सत्यमेव जयते

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

ASSESSOR'S GUIDEBOOK FOR QUALITY ASSURANCE IN DISTRICT HOSPITALS

2013

VOLUME - II

Ministry of Health and Family Welfare
Government of India

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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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Date: 24th October, 2013

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 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.

II 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.

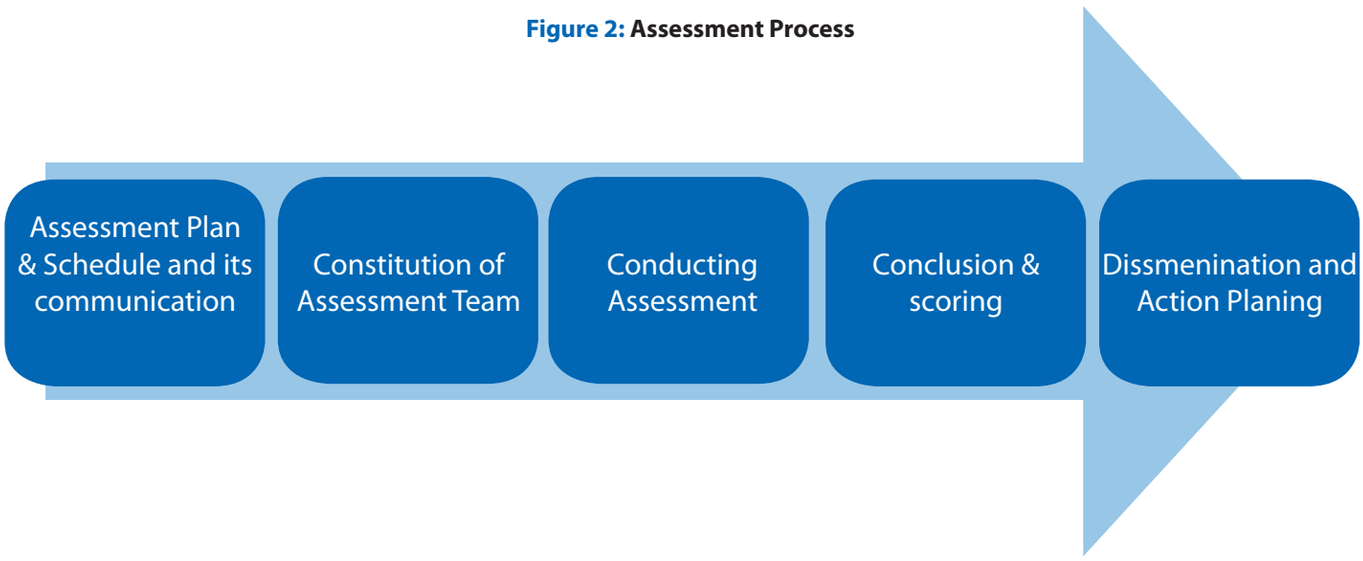
Internal Assessment- Internal assessment is a continuous process and integral part of facility based Quality assurance program. Assessing all departments in a health facility every month may not be possible. The hospital should prepare a quarterly assessment schedule. It needs to be ensured that every 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 -

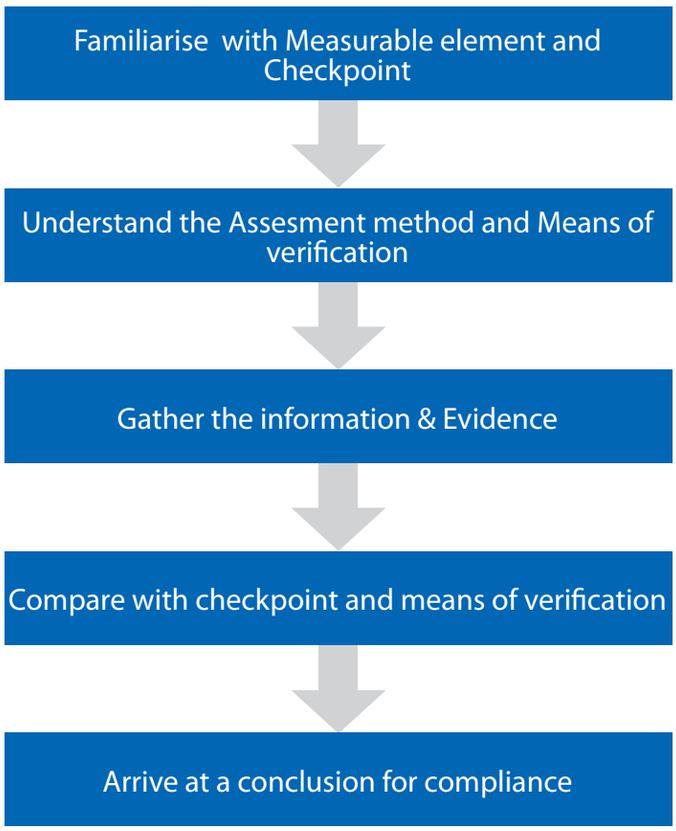
a) Competency testing – Quizzing the staff on knowledge related to their job
b) Demonstration – Asking staff to demonstrate certain activities like hand-washing technique, new born resuscitation, etc.
c) Awareness - Asking staff about awareness off patients' right, quality policy, handling of high alerts 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.

III 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–10

INTENSIVE CARE UNIT (ICU)

Checklist for INTENSIVE CARE UNIT (ICU)

Reference No.	Measurable 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 Intensive care services for medical cases		SI/OB	Major medical cases like CVA Haemoptysis, CAD, Br. Asthama, Snake Bite Poisoning etc
ME A1.2	The facility provides General Surgery services	Availability of Intensive care services for Surgical cases		SI/OB	Major surgical cases including trauma
ME A1.3	The facility provides Obstetrics & Gynaecology Services	Availability of Intensive care services for Gynae and obstetrics cases		SI/OB	If ICU services are not available then facility ensure linkages (Partial Compliance)
ME A1.14	Services are available for the time period as mandated	Availability of ICU services 24X7		SI/RR	
ME A1.17	The facility provides Intensive care Services	Availability of Intensive care services.		SI/OB	Intubation, Tracheotomy, Mechanical Ventilation, short term cardio respiratory support, Defibrillation, CPR, Mobilization, Chest Tube, ventilator
Standard A3	**Facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability of Portable X ray services		SI/OB	
		Availability of USG services		SI/OB	
ME A3.2	The facility Provides Laboratory Services	Functional side laboratory services are available		SI/OB	ABG & Electrolyte
ME A3.3	The facility provides other diagnostic services, as mandated	Functional ECG Services are available		SI/OB	12 lead ECG
Standard A4	**Facility provides services as mandated in national Health Programs/ state scheme**				
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardio-vascular diseases & Stroke (NPCDCS) as per guidelines	Availability of cardiac care unit		SI/OB	5 bedded

Reference No.	Measurable 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
		Availability of Directional Signage's		OB	
		Signage for restricted area		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Services provision in ICU are displayed		OB	
		Services not available at ICU are displayed		OB	
		Names of doctor and nursing staff on duty are updated		OB	
		Important numbers including ambulance, blood bank and referral centres are displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o ICU services are displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC material displayed in waiting area		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 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	Availability of female staff if a male doctor examines a female patients		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 ICU		OB	
		ICU is connected to lift/ramp		OB	for easy , safe and fast transport of bed/trolley of critically sick patient

Reference No.	Measurable Element	Checkpoint	Compli-ance	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		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	Informed consent for ICU		SI/RR	Admission, intubation, blood transfusion
		Consent for invasive procedures is taken ICU		SI/RR	
ME B4.3	Staff are aware of Patients rights responsibilities	Staff is aware of patients rights and responsibilities		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	ICU has system in place to communicate with patient/ their family member the nature and seriousness of the illness at least once in day		PI/SI	Ask patients relative wether they have been communicated about the treatment plan & progress
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	
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	ICU services are free for JSSK beneficiaries		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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient party has not incurred expenditure on diagnostics		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	ICU 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	ICU has adequate space as per requirement		OB	Space requirement in ICU is 100-125 sq ft area per bed in patient care area. Including space for storage and duty room
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement		OB	
		Availability of cold Drinking water		OB	
		Availability of functional toilets		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	ICU has single entry and exit		OB	There is no thoroughfare through ICU
		Central nursing station is available in ICU		OB	All monitors/ patients must be observable from nursing station either directly or through central monitoring station
		ICU has designated Isolation room		OB	
		Availability of Ancillary area		OB	Ancillary area includes: Nursing station, clean and dirty utility area, Unit stores, Hand washing and gowning area,
		ICU has dedicated change room for staff		OB	Separate doctor and nurse change room
		ICU has dedicated counselling room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for easy movement of Trolleys		OB	2-3 Meters
		There is sufficient space between two bed to provide bed side nursing care and movement		OB	

Reference No.	Measurable 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	
ME C1.6	Service counters are available as per patient load	Availability of ICU 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)	Unidirectional flow of services		OB	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
		ICU is in Proximity of OT and has function linkage with OT		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	ICU building does not have temporary connections and loosely hanging wires		OB	
		ICU has mechanism for periodical check / test of all electrical installation by competent electrical Engineer		OB/RR	
		ICU has dedicated earthing pit system available		OB/RR	
		Wall mounted digital display is available in ICU to show earth to neutral voltage		OB	
		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	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the ICU are non slippery and even		OB	
		Windows/ ventilators if any in the OT are intact and sealed		OB	

Reference No.	Measurable 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	ICU 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	
		ICU has provision of Smoke and heat detector		OB/RR	
		ICU has electrical and automatic fire alarm system		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 full time intensivist		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	Duty doctor in 1: 5 ratio
ME C4.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff as per requirement		OB/RR/SI	As per guidelines
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of paramedic staff		OB/SI	1: 5 ratio
ME C4.5	The facility has adequate support / general staff	Availability of ICU attendant		SI/RR	
		Availability Security staff		SI/RR	1 in each shift
		Availability of housekeeping staff		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
		Advance life support Training		SI/RR	
		Code Blue		SI/RR	
		Patient safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skilled to operate ICU equipments		SI/RR	
		Staff is skilled for resuscitation and intubation		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 Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	As per State EDL
		Availability of Antibiotics		OB/RR	As per State EDL
		Availability of Infusion Fluids		OB/RR	As per State EDL
		Availability of Drugs acting on CVS		OB/RR	As per State EDL
		Availability of drugs action on Central Nervous System		OB/RR	As per State EDL
		Availability of dressing material and antiseptic lotion		OB/RR	As per State EDL
		Drugs for Respiratory System		OB/RR	As per State EDL
		Hormonal Preparation		OB/RR	As per State EDL
		Availability of Medical gases		OB/RR	Availability of Oxygen Cylinders
ME C5.2	The departments have adequate consumables at point of use	Availability of disposables		OB/RR	examination gloves, Syringes,
		Resuscitation Consumables / Tubes		OB/RR	Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency and resuscitation tray are maintained		OB/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	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	Bed side monitor, pluse oximeter, thermometer, BP apparatus, ECG
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Surgical Ward		OB	
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	ABG Machine, Glucometer,
ME C6.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of Functional Intensive care equipment and instruments		OB	Ventilator, Infusion pump, C-PAP,
		Availability of Functional Resuscitation equipments		OB	Bag and mask, laryngoscope, ET tubes, fibro optic bronchoscope Oxygen cylinder/ central line, oxygen hood, Trey for procedures like central line, Defibrillator (Ambu bag)
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		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
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of specialised ICU bed		OB	ICU bed (shock proof -fibre).
		Availability of attachment/ accessories with patient bed		OB	Over bed tables, Head end panel, IV stand, Bed pan, bed rail,

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of Fixtures		OB	Trey for monitors, Electrical panel with bed, bedhead panel with outlet for Oxygen and vacuum, 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	
		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 staff.		OB/SI	Check the down time of equipments

Reference No.	Measurable 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 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 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	
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	General Patient Care - 200-50 Lux Procedure Spot Light - 1500 Lux
		Adequate illumination in patient care unit		OB	

Reference No.	Measurable 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 ICU 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	Temperature is maintained in ICU and record of same is kept		SI/RR	20-25°C, ICU has functional room thermometer and temperature is regularly maintained
		Humidity is maintained in ICU and record of same is maintained		SI/RR	50-60%
		ICU has system to maintain its ventilation and its environment is dust free		SI/RR	
		ICU has system to control the sound producing activities and gadgets' (like telephone sounds, staff area and equipments)		SI/RR	
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at ICU		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 color		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 cowebs
		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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ICU		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No pests rodent		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 of 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 ICU		OB/SI	Power back up for all critical equipments
		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 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 as per clinical advice provided to the patient
		Check for the Quality of diet provided in ICU		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 linen is provided for all occupied beds		OB/RR	
		Gown is provided to all patients		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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	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 a 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 is demographic details are recorded in admission records		RR	Check for patient demographics like Name, age, Sex, Chief complaint, etc.
ME E1.3	There is established procedure for admission of patients	There is established criteria for admission at ICU		SI/RR	Criteria based on Vital sign, Laboratory value/ Diagnostic values and Physical finding
		There is no delay in admission of patient		SI/RR/OB	
		Admission is done on by written order of a authorised doctor		SI/RR/OB	
		Time of admission is recorded in patient record		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	check for admission criteria area check for linkage with higher label 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	Initial assessment of all admitted patient done as per standard protocols		RR/SI	Assessment criteria of different kind of medical / surgical conditions is defined and practiced
		Patient History is taken and recorded		RR	
		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 reassessment of stable patients		RR/OB	
		For critical patients admitted in the ward there is provision of reassessments as per need		RR/OB	
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 transferred from ICU to IPD /OT/ Emergency and vice versa		SI/RR	Check for how hand over is given from ICU to ward and vice versa etc.
		Check for the procedure if patient is to be consulted to other specialist		RR/SI	Check for the procedure for calling specialist on call to ICU for opinion /advice. Is there any list of specialist with phone no. available

Reference No.	Measurable 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		RR/SI	
		Advance communication is done with higher centre		RR/SI	Check for whom it is referred. List of higher centres is available with phone no.
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Linkage with higher level facility			
		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	Doctor and nurse is designated for each patient admitted to ICU ward		RR/SI	Treating doctor is designated
		There is established procedure for co ordination of care between duty doctor and treating doctor/ specialist		RR/SI	Duty doctor takes round with treating doctor
		Patient condition is reviewed during hand over between duty doctors		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/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 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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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/SI	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	Unconscious and comatose patient, irritable patient, patient with suppressed immune system
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	**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		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, Uploads, 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

Reference No.	Measurable Element	Checkpoint	Compli-ance	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 not used
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, to ensure that it is 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
		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	Patient progress is recorded as per defined assessment schedule		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 chart
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	Check for the availability of ICU slip, Requisition slips etc.

