal as applicable
		Contact time for decontamination is adeqaute		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterlized after each use as per requirement		OB/SI	Autoclaving/HLD/Chemical Sterlization
		High level Disinfection of instruments/ equipments is done as per protocol		OB/SI	Ask staff about method and time required for bioling
		Chemical sterilization of instruments/ equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time requied for chemical sterilization
		Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions		OB/SI	
		Autoclaved linen are used for procedure		OB/SI	
		Autoclaved dressing material is used		OB/SI	
		Instruments are packed according for autoclaving as per standard protocol		OB/SI	
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Regular validation of sterilization through biological and chemical indicators		OB/SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Maintenance of records of sterilization		OB/SI/RR	
		There is a procedure to enusure the tracibility of sterilized packs		OB/SI/RR	
		Sterility of autoclaved packs is maintained during storage		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 F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	Faculty layout ensures separation of general traffic from patient traffic
		Zoning of High risk areas		OB	
		Facility layout ensures separation of routes for clean and dirty items		OB	
		Floors and wall surfaces of ICU are easily cleanable		OB	
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehye, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	
		Cleaning equipments like broom are not used in patient care areas		OB/SI	
		Use of double bucket system for mopping		OB/SI	
		Fumigation/ carbolization as per schedule		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		External footwares are restricted		OB	
ME F5.5	Facility ensures air quality of high risk area				
		Adequate air exchanges are maintained		SI/RR	
Standard F6	**Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.2	Facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	See if it has been used or just lying idle
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharp before disposal		OB/SI	Disinfection of syringes is not done in open buckets
		Staff is aware of contact time for disinfection of sharps		SI	
		Availability of post exposure prophylaxis		OB/SI	Ask if available. Where it is stored and who is in charge of that.
		Staff knows about reporting procuress after sharp injury		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 waste as per guidelines	Check bins are not overfilled		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
AREA OF CONCERN - G QUALITY MANAGEMENT					
ME G1.1	The facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	**Facility has established system for patient and employee satisfaction**				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	Client satisfaction survey done on monthly basis		RR	
Standard G3	**Facility have established internal and external quality assurance programs wherever it is critical to quality.**				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital manager/ hospital superintendent/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	**Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.**				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for registration, admission and discharge		RR	
		Department has documented procedure for initial assessment of the client		RR	
		Department has documented procedure for providing appointment/day and date for the surgery		RR	
		Department has documented procedure for preparation of client for surgery		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		Department has documented procedure for IUD insertion		RR	
		Department has documented procedure for taking consent of the client for procedure		RR	
		Department has documented procedure for record maintenance		RR	
		Department has documented procedure for counselling of the client		RR	
		Department has manual for male and female sterilization		RR	
		Department has manual for Quality assurance for sterilization		RR	
		Department has guideline for administration of Emergency contraceptive		RR	
		Department has standard for various technique of contraception		RR	
		Department has standard IEC material for client education and counselling		RR	
		Department has manual for FP indemnity scheme		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		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	IUD insertion, Processing of instruments
Standard G 5	**Facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages**				
ME G5.1	Facility maps its critical processes	Process mapping of critical processes done		SI/RR	
ME G5.2	Facility identifies non value adding activities / waste / redundant activities	Non value adding activities are identified		SI/RR	
ME G5.3	Facility takes corrective action to improve the processes	Processes are rearranged as per requirement		SI/RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit**				
ME G6.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G6.2	The facility conducts the periodic prescription/ medical/ death audits	There is procedure to conduct Medical Audit		RR/SI	
		There is procedure to conduct Death audit		RR/SI	
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G6.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	Corrective and preventive action taken		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective are defined		RR/SI	
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G7.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G8	**Facility seeks continually improvement by practicing Quality method and tools.**				
ME G8.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G8.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
AREA OF CONCERN - H OUTCOME					
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National benchmarks**				
ME H1.1	Facility measures productivity Indicators on monthly basis	IUD insertion per 1000 eligible female		RR	Denominator to be discussed
		Vasectomy performed		RR	
		Tubectomy performed		RR	
		No of First Trimester MTP		RR	

Reference No.	Measure Element	Checkpoint	Com-pliance	Assessment Method	Means of Verification
		No. of Second Trimester MTP		RR	
		OCP Users		RR	
		Proportion of users using limiting method		RR	
		Proportion of target met for male sterilization surgery		RR	
		Proportion of target met for female sterilization surgery		RR	
		No. of family planning counselling done per 1000 client		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Skin to Skin time		RR	
		Proportion of clients agreed for family planning methods out of total counselled		RR	
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark**				
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis	Surgical Site Infection rate		RR	
		Medical Audit Score		RR	
		No of adverse events per thousand patients		RR	
		No. of complication per 1000 male sterilization surgeries		RR	
		No. of complication per 1000 female sterilization surgeries		RR	
		Surgical site infection rate		RR	
		No. of post operative deaths per 1000 surgeries		RR	
		No. of sterilization failure per 1000 surgeries		RR	
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Client Satisfaction score		RR	
		Average counselling time		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

POSTPARTUM UNIT SCORE CARD	
PostPartum Unit Score	
Area of Concern wise score	
1. Service Provision	
2. Patient Rights	
3. Inputs	
4. Support Services	
5. Clinical services	
6. Infection control	
7. Quality Management	
8. Outcome	

B. MAJOR GAPS OBSERVED

1. _____

2. _____

3. _____

4. _____

5. _____

C STRENGTHS/BEST PRACTICES

1. _____

2. _____

3. _____

D. RECOMMENDATIONS/ OPPORTUNITYS FOR IMPROVEMENT

_____

_____

_____

Names and Signature of Assessors

Date _____

ANNEXURE
MEASURABLE ELEMENTS

MEASURABLE ELEMENTS

AREA OF CONCERN - A: SERVICE PROVISION	
Standard A1	**The facility provides Curative Services**
ME A1.1	The facility provides General Medicine services
ME A1.2	The facility provides General Surgery services
ME A1.3	The facility provides Obstetrics & Gynaecology Services
ME A1.4	The facility provides Paediatric Services
ME A1.5	The facility provides Ophthalmology Services
ME A1.6	The facility provides ENT Services
ME A1.7	The facility provides Orthopaedics Services
ME A1.8	The facility provides Skin & VD Services
ME A1.9	The facility provides Psychiatry Services
ME A1.10	The facility provides Dental Treatment Services
ME A1.11	The facility provides AYUSH Services
ME A1.12	The facility provides Physiotherapy Services
ME A1.13	The facility provides services for OPD procedures
ME A1.14	Services are available for the time period as mandated
ME A1.15	The facility provides services for Super specialties, as mandated
ME A1.16	The facility provides Accident & Emergency Services
ME A1.17	The facility provides Intensive care Services
ME A1.18	The facility provides Blood bank & transfusion services
Standard A2	**The facility provides RMNCHA Services**
ME A2.1	The facility provides Reproductive health Services
ME A2.2	The facility provides Maternal health Services
ME A2.3	The facility provides Newbornhealth Services
ME A2.4	The facility provides Child health Services
ME A2.5	The facility provides Adolescent health Services
Standard A3	**The facility Provides diagnostic Services**
ME A3.1	The facility provides Radiology Services
ME A3.2	The facility Provides Laboratory Services
ME A3.3	The facility provides other diagnostic services, as mandated
Standard A4	**The facility provides services as mandated in national Health Programmes/State Scheme**
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines

ME A4.6	The facility provides services under Mental Health Programme as per guidelines
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines
ME A4.10	The facility provide services under National health Programme for prevention and control of deafness
ME A4.11	The facility provides services as per State specific health programmes
Standard A5	**The facility provides support services**
ME A5.1	The facility provides dietary services
ME A5.2	The facility provides laundry services
ME A5.3	The facility provides security services
ME A5.4	The facility provides housekeeping services
ME A5.5	The facility ensures maintenance services
ME A5.6	The facility provides pharmacy services
ME A5.7	The facility has services of medical record department
ME A5.8	The facility provides mortuary services
Standard A6	**Health services provided at the facility are appropriate to community needs**
ME A6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.
ME A6.2	There is process for consulting community/ or their representatives when planning or revising scope of services of the facility.
AREA OF CONCERN - B: PATIENT RIGHTS	
Standard B1	**The facility provides the information to care seekers, attendants & community about the available services and their modalities.**
ME B1.1	The facility has uniform and user-friendly signage system.
ME B1.2	The facility displays the services and entitlements available in its departments.
ME B1.3	The facility has established citizen charter, which is followed at all levels.
ME B1.4	User charges are displayed and communicated to patients effectively.
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC/BCC approaches.
ME B1.6	Information is available in local language and easy to understand.
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel.
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barriers on account of physical economic, cultural or social reasons.**
ME B2.1	Services are provided in manner that are sensitive to gender.
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services.
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disability.
ME B2.4	There is no discrimination on basis of social & economic status of patients.
ME B2.5	There is affirmative action to ensure that vulnerable sections can access services.
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**
ME B3.1	Adequate visual privacy is provided at every point of care.