Reference No.	Measurable Element	Checkpoint	Compli-ance	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, 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	ICU 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 authorised 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 on LAMA/Referral out		SI/RR	
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		PI/SI	
		Time of discharge is communicated to patient in before hand		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 and consequence and explained		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	ICU has procedure for step down of the patient.		RR/SI	Step down of the patient is planned by on duty doctor in consultation with treating doctor
ME E10.2	The facility has defined and established procedure for intensive care	ICU has protocols for pain management		RR/SI	
		ICU has protocol for sedation		RR/SI	
		ICU has procedure for starting centre lines		RR/SI	
		ICU has protocol for early eternal nutrition		RR/SI	
		Protocol for Care of unconscious paraplegic patients		RR/SI	Prevention of decubits in ICU patient
		ICU has protocol for management of anaphylactic shock		RR/SI	
ME E10.3	The facility has explicit clinical criteria for providing intubation & extubation, and care of patients on ventilation and subsequently on its removal	ICU has criteria defined for non invasive ventilation in case of respiratory failure		RR/SI	C -PEP and V -PEP
		Criteria for intubation		RR/SI	
		Criteria for extubation		RR/SI	
		Criteria of tracheotomy		RR/SI	
		ICU has protocols for care and Monitoring of patient on ventilator		RR/SI	Monitoring include subjective responses, physiological responses, blood Gas measurement
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	ICU has critical values of various lab test		SI/RR	

Reference No.	Measurable 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 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	Facility has established procedures for Pre Anaesthetic Check up	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	ICU has procedure to inform patient relatives about poor prognostic status of inpatient		SI	
		ICU has system for conducting grief counselling of patient's relative in case of mortality and at initiation of End of life care		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 are noted in patient record		SI/RR	
		Death summary is given to patient attendant quoting the immediate cause and underlying cause if possible		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
		The 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 F1.3	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	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

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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	
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 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	
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.	Measurable Element	Checkpoint	Compli-ance	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 clean ing of instruments and procedures areas	Cleaning & Decontamination of patient care Units		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 abusage, suction cannula, Airways, Face Masks, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable
		Contact time for decontamination 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 about reporting process after sharp injury		SI/OB	
ME F4.2		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

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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	
		Floors and wall surfaces of ICU are easily cleanable		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 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 resitricated		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Negative pressure is maintained in Isolation		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 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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	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 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 receiving and initial assessment		RR	registration, consultation, Procedures, assessment of patient , counselling, Monitoring etc.
		Department has documented procedure for admission		RR	
		Department has documented procedure for clinical assessment and reassessment of patient in ICU		RR	
		Department has documented procedure for discharge of the patient		RR	
		ICU has documented procedure nursing care for critical patient		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	ICU has documented procedure for collection, transfer and reporting the sample to laboratory		RR	
		ICU has documented procedure for nutrition in critical illness		RR	
		ICU has documented procedure for key clinical protocols		RR	
		ICU has documented procedure for preventive- break down maintenance and calibration of equipments		RR	
		ICU has documented system for storage, retaining ,retrieval of records		RR	
		ICU has documented procedure for purchase of External services and supplies		RR	
		ICU has documented procedure for Maintenance of infrastructure of SNCU		RR	
		ICU has documented procedure for thermoregulation		RR	
		ICU has documented procedure for drugs, intravenous, and fluid management of patient		RR	
		ICU has documented procedure for counselling of the patient attendant		RR	
		ICU has documented procedure for infection control practices		RR	
		ICU has documented procedure for inventory management		RR	
		ICU has documented procedure for entry of visitor in ICU		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Admission and discharge criteria, Intubation protocol, CPR
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 ICU 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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Bed Occupancy Rate		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL patients admitted		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	Downtime critical equipments		RR	
		Referral Rate		RR	
		Re admission 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	Average length of stay		RR	
		Risk Adjusted Mortality Rate/ Standard Mortality Rate		RR	
		No of Pressure Ulcer developed per thousand cases		RR	
		No of adverse events per thousand patients		RR	
		UTI rate		RR	
		VAP rate		RR	
		Adverse events are identified		RR	Injection room : Post exposure prophylaxis, medication error, patient fall.
		Reintubation Rate		RR	
		Culture Surveillance sterility rate		RR	% of environmental swab culture reported positive
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	

ASSESSMENT SUMMARY

A. SCORE CARD

INTENSIVE CARE UNIT (ICU) SCORE CARD	
Intensive Care Unit (ICU) 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 - 11

INDOOR PATIENT DEPARTMENT

Checklist for INDOOR PATIENT DEPARTMENT

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment 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 general medicine indoor services		SI/OB	
		Availability of isolation ward services		SI/OB	
ME A1.2	The facility provides General Surgery services	Availability of general surgery indoor services		SI/OB	
		Availability of burn ward indoor services		SI/OB	
ME A1.5	The facility provides Ophthalmology Services	Availability of ophthalmology indoor services		SI/OB	
ME A1.7	The facility provides Orthopaedics Services	Availability of Orthopaedics indoor services		SI/OB	
ME A1.9	The facility provides Psychiatry Services	Availability of Psychiatry Indoor services		SI/OB	
ME A1.12	The facility provides Physiotherapy Services	Availability of Indoor Physiotherapy Procedures		SI/OB	
ME A1.14	Services are available for the time period as mandated	Availability of nursing services 24X7		SI/OB	
ME A1.15	The facility provides services for Super specialties, as mandated	Availability of dialysis services		SI/OB	
ME A1.16	The facility provides Accident & Emergency Services	Availability of accident & trauma ward		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	Availability of Indoor services for Management		SI/RR	Maleria Kalaazar Dengue & Chikunguna AES/Japanese Encephalitis as prevelant locally
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Indoor treatment of TB patients requires hospitalization		SI/RR	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Inpatient Management of severly ill cases		SI/RR	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Inpatient care for cases require hospitilization		SI/RR	
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines	Availabily of Opthalmic ward		SI/OB	
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Availbilty of Geriatic ward		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 indoor Services as per local prevalent disease		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
		Display of layout/floor directory		OB	
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of services available are displayed		OB	
		Entitlement under different national health program		OB	
		List of drugs available are displayed and updated		OB	
		Contact details of referral transport / ambulance displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges if any displayed		OB	
ME B1.5	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	Relevant IEC material displayed at wards		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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	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 barriers on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Separate male & female wards		OB	Where ever male and female are kept in same wards male and female area are demarcated
		Male and female toilets are demarcated		OB/SI	
		Access to toilet should not go through opposite sex patient care area		OB	
		Male attendants are not allowed to stay at night in female ward		OB/SI	
		There is no discrimination with transgender patients		SI/PI	
		No unnecessary /non-essential disclosure of a person's trans status		SI/PI/RR	
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	
		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 screens / Curtains		OB	Bracket screen
		Examination/ Dressing of patient is done in enclosed area		OB	
		Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB	
		No two patients are treated on one bed		OB	
		Partitions separating men and women are robust enough to prevent casual overlooking and overhearing		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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	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	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 admission		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about 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 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	Stay in wards is free for entitled patients under NHP and state scheme		PI/SI	
		Drugs and consumables under NHP are free of cost		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	All treatments are free of cost for BPL Patients		PI/SI/RR	
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme	Cashless treatment been provide to smart card holders		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

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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	one toilet for 12 patients
		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	
		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	
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	There is separate nursing station for each ward		OB	
		Availability of IPD beds as per load		OB	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Surgical wards has functional linkages with OT		OB	
		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
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
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the 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	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	IPD 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 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 at all time		OB/RR	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of dresser in surgical ward		OB/SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of ward attendant/ Ward boy		SI/RR	
		Availability Security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	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 for maintaining clinical records		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 Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	As per state EDL
		Availability of Antibiotics		OB/RR	As per state EDL
		Availability of Infusion Fluids		OB/RR	As per state EDL
		Availability of Drugs acting on CVS		OB/RR	As per state EDL
		Availability of drugs action on CNS/PNS		OB/RR	As per state EDL
		Availability of dressing material and antiseptic lotion		OB/RR	As per state EDL
		Drugs for Respiratory System		OB/RR	As per state EDL
		Hormonal Preparation		OB/RR	As per state EDL
		Availability of Medical gases		OB/RR	Availability of Oxygen Cylinders
ME C5.2	The departments have adequate consumables at point of use	Availability of dressing material in surgical wards		OB/RR	
		Availability of syringes and IV Sets /tubes		OB/RR	
		Availability of Antiseptic Solutions		OB/RR	
ME C5.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drug tray		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

Reference No.	Measurable Element	Checkpoints	Com-pliance	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 Surgical Ward		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	Adult bag and mask, Oxygen, Suction machine, Airway, nebulizer, suction apparatus, LMA, 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 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		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 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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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
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 identified and stored 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 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 to visitors hours		OB	
		One family members is allowed to stay with the patient		OB/SI	

Reference No.	Measurable Element	Checkpoints	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	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	Security arrangement in IPD		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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	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	
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	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	
		Gown are provided at least 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 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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	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	**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 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	**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	The assessment criteria for different clinical conditions are defined and measured in assessment sheet
		Patient History is taken and recorded		RR	
		Physical Examination is done and recorded wherever required		RR	

Reference No.	Measurable Element	Checkpoints	Com-pliance	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 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 from one department to other department		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	
		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	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 ensue the accuracy of verbal/ telephonic orders		SI/RR	Verbal orders are rechecked before administration

Reference No.	Measurable Element	Checkpoints	Com-pliance	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, 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	Unstable, irritable, unconscious. Psychotic and serious patients are identified
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	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.	Measurable Element	Checkpoints	Com-pliance	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	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 .			
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

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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 available as per state guidelines		RR/OB	Availability of formats for Treatment Charts, TPR Chart , Intake Output Chat Etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		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.
		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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
ME E9.3	Counselling services are provided as during discharges wherever required	Patient is counselled before discharge		SI/PI	
		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 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 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	**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 decent communication of death to relatives		SI	
		Death note is written on patient record		RR	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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	
		Death note including efforts done for resuscitation is noted in patient record		RR	
Standard E23	**The facility provides National health Programme as per operational/Clinical Guidelines.**				
ME E23.9	The facility provide service for Integrated disease surveillance Programme	Weekly reporting of Presumptive cases on form "P" from IPD		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 F1.3	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	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

Reference No.	Measurable Element	Checkpoints	Com-pliance	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	
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

Reference No.	Measurable Element	Checkpoints	Com-pliance	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 decon-tamination
		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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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	
		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	**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	

Reference No.	Measurable Element	Checkpoints	Com-pliance	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 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 preparation of the patient for surgical procedure		RR	
		Department has documented procedure for transfusion of blood		RR	
		Department has documented procedure for maintenance of rights and dignity of Patient		RR	
		Department has documented procedure for record eminence including taking consent		RR	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
		Department has documented procedure for counselling of the patient at the time of discharge		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 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, CPR
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 IPD are defined		RR/SI	

Reference No.	Measurable Element	Checkpoints	Com-pliance	Assessment Method	Means of Verification
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 of Medical Wards		RR	
		Bed Occupancy Rate for surgical wards		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 Medical wards		RR	
		Average length for surgical wards		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	

ASSESSMENT SUMMARY

A. SCORE CARD

INDOOR PATIENT DEPARTMENT SCORE CARD	
Indoor Patient 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 - 12

BLOOD BANK

Checklist for BLOOD BANK

Reference No.	Measurable Element	Checkpoint	Compli-ance	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	Blood bank services available 24X7		SI/RR	
ME A1.18.	The facility provides Blood bank & transfusion services	Blood bank has facility of whole blood collection and Storage		SI/OB	
		Blood Bank Has facility for Blood Components		SI/OB	PRC, Platelets Concentrate, FMP, Plasma& Single donor Cryo Precipitate
		Blood bank has emergency stock of blood		SI/OB	For A+, B+, O+ and O-
		Provision of blood donation camps		SI/OB	
Standard A2	**The facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health Services	Availability of transfusion services		SI/OB	
Standard A3	**The facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	Availability of screening and cross matching services		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	Availability of platelets for management of Dengue cases		SI/RR	
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.	Blood Bank provides blood components for thalassemia, dengue, haemophilia etc. as per local need		SI/RR	
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 of Departmental signages		OB	(Numbering, main department and internal sectional signage
		Directional signage for department is displayed		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B1.2.	The facility displays the services and entitlements available in its departments	List of services available are displayed		OB	
		Blood bank has displayed of Information regarding donors eligibility		OB	
		Blood bank has displayed information regarding number of blood units available		OB	
ME B1.4.	User charges are displayed and communicated to patients effectively	User services charges in r/o blood are displayed at entrance		OB	
ME B1.5.	Patients & visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC material is available in blood bank to provide information and to promote blood donation		OB	
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 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 B2.3.	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of ramp or alternate for easy access to the blood bank		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 at blood donation and counselling room		OB	
ME B3.2.	Confidentiality of patients records and clinical information is maintained	Blood Bank has system to ensure the confidentiality of results of screening test done		SI/OB	Blood bank staff do not discuss the lab result outside. reports are kept in secure place
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 and privacy of HIV patients		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	Blood bank is taking informed consent of donor		SI/RR	In consent form, procedure of donation is explained along with informing the donor regarding testing of blood is mandatory for safety of recipient

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME B4.3.	Staff are aware of Patients rights responsibilities	Awareness of staff on donor rights and donor responsibilities		SI	About the confidentiality and privacy of donor information
ME B4.4.	Information about the treatment is shared with patients or attendants, regularly	Post donation counselling for sero reactive donors		PI/SI/RR	Post donation counselling also include counselling on HIV for which blood bank may refer the donor to ICTC / SACS
		Pre donation counselling is done before donation		PI/SI	Procedure include preparation of venepuncture site, use of blood bags and anticoagulant solution, collecting sample for laboratory test
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 blood for Pregnant woman, Mothers and New Borns		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 blood from outside.		PI/SI	
ME B5.4.	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free blood 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	Blood bank has adequate space as per requirement		OB	Space required is more than 100 sq meters
		Availability of waiting area in blood bank		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C1.2.	Patient amenities are provide as per patient load	Separate toilet facilities for male & female are available		OB	
		Seating arrangement in waiting area		OB	
ME C1.3.	Departments have layout and demarcated areas as per functions	Dedicated examination room		OB	
		Dedicated Blood collection room		OB	
		Dedicated transfusion transmissible infection (TTI) lab		OB	
		Availability of refreshment cum rest room		OB	
		Dedicated sterilization area		OB	
		Dedicated store cum record room		OB	
		Availability of Duty room for staff		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff 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	Adequate Donor couches/ donor units 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)	Blood bank layout ensures smooth flow of donor 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
	The facility ensures safety of electrical establishment	Blood bank does not have temporary connections and loosely hanging wires		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Adequate electrical socket provided for safe and smooth operation of lab equipments		OB/RR	
ME C2.4	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
		Floors of the Laboratory 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	Blood bank 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	
		Blood bank has plan for safe storage and handling of potentially flammable materials.		OB	
ME C3.2.	The facility has adequate fire fighting Equipment	Blood Bank has installed fire Extinguisher that is Class A , Class BC type or ABC type		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 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 dedicated blood bank medical officer		OB/RR	MBBS doctor with one year experience
ME C4.3.	The facility has adequate nursing staff as per service provision and work load	Availability of dedicated Nursing Staff		OB/RR/SI	
ME C4.4.	The facility has adequate technicians/paramedics as per requirement	Availability of dedicated Blood Bank Technician round the clock		SI/RR	
ME C4.5.	The facility has adequate support / general staff	Availability of housekeeping staff		SI/RR	
		Availability of security staff		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
ME C4.7.	The Staff is skilled as per job description	Staff is skilled for operating the equipments		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	Departments have availability of adequate emergency drugs at point of use		OB/RR	Inj Adrenaline, Inj Deriphyl-line, Inj Dex-amethasone ,Inj Chlorphe-niramine, Inj Metochlorpro-mide
		Availability Laboratory materials		OB/RR	Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/paper stickers
ME C5.2.	The departments have adequate consumables at point of use	Availability of Reagents / Kits for lab		OB/RR	Standard Grouping Sera Anti A, Anti B & Anti D ,VDRL/ RPR Kit for Syphillis,RDK/ ELISA for Malarial Antigen, ELISA kit for Hep B &C, ELISA kit for HIV1 & 2, malarial parasite stains
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	Adult Weighing machine, BP apparatus, clinical thermometer
ME C6.3.	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of laboratory equipment & instruments for laboratory		OB	Microscope with water bath, ELISA reader with washer, RH viewer, Sahli's Haemoglobino meter/Others

Reference No.	Measurable 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	Availability of functional Instruments for Resuscitation.		OB	Adult bag and mask and Oxygen
ME C6.5.	Availability of Equipment for Storage	Check for availability of storage equipments for blood products		OB	Blood bags refrigerator with thermo graph and alarm device, Insulated carrier boxes with ice packs, Blood bag weighting machine, deep freezer, Platelets agitators
ME C6.6.	Availability of functional equipment and instruments for support services	Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		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 beds in blood bank		OB	Blood collection bed, recovery beds
		Availability of attachment/ accessories		OB	Hospital graded Mattress, bed sheet, blanket, and bed side table
		Availability of Fixtures		OB	Electrical fixture for equipments lab and storage equipments
		Availability of furniture		OB	cupboard, counter for issuing blood, work benches for lab, 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	Agency/ ies identified for maintenance for equipments

Reference No.	Measurable 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	
		Blood bank has system to update correction factor after calibration wherever required		SI/RR	Check for records
		Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded.		SI/RR	
ME D1.3.	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with staff.		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 reagents		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Reagents and consumables are kept away from water and sources of heat, direct sunlight		OB/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Reagents are labelled appropriately		OB/RR	Reagents label contain name, concentration, date of preparation/ opening, date of expiry, storage conditions and warning
ME D2.4.	The facility ensures management of expiry and near expiry drugs	Expiry dates' of the blood bags are maintained		OB/RR	
		No expired blood is found in storage		OB/RR	
		Records for expiry and near expiry blood are maintained		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of reagents		SI/RR	
		Department maintained stock and expenditure register of reagents		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 reagents		OB/SI	
ME D2.7.	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators used for storing lab reagents are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically for refrigerators used storing lab reagents
		Regular Defrosting is done		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 work station in laboratory		OB	Illumination level of blood bank is as per recommenda-tion/ sufficient to carry out blood bank activities
		Adequate illumination at donation area		OB	
ME D3.2.	The facility has provision of restriction of visitors in patient areas	Entry is restricted in storage and lab area of the blood bank		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Air conditioned blood collection room, blood group serology lab, testing lab for Transfusion Transmissible Diseases, refreshment cum rest room
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 lab		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	