ME B3.2	Confidentiality of patients records and clinical information is maintained.
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services.
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups.
Standard B4	**The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision making.**
ME B4.1	There is established procedures for taking informed consent before treatment and procedures.
ME B4.2	Patient is informed about his/her rights and responsibilities.
ME B4.3	Staff are aware of Patients rights responsibilities.
ME B4.4	Information about the treatment is shared with patients or attendants, regularly.
ME B4.5	The facility has defined and established grievance redressal system in place.
Standard B5	**The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.**
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes.
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards.
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility.
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles.
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients.
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme.
AREA OF CONCERN - C: INPUTS	
Standard C1	**The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.**
ME C1.1	Departments have adequate space as per patient or work load.
ME C1.2	Patient amenities are provide as per patient load.
ME C1.3	Departments have layout and demarcated areas as per functions.
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law.
ME C1.5	The facility has infrastructure for intramural and extramural communication.
ME C1.6	Service counters are available as per patient load.
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital).
Standard C2	**The facility ensures the physical safety of the infrastructure.**
ME C2.1	The facility ensures the seismic safety of the infrastructure.
ME C2.2	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board.
ME C2.3	The facility ensures safety of electrical establishment.
ME C2.4	Physical condition of buildings are safe for providing patient care.
Standard C3	**The facility has established Programme for fire safety and other disaster.**
ME C3.1	The facility has plan for prevention of fire.
ME C3.2	The facility has adequate fire fighting Equipment.

ME C3.3	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation.
Standard C4	**The facility has adequate qualified and trained staff, required for providing the assured services to the current case load.**
ME C4.1	The facility has adequate specialist doctors as per service provision.
ME C4.2	The facility has adequate general duty doctors as per service provision and work load.
ME C4.3	The facility has adequate nursing staff as per service provision and work load.
ME C4.4	The facility has adequate technicians/paramedics as per requirement.
ME C4.5	The facility has adequate support/general staff.
ME C4.6	The staff has been provided required training/skill sets.
ME C4.7	The Staff is skilled as per job description.
Standard C5	**The facility provides drugs and consumables required for assured services.**
ME C5.1	The departments have availability of adequate drugs at point of use.
ME C5.2	The departments have adequate consumables at point of use.
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed.
Standard C6	**The facility has equipment & instruments required for assured list of services.**
ME C6.1	Availability of equipment & instruments for examination & monitoring of patients.
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility.
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility.
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients.
ME C6.5	Availability of Equipment for Storage.
ME C6.6	Availability of functional equipment and instruments for support services.
ME C6.7	Departments have patient furniture and fixtures as per load and service provision.
AREA OF CONCERN - D: SUPPORT SERVICES	
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**
ME D1.1	The facility has established system for maintenance of critical Equipment.
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment.
ME D1.3	Operating and maintenance instructions are available with the users of equipment.
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.**
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables.
ME D2.2	The facility has establish procedure for procurement of drugs.
ME D2.3	The facility ensures proper storage of drugs and consumables.
ME D2.4	The facility ensures management of expiry and near expiry drugs.
ME D2.5	The facility has established procedure for inventory management techniques.
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas.
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature.
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs.
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**
ME D3.1	The facility provides adequate illumination level at patient care areas.

ME D3.2	The facility has provision of restriction of visitors in patient areas.
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers.
ME D3.4	The facility has security system in place at patient care areas.
ME D3.5	The facility has established measure for safety and security of female staff.
Standard D4	**The facility has established Programme for maintenance and upkeep of the facility.**
ME D4.1	Exterior of the facility building is maintained appropriately.
ME D4.2	Patient care areas are clean and hygienic.
ME D4.3	Hospital infrastructure is adequately maintained.
ME D4.4	Hospital maintains the open area and landscaping of them.
ME D4.5	The facility has policy of removal of condemned junk material.
ME D4.6	The facility has established procedures for pest, rodent and animal control.
Standard D5	**The facility ensures 24 × 7 water and power backup as per requirement of service delivery, and support services norms.**
ME D5.1	The facility has adequate arrangement storage and supply for portable water in all functional areas.
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load.
ME D5.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply.
Standard D6	**Dietary services are available as per service provision and nutritional requirement of the patients.**
ME D6.1	The facility has provision of nutritional assessment of the patients.
ME D6.2	The facility provides diets according to nutritional requirements of the patients.
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients.
Standard D7	**The facility ensures clean linen to the patients.**
ME D7.1	The facility has adequate sets of linen.
ME D7.2	The facility has established procedures for changing of linen in patient care areas
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen.
Standard D8	**The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.**
ME D8.1	The facility has established procures for management of activities of Rogi Kalyan Samiti.
ME D8.2	The facility has established procedures for community based monitoring of its services.
Standard D9	**Hospital has defined and established procedures for Financial Management.**
ME D9.1	The facility ensures the proper utilization of fund provided to it.
ME D9.2	The facility ensures proper planning and requisition of resources based on its need.
Standard D10	**The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.**
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities.
ME D10.2	Updated copies of relevant laws, regulations and government orders are available at the facility.
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement.
Standard D11	**Roles & Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.**
ME D11.1	The facility has established job description as per govt guidelines.
ME D11.2	The facility has a established procedure for duty roster and deputation to different departments.
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department.

Standard D12	**The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.**
ME D12.1	There is established system for contract management for out sourced services.
ME D12.2	There is a system of periodic review of quality of out-sourced services.
AREA OF CONCERN - E: CLINICAL SERVICES	
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**
ME E1.1	The facility has established procedure for registration of patients.
ME E1.2	The facility has a established procedure for OPD consultation.
ME E1.3	There is established procedure for admission of patients.
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility.
Standard E2	**The facility has defined and established procedures for clinical assessment and reassessment of the patients.**
ME E2.1	There is established procedure for initial assessment of patients.
ME E2.2	There is established procedure for follow-up/ reassessment of Patients.
Standard E3	**The facility has defined and established procedures for continuity of care of patient and referral.**
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer.
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.
ME E3.3	A person is identified for care during all steps of care.
ME E3.4	The facility is connected to medical colleges through telemedicine services.
Standard E4	**The facility has defined and established procedures for nursing care.**
ME E4.1	Procedure for identification of patients is established at the facility.
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility.
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens.
ME E4.4	Nursing records are maintained.
ME E4.5	There is procedure for periodic monitoring of patients.
Standard E5	**The facility has a procedure to identify high risk and vulnerable patients.**
ME E5.1	The facility identifies vulnerable patients and ensure their safe care.
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need.
Standard E6	**The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs & their rational use.**
ME E6.1	The facility ensured that drugs are prescribed in generic name only.
ME E6.2	There is procedure of rational use of drugs.
Standard E7	**The facility has defined procedures for safe drug administration.**
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check).
ME E7.2	Medication orders are written legibly and adequately.
ME E7.3	There is a procedure to check drug before administration/dispensing.
ME E7.4	There is a system to ensure right medicine is given to right patient.
ME E7.5	Patient is counselled for self drug administration.
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.**
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated.
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.