Reference No.	Measurable 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 OT		OB/SI	
Standard D7.	**The facility ensures clean linen to the patients**				
		Availability of UPS		OB/SI	
ME D7.1	The facility has adequate sets of linen	Blood bank provides Linen for donors		OB/RR	Blankets
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	Blood bank has valid license under Rule 122(G) Drug and cosmetic act		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, technician 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 donor during process of registration		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Donors demographic details are recorded		RR	Check for that patient demographics like Name, age, Sex, Address etc.
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 assessment of patient before donation		RR/SI	Initial assessment is recorded
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.	There is procedure for referral of cases for which requested blood group is not available		SI/RR	
		Facility has functional referral linkages to blood storage unit		SI/RR	
Standard E4.	**The facility has defined and established procedures for nursing care**				
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Procedure to handover test/ results during shift change		RR/SI	
		Handover register is maintained		RR	
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 donor assessment is maintained		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Format for consent, requisition form, blood transfusion reaction form, referral slip
ME E8.6.	Register/records are maintained as per guidelines	Blood bank records are labelled and indexed		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Records are maintained for blood bank		RR	Records includes daily group wise stock register, daily temperature recording of temperature dependent equipment, stock register of consumables and non consumables, documents of proficiency testing, records of equipment maintenance, records of recipient, compatibility records, transfusion reaction records, donors records etc.
ME E8.7.	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		OB	Blood bank has facility to store records for 5 year
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	Blood bank has system of coping with extra demand of blood in case of disaster		SI/RR	
		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	
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	Blood bank has defined criteria for donor selection		RR/SI	Based on Physical examination, Medical history, condition that affects safety of recipients, donation intervals,

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Blood bank ensures that blood is taken from voluntary donors only		RR/PI/SI	
		Pre donation counselling is done before donation		RR/PI	
		Check for questionnaire is available in local language for taking pre donation information		OB/RR	
ME E13.2.	There is established procedure for the collection of blood	Blood bank has standardized procedure for collection of blood from donor		RR/SI	Procedure include preparation of venepuncture site, use of blood bags and anticoagulant solution, collecting sample for laboratory test
		Instructions for collection and handling the collected blood are communicated to those responsible for collection		RR/SI	Mostly numeric or alpha numeric label should be used for tracing
		Blood bank has identified procedure for labelling of blood bag/blood component /pilot tubes		RR/OB	
		Blood bank has system to trace of unit of blood / component from source to final destination		RR/SI	Blood should be kept at 4oC to 6oC except if it is used for component preparation it will be stored at 22oC until platelet are separated
		Blood bank has system to maintain temperature of collected blood immediately after donation		RR/SI	
		Blood bank has system in place to monitor the transportation of the blood from camp site		RR/SI	
ME E13.3.	There is established procedure for the testing of blood	Determination of ABO group is done by recommended methods		RR/SI	Tube or Microplate or gel technology
		Determination of Rh (D) Type done as per recommended method		RR/SI	Check for the protocol/ Algorithm followed for determining RH + or RH- Blood type

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Laboratory tests for Infectious diseases done as per recommended method		RR/SI	or infectious diseases (VDRL/RPR/ TPHAfor syphilis, ELISA/ Rapid test for Hep A, Hep B, HIV and Malaria for malarial parasite
		There is provision of Quarantine Storage untested blood		RR/OB/SI	Check for untested blood is stored in different refrigerator
		Blood units with reactive test result area kept separately		RR/OB/SI	In dedicate secure area with biohazard sign until disposal
		Sterility of Blood units checked with adequate sample size		RR/OB/SI	Check Sterility is checked at least for 1% of blood unit collected or 4 per month which ever higher by appropriate culture method
ME E13.4	There is established procedure for preparation of blood component	Sterility of Blood component is insured during processing		SI/RR	Check for use of aseptic method and availability of Sterile pyrogen free disposable bags and solutions
		Transfusion time limits are adhered one frozen component have been thawed		SI/RR	Within 6 hours
		Blood components are prepared as per technical standards		SI/RR	Check availability and adherence to NACO standards
		Approximate volume of the component is indicated on bag		RR	
ME E13.5.	There is establish procedure for labelling and identification of blood and its product	Blood bank has system to ensure that final blood bags are labelled only after all mandatory testing is completed.		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Blood bank has system of identification traceability of its products		RR/SI	Blood bags are Identified with a numeric or alpha numeric system / Barcode
		Blood bank has system to the affix the product information on bag, after processing		RR/SI	Name of product, numeric information, date of collection and expiry, amount of anticoagulant and approximate blood collected, Name, address and manufacturing license number of collecting facility, storage temperature and expiry date
		Instruction for transfusion are printed on label		RR/SI	
		Blood bank has colour coded scheme for differentiate ABO groups		RR/SI	Blood group O -blue, Blood group A- yellow, Blood group B- Pink, Blood group AB- White
ME E13.6	There is established procedure for storage of blood	Check for refrigerators or freezers for blood storage are not used for storing other items		OB	Lab reagents etc.
		Check for refrigerators used for blood storage are kept at recommended temperature		OB/RR	Check records that temperature is maintained at 4c + 2 C
		Storage temperature is monitored at every 4 hours		OB/RR	Check the records
		Alarm system has been provided with refrigerator		RR/SI	
		Adequate alternate storage facility available		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Shelf life of blood and components is adhered as per NACO protocols		RR/SI	
ME E13.7.	There is established the compatibility testing	Blood bank has system to testing and cross matching the recipient blood		RR/SI	Testing of recipient blood includes Determination ABO type, Rh (D) type, detection of unexpected antibodies etc.
		There is established procedure for selection of blood and components for transfusion		RR/SI	Check for practice in case of ABO type specific groups are not available. Issue of blood to RH+ and Negative recipient
		There is established procedure for re cross matching in case of massive transfusion		RR/SI	
		Paediatric blood collection bags are available		RR/SI	
ME E13.8.	There is established procedure for issuing blood	Blood bank has system to testing and cross matching the recipient blood		RR/SI	Testing of recipient blood includes Determination ABO type, Rh (D) type, detection of unexpected antibodies etc.
		Instructions for collection and handling blood sample of recipient are communicated to those responsible for collection		RR/SI	Blood sample collection vial is label with Patient Name, identification no, name of hospital, ward/ bed number, date time , Phlebotomist signature
		Blood bank has system to confirm that information on transfusion requisition form and recipients blood sample label is same		RR/SI	
		Blood bank has system to retain recipient and donor blood sample for 7 days at specified temperature (2-8 c) after each transfusion		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Blood bank has system to issue the blood along with cross matching report		RR/SI	
		Blood bank has system to identify the person who is performing the cross matching test and issue the blood		RR/SI	Record of same should be available
		Blood bank has procedure to issue the blood in case of its urgent requirement		RR/SI	
ME E13.10.	There is a established procedure for monitoring and reporting Transfusion complication	Transfusion reaction form is provided when blood is issued		RR/SI	
		Blood bank has system of detection, reporting and evaluations of transfusion errors		RR/SI	
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 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
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

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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
		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	All personal use gloves while drawing sample, examining and disposable of the samples
		Availability of lab aprons/ coats		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	
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 staff about how they decontaminate work benches (Wiping with .5% Chlorine solution

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Proper Decontamination of instruments after use		SI/OB	Decontamination of instruments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropriate method
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		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	Disinfection of reusable glassware		SI/OB	Disinfection by hot air oven at 160 oC for 1 hour
Standard F5.	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2.	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		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	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.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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
		Availability of post exposure prophylaxis		SI	Ask if available. Where it is stored and who is in charge of that.
		Staff is aware of contact time for disinfection of sharps		OB/SI	
		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	Disinfection of liquid waste before disposal		SI/OB	
		Disposal of discarded blood bags as per guideline		SI/OB	
		Check bins are not overfilled		SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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	**Facility has established system for patient and employee satisfaction**				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	There is system to take feed back from clinician about quality of services		RR	
		Feedback from donor are taken on periodic 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	Internal Quality assurance program is in place		SI/RR	
		Standards are run at defined interval		SI/RR	
		Control charts are prepared and outliers are identified.		SI/RR	
		Corrective action is taken on the identified outliers		SI/RR	
ME G3.2.	Facility has established external assurance programs at relevant departments	Cross validation of lab test are done and reports are maintained		SI/RR	It includes participation of laboratory in inter laboratory comparison
		Corrective actions are taken on abnormal values		SI/RR	Blood bank takes corrective action when control criteria are not fulfilled in Interlaboratory comparisons and records of same is maintained
ME G3.3.	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	

Reference No.	Measurable 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/RR	
ME G4.2.	Standard Operating Procedures adequately describes process and procedures	Blood bank has documented procedure for Donor selection and collection of blood from donor		RR	
		Blood bank has documented procedure for testing of donated blood		RR	
		Blood bank has documented procedure for preparation of blood components		RR	
		Blood bank has documented procedure for storage, transportations of blood and issue of blood for transfusion		RR	
		Blood bank has documented procedure for issue of blood in case of urgent requirement		RR	
		Blood bank has documented procedure to address the transfusion reactions		RR	
		Blood bank has documents procedure for calibration and maintenance of equipment		RR	
		Blood bank has documented procedure for HAI and disposal of BMW		RR	
		Blood bank has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination sample and reports of results.		RR	
		Blood bank has documented system for internal and external Quality control of Equipments, reagent and tests		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	work instruction for screening of blood, storage of blood, maintaining blood and component in event of power failure
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 Traceability audit for Blood issue		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 for blood bank 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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
		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	No. of Blood unit issued per thousand population		RR	No. of Unit issued X1000/ Population of serving area
		% of units issued for the transfusion at facility		RR	No. of Unit issued for facility*100/ Total no of units issued in the period
		No of voluntary donation done per thousand population		RR	No of Voluntary Donation X1000/ Population of the serving area
		No. of units supplied to storage units		RR	Self Explanatory
		Blood donation camps held		RR	Self Explanatory
		Proportion of blood units issued in emergency cases out of total unit issued in month		RR	
ME H1.2.	The Facility measures equity indicators periodically	No of blood units issued for free of cost		RR	JSSK, Thalassemia , BPL
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 equipments		RR	Time period for which equipment was out of order/Total no of working hours for equipments
		% of Blood Units discarded		RR	No of unit discarded *100/ Total no of unit collected

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		% of unit issued against replacement		RR	No of unit issued on replacement *100/ Total no of unit issued
		% of unit tested seroreactive		RR	No of unit found sero reactiveX100/ No of unit tested
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	Blood transfusion reaction rate		RR	No of Blood Transfusion reactions 1000/ No of patient blood issued
		Adverse events are identifies and reported		RR	Chemical splash, Needle stick injuries. Major blood transfusion reaction, wrong cross matching, wrong blood issue
		Component to whole blood ratio		RR	No of component unit issued/No of whole blood issued
		Cross matched/ Transfused Ratio		RR	No of unit are cross matched on request/ No of unit actually transfused
		% of single unit transfusion		RR	% of single use transfusionX 100/ Total no of units transfused
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	Time gap between issuing and requisition of blood in routine conditions		RR	
		Time gap between issuing and requisition of blood in emergency conditions		RR	
		Donor Satisfaction Score at Blood Bank		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		No of refusal cases		RR	No of requisition refused/ referred due to non availability of blood group or any other reason

ASSESSMENT SUMMARY

A. SCORE CARD

BLOOD BANK SCORE CARD	
Blood Bank 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 - 13

LABORATORY

Checklist for LABORATORY

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A3	**Facility Provides diagnostic Services**				
ME A3.2	The facility Provides Laboratory Services	All lab services are available in routine working hours		SI/RR	
		Emergency lab services are available for selected tests of Haematology, Biochemistry and Serology 24X7		SI/RR	
		Availability of Haematology services		SI/OB	
		Availability of Bio chemistry services		SI/OB	
		Availability of Microbiology services		SI/OB	
		Availability of Cytology services		SI/OB	
		Availability of Histopathology services		SI/OB	
		Availability of Clinical Pathology services		SI/OB	
		Availability of Serology 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	Tests for Diagnosis of maleria (Smear and RDTK)		SI/OB	
		Tests for Kala Azar, Dengue, JE, Chikengunia		SI/OB	As per prevalant endemic
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Designated Microscoy Center (AFB)		SI/OB	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of Skin Smear Examination		SI/OB	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Haemogram, BT CT, Fasting/PP Sugar, Lipid Profile, Blood Urea , LFT Kidney Function Test		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A6	**Health services provided at the facility are appropriate to community needs.**				
ME A 6.1	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Laboratory provides specific test for local health problems/ diseases e.g.. Dengue, swine flu etc.		SI/RR	
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 services available are displayed at the entrance		OB	
		Timing for collection of sample and delivery of reports are displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o laboratory services are displayed		OB	
ME B1.5	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	Lab Reports are provided to Patient in proper printed format		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 females at lab		OB	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Check the availability of ramp in Lab building / sample collection area		OB	
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.2	Confidentiality of patients records and clinical information is maintained	Laboratory has system to ensure the confidentiality of the reports generated		SI/OB	Laboratory staff do not discuss the lab result outside. And reports are kept in secure place
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	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 positive reports are communicated as per NACO guidelines		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	Informed Consent is taken before HIV testing, Biopsy and any other invasive procedure		SI/RR	Before testing HIV patient is informed that is it voluntary and result will be disclosed to him/her only
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Pre test counselling is given before HIV testing		PI/SI/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 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 Diagnostic tests for Pregnant women & Infant		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 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	
		Laboratory provides complete list of diagnostic test available to all department of the hospital		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Tests are free of cost for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Cashless investigation by empanelled lab for JSSK beneficiaries for test not available within the facility		PI/SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	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	Laboratory space is adequate for carrying out activities		OB	Adequate area for sample collection, waiting, performing test, keeping equipment and storage of drugs and records
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provide as per patient load	Availability of sitting arrangement of sub waiting area		OB	
		Availability of patient calling system at lab		OB	
		Availability of functional toilets		OB	
		Availability of drinking water		OB	
ME C 1.3	Departments have layout and demarcated areas as per functions	Demarcated sample collection area		OB	
		Demarcated testing area		OB	
		Designated report writing area		OB	
		Demarcated washing and waste disposal area		OB	
		Availability of store		OB	
ME C 1.4	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 C 1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C 1.6	Service counters are available as per patient load	Availability of collection counters as per load		OB	
ME C 1.7	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	Sample collection-Sample processing-Analytical area-reporting.
Standard C 2	**The facility ensures the physical safety of the infrastructure.**				

Reference No.	Measurable Element	Checkpoint	Compliance	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	Laboratory does not have temporary connections and loosely hanging wires		OB	
		Adequate electrical socket provided for safe and smooth operation of lab equipments		OB/RR	
ME C2..4	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
		Floors of the Laboratory are non slippery even, surface are acid resistant		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	Laboratory has plan for safe storage and handling of potentially flammable materials.		OB/SI	
		Department has sufficient fire exit with signage to permit safe escape to its occupant at time of fire		OB	
		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	Lab has installed fire Extinguisher that is Class A , Class B C type or ABC type		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 C3.4	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	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 dedicated pathologist		OB/RR	For 100 bed - 1 , 200-1, 300-3, 400-3, 500-4.
		Availability of dedicated Microbiologist		OB/RR	For 300-500 bed -1
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of Lab Technician 24X7		SI/RR	For 100 beds- 6, 200-9, 300- 12, 400-15, 500-18
ME C4.5	The facility has adequate support / general staff	Availability of Lab assistant		SI/RR	
		Availability of housekeeping staff		SI/RR	
		Availability of security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Training on automated Diagnostic Equipments like auto analyzer		SI/RR	
		Bio Medical waste Management		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Training on Internal and External Quality Assurance		SI/RR	
		Laboratory Safety		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skilled to run automated equipments		SI/RR	
		Staff is skilled for maintaining Laboratory records		SI/RR	
Standard C 5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.2	The departments have adequate consumables at point of use	Availability of stains		OB/RR	Iodine Solution, Gram Romanowsky ,StainZiehl-neelsen, Acridine orange, Acridine orange (?)
		Availability of reagents		OB/RR	Reagents for auto analyzers, ELISA Readers
		Availability of other Chemicals		OB/RR	Acetone, Alcohol, distilled water, Microscope gel etc.
		Availability Laboratory materials		OB/RR	Evacuated Blood collection tubes, Swabs, Syringes, Glass slides, Glass marker/ paper stickers

Reference No.	Measurable Element	Checkpoint	Compliance	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		OB/RR	
Standard C 6	**The facility has equipment & instruments required for assured list of services.**				
ME C 6.1	Availability of equipment & instruments for examination & monitoring of patients	Availability of functional Equipment &Instruments for examination & Monitoring		OB	BP apparatus, Stethoscope at sample collection area
ME C 6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of functional auto analyzers		OB	Auto/ Semi Auto analyzers according to need
		Availability of functional haematology equipments		OB	Cell Counters/ Counting Chambers , Heamoglobi-nometer , ESR stands with tubes
		Availability of functional Biochemistry Equipment		OB	Calorie meter, Blood Gas Analyzer, Electrolyte analyzer
		Availability of functional equipments for sample processing		OB	Micropipettes , Centrifuge, Water Bath, Hot air oven.
		Availability of functional Microscopy equipments		OB	Binocular Micro scope , FNAC, staining rack
		Availability functional Histopathology equipments		OB	Microtome
		Availability of functional Serology Equipments		OB	Elisa Reader, Elisa washer
		Availability of functional Microbiology equipments		OB	Incubator , Inoculators, safety hood and bio safety cabinet
ME C 6.5	Availability of Equipment for Storage	Availability of equipment for storage of sample and reagents		OB	Refrigerators
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	Autoclave

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME BC 6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of fixtures at lab		OB	Illumination at work stations, Electrical fixture for lab equipments and storage equipments
		Availability of furniture		OB	Lab stools, Work bench's, rack and cupboard for storage of reagent ,Patient stool, Chair table
AREA OF CONCERN - D SUPPORT SERVICES					
Standard D1	**The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**				
ME D 1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	Agency/ is identified for maintenance for equipments
		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	
		Calibrators are available for Automated haematology analyzers		SI/RR	
		Laboratory has system to update correction factor after calibration wherever required		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded.		SI/RR	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with staff.		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 reagents		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Reagents and consumables are kept away from water and sources of heat, direct sunlight		OB/RR	
		Reagents are labelled appropriately		OB/RR	Reagents label contain name, concentration, date of preparation/ opening, date of expiry, storage conditions and warning
ME D2.4	The facility ensures management of expiry and near expiry drugs	No expired reagent found		OB/RR	
		Records for expiry and near expiry reagent are maintained		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock of reagents		SI/RR	
		Department maintained stock and expenditure register of reagents		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		SI/RR	
		There is no stock out of reagents		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

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Regular Defrosting is done		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 work station		OB	
		Adequate illumination at Collection area		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Entry is restricted in testing area		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in collection area		SI/RR	Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation testing area		SI/RR	Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
		In histopathology, for tissue processing separate room with fume hood is available		OB	
		Availability of Eye washing facility		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	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the lab		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	Water use for analytical purpose should be of reagent grade
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in laboratory		OB/SI	
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	Any positive report of notifiable disease is intimated to designated authorities		RR/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, technician 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**				

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 laboratory identification number is given to each patient sample		RR	
		Patient demographic details are recorded in laboratory records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
Standard E3	**Facility has defined and established procedures for continuity of care of patient and referral**				
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.	Laboratory has referral linkage for tests not available at the facility		RR/SI	
		Facility gets referred patients from lower level of facility		RR/SI	e.g.: linkage for disease surveillance and water testing
Standard E4	**The facility has defined and established procedures for nursing care**				
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Procedure to handover test/ results during shift change		RR/SI	
		Handover register is maintained		RR	
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Printed formats for requisition and reporting are available
ME E8.6	Register/records are maintained as per guidelines	Lab records are labelled and indexed		RR	
		Records are maintained for laboratory		RR	Test registers, IQAS/EQAS Registers, Expenditure registers, Accession list etc.
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Laboratory has adequate facility for storage of records		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	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	
ME E11.5	There is procedure for handling medico legal cases	Samples of medico legal cases are identified		SI/RR	Requisition and reports are marked with MLC and reports are handed over to authorize person
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Requisition of all laboratory test is done in request form		RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, type of primary sample, examination requested, date and time of primary sample collection and date and time of receipt of sample by laboratory,
		Instructions for collection and handling of primary sample are communicated to those responsible for collection		RR/SI	
		Laboratory has system in place to label the primary sample		RR/SI	
		Laboratory has system to trace the primary sample from requisition form		RR/SI	
		Laboratory has system to record the identity of person collecting the primary sample		RR/SI	
		Laboratory has system in place to monitor the transportation of the sample		RR/SI	Transportation of sample includes: Time frame, temperature and carrier specified for transportation

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E12.2	There are established procedures for testing Activities	Testing procedure are readily available at work station and staff is aware of them		OB/RR	
		Laboratory has Biological reference interval for its examination of various results		OB/RR	
		Laboratory has identified critical intervals for which immediate notification is done to concerned physician		RR/SI	
ME E12.3	There are established procedures for Post-testing Activities	Laboratory has system to review the results of examination by authorized person before release of report		RR/SI	
		Laboratory has format for reporting of results		RR/OB	
		Laboratory has a system to provide the reports within defined time to each category of patient – Routine & Emergency		RR/SI	
		Laboratory results written in reports are legible without error in transcription		RR/SI	
		Laboratory has defined the retention period and disposal of used sample		RR/SI	
		Laboratory has system to retain the copies of reported result and promptly retrieved when required		RR/SI	
Standard E23	**The facility provides National health Programme as per operational/Clinical Guidelines**				
ME E23.9	Facility provide service for Integrated disease surveillance program	Weekly reporting of Confirmed cases on form "L" from laboratory		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
		Technician is trained for taking and processing surface and air sample		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 Toxaid 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 are 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
		Staff aware of when to hand wash		SI	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Availability of Antiseptic Solutions		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 lab aprons/coats		OB/SI	
		Availability of Masks		OB/SI	
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves and Masks.		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 staff about how they decontaminate work benches (Wiping with .5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Decontamina-tion of instru-ments and reusable of glassware are done after procedure in 1% chlorine solution/ any other appropri-ate method
		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
		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	Disinfection of reusable glassware		SI/OB	Disinfection by hot air oven at 160 oC for 1 hour
		Autoclaving for used culture media and other infected material		SI/OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		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	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	Precaution with infectious patients like TB		OB/SI	
ME F5.5	Facility ensures air quality of high risk area	Air quality in Lab		OB/SI	Negative Pressure for microbiology
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	

Reference No.	Measurable Element	Checkpoint	Compliance	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		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	Disinfection of liquid waste before disposal		SI/OB	
		Disposal of sputum cups as per guidelines		SI/OB	
		Check bins are not overfilled		SI	
		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	**Facility has established system for patient and employee satisfaction**				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	There is system to take feed back from clinician about quality of services		RR	
		Client/Patient satisfaction survey done on monthly basis		RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	Internal Quality assurance programme is in place		SI/RR	
		Standards are run at defined interval		SI/RR	
		Control charts are prepared and outliers are identified.		SI/RR	
		Corrective action is taken on the identified outliers		SI/RR	
		Internal Quality Control for RNTCP lab. is in place		SI/RR	Routine checking of equipments, new lots of regent, smear preparation, grading etc
ME G3.2	Facility has established external assurance programs at relevant departments	Cross Validation of Lab tests are done and records are maintained		SI/RR	
		Corrective actions are taken on abnormal values		SI/RR	
		External quality assurance program implemented as per RNTCP program		SI/RR	Onsite evaluation done Monthly Random Blinded rechecking (RBRC) done Monthly
		External quality assurance program implemented for NVBDCP		SI/RR	
		External quality assurance under NACP		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 operting procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Laboratory has documented process for Collection and handling of primary sample		RR	
		Laboratory has documented procedure for transportation of primary sample with specification about time frame, temperature and carrier		RR	
		Laboratory has documented process on acceptance and rejection of primary samples		RR	
		Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample		RR	
		Laboratory has documented procedure on receipt, labeling, processing and reporting of primary sample for emergency cases		RR	
		Laboratory has documented system for storage of examined samples		RR	
		Laboratory has documented system for repeat tests due to analytical failure		RR	
		Laboratory has documented validated procedure for examination of samples		RR	
		Laboratory has documented biological reference intervals		RR	
		Laboratory has documented critical reference values and procedure for immediate reporting of results		RR	
		Laboratory has documented procedure for release of reports including details of who may release result and to whom		RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Laboratory has documented internal quality control system to verify the quality of results		RR	
		Laboratory has documented External Quality assurance program		RR	
		Laboratory has documented procedure for calibration of equipments		RR	
		Laboratory has documented procedure for validation of results of reagents ,stains , media and kits etc. wherever required		RR	
		Laboratory has documented system of resolution of complaints and other feedback received from stakeholders		RR	
		Laboratory has documented procedure for examination by referral laboratories		RR	
		Laboratory has documented system for storage, retaining and retrieval of laboratory records, primary sample, Examination sample and reports of results.		RR	
		Laboratory has documented system to control of its documents		RR	
		Laboratory has documented procedure for preventive and break down maintenance		RR	
		Laboratory has documented procedure for internal audits		RR	
		Laboratory has documented procedure for purchase of External services and supplies		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/clincal protocols are displayed		OB	Work instruction for Internal Quality control,

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 G6.3	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 for 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	
		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	No. of HIV test done per 1000 population		RR	
		No. of VDRL test done per 1000 population		RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		No. of Blood Smear Examined per 1000 population		RR	
		No. of AFB Examined per 1000 population		RR	
		No. of HB test done per 1000 population		RR	
		Lab test done per patients in OPD		RR	
		Lab test done per patients IPD		RR	
		Proportion of lab test done at night		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of test done for 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	No of test not matched in validation		RR	
		Z score for biochemistry (or equivalent)		RR	
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Z score for haematology (or equivalent)		RR	
		Down time of critical equipments		RR	
		Turn around time for routine lab investigations		RR	
		Turn around time for emergency lab investigations		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	% of critical values reported within one hour		RR	
		No of adverse events per thousand patients		RR	
		Test demography		RR	Proportion of Haematology, biochemistry, serology, Microbiology, cytology, clinical pathology
		Report correlation rate		RR	Proportion of lab report co related with clinical examination
		Proportion of false positive /false negative		RR	For Rapid diagnostic Kit test

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Waiting time at sample collection area		RR	
		Number of stock out incidences of reagents		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

LABORATORY SCORE CARD	
Laboratory 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 - 14

RADIOLOGY

Checklist for RADIOLOGY

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	All radiology services are available in routine working hours		SI/RR	
		Emergency radiology services are available for selected procedure 24X7		SI/RR	
Standard A2	**The facility provides RMNCHA Services**				
ME A2.2	The facility provides Maternal health Services	Availability of USG services for Pregnant women		SI/OB	
Standard A3	**Facility Provides diagnostic Services**				
ME A3.1	The facility provides Radiology Services	Availability of X ray services		SI/OB	for chest, bones, skull, spine and abdomen.
		Availability of special radio graphy services		SI/OB	Barium Swallow, Barium enema, Barium meal,MMR (Miniature mass radiography) Chest
		Availability of Dental X ray Services		SI/OB	Dental X-ray. OPG services
		Availability of ultrasound services		SI/OB	Pre natal diagnostic procedure: Ultrasonography, Fetoscopy
		Availability of CT scan facility		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
		Display of PNDT Notice at USG		OB	Notice in local language is displayed at entrance of USG department that All persons including the employer, employee or any other person associated with department shall not conduct or associate with or help in carrying out detection or disclosure of sex of foetus in any manner

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Display of cautionary signage outside the X ray department		OB	Radiation hazard sign and caution for pregnant women and children
ME B1.2	The facility displays the services and entitlements available in its departments	List of services available are displayed at the entrance		OB	
		Timing for taking X ray and collection of reports are displayed outside the X ray department		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o X ray services are displayed at entrance		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	Reports are provided to Patient in proper printed format		OB	
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	Female attendant should accompany female patients during radiological procedures		OB/SI	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Check the availability of ramp in OPD / X ray.		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	X ray department has provision of privacy while taking X ray.		OB	
		USG department has provision of privacy while taking sonography		OB	provision of screen
ME B3.2	Confidentiality of patients records and clinical information is maintained	Radiology has system to ensure the confidentiality of the reports generated		RR/SI	Radiology staff do not discuss the lab result outside. And reports are kept in secure place
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	
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	Form F for USG under PNDT maintained for scan of pregnant woman		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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 radiology services for Pregnant women and infant		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	Tests are free of cost for BPL patients		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Cashless investigation by empanelled lab for JSSK beneficiaries for test not available within the facility		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	Room Size of X ray unit is as per AERB safety code		OB	Room housing shall not be less than 18 sq m, any dimension not less than 4m
		Availability of adequate waiting area		OB	
ME C1.2	Patient amenities are provide as per patient load	Attached toilet facility available		OB	For USG
		Waiting area with sitting facility		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Unshielded opening for Ventilation and natural light has been provided in X ray room as per AERB safety code		OB	Unshielded opening in x ray room shall be located above height of 2 m from finished floor level outside the X ray room
		Installation of control panel of X ray equipment is as Per AERB safety Code		OB	Control panel of X ray equipment operation at 125 kVp or above shall be installed in a separate room located outside contiguous to X-ray room, with appropriate shielding, direct viewing and oral communication facility

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Distance between control panel and X ray unit is as per AERB safety code		OB	The distance between control panel and X ray unit shall not be less than 3 m
		Location of dark room is as per AERB safety code		OB	Dark room is located such that no significant primary or secondary x ray reaches inside dark room
		Dark room has X ray developing tanks with water supply		OB	SS processing tank to accommodate 14"X 17" approx capacity of 13 litre
		Dark room has provision of safe light in dark room		OB	
		There is separate storage area for undeveloped X ray films and personal monitoring devices in protected area away from radiation sources		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	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	No of X ray machines as per load		OB	Check for the adequacy X-ray machines as per load
ME C1.7	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	Unidirectional flow of goods and services		OB	No cris cross in the movement patient traffic and services flow Should be near emergency department
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	X-ray - does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installation are intact
		Stabilizer is provided for X-ray machine		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the Radiology department are non slippery and even		OB	
		Windows and door in X ray room is provided with lead lining		OB	
		Thickness of walls at X room are as AERB safety code		OB	
		X ray department should not be located adjacent to patient care area		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	Radiology 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	Radiology department 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 Radiologist		OB/RR	100-200 -1 200-400- 2 >400 - 3
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of Radiographer		SI/RR	100-2, 200-3, 300-5, 400-7, 500-9
ME C4.5	The facility has adequate support / general staff	Availability of Darkroom Asset.		SI/RR	
		Availability of housekeeping staff		SI/RR	
		Availability of security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Training on radiation safety		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Training on infection control and hand hygiene		SI/RR	
		Training on Bio Medical waste Management		SI/RR	
ME C4.7	The Staff is skilled as per job description	Radiographers are skilled to operating equipment		SI/RR	
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.2	The departments have adequate consumables at point of use	Availability Consumables		OB/RR	X ray films, Developer, Fixer, USG gel, printing paper
		Availability of personal protective equipments		OB/RR	Lead apron with hanger, lead shield
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	TLD badges
ME C6.3	Availability of equipment & instruments for diagnostic procedures being undertaken in the facility	Availability of functional X-ray machines		OB	300 MA X ray machine & 100 MA X ray machine
		Availability of functional Dental X-Ray Machine		OB	At least 1
		Availability of functional Ultrasonography		OB	2 one general purpose & one for Obstetric purpose
		Availability of functional Portable X-ray Machine		OB	60 MA X ray machine (Mobile)
		Availability of functional CT-scan machine		OB	
		Availability of Accessories for X ray		OB	Cassettes X ray, Intensifying screen X ray, Lead letter (A-Z),Letter figures (0-9) and R & L
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
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of attachment/ accessories		OB	X ray hangers, Bucky Stand
		Availability of fixtures at lab		OB	X-ray View box, Electrical fixture for equipments
		Availability of furniture		OB	rack and cupboard , Chair table