ME E8.3	Care provided to each patient is recorded in the patient records.
ME E8.4	Procedures performed are written on patients records.
ME E8.5	Adequate form and formats are available at point of use.
ME E8.6	Register/records are maintained as per guidelines.
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records.
Standard E9	**The facility has defined and established procedures for discharge of patient.**
ME E9.1	Discharge is done after assessing patient readiness.
ME E9.2	Case summary and follow-up instructions are provided at the discharge.
ME E9.3	Counselling services are provided as during discharges wherever required.
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc.
Standard E10	**The facility has defined and established procedures for intensive care.**
ME E10.1	The facility has established procedure for shifting the patient to step-down/ward based on explicit assessment criteria.
ME E10.2	The facility has defined and established procedure for intensive care.
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal.
Standard E11	**The facility has defined and established procedures for Emergency Services and Disaster Management.**
ME E11.1	There is procedure for Receiving and triage of patients.
ME E11.2	Emergency protocols are defined and implemented.
ME E11.3	The facility has disaster management plan in place.
ME E11.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement.
ME E11.5	There is procedure for handling medico legal cases.
Standard E12	**The facility has defined and established procedures of diagnostic services.**
ME E12.1	There are established procedures for Pre-testing Activities.
ME E12.2	There are established procedures for testing Activities.
ME E12.3	There are established procedures for Post-testing Activities.
Standard E13	**The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.**
ME E13.1	Blood bank has defined and implemented donor selection criteria.
ME E13.2	There is established procedure for the collection of blood.
ME E13.3	There is established procedure for the testing of blood.
ME E13.4	There is established procedure for preparation of blood component.
ME E13.5	There is establish procedure for labelling and identification of blood and its product.
ME E13.6	There is established procedure for storage of blood.
ME E13.7	There is established the compatibility testing.
ME E13.8	There is established procedure for issuing blood.
ME E13.9	There is established procedure for transfusion of blood.
ME E13.10	There is a established procedure for monitoring and reporting Transfusion complication.
Standard E14	**The facility has established procedures for Anaesthetic Services.**
ME E14.1	The facility has established procedures for Pre-anaesthetic Check up and maintenance of records.
ME E14.2	The facility has established procedures for monitoring during anaesthesia and maintenance of records.
ME E14.3	The facility has established procedures for Post-anaesthesia care.

Standard E15	**The facility has defined and established procedures of Operation theatre services.**
ME E15.1	The facility has established procedures OT Scheduling.
ME E15.2	The facility has established procedures for Preoperative care.
ME E15.3	The facility has established procedures for Surgical Safety.
ME E15.4	The facility has established procedures for Post operative care.
Standard E16	**The facility has defined and established procedures for end of life care and death.**
ME E16.1	Death of admitted patient is adequately recorded and communicated.
ME E16.2	The facility has standard procedures for handling the death in the hospital.
ME E16.3	The facility has standard operating procedure for end of life support.
ME E16.4	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law.
MATERNAL & CHILD HEALTH SERVICES	
Standard E17	**The facility has established procedures for Antenatal care as per guidelines.**
ME E17.1	There is an established procedure for Registration and follow up of pregnant women.
ME E17.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility.
ME E17.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women.
ME E17.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.
ME E17.5	There is an established procedure for identification and management of moderate and severe anaemia.
ME E17.6	Counselling of pregnant women is done as per standard protocol and gestational age.
Standard E18	**The facility has established procedures for Intranatal care as per guidelines.**
ME E18.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility.
ME E18.2	There is an established procedure for assisted and C-section deliveries per scope of services.
ME E18.3	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.
ME E18.4	There is an established procedure for new born resuscitation and newborn care.
Standard E19	**The facility has established procedures for postnatal care as per guidelines.**
ME E19.1	Post partum Care is provided to the mothers.
ME E19.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocols.
ME E19.3	There is an established procedure for Post partum counselling of mother.
ME E19.4	The facility has established procedures for stabilization/treatment/referral of post natal complications.
ME E19.5	There is established procedure for discharge and follow up of mother and newborn.
Standard E20	**The facility has established procedures for care of new born, infant and child as per guidelines.**
ME E20.1	The facility provides immunization services as per guidelines.
ME E20.2	Triage, Assessment & Management of newbornshaving emergency signs are done as per guidelines.
ME E20.3	Management of Low birth weightnewborns is done as per guidelines.
ME E20.4	Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines.
ME E20.5	Management of children presentingwith fever, cough/ breathlessness is done as per guidelines.

ME E20.6	Management of children with severeAcute Malnutrition is done as per guidelines.
ME E20.7	Management of children presentingdiarrhoea is done per guidelines.
Standard E21	**The facility has established procedures for abortion and family planning as per government guidelines and law.**
ME E21.1	Family planning counselling services provided as per guidelines.
ME E21.2	The facility provides spacing method of family planning as per guideline.
ME E21.3	The facility provides limiting method of family planning as per guideline.
ME E21.4	The facility provide counselling services for abortion as per guideline.
ME E21.5	The facility provide abortion services for 1st trimester as per guideline.
ME E21.6	The facility provide abortion services for 2nd trimester as per guideline.
Standard E22	**The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.**
ME E22.1	The facility provides Promotive ARSH Services.
ME E22.2	The facility provides Preventive ARSH Services.
ME E22.3	The facility Provides Curative ARSH Services.
ME E22.4	The facility Provides Referral Services for ARSH.
NATIONAL HEALTH PROGRAMMES	
Standard E23	**The facility provides National health Programme as per operational/Clinical Guidelines.**
ME E23.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines.
ME E23.2	The facility provides services under Revised National TB Control Programme as per guidelines .
ME E23.3	The facility provides services under National Leprosy Eradication Programme as per guidelines.
ME E23.4	The facility provides services under National AIDS Control Programme as per guidelines.
ME E23.5	The facility provides services under National Programme for control of Blindness as per guidelines .
ME E23.6	The facility provides services under Mental Health Programme as per guidelines .
ME E23.7	The facility provides services under National Programme for the health care of the elderly as per guidelines .
ME E23.8	The facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases & stroke (NPCDCS) as per guidelines .
ME E23.9	The facility provide service for Integrated disease surveillance Programme.
ME E23.10	The facility provide services under National Programme for prevention and control of deafness.
AREA OF CONCERN - F: INFECTION CONTROL	
Standard F1	**The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection.**
ME F1.1	The facility has functional infection control committee.
ME F1.2	The facility has provision for Passive and active culture surveillance of critical & high risk areas.
ME F1.3	The facility measures hospital associated infection rates.
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff.
ME F1.5	The facility has established procedures for regular monitoring of infection control practices.
ME F1.6	The facility has defined and established antibiotic policy.
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis.**
ME F2.1	Hand washing facilities are provided at point of use.

ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices.
ME F2.3	The facility ensures standard practices and materials for antisepsis.
Standard F3	**The facility ensures standard practices and materials for Personal protection.**
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements.
ME F3.2	The facility staff adheres to standard personal protection practices.
Standard F4	**The facility has standard procedures for processing of equipment and instruments.**
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas.
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment.
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention.**
ME F5.1	Layout of the department is conducive for the infection control practices.
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of patient care areas.
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas.
ME F5.4	The facility ensures segregation infectious patients.
ME F5.5	The facility ensures air quality of high risk area.
Standard F6	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.**
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines.
ME F6.2	The facility ensures management of sharps as per guidelines.
ME F6.3	The facility ensures transportation and disposal of waste as per guidelines.
AREA OF CONCERN - G : QUALITY MANAGEMENT	
Standard G1	**The facility has established organizational framework for quality improvement.**
ME G1.1	The facility has a quality team in place.
ME G1.2	The facility reviews quality of its services at periodic intervals.
Standard G2	**The facility has established system for patient and employee satisfaction.**
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals.
ME G2.2	The facility analyses the patient feedback, and root-cause analysis.
ME G2.3	The facility prepares the action plans for the areas, contributing to low satisfaction of patients.
Standard G3	**The facility has established internal and external quality assurance Programmes wherever it is critical to quality.**
ME G3.1	The facility has established internal quality assurance programme in key departments.
ME G3.2	The facility has established external assurance programmes at relevant departments.
ME G3.3	The facility has established system for use of check lists in different departments and services.
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.
ME G4.2	Standard Operating Procedures adequately describes process and procedures.
ME G4.3	Staff is trained and aware of the procedures written in SOPs.
ME G4.4	Work instructions are displayed at Point of use.