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
		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	Operating instructions and factor charts are available with the equipments		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 X ray films and fixer and developer		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Fixer and developer and X ray film consumables are kept away from water and sources of heat, direct sunlight		OB/RR	
		Reagents are labelled appropriately		OB/RR	Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.4	The facility ensures management of expiry and near expiry drugs	No expired Chemicals is found		OB/RR	
		Records for expiry and near expiry chemicals are maintained		RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculation and maintaining buffer stock chemicals and X-ray films		SI/RR	
		Department maintained stock and expenditure register of chemicals and X-ray films		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 x-ray films		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 work station at X ray room		OB	
		Adequate illumination at workstation at USG		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed one time at X room		OB	
		Warning light is provided outside X ray room and its been used when unit is functional		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Protective apron and gloves are being provided to relative of the child patient who escort the child for X ray examination/ immobilisation support is provided to children		OB/SI	
		X ray room has been kept closed at the time of radiation exposure		OB	
		Lead apron and other protective equipments are available with radiation workers and they are using it		OB	
		TLD badges are available with all staff of X ray department and records of its regular assessment is done by X ray department		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Temperature control and ventilation in X ray room		SI/RR	Fans/ Air conditioning/Heating/ Exhaust/Ventilators as per environment condition and requirement
		Temperature control and ventilation in dark room		SI/RR	Exhaust in dark room
		Temperature control and ventilation USG		SI/RR	Fans/ Air conditioning/Heating/ Exhaust/Ventilators as per environment condition and requirement
ME D3.5	The facility has established measure for safety and security of female staff	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	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the X-ray and USG		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 X 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	
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in Radiology		OB/SI	

Reference No.	Measurable 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	X ray department has registration from AERB.		RR	
		X ray department has layout approval		RR	
		X ray department has type approval of equipment with QA test report for X ray machine		RR	
		USG department has registration under PCPNDT		RR	
		Duplicate copy of Certificate of registration under Form B is displayed inside the department		OB	
ME D10.3	The facility ensure relevant processes are in compliance with statutory requirement	USG is taken by person Qualified as per PCPNDT		RR	
		X ray department has Radiological safety officer (RSO) approved by competent authority		RR	X ray department has certification from AERB for any person discharging duties and functions of RSO.
		Records of submission of Form F to appropriate district authorities		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, technician 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

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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		RR	
		Patient demographic details are recorded in radiology/USG records		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.
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 transfer to X-Ray department		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.	There is procedure for referral of patient for which can not be provided services at the facility		RR/SI	
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	Women in reproductive age are asked for pregnancy (LMP)before X-ray		OB/SI/RR	Notice in local language is displayed at entrance of X ray department asking every female to inform radiographer/ radiologist whether she is likely to be pregnant
Standard E7	**Facility has defined procedures for safe drug administration**				
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Printed formats for requisition and reporting are available
ME E8.6	Register/records are maintained as per guidelines	Radiology records are labelled and indexed		RR	
		Records are maintained for radiology		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Radiology has adequate facility for storage of records		OB	
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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME E11.5	There is procedure for handling medico legal cases	Procedure for handling of MLC X-ray		SI/RR	Requisition and reports are marked with MLC and reports are handed over to authorize person
Standard E12	**The facility has defined and established procedures of diagnostic services**				
ME E12.1	There are established procedures for Pre-testing Activities	Requisition of all X ray examination is done in request form		RR/OB	Request form contain information: Name and identification number of patient, name of authorized requester, examination requested, type of X ray, date and time of X ray taken and date and time of receipt of X ray from X ray department
		X ray has system to identify person from whom X ray is taken		RR/SI	
		X ray department has system in place to label the X rays		RR/SI	
		X ray has system to trace the X ray from requisition form		RR/SI	
		X ray has system to record the identity of Radiographer operating the X ray		RR/SI	
		Records of type of X ray prescribed is made at the time of reception		RR/SI	
		Requisition of all USG examination is done in request form		RR/OB	
		USG department has system in place to label the USGs		RR/SI	
		Preparation of the patient is done as per requirement		RR/SI	
		Instructions to be followed by patient for USG are displayed in local language at reception		RR/SI	
ME E12.2	There are established procedures for testing Activities	X ray taking and processing procedure are readily available at work station and staff is aware of it		OB/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Necessary Instruction for taking X ray and its processing are displayed at work station in language understood by staff		OB/RR	
		X ray department has system in place to take X ray of patients in case of Emergency.		RR/SI	
		Radiographer is aware of operation of X ray machine		RR/SI	
		Necessary Instruction for USG Examination are displayed at work station in language understood by staff		OB/RR	
		USG of the patient is taken as per consultant requirement		OB/RR	
		USG department has system in place to take sonograph of patients in case of Emergency.		RR/SI	
ME E12.3	There are established procedures for Post-testing Activities	X ray department has format for reporting of results		RR/OB	
		X ray department has system to provide the reports within defined time intervals		RR/SI	
		USG department has format for reporting of results		RR/OB	
		USG report is signed by Radiologist/Sonologist		RR/OB	
		USG department has system to provide the reports within defined time intervals		RR/SI	
AREA OF CONCERN - F INFECTION CONTROL					
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 practicices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
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

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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	
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 and Masks.		OB/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 stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution
		Staff know how to make chlorine solution		SI/OB	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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 F6.3	Facility ensures transportation and disposal of waste as per guidelines	Disposal of Fixer and Developer		SI/OB/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	There is system to take feed back from clinician about quality of services		RR	
		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	Internal quality Assurance program is established in Radiology		SI/RR	
ME G3.2	Facility has established external assurance programs at relevant departments				

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 process of taking and handling X ray		RR	
		Department has documented procedure for acceptance and rejection of X ray taken		RR	
		Department has documented procedure for receipt, labelling , Processing and reporting of X ray		RR	
		Department has documented procedure for taking X ray in emergency conditions		RR	
		Department has documented procedure for quality control system to verify the quality of results		RR	
		Radiology has documented system for repeat X ray.		RR	
		Department has documented procedure for storage, retaining and retrieval of department records, and reports of results.		RR	
		Department has documented procedure preventive and break down maintenance		RR	
		Department has documented procedure for purchase of External services and supplies		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for inventory management		RR	
		Department has documented procedure for upkeep management of department		RR	
		Department has documented procedure for radiation safety of staff , patients and visitors		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 Instructions are displayed for radiation safety		OB	Factor chart, radiation safety, development for x-ray films
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 G6.3	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 for Radiology are defined		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	X ray done per 1000 OPD patient		RR	
		X ray done per 1000 IPD patient		RR	
		Ultrasound done per 1000 OPD patient		RR	
		Proporation of X ray done at night		RR	
		No. of dental X ray per 1000 dental OPD		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL Patients screened		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	Downtime for critical equipments		RR	
		Turn around time for X-Ray film development		RR	
		Proportion of waste of films		RR	
		Proportion of X ray rejected/repeated		RR	
		X ray done per radiographer		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 X rays for which report is signed by radiologist		RR	
		Proportion of scans for which F form is filled out of pregnant women scanned		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Examination Demography		RR	Proportion of General, Chest examination and specialised examination
		Report correlation rate		RR	Proportion of radiology report co related with clinical examination/ laboratory reports out of Total X ray reported
		No of adverse events per thousand patients		RR	
		No of events of over limit of radiation exposure		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	Average waiting time at radiology		RR	
		Average waiting time at USG		RR	
		Number of stock out incidences of x ray films		RR	
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas				

ASSESSMENT SUMMARY

A. SCORE CARD

RADIOLOGY CARD	
Radiology 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 - 15

PHARMACY

Checklist for PHARMACY

Reference No.	Measurable Element	Checkpoint	Compli-ance	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	Dispensary services are available during OPD hours		SI/RR	
		Facility ensure access to drug store after OPD hours		SI/RR	
		Generic Drug store is operational 24X7		SI/RR	
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of Drugs under NVBDCP		SI/OB	Chloroquine, Primaquine, ACT (Artemisinin Combination Therapy)
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Drugs under RNTBCP		SI/OB	CAT 1, CAT II and Cat III
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of Drugs under NLEP		SI/OB	Rifampicin, Clofazimine, Dapsone
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability of ARV Drugs under NACP		SI/OB	Zidovudine, Stavudine, Lamivudine, Nevirapine in combination as per NACO
		Availability of Drugs for Paediatric HIV management		SI/OB	Paediatric Dosages FDC 6, FDC 10, Efavirenz, Cotrimoxazole
Standard A5	**Facility provides support services**				
ME A5.6	The facility provides pharmacy services	Dispensing of Medicines and consumables for OPD Patients		SI/OB	Functional dispensary
		Generic Drug Store		SI/OB	Functional jan ayushdhalya or equivalent in premises

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Storage of drugs		SI/OB	
		Cold chain management 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
		Directional signage's are displayed in hospital for easy access to Pharmacy/Generic drug store		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Drugs available displayed at Pharmacy		OB	
		Status of availability of drugs is updated daily		OB	
		Timing for dispensing counter of pharmacy are displayed		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges in r/o services are displayed at entrance of generic drug store		OB	
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 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	Availability of separate Queue for Male and female at dispensing counter		OB	
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Pharmacy has easy access for moment of goods		OB	Check for availability of ramp and goods trolley/ cart
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	
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 B4.4	Information about the treatment is shared with patients or attendants, regularly	Method of Administration /taking of the medicines is informed to patient/ their relative by pharmacist as per doctors prescription in OPD Pharmacy		OB/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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 drugs and consumables for JSSK beneficiaries		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Pharmacy provides generic drug list to all hospital department		SI/OB	
		Check that patient party has not spent on purchasing drugs or consumables from outside.		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free drugs for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Local purchase of stock out drugs/ Reimbursement of expenditure to the beneficiaries		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	Hospital has allocated space for Pharmacy in OPD		OB	Minimum space required is 250sq F or 5% of average OPD X 0.8 sq m.
		Dispensary has adequate waiting space as per load		OB	
ME C1.2	Patient amenities are provide as per patient load	Pharmacy has patients sitting arrangement as per requirement		OB	
		Dispensary counter has provision of shade		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated area for keeping medical gases		OB	
		Dedicated area for keeping inflammables		OB	Storage of sprit etc.
		Demarcated are of keeping near expiry drugs		OB	
		Demarcated are of keeping near expiry drugs		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Demarcated area for keeping instruments and consumables		OB	
		Dedicated area for cold chain management		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff , drugs and carts		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	No of drug dispensing counter 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 in the Pharmacy .		OB	Receipt and Inspection area at one side and issue area on the other side
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	Pharmacy does not have temporary connections and loosely hanging wires		OB	
		Stabilizer is provided for cold chain room		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Windows of drug store have grills and wire meshwork		OB	
		Floors of the Pharmacy department are non slippery and even		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	Pharmacy has plan for safe storage and handling of potentially flammable materials.		OB/SI	
		Department has sufficient fire exit to permit safe escape to its occupant at time of fire		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		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	Pharmacy has installed fire Extinguisher that is Class A , Class B C type or ABC type		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 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 C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of Pharmacist		SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of security staff		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Inventory management		SI/RR	
		Cold chain management of ILR and deep freezer		SI/RR	
		Rational use of drugs		SI/RR	
		Prescription Audit		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skilled for estimation of the requirement and proper storage of the drugs		SI/RR	
		Staff is skilled for maintaining pharmacy records and bin cards		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	Analgesics/ Antipyretics/Anti inflammatory		OB/RR	As per State EDL
		Antibiotics		OB/RR	As per State EDL
		Anti Diarrhoeal		OB/RR	As per State EDL
		Antiseptic lotion		OB/RR	As per State EDL
		Dressing material		OB/RR	As per State EDL
		Infusion fluids		OB/RR	As per State EDL
		Eye and ENT drops		OB/RR	As per State EDL

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Anti allergic		OB/RR	As per State EDL
		Drugs acting on Digestive system		OB/RR	As per State EDL
		Drugs acting on cardio vascular system		OB/RR	As per State EDL
		Drugs acting on central/Peripheral Nervous system		OB/RR	As per State EDL
		Drugs acting on respiratory system		OB/RR	As per State EDL
		Drugs acting on uro genital system		OB/RR	As per State EDL
		Drugs used on Obstetrics and Gynaecology		OB/RR	As per State EDL
		Hormonal Preparation		OB/RR	As per State EDL
		Other drugs and materials		OB/RR	As per State EDL
		Vaccine drug and logistics		OB/RR	As per State EDL
		Surgical accessories for Eye		OB/RR	As per State EDL
		Vitamins and nutritional		OB/RR	As per State EDL
ME C5.2	The departments have adequate consumables at point of use	Availability of Consumables		OB/RR	As per Sate EDL
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.5	Availability of Equipment for Storage	Availability of Equipment for maintenance of Cold chain		OB	ILR, Deep Freezers, Insulated carrier boxes with ice packs,
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
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Storage furniture for drug store		OB	Racks, Cupboards, Sectional Drawer cabinet/ Shelves, Work table
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	ILR, Deep freezer and Refrigerator

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	Calibration of thermometers at cold chain room
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Operating instructions for ILR/ Deep Freezers are available at cold chain room		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	Drug store has process to consolidate and calculate the consumption of all drugs and consumables		RR/SI	
		Forecasting of drugs and consumables is done scientifically based on consumption		RR/SI	
		Staff is trained for forecast the requirement using scientific system		RR/SI	
ME D2.2	The facility has establish procedure for procurement of drugs	Facility has a established procedures for local purchase of drugs in emergency conditions		RR/SI	
		Hospital has system for placing requisition to district drug store		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.3	The facility ensures proper storage of drugs and consumables	There is specified place to store medicines in Pharmacy and drug store		OB	
		All the shelves/racks containing medicines are labelled in pharmacy and drug store		OB	Stock is arranged neatly in alphabetic order with name facing the front.
		Product of similar name and different strength are stored separately		OB	
		Heavy items are stored at lower shelves/racks		OB	
		Fragile items are not stored at the edges of the shelves.		OB	
		Sound alike and look alike medicines are stored separately in patient care area and pharmacy		OB	
		There is separate shelf /rack for storage near expiry drugs		OB	
		Drug store and pharmacy has system of inventory Management		OB/SI	
		Drugs and consumables are stored away from water and sources of heat, direct sunlight etc.		OB/RR	Medications that are considered light-sensitive will be stored in closed drawers.
		Drugs are not stored at floor and adjacent to wall		OB	Pallets are provided if required to store at floor
ME D2.4	The facility ensures management of expiry and near expiry drugs	Dispensing counter has system to check the expiry of drugs		RR/SI	
		Drug store has system to check the expiry of drugs		RR/SI	
		Drug store has system to inform the patient care areas about near expiry/expired drugs		RR/SI	
		There is a system of periodic random quality testing of drugs		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D2.5	The facility has established procedure for inventory management techniques	Physical verification of inventory is done periodically		RR/SI	
		Facility uses bin card system		RR/OB	
		First expiry first out system is established for drugs		OB	
		Stores has defined minimum stock category of drug as per there consumption pattern		RR/OB	
		Reorder level is defined for each category of drugs		RR	
		Drug store has inventory management software		OB/RR	
		Drugs are categorized in Vital, Essential and Desirable		OB/RR	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	Hospital has system to take medicines from store in case of emergency if required urgently		RR/SI	

Reference No.	Measurable 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	Check vaccines are kept in sequence		OB	(Top to bottom) : Hep B, DPT, DT, TT, BCG, Measles, OPV
		Work instruction for storage of vaccines are displayed at point of use		OB	
		ILR and deep freezer have functional temperature monitoring devices		OB	
		There is system in place to maintain temperature chart of ILR		OB	Temp. of ILR: Min +2^{O}C to 8°c in case of power failure min temp. +10OC . Daily temperature log are maintained
		There is system in place to maintain temperature chart of deep freezers		OB	Temp. of Deep freezer cabinet is maintained between -15OC to -25OC.Daily temperature log are maintained
		Check thermometer in ILR is in hanging position		OB	
		ILR and deep freezer has functional alarm system		SI/RR	
		Staff is aware of Hold over time of cold storage equipments		SI/RR	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic medicines are kept in double lock		OB	As per Narcotic act, Narcotic medicines are kept in 2 Keys with 2 locks kept by 2 different persons
		Empty ampoules/ strips are returned along with narcotic administration detail sheet		OB/RR	
		Hospital has system to discard the expired narcotic drugs		RR/SI	Discarded narcotic drugs are documented with witness.
		Facility maintains the list of narcotic and psychotropic drugs available at facility		RR	
Standard D3	**The facility provides safe, secure and comfortable environment to staff, patients and visitors.**				

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D3.1	The facility provides adequate illumination level at patient care areas	Adequate Illumination at drug store		OB	
		Adequate Illumination at dispensing counter		OB	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in pharmacy		SI/RR	Fans/ Air conditioning/ Heating/ Exhaust/ Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place at patient care areas	Security arrangement at pharmacy		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	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/ Junk material in the Pharmacy and drug store		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 X 7 water and power backup as per requirement of service delivery, and support services norms**				
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Pharmacy		OB/SI	
		Availability of power back for cold chain		OB/SI	
Standard D10	**Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government**				

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D10.1	The facility has requisite licences and certificates for operation of hospital and different activities	License for storing spirit		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	Pharmacist adhere to their respective dress code		OB	
Standard 12	**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 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	Drugs are purchased in generic name only		RR/SI	
		Facility has essential drug list as per State guideline		OB	
		Facility provide list of drugs available to different departments as per essential drug list		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Facility has enabling order from state for writing drugs in generic name only		RR/SI	
		There is system of conducting periodic prescription audit to ensure that only generic drugs are prescribed		RR/SI	
ME E6.2	There is procedure of rational use of drugs	Hospital has its own drug formulary based on EDL		RR/SI	
		Drug formulary is available with doctors and nurses/ clinical table		RR/SI	
		Hospital has system to review the drug formulary as per EDL at defined intervals		RR/SI	
		Hospital has system to review the prescription as per drug formulary and STG		RR/SI	
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	Pharmacy has list of high risk drugs are available		RR/SI	
Standard E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Bin cards, indent forms etc
ME E8.6	Register/records are maintained as per guidelines	Pharmacy records are labeled and indexed		RR	
		Records are maintained for Pharmacy		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Pharmacy has adequate facility for storage of records		OB	
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	
AREA OF CONCERN - F INFECTION CONTROL					
Standard E1	**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 Checkups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxid etc

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Periodic medical checkups of the staff		SI/RR	
ME F1.6	Facility has defined and established antibiotic policy	Check for Pharmacist are aware of Hospital Antibiotic Policy		SI/RR	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
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 and liner for disposal of expired drugs		OB	
		There is no mixing of infectious and general waste		OB	
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Disposal of expired drugs as per state guidelines		SI/OB	
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	
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	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	Physical verification of the inventory by Pharmacist/hospital manager at periodic intervals		SI/RR	
ME G3.2	Facility has established external assurance programs at relevant departments	Periodic and random sampling of the drugs for Quality Assurance		SI/RR	By drug controller/State Drug quality Assurance
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.**				

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 indent the drugs and items from district drug warehouse		RR	
		Department has documented procedure for local purchase of drugs/ generic drug stores		RR	
		Department has documented procedure for reception of drugs and items		RR	
		Department has documented procedure for storage of drugs		RR	
		Department has documented procedure for disposal of expired drugs		RR	
		Department has documented procedure for dispensing of medicines at Pharmacy		RR	
		Department has documented procedure of indenting the drugs to patient care area		RR	
		Department has documented procedure for issue of the drugs in emergency condition		RR	
		Department has documented procedure for maintenance of temperature of ILR/Deep freezer / refrigerators		RR	
		Department has documented procedure for maintaining near expiry drugs at store and pharmacy		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for rational use of drugs and prescription audit		RR	
		Department has documented procedure for storage of narcotic and psychotropic drugs		RR	
		Department has documented system for periodic random check and quality testing of drugs		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	Work instruction for storing drugs, Cold chain management
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	Pharmacy department co ordinate the prescription audit		RR/SI	
		Storage and compilation of records of prescription 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 for Pharmacy are defined		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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	Percentage of drugs available against essential drug list for OPD		RR	
		Percentage of drugs available against essential drug list for IPD		RR	
ME H1.2	The Facility measures equity indicators periodically	Expenditure on drugs procured by local purchase for 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	Number of stock out situations in Vital category medicines		RR	
		Turn Around time for dispensing medicine at Pharmacy		RR	
		% of drugs expired during the months		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 prescription found prescribing non generic drugs		RR	
		No of advere drug reaction per thosuand patients		RR	
		Antibiotic rate		RR	No. of antibiotic prescribed / No. of patient admiited or consulted
		Percentage of irrational use of drugs/ overprescription		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

PHARMACY SCORE CARD	
Pharmacy 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 - 16

AUXILIARY SERVICES

Checklist for AUXILIARY SERVICES

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A5	**Facility provides support services**				
ME A5.1	The facility provides dietary services	Availability of operational Kitchen		SI/OB	Functional Kitchen within the premise of the hospital
	The facility provides laundry services	Availability of functional laundry		SI/OB	Arrangement of laundry services inhouse or outsourced
	The facility provides security services	Availability of security services on 24x7 basis		SI/OB	
	The facility provides housekeeping services	Availability of Housekeeping services on 24x7 basis		SI/OB	
		Availability of waste disposal services		SI/OB	Arrangement for disposal of Bio medical and general waste Inhouse or outsouced
	The facility ensures maintenance services	Availability of maintenance services on 24x7 basis		SI/OB	Includes Physical infrastructure maintenance and equipment maintenance
ME A5.7	The facility has services of medical record department	Availability of Medical record services on 24x7 basis		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 of departmental signage for support service department		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	Medical records are provided to patient/ Next to kin on request		RR/OB	
Standard B3	**Facility maintains the privacy, confidentiality & Dignity of patient and related information.**				
ME B3.2	Confidentiality of patients records and clinical information is maintained	MRD has system to maintain Confidentiality of patient records		SI/RR	Patient records are not shared except the patient until it is authorized by law

Reference No.	Measurable 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		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	
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 diet		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free diet for BPL patients		PI/SI	
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	Dietary Department has adequate space as per requirement		OB	15-20 sq ft/bed space requirement for 100 and more than 100 bed hospital.
		Laundry Department has adequate space as per requirement		OB	Minimum space requirement 10sq ft/bed
		Medical record Department has adequate space as per requirement		OB	Minimum space requirement is 2.5 to 3,5 sq ft per bed
ME C1.3	Departments have layout and demarcated areas as per functions	Check Dietary department has demarcated and dedicated area for various activities		OB	Layout as per functional flow that is receipt, storage, daily storage, preparation, Cooking area ,Service area, dish washing area, Garbage collection area and administrative area.
		Check laundry department has demarcated and dedicated area for its various activities		OB	Layout as per functional flow that is from dirty end (receipt) to clean end (Issue). That is receipt, sorting, sluicing, washing, drying, ironing and issue

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of complaint box and display of process for grievance redressal and whom to contact is displayed		OB	Layout as per functional flow that is receipt, checking of completion of records, indexing and filling of records, storage.
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Availability of adequate circulation area for easy moment of staff , goods and food trolley in dietary department		OB	
		Availability of adequate circulation area for easy moment of staff, equipments and carts in laundry		OB	
		Availability of adequate circulation area in MRD		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	All support services department are connected with intercom		OB	
ME C1.6	Service counters are available as per patient load	Unidirectional flow of goods and services in dietary services		OB	
		Unidirectional flow of goods and services in laundry 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
ME C2.3	The facility ensures safety of electrical establishment	Support services departments does not have temporary connections and loosely hanging wires		OB	
		Equipments in wet areas like Laundry and Kitchen are equipped with ground fault protection and designed for wet conditions		OB	
ME C2.4	Physical condition of buildings are safe for providing patient care	Floors of the Support services are non slippery and even		OB	

Reference No.	Measurable 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	The building has sufficient fire exit to permit safe escape to its occupant at time of fire		OB/SI	dietary department laundry and Medical record department
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	dietary department laundry and Medical record department
		Dietary Department has plan for safe storage and handling of potentially flammable materials.		OB	Dietary Department
ME C3.2	The facility has adequate fire fighting Equipment	Fire Extinguisher that is Class A , Class B C type or ABC type are installed in adequate number at every strategic location		OB/RR	dietary department and Medical record department
		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	dietary department and Medical record department
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	
ME C4.4	The facility has adequate technicians/paramedics as per requirement	Availability of Dietician		SI/RR	
		Availability of MRD technician		SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of washer man		SI/RR	
		Availability of Cook		SI/RR	
		Availability of Data Entry operator for MRD		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Bio Medical waste Management		SI/RR	
		Infection Control Management		SI/RR	
		Training on Medical record Management		SI/RR	
ME C4.7	The Staff is skilled as per job description	MRD Staff is skilled for indexing and storage of Medical records		SI/RR	
		Laundry staff is skilled for segregating and processing of soiled and infectious linen		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
Standard C5	**Facility provides drugs and consumables required for assured list of services.**				
ME C5.2	The departments have adequate consumables at point of use	Availability of consumables at dietary department		OB/RR	Cap, gowns, gloves, Detergent for cleaning of utensil and Soap for hand washing
		Availability of consumables at laundry department		OB/RR	Detergent and disinfectant, Heavy utility gloves, apron.
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator
ME C6.6	Availability of functional equipment and instruments for support services	Availability of Equipments & utensils for Dietary department		OB	Refrigerator, LPG, food trolley and cooking utensils
		Availability of Equipments for Laundry		OB	Washing machine, drier, Iron, Separate trolley for clean and dirty linen
		Availability of Equipments for Medical record department		OB	Computer with scanner
		Availability of equipments for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of furniture and fixtures for Dietary department		OB	Exhaust fan, Storage containers, Work bench/slab, Utensil stand
		Availability of furniture and fixtures for laundry department		OB	Stand/ Hanger for drying of linen, Iron table, Cupboard
		Availability of furniture and fixtures for Medical record department		OB	Racks and cupboard, table, Sectional Drawer cabinet/ Shelves,
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	

Reference No.	Measurable 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 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 Kitchen		OB	
		Adequate Illumination at Laundry		OB	
		Adequate Illumination at Medical record department		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Hospital ensures unauthorised entry into dietary department is not permitted		OB/SI	
		Hospital ensures unauthorised entry into Laundry department is not permitted		OB/SI	
		Hospital ensures unauthorised entry into Medical record department is not permitted		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in dietary department		SI/RR	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in Laundry		SI/RR	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in Medical record Department		SI/RR	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.5	The facility has established measure for safety and security of female staff	Ask female staff weather they feel secure at work place		SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	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	Dietary department, laundry and medical record department
		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	Dietary department, laundry and medical record department
		Window panes , doors and other fixtures are intact		OB	Dietary department, laundry and medical record department
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Diet department		OB	Dietary department, laundry and medical record department
		No condemned/ Junk material in the Laundry		OB	
		No condemned/Junk material in the MRD		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/ rodent/birds		OB	Dietary department, laundry and medical record department
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	Dietary and laundry department
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back		OB/SI	For Laundry, Diet and MRD department
StandardD6	**Dietary services are available as per service provision and nutritional requirement of the patients.**				
ME D6.2	The facility provides diets according to nutritional requirements of the patients	Hospital has defined diet schedule for the patients.		RR/SI	
		Hospital has Special diet schedule for the critical ill patients suffering from Heart Disease, Hypertension, Diabetes, Pregnant Women, diarrhoea and renal patients		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D6.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	Dietary department has system to calculate the number of diets to be prepared		RR/SI	
		Dietary department has procedure for procurement of perishable and non perishable items		OB/SI/RR	Time interval for procurement of Perishable and non perishable items is fixed
		Perishable items are stored in the cold room or refrigerators.		OB	Like milk, cheese, butter, egg, vegetables, and fruits
		Non perishable items are kept in racks/ storage container, in ventilated room		OB	All the food items are stored above floor level.
		Food is prepared by trained staff, ensuring standards practices		OB/SI	
		There is a procedure for the distribution of the diet		SI/RR	Ensure diet is supplied at defined duration.
		Distribution of the food is done in covered food trolleys		OB	
		Dietary department has system to check the quality of food provided to patient		RR/SI	There is designated person preferably nurse in Ward to check the Quality of food
		Dietary department has procedure to collect and dispose of kitchen garbage at defined place		OB/SI	
		There is practice of calculating and maintaining buffer stock in Kitchen		SI/RR	
		Department maintained stock and expenditure register in Kitchen		RR/SI	
		There is system to replenish raw food material		RR/SI	
Standard D7	**The facility ensures clean linen to the patients**				
ME D7.1	The facility has adequate sets of linen	Hospital has sufficient set of linen available per bed		RR/SI	at least 5 sets for each functional bed
		Hospital/ department has inventory of total linen available with category wise distribution in every area		RR/SI	Patient, staff and bed linen

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME D7.3	The facility has standard procedures for handling , collection, transportation and washing of linen	Linen department has system for Periodic physical verification of linen inventory		RR/SI	To check the theft and pilferage
		Linen department has separate trolley for distribution of clean linen and collection of dirty linen		OB	
		Linen are transported into closed leak proof containers /bags		OB	
		Infectious and non infectious linen are transported into separate containers / bags		OB/RR	
		Linen department has system of sorting of different category of linen before putting in to washing machine		OB/RR	Soiled, infected fouled type of linen
		Linen department has procedure for sluicing of soiled, infected and fouled linen		OB/RR	
		Linen department has procedure to keep record of daily load received from each department		RR	
		Hospital has system/ designated person to check quality of washed linen		RR/SI	
		There is a fix time for collection for dirty linen and supply of clean linen		RR/SI	
		There is a system for verifying the quantity if linen received		RR/SI	
		There is procedure for condemnation of linen		RR/SI	
		There is system to check pilferage of linen from ward		RR/SI	Security guards keep vigil
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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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 Laundry department		RR/SI	
		There is designated in charge for Dietary department		RR/SI	
		There is designated in charge for MRD department		RR/SI	
ME D11.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Staff is 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 E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.6	Register/records are maintained as per guidelines	All register/records are identified and numbered		RR	
		Diet Registers are maintained at Kitchen		RR	
		Laundry registers are maintained at laundry		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Hospital has procedure for collection, Compilation and maintenance of patient's records after discharge		RR	
		Medical record department has system to check for completion of records		RR	Checking the records as per checklist for completion

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Medical record department has system for ICD coding /indexing the records		RR	May be as per ICD coding / indexing as per patient name, disease, diagnosis, physician and surgical procedure carried out
		Medical record department has system to generate statistics for clinical use		RR	Submitting the reports to required health authorities (Birth death notification, notification of communicable diseases etc)
		Medical record department has system to generate statistics for administrative use		RR	Hospital information system
		Medical record department has system for filling and safe storage of records		RR	
		Medical record department has procedure for retention/Preservation of records		RR	Retention is as per state guideline
		Medical record department has procedure for destruction of old records		RR	
		Medical records department has system for retrieval of records		RR/SI	
		Medical record department has procedure for production of records in Courts of law when summoned		RR/SI	In case of MLC
		Medical records are issued to authorized personnel only		RR/SI	To patient/next kin to patient
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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	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 F1.4	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
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 in kitchen		OB	Preferably in preparation and cooking area
		Availability of Running Water		OB/SI	Ask to Open the tap. Ask Staff water supply is regular
		Availability of soap with soap dish/ liquid antiseptic with dispenser		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		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		OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
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 for distribution of food		OB/SI	
		Availability of apron		OB/SI	
		Availability of caps		OB/SI	
		Availability of Heavy duty gloves for laundry		OB/SI	
		Availability of gum boats for laundry		OB/SI	
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, caps and aprons.		OB/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	Cleaning and decontamination of food preparation surfaces like cutting board		SI/OB	Ask the cleanliness and ask staff how frequent they clean it