Standard G 5	**The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages.**
ME G5.1	The facility maps its critical processes.
ME G5.2	The facility identifies non value adding activities/waste/redundant activities.
ME G5.3	The facility takes corrective action to improve the processes.
Standard G6	**The facility has established system of periodic review as internal assessment , medical & death audit and prescription audit.**
ME G6.1	The facility conducts periodic internal assessment.
ME G6.2	The facility conducts the periodic prescription/medical/death audits.
ME G6.3	The facility ensures non compliances are enumerated and recorded adequately.
ME G6.4	Action plan is made on the gaps found in the assessment/audit process.
ME G6.5	Corrective and preventive actions are taken to address issues, observed in the assessment & audit.
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives.**
ME G7.1	The facility defines its quality policy .
ME G7.2	The facility periodically defines its quality objectives and key departments have their own objectives.
ME G7.3	Quality policy and objectives are disseminated and staff is aware of that.
ME G7.4	Progress towards quality objectives is monitored periodically.
Standard G8	**The facility seeks continually improvement by practicing Quality method and tools.**
ME G8.1	The facility uses method for quality improvement in services.
ME G8.2	The facility uses tools for quality improvement in services.
AREA OF CONCERN - H: OUTCOMES	
Standard H1	**The facility measures Productivity Indicators and ensures compliance with State/National Benchmarks.**
ME H1.1	Facility measures productivity Indicators on monthly basis.
ME H1.2	The Facility measures equity indicators periodically.
ME H1.3	Facility ensures compliance of key productivity indicators with National/State Benchmarks.
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark.**
ME H2.1	Facility measures efficiency Indicators on monthly basis.
ME H2.2	Facility ensures compliance of key efficiency indicators with National/State Benchmarks.
Standard H3	**The facility measures Clinical Care & Safety Indicators and tries to reach State/National Benchmark.**
ME H3.1	Facility measures Clinical Care & Safety Indicators on monthly basis.
ME H3.2	Facility ensures compliance of key Clinical Care & Safety with National/State Benchmarks.
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.
ME H4.2	Facility ensures compliance of key Service Quality with National/State Benchmarks.

LIST OF ABBREVIATIONS

A& E	Accident & Emergency
ABC	*Airway*, *Breathing* and Circulation
AEFI	Adverse Events Following Immunization
AERB	Atomic Energy Regulatory Board
AES	Acute Encephalitis Syndrome
AIDS	Acquired Immuno Deficiency Syndrome
ALS	Advanced Life Support
AMC	*Annual Maintenance Contract*
AMSTL	Active Management of the Third Stage of Labour
ANC	Anti Natal Check-up
ANM	Auxiliary Nurse Midwife
APH	Ante Partum Haemorrhage
ARF	*Acute Renal Failure*
ARI	Acute Respiratory Infection
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti Retroviral Therapy
ARV	Anti Rabies Vaccine
ASHA	Accredited Social Health Activist
ASV	Anti Snake Venom
AYUSH	Ayurveda, Yoga, Unani, Sidhha & Homoeopathy
BCC	Behavioural Change Communication
BCG	Bacillus Calmette-Guerin
BHT	Bed Head Ticket
BLS	Basic Life Support
BMW	Biomedical Waste
BP	Blood Pressure
BPL	Below Poverty Line
BT	Bleeding time
CBC	Complete Blood Count
CCU	Coronary Care Unit
CHC	Community Health Centre
CHW	Community Health Worker
CLW	Contused Lacerated Wound
CME	Continuous Medical Education
CNS/PNS	Central Nervous System / Peripheral Nervous system
C-PAP	Continuous Positive Air Pressure
CPC	Clinical Pathological Case

CPR	Cardiopulmonary Resuscitation
CSSD	Centralized Sterile Supply Department
CT	Clotting Time
CBWTF	Common Biomedical Waste Treatment Facility
CVA	Cerebral Vascular Accident
CVS	Cardio-Vascular System
D&C SET	Dilatation & Curettage set
D&E	Dilation & Evacuation
DEIC	District Early Intervention Centre
DGO	Diploma in Obstetrics & Gynaecology
DLC	Differential Leukocyte Count
DMC	Designated Microscopy Centre
DOTS	Directly Observed Treatment (Short Course)
DPT	Diphtheria, Pertussis, and Tetanus
DQAC	District Quality Assurance Committee
DT	Diphtheria & Tetnus
ECG	Electrocardiography
ECP	Emergency Contraceptive Pills
EDD	Expected Date of Delivery
EDL	Essential Drug List
ELISA	Enzyme-Linked Immunosorbent Assay
ENT	Ear Nose Throat
ET TUBE	Endotracheal tube
ETAT	Emergency Triage Assessment and Treatment
FBNC	Facility Based Newborn Care
FHR	Foetal Heart Rate
FIFO	First In First Out
FMP	Falciparum Malaria Parasite
FP	Family Planning
FSN	Fast Moving, Slow Moving , Non Moving
GOB	General Order Book
GOI	Government of India
HB	Haemoglobin
HIE	Hypoxic- Ischaemic Encephalophaty
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfection
I&D	Incision & Drainage
ICD	Intensive Care Unit
ICTC	Integrated Counselling and Testing Centre
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Project
IEC	Information Education Communication
IFA	Iron Folic Acid
IM/IV	Intra Muscular/ Intra Venous
IMNCI	Integrated Management of Newborn Childhood Illnesses