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Cleaning of utensils and food trolleys		SI/OB	Check the cleanliness and how frequent they clean it
		Decontamination of heavily soiled linen		SI/OB	
		Cleaning of washing equipments		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Proper cleaning of items used for preparation and cooking of food		SI/OB	
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 in kitchen		OB	
		Facility layout ensures separation of routes for clean and dirty items in laundry		OB	
ME F5.2	Facility ensures availability of standard materials 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
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Surface & fixtures are visibly clean with no dust or debris		OB	
		Staff is trained for spill management		SI/RR	
		Floors are clean		OB	
		No stray animals in the facility/ Patient Care areas		OB	
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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Availability of 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 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	Disinfection of liquid waste before disposal		SI/OB	
		Daily disposal of food waste with general waste		SI/OB	
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	The hospital has system to take feed back regarding quality of diet		RR	
		The hospital has system to take feed back regarding cleanliness of linen provided		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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
ME G3.2	Facility has established external assurance programs at relevant departments	Kitchen is has system of regular external inspection by Designated officer authorities		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 Dietary department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
		Standard operating procedure for Laundry Department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB/RR	
		Standard operating procedure for Medical record 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	Record Department has documented procedure for indexing of the records		RR	
		Record Department has documented procedure for receiving, compiling, and maintaining records		RR	
		Record Department has documented procedure for issuing of the records		RR	
		Record Department has documented procedure for retention of records		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Record department has documented procedure for pest and rodent control		RR	
		Diet department has documented procedure for diet schedule		RR	
		Diet department has documented procedure for calculation of diet required in wards		RR	
		Diet department has documented procedure for procurement of food items		RR	
		Diet department has documented procedure for preparation and distribution of food		RR	
		Diet department has documented procedure to check the quality of food provided to the patient		RR	
		Diet department has documented procedure for disposal of remaining food		RR	
		Diet department has documented procedure for cleaning of kitchen and utensils		RR	
		Diet department has documented procedure for checkups of kitchen workers at defined intervals		RR	
		Linen department has documented procedure for collection, sorting and cleaning of linen		RR	
		Linen department has documented procedure for sluicing of the blood/ body fluid stained linen		RR	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Linen department has documented procedure for distribution of linen in all patient care area		RR	
		Linen department has documented procedure for physical verification of the linen for cleanliness or torn out		RR	
		Linen department has documented procedure for condemnation of linen		RR	
		Linen department has documented procedure corrective and preventive maintenance of laundry equipments		RR	
		Security department has documented procedure for duty hours		RR	
		Security department has documented procedure for control of incoming and outgoing items		RR	
		Security department has documented procedure for visiting hours in patient care area		RR	
		Security department has documented procedure for fire safety in hospital		RR	
		Security department has documented procedure for electrical safety		RR	
		Security department has documented procedure for training and drills of security 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 are displayed in Dietary Department		OB	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
		Work instruction are displayed in Laundry Department		OB	
		Work instruction are displayed for hospital cleaning			
		Work instruction are displayed in Dietary Department		OB	
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	Dietary department, laundry and medical record department
ME G6.2	The facility conducts the periodic prescription/ medical/death audits	Storage and compilation of records medical audit		RR/SI	
		Storage and compilation of records 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 objectice for Support services 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	

Reference No.	Measurable Element	Checkpoint	Compli-ance	Assessment Method	Means of Verification
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	
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 cases for which medical audit done		RR	
		No of cases for which death audit is done		RR	
		Linen Index		RR	No of bed sheets washed in a month (from laundry register) /patient bed days in the month
		Diet Index		RR	No. of meals provided in the month/no. of times meal served in a day * bed days
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 maternal deaths audited		RR	
		Proportion of newborn deaths audited		RR	
		Cycle for laundry services		RR	Time elapsed between collection of used linen and receiving clean linen
		Proportion of special diets		RR	No. of special diets (diabetic, hypertensive, semi solid or other diet) in the month*100/tital no. of diets provided in the month
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	Medical Audit Score		RR	
		Death Audit Score		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	Waiting time for getting handicap certificate		RR	
		Waiting time for getting death certificate		RR	
		Patient feedback on cleanliness of linen		RR	
		Patient feedback on quality of food		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

AUXILIARY SERVICES SCORE CARD	
Auxiliary Services 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 - 17

MORTUARY

Checklist for MORTUARY

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**The facility provides Curative Services**				
ME A1.14	Services are available for the time period as mandated	Availability of services 24X7		SI/RR	
Standard A5	**The facility provides support services**				
ME A5.8	The facility provides mortuary services	Dead bodies are kept till the relatives take over the bodies		SI/RR	
		Dead bodies are brought to hospital for medico legal post mortem work		SI/RR	
		Unclaimed bodies are kept till disposal is arrange		SI/RR	
		Facility for pathological post mortem		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 of departmental signage		OB	
		Restricted area signage are displayed		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's are available in local language and pictorial		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Post mortem records of deceased are issued to police/next kin of deceased as per state guideline		OB	
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 B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Religious and cultural preferences of deceased and relatives are taken in to consideration while handling over the body		OB/SI	
ME B2.3	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Availability of ramp/level ground for easy access of stretcher to mortuary/ post mortem room		OB	

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
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	There are arrangements that Post mortem room is not in direct line of sight of general public/ visitors		OB	Provision of curtain, screen or buffer area or any other in post mortem room
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of PM records are maintained for all MLC cases		RR/SI	
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 to deceased relative		PI/OB	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of HIV and suicidal cases		RR/SI	
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 B4.5	The facility has defined and established grievance redressed system in place	Availability of complaint box and display of process for grievance re redressed 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.**				
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 to acco-mmodate Post mortem and dead bodies load		OB	
ME C1.2	Patient amenities are provide as per patient load	Availability of setting arrangement		OB	
		Availability of adequate waiting area		OB	
		Availability of Drinking water		OB	
		Availability of functional toilets		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	Mortuary has reception and waiting area as per requirement		OB	Waiting area has space of 17.5 sq m along with toilet and drinking water facility
		Mortuary has cold room for body preservation of bodies as per requirement		OB	Cold room has area of 14 sq m and 6 cabinets for 101-300 beds and 8 cabinets for 301-500 beds

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
		Mortuary has post mortem room as per requirement		OB	Post mortem room has area of 17.5 sq m for 101-300 beds and 21 sq m for 301-500 beds
		Mortuary and post mortem has Ancillary area as per requirement		OB	Ancillary area consist of Consultant room, mortuary supervisor room and stores
		Cold room and autopsy room are interconnected		OB	Cold room should lead to entrance area into autopsy room
		Access way connected from hospital to mortuary is covered		OB	As protection in wet weather and as screen from adjoining area
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors of Mortuary area are wide enough to allow passage of trolleys		OB	Not less than 8 ft
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of deep freezer for storage 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)	Mortuary has functional linkage with hospital Emergency, OT and IPD etc.		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	Mortuary 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 Mortuary are thick, durable and can be easily cleaned		OB	
		Window have wire meshwork and intact window panes		OB	
		Floors of the Mortuary are non slippery and even		OB	

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
Standard C3	**The facility has established Programme for fire safety and other disaster**				
ME C3.2	The facility has adequate fire fighting Equipment	Fire Extinguisher that is Class A , Class C type or ABC type are installed in mortuary		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/ MO to conduct autopsy as per state norms		OB/RR	
ME C4.4	The facility has adequate technicians/ paramedics as per requirement	Availability of post mortem technician/ assistant as per state guideline		SI/RR	
ME C4.5	The facility has adequate support / general staff	Availability of sweeper in Mortuary		SI/RR	
		Availability of security staff in mortuary		SI/RR	
ME C4.6	The staff has been provided required training / skill sets	Infection control and hand hygiene		SI/RR	
		Bio Medical waste Management		SI/RR	
ME C4.7	The Staff is skilled as per job description	Staff is skilled for preservation of dead bodies in the mortuary		SI/RR	
		Staff is skilled for maintaining post mortem records		SI/RR	
Standard C5	**The facility provides drugs and consumables required for assured services.**				
ME C5.2	The departments have adequate consumables at point of use	Repairing Material		OB/RR	Thread, needle, cotton wool, wool waste, clothes, malleable wire, polythene bag, gloves, mask and apron
		Plastic bins		OB/RR	for fixing specimens
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	Weighting Mechanise. Platform scale Weighting Whole body, Balance to weight 100gm to 10 Kg, Balance to weight 0.2 gm to 10gm

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
ME C6.2	Availability of equipment & instruments for treatment procedures, being undertaken in the facility	Availability of Cutting Instruments trays		OB	Skull Cutter, Organ Knife blade, cartilage Knife, Caltin solid, Rib cutter, Brain knife, resection knife, Scissor (of varying sizes), forceps (of varying sizes)
ME C6.5	Availability of Equipment for Storage	Availability of Cabinets for storage of dead bodies		OB	Refrigerated body storage room, Instrument 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	Autoclave/ Boiler
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Post mortem table		OB	
		Availability of Fixtures		OB	Electrical fixture for storage cabinet
		Availability of furniture		OB	cupboard, counter for delivery of reports, table for preparation of reports 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 monitoring equipments 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 D2.5	The facility has established procedure for inventory management techniques	Department maintained stock and expenditure register		RR/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	
		Staff is aware of Hold over time of cold storage equipments		SI/RR	

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
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 post mortem table		OB	
		Adequate illumination at morgue		OB	
ME D3.2	The facility has provision of restriction of visitors in patient areas	Hospital ensures unauthorised entry into mortuary is not permitted		OB/SI	
ME D3.3	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in Mortuary		OB/RR	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.4	The facility has security system in place at patient care areas	Hospital has sound security system to manage overcrowding in Mortuary		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	
		Post-mortem table is intact and with out rust		OB	
ME D4.5	The facility has policy of removal of condemned junk material	No condemned/Junk material stored in the mortuary		OB	
ME D4.6	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/ birds		OB	

Reference No.	Measurable Element	Checkpoints	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	Availability of water in sinks, washbasin and post mortem table should be fitted with water hose
ME D5.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in mortuary		OB/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 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 E8	**The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Department has process for storage and retrieval of Medico-legal record		RR/SI	MLC case reports etc.
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 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/RR	

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
ME E16.4	The facility has standard procedures for conducting post-mortem, its recording and meeting its obligation under the law	Mortuary has system for categorize the dead bodies before preservation.		SI/RR	Main categorization in Non medico legal and medico legal which is further divided into Identified and Unknown
		Mortuary technician to maintain full records of body brought to mortuary			Check Mortuary register which contain details: Identification number, Name, Sex, age of deceased, date and time of death, identification mark of deceased and finger impression, details of near relative, weather autopsy is done or not, if done then date and time of autopsy, name of autopsy surgeon, date and time when body is placed in cold storage, length of body and breadth across should, list of valuables which have been removed from body, signature of technician, date and time of when body is removed & Name of relative/police collecting body.
		Mortuary has system to provide identification tag/wrist band for each stored dead body		RR/OB	Identification tag should be of plastic water proof type and carry information on full name,address,age,sex, registration number, date and time of death and when body kept for storage
		Mortuary has system for preparation of body before cold storage		RR/SI	
		Each cold storage door has holder for identification ticket		RR/OB	Check identification ticket is available on storage cabin containing dead body
		Name of deceased is written on board on wall of the room which list each cold storage compartment		RR/OB	
		Cold storage room has system to maintain temperature of cabinets		RR/OB/SI	Temperature should not be allowed to fall below 0oC for short duration preservation while to preserve the body for long time it must be deep frozen so -20oC temp must be kept for one compartment

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
		Hospital has system to intimate mortuary staff before sending body to mortuary		SI/RR	
		All bodies sent to mortuary is accompanied with copy of death certificate issued by hospital		SI/RR	
		Death Certificate and label is marked MLC in bold if medico legal cases		RR/OB	Check death certificate / dead body.
		Mortuary/Hospital has standard label fixed to winding cloth over upper part of body		RR/OB	The upper part of the body is taken out of mortuary cold storage room i.e. head for identification
		Mortuary has system for storage of unclaimed body for fixed duration as per state guideline		SI/RR	
		Mortuary has system for disposal of unclaimed bodies as per state guideline		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 F1.4	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
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

Reference No.	Measurable Element	Checkpoints	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	
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	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	
		Staff knows when to wear clean & Sterile gloves		OB/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 mortuary table		SI/OB	
		Decontamination of instrument after use		SI/OB	
		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
		Staff know how to make chlorine solution		SI/OB	
		Sterilization of mortuary equipment		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	High level disinfection by boiling or chemical done as per protocol at mortuary		SI/OB	
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	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.	Measurable Element	Checkpoints	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
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	
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

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
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	
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	
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 death in ward and emergency		RR	
		Department has documented procedure for receiving the body in mortuary		RR	
		Department has documented procedure for storage of the body in mortuary		RR	
		Department has documented procedure for temperature maintenance in cold store		RR	

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
		Department has documented procedure for corrective and preventive maintenance of cold stores		RR	
		Department has documented procedure for tagging of the dead bodies		RR	
		Department has documented procedure for maintenance of records		RR	
		Department has documented procedure sending the bodies for autopsy		RR	
		Department has documented procedure for hand over the body to deceased relatives		RR	
		Department has documented procedure for issuing the records to police and patient relatives		RR	
		Department has documented procedure for storage and send the viscera/tissue for further investigation		RR	
		Department has documented procedure for cleaning and upkeep of mortuary and post mortem room		RR	
ME G4.3	Staff is trained and aware of the procedures written in SOPs	Check if staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instructions are displayed		OB	Work Instruction for Dead body storage, receiving and issue of dead body
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	

Reference No.	Measurable Element	Checkpoints	Compli-ance	Assessment Method	Means of Verification
ME G6.3	The facility ensures that 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 is 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 mortuary 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	
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	
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	Proportion of non MLC cases		RR	
		Occupancy rate of cold storage for dead bodies		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	Mean storage time for dead body in cold storage		RR	
		Down time of Cold storage equipment		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	Waiting time for getting post mortem report in MLC cases		RR	
		Waiting time for carrying out post mortem		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

MORTUARY SCORE CARD	
Mortuary 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 - 18

GENERAL ADMINISTRATION

Checklist for GENERAL ADMINISTRATION

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
AREA OF CONCERN - A SERVICE PROVISION					
Standard A1	**Facility Provides Curative Services**				
ME A1.16.	The facility provides Accident & Emergency Services	Availability of functional A& E department		SI/OB	
		Availability of functional disaster management unit		SI/OB	
ME A1.17.	The facility provides Intensive care Services	Availability of functional Intensive care unit		SI/OB	
ME A1.18.	The facility provides Blood bank & transfusion services	Availability of functional Blood Bank		SI/OB	
Standard A2	**Facility provides RMNCHA Services**				
ME A 2.1.	The facility provides Reproductive health Services	Availability of Post Partum unit at the facility		SI/OB	
ME A2.3.	The facility provides Newborn health Services	Availability of functional SNCU		SI/OB	
ME A2.4.	The facility provides Child health Services	Availability of Functional NRC		SI/OB	
		Availability of dedicated paediatric ward		SI/OB	
		Availability District Early Intervention Centre (DEIC)		SI/OB	
Standard A3	**Facility Provides diagnostic Services**				
ME A3.1.	The facility provides Radiology Services	Availability of X-Ray Unit		SI/OB	Availability of in-house services. Partial Compliance if it is outsourced
		Availability of Ultrasound services		SI/OB	Availability of in-house services. Partial Compliance if it is outsourced
		Availability of CT scan		SI/OB	
ME A3.3	The facility Provides Laboratory Services	Availability of In-house lab		SI/OB	If lab is outsourced than give partial compliance