IO Chart	Input- output Chart
IOL	Intra Ocular Lens
IPD	In Patient Department
IQAS/EQAS	Internal Quality Assessment Services/ External Quality Assessment Services
IUCD	Intra Uterine Contraceptive Device
IUGR	Intra Uterine Growth Retardation
IYCF	Infant and Yong Child Feeding
JSSK	Janani –Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LAMA	Leave Against Medical Advice
LFT	Liver Function Tests
LMA	Laryngeal Mask Airway
LMP	Last Menstrual Period
LSCS	Lower Segment Caesarean section
MAS	Meconium Aspiration Syndrome
ME	Measureable Element
MI	Myocardial Infarction
MLC	Medico Legal Case
MMR	Miniature Mass Radiography
MRD	Medical Record Department
MSBOS	Maximum Surgical Blood Order Schedule
MTP	Medical Termination of Pregnancy
MUAC	Mid-Upper Arm Circumference
MVA	Manual Vaccum Aspiration
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NBCC	New Born Care Corner
NCD	Non Communicable Diseases
NGO	Non Government Organization
NHP	National Health Programme
NHSRC	National Health Systems Resource Centre
NLEP	National Leprosy Eradication Programme
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
NRC	Nutritional Rehabilitation centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surkasha Karyakram
NSV	No-Scalpel Vasectomy
NVBDCP	National Vector Borne Disease Control Programme
OBG	Obstetrics and Gynaecology
OCP	Oral Contraceptive Pills
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution

ORT	Oral Rehydration Therapy
OT	Operation Theatre
PAC	Pre Anaesthesia Check-up
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PDCA	Plan Do Check Act
PEM	Protein Energy Malnutrition
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Centre
PIB	Police Information Book
PIH	Pregnancy Induced Hypertension
PLHA	People Living with HIV/AIDS
PPH	Postpartum Haemorrhage
PPIUCD	Postpartum Intra Uterine Contraceptive Device
PPTCT	Prevention of Parent to Child Transmission
PRC	Packed Red Cells
PV SET	Per Vaginal Set
QA	Quality Assurance
RBRC	Random Blinded Re Checking
RCS	Re Constructive Surgery
RDK	Rapid Diagnostic Kit
RDS	Respiratory Distress Syndrome
RFT	Renal Function Tests
RMNCH	Reproductive, Maternal, Newborn and Child Health
RMNCHA	Reproductive Maternal Neonatal Child Health and Adolescent
RNTCP	Revised National TB Control Programme
RPR KIT	Rapid Plasam Reagin
RR	Respiratory Rate/ Record Review
RSBY	Rashtriya Swasthya Bima Yojana
RSO	Radiological Safety Officer
RTA	Road Traffic Accident
RTI/STI	Reproductive Tract Infections / Sexually Transmitted Infections
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SMART	Specific, Measurable, Attainable Relevant, Time Based
SNCU	Sick Newborn Care Unit
SOP	Standard Operating Procedure
SQAC	State Quality Assurance Committee
STG	Standard Treatment Guideline
SWD	Short Wave Diathermy
TB	Tuberculosis
TLC	Total Leukocyte Count
TLD	Thermoluminescent dosimeter
TMT	Tread Mill Test
TPHA	*Treponema pallidum Hemaglutination Assay*
TPR	Temperature, Pulse, Respiration

TSSU	Theatre Sterile Supply Unit
TT	Tetanus Toxoid
TTI	Transfusion Transmitted Infection
UPS	Uninterrupted Power Supply
USG	Ultra Sonography
VD	Venereal Diseases
VDRL	Venereal Disease Research Laboratory
VED	Vital, Essential and Desirable
V-PEP(PAP)	Variable Positive Air Pressure
VVM	Vaccine Vial Monitor
WHO	World Health Organization

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2	Action Plan	ME G 6.4
3	Admission	ME E1.2
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5	Affordability	Standard B5
6	Ambulances	ME 11.4
7	Amenities	ME C1.2
8	Anaesthetic Services	Standard 14
9	Animals	ME D4.6
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19	Central Oxygen and Vacuum Supply	ME 5.3
20	Checklist	ME G 3.3
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