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A 3.3	The facility provides other diagnostic services, as mandated	Availability of ECG Services		SI/OB	
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	Formation of District Apex Group		SI/RR	Headed by Dermatologist/ Physician along with specialists of Orthopaedics/ General Surgery, Ophthalmology, assisted by Physiotherapist and laboratory Technician
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability Functional ICTC is available		SI/OB	
		Availability Functional ART centre is available		SI/OB	
ME A4.7.	The facility provides services under National Programme for the health care of the elderly as per guidelines	Availability of geriatric ward/Clinic		SI/OB	
ME A4.8.	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per guidelines	Availability of CCU		SI/OB	
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	Hospital has System for immediate reporting of ant disease out break authorities		SI/RR	
		A Nodal person is designated for collecting and reporting data to IDSP cell		SI/RR	
		Hospital disseminate the list of conditions to be reported to all clinical department		SI/RR	
Standard A5	**Facility provides support services**				
ME A5.1.	The facility provides dietary services	Availability of dietary service		SI/OB	
ME A5.2.	The facility provides laundry services	Availability of laundry services		SI/OB	
ME A5.3.	The facility provides security services	Availability of security services		SI/OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A5.4.	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	
ME A5.5.	The facility ensures maintenance services	Availability of maintenance services		SI/OB	
ME A5.6.	The facility provides pharmacy services	Availability of drug storage and dispensing services		SI/OB	
ME A5.7.	The facility has services of medical record department	Availability of Medical record services		SI/OB	
ME A5.8	The facility provides mortuary services	Availability of mortuary services		SI/OB	
Standard A6	**Health services provided at the facility are appropriate to community needs.**				
ME A 6.1.	The facility provides curatives & preventive services for the health problems and diseases, prevalent locally.	Availability of 300 indoor functional beds per ten lakh population		SI/RR	
ME A 6.2.	There is process for consulting community/ or their representatives when planning or revising scope of services of the facility	Community representative are Consulted while revising or expanding the scope of service		SI/RR	
		User charges if any are decided in consultation with user groups /RKS		SI/RR	
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	Name of the facility prominently displayed at front of hospital building		OB	
		Hospital lay out with location and name of the departments are displayed at the entrance.		OB	
		Hospital has established directional signage		OB	
		List of departments are displayed		OB	
		All signage are in uniform colour scheme		OB	
		Signage's are user friendly and pictorial		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.2	The facility displays the services and entitlements available in its departments	Services not available are displayed		OB	
		Availability of administrative services like handicap certificate, death certificate services are displayed.		OB	
		Processing time for issuing documents and Medical records are displayed		OB	
		Mandatory information under RTI is displayed		OB	
ME B1.3.	The facility has established citizen charter, which is followed at all levels	Citizen charter is established in the facility		OB	
		Citizen charter includes the service Available at the facility		OB	
		Citizen Charter Includes the Timings of different services available		OB	
		Citizen Charter Includes Rights of Patients		OB	
		Citizen Charter Includes Responsibilities of Patients and Visitors		OB	
		Citizen Charters Includes Beds available		OB	
		Citizen Charter Includes the Standards and Quality of services Provided		OB	
		Citizen Charters Includes Complaints and Grievances Mechanism		OB	
		Citizen Charter Includes Mention of Services available on payment if any		OB	
		Citizen Charter Includes about person and place avail Information and assistance		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Citizen Charter Includes the Cycle time for Critical Processes		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	Facility prepares a comprehensive list of user charges and display at strategic point in the hospital		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 visitor through an exclusive set-up.	A dedicated facilitation counter/ rogi sahayata kendra available		OB	
		Information regarding services available at the counter		OB	
		Important contact no. are available at the counter		OB	
		Availability of ASHA help desk		OB	
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	Hospital has defined policy for non discrimination according to gender		SI/PI	
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services	Availability of complaint box and display of process for grievance redresaal and whom to contact is displayed		PI/RR	
		Environment of the health facility should be inclusive of all religious faiths		OB	
		Staff is respectful to patients religious and cultural beliefs		PI/SI	
		Hospital has defined policy to ensure the religious and cultural preferences of the patient		RR/SI	
ME B2.3.	Access to facility is provided without any physical barrier & and friendly to people with disabilities	Approach road to hospital is accessible without congestion or encroachment		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Internal Pathways and corridors of the facility are without any obstruction / Protruding Object		OB	
		There are no open manholes/Potholes at access road and internal pathways		OB	
		Hospital has defined policy to provide barrier free services to patient		OB	
		Ramps shall have a slope of conducive for use		OB	Gradient not be steeper than 1:12
		Ramps are provide with slip resistance surface		OB	
		Ramps shall have adequate width		OB	at least 120 cm
		Warning blocks have been provide at beginning and end of the ramp and Stairs		OB	To aid people with visual impairment
		Hand rails are provided with stairs		OB	
		Facility conducts periodic Access Audits		OB	
		Hospital has defined policy for providing disable friendly services		OB	
		Parking area is earmarked for People with disabilities		OB	
		Symbol of Access is displayed at the facilities available for people with disabilities		OB	Ramps, Wheel Chair Bay, Lifts, Toilets
ME B2.4	There is no discrimination on basis of social and economic status of the patients	There is no discrimination on basis of social and economic status of the patients		PI/SI	
		Hospital has defined policy for ensuring non discrimination on basis of social and economic status of the patient		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B2.5	There is affirmative actions to ensure that vulnerable sections can access services	There are arrangement and Linkages for care of terminally ill patients		RR/SI	Linkage for Palliative Care , Hospice
		There are Linkages for care , Counselling and Protection of Victims of Violence including domestic violence		RR/SI	Linkages with NGOS, Police Mediation Cell
		There are arrangements of for adequate care and post discharge support of Orphan patients including homeless children		RR/SI	Linkages with NGOS , Orphan, old age home, Children home
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	Hospital has defined policy for maintenance of privacy of patients		RR/SI	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Hospital has defined policy for maintenance of patient records and clinical information		RR/SI	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Hospital defines and communicate policy regarding decent communication and courteous behaviour towards the patient and visitors		RR/SI	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Hospital defines the policy for privacy and confidentiality of the patient and condition related with social stigma and vulnerable groups		RR/SI	
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	Hospital define policy for taking consent.		RR/SI	
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 of patients rights responsibilities		SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is regularly sensitize about rights and responsibilities of the patient		SI/RR	
ME B4.5.	The facility has defined and established grievance redressal system in place	Availability of complaint box at administrative office and display of process for grievance re Redressal and whom to contact is displayed		OB	
		Hospital defines policy for grievance redressal mechanism		RR/SI	
		There is defined frequency of collecting complaints from complaint box		RR/SI	
		Records of patient complaints suggestion are maintained		RR	
		There is system of periodic review of patient complaints		RR/SI	
		There is evidence of action taken on complaints		RR	
		Action taken are informed to the complainant		RR	
Standard B1	**The facility ensures that there are no financial barriers 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	Hospital establish policy for providing free services for GoI and state scheme		RR/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Hospital has established policy for providing all drugs in the EDL free of cost		RR/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Hospital has established policy for providing all diagnostics free of cost		RR/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Methods for verification of documents of patient is user friendly		PI/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Hospital has established policy to provide free of cost treatment to BPL patients		RR/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	Hospital has establish policy for timely Reimbursement and payment to beneficiaries		RR/SI	
ME B5.6	The facility ensure implementation of health insurance schemes as per National /state scheme	Availability of dedicated RSBY help desk		OB	
		Finger print verification is done through a finger print scanner		OB/SI/RR	
		All tests and drugs are covered under RSBY		RR/SI/PI	
		Services and entitlements available under RSBY are prominently displayed		OB	
		Manual process is in place in case smart card is not working		RR/SI	
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	Residential quarters are for clinical and support staff		OB/RR	
		Hospital has adequate space as per bed strength		OB/RR	80 to 85 sqm per bed .
ME C1.2.	Patient amenities are provide as per patient load	Availability of public toilet for visitors		OB	
		Availability of dharmshala/stay facility for attendants		OB	
		Adequate number of Staff toilets available in proximity to duty area		OB/SI	
		Adequate number of Staff change room available in proximity to duty area		OB/SI	
		Separate cafeteria for patient and their relatives		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cafeteria/ Recreation room for staff		OB/SI	
		Availability of Staff amenities at nursing station and duty room		OB/SI	
ME C1.3.	Departments have layout and demarcated areas as per functions	Hospital has independent entry for emergency, OPD and support services/staff		OB	
		Corridors shall be at Wide to accommodate the daily traffic.		OB	
		The general traffic should not pass through the indoor/ critical patient care area		OB	
		Ambulatory services are located in outermost zone		OB	OPD, Emergency and Administrative offices are situated in near the entry/ exit of the hospital with direct access from approach road
		Clinical support Services are located in proximity to outer zone		OB	Lab , Radiology and Pharmacy
		Procedure and Intensive Care areas are located in Middle zone of the Hospital		OB	Operation Theatre, ICU, SNCU, Labour Room
		Indoor area are located in Inner zone of the Hospital		OB	Wards and Nursing Units are located in inner most area
ME C1.4.	The facility has adequate circulation area and open spaces according to need and local law	Corridors shall be at Wide to accommodate the daily traffic.		OB	
		Facility maintains open area as per floor area ratio mandated by authorities		OB	
ME C1.5.	The facility has infrastructure for intramural and extramural communication	Hospital has 24X7 functional telephone connection		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is designated person to answer the telephone enquiries		OB/SI/RR	
		Hospital has broadband internet connectivity		OB	
		There is establish system for managing postal communication		OB/RR	Records are maintained for received and dispatched communication
		There is established system for internal movement of documents and communication		OB/RR	System for communicating circulars, notices and orders etc.
		There is assigned person for managing internal and external movement of documents and communications		OB/RR	
		General notices and information are displayed at notice boards at relevant points		OB/RR	
		There is system of removal of old notices and updating the notice board		OB/RR	
ME C1.6	Service counters are available as per patient load	Availability of admission counter as per load		OB/RR	
ME C1.7.	The facility and departments are planned to ensure structure follows the function/processes (Structure commensurate with the function of the hospital)	There is no crises cross between General and Patient Traffic		OB	
Standard C2	**The facility ensures the physical safety of the infrastructure.**				
ME C2.1.	The facility ensures the seismic safety of the infrastructure	Facility has been surveyed by Structural engineer for seismic vulnerability		OB/RR	Ask for records of survey
		Structural Components been made earthquake proof		OB/RR	Check for records of in correction has been done to strengthen structural components like columns, beams, slabs, walls etc.

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Foundation of buildings are adequate		OB/RR	Check for any information available about the depth of foundation. Its should not be less the 1.5 meters
		There is no irregularity in height of different stories		OB/RR	In multi story building height of the story should be of same height (Difference should not be more than 5%.
ME C2.2.	The facility ensures safety of lifts and lifts have required certificate from the designated bodies/ board	Lifts are installed with Automatic Rescue device.		OB/RR	
		Every lift has Emergency Alarm System		OB/RR	
		Periodic Maintenance of lift		OB/RR	
		Licence for lift operation		OB/RR	
ME C2.3.	The facility ensures safety of electrical establishment	Facility has mechanism for periodical check / test of all electrical installation by competent electrical Engineer		OB/RR	
		Facility has system for power audit of unit at defined intervals		OB/RR	
		Danger sign is displayed at High voltage electrical installation		OB	
		All electrical panels are covered and has restricted access		OB	
		Personal protective equipments are available with electrician		OB/SI	
ME C2.4.	Physical condition of buildings are safe for providing patient care	Windows have grills and wire meshwork		OB	
		Building including walls, roofs, floor, windows , balconies and terraces are maintained		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Terrace, roof, balconies and stair case have protective railing		OB	
		Hospital premises has intact boundary wall		OB	
		Hospital has functional gate with provision of cow catcher		OB	
		There is system of periodic inspection of patient care areas of safety related issues		OB	
		Hospital building including walls, roofs, floor, windows , balconies and terraces are maintained		OB	
		Access to roof and terraces are restricted		OB	
		Terrace, roof, balconies and stair case have protective railing		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	Check the fire exits provide egress to exterior of the building or to exterior open space		OB	
		Check the fire exits are free from obstruction		OB	
		Facility has conducted fire safety audit by competent authority		OB/RR	
		Evacuation plan is displayed at critical areas		OB	
		Facility has defined and implemented evacuation plan in case of fire		OB/RR	
		No smoking sign displayed inside and outside the working area		OB/RR	
ME C3.2.	The facility has adequate fire fighting Equipment	Facility has fire safety alarm		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is system to track the expiry dates and periodic refilling of the extinguishers		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	Periodic Training is provided for using fire extinguishers		OB/RR	
		Periodic mock drills are conducted		OB/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 General Surgeon		OB/RR/SI	As per patient load
		Availability of Obstetric & Gynae Specialist		OB/RR/SI	As per patient load
		Availability of General Medicine specialist		OB/RR/SI	
		Availability of Paediatrician		OB/RR/SI	As per patient load
		Availability of Anaesthetics		OB/RR/SI	As per patient load
		Availability of Ophthalmologist		OB/RR/SI	As per patient load
		Availability of Orthopaedic Surgeon		OB/RR/SI	As per patient load
		Availability of Radiologist		OB/RR/SI	As per patient load
		Availability of Pathologist		OB/RR/SI	As per patient load
		Availability of ENT specialist		OB/RR/SI	As per patient load
		Availability of Dentist		OB/RR/SI	As per patient load
		Availability of Dermatologist		OB/RR/SI	As per patient load
		Availability of Psychiatrist		OB/RR/SI	As per patient load
		Availability of Microbiologist		OB/RR/SI	As per patient load
		Availability of AYUSH Doctors		OB/RR/SI	As per patient load
ME C4.2.	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctors		OB/RR/SI	As per patient 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

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C4.4.	The facility has adequate technicians/paramedics as per requirement	Availability Lab Tech		OB/RR/SI	As per patient load
		Availability Pharmacist		SI/RR	As per patient load
		Availability Radiographer		SI/RR	As per patient load
		Availability ECG Tech/Eco		SI/RR	As per patient load
		Availability Audiometrician		SI/RR	As per patient load
		Availability Optha. Technician/ Referactionist		SI/RR	As per patient load
		Availability Dietician		SI/RR	As per patient load
		Availability Physiotherapist		SI/RR	As per patient load
		Availability O.T. technician		SI/RR	As per patient load
		Counsellor		SI/RR	As per patient load
		Dental Technician		SI/RR	As per patient load
		Rehabilitation Therapist		SI/RR	As per patient load
		Biomedical Engineer		SI/RR	As per patient load
ME C4.5.	The facility has adequate support / general staff	Availability of storekeeper		SI/RR	
		Availability of Housekeeping supervisor/In charge		SI/RR	
		Availability of security In charge		SI/RR	
ME C4.6.	The staff has been provided required training / skill sets	Facility conduct training need assessment periodically for all cadre of staff		SI/RR	
		Facility has program for continuous medical education for doctors and nursing staff		SI/RR	
		Facility prepares training calendar as per training need assessment		SI/RR	
		Training feed back is taking and records are maintained for training		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Details and Records of training provided are available with unit		SI/RR	
		Training on Disaster Management		SI/RR	
		Training on Cardio Pulmonary resuscitation		SI/RR	
		Training on staff Safety		SI/RR	
		Training on Measuring Hospital Performance Indicators		SI/RR	
		Training on facility level Quality Assurance		SI/RR	
ME C4.7.	The Staff is skilled as per job description	Hospital has policy for regular competence testing as per job description.		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	Hospital has policy to ensure drugs at all point of use as per state EDL		SI/RR	
Standard C6	**The facility has equipment & instruments required for assured list of services.**				
ME C6.6	Availability of functional equipment and instruments for support services	Availability of equipments for Facility management		OB	Equipments for horticulture, electrical repair, plumbing material etc
		Availability of equipments for processing of Bio medical waste		OB	Autoclave and mutilator
ME C6.7	Departments have patient furniture and fixtures as per load and service provision	Availability of fixture for administrative office		OB	
		Availability of furniture for administrative office		OB	
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	Facility has contract agency for maintenance for equipments		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Contact details of the agencies responsible for maintenance are communicated to the staff		SI/RR	
		Asset list of all equipments are maintained		SI/RR	
		There is system to maintain records of down time of equipments		SI/RR	
		Indexing of all equipments is done		SI/RR	
		All equipments are covered under AMC including preventive maintenance for computers and other IT equipments		SI/RR	
		There is system of timely corrective break down maintenance of the for computers and other IT equipments		SI/RR	
ME D1.2.	The facility has established procedure for internal and external calibration of measuring Equipment	Facility has contracted agency for calibration of equipments.		SI/RR	
		Records of the calibrated equipments are maintained		RR	
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.**				
ME D2.4	The facility ensures management of expiry and near expiry drugs	Hospital has system to ensure that short expiry drugs are not procured		SI/RR	
		Hospital has process for proper disposal and prevention of unintended use of expired drugs		SI/RR	
ME D2.5	The facility has established procedure for inventory management techniques	Hospital implements scientific inventory management system according to their needs		OB/RR/SI	ABC, VED, FSN,FIFO
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	Hospital has policy that there is no stock out of the drugs and consumables at patient care area		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Hospital has a policy for ensuring proper management and restriction of unintended use of narcotic substance and psychotropic drugs as per prevalent law		RR/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 in open area at night		OB	
		Adequate illumination in circulation area		OB	Stairs, corridor and waiting area
		Adequate illumination in toilets		OB	
		Hospital periodically measure illumination at different area of the hospitals		OB	
		Adequate illumination at approach roads to hospital		OB	
ME D3.2.	The facility has provision of restriction of visitors in patient areas	There is restriction on entry of vendors and hawkers inside the premise of the hospital		OB	
		Hospital has visitor policy in place		OB/RR	
		Hospital has policy for restriction of media person in side the hospital		OB/RR	
		Hospital implement visitor pass area for indoor areas		OB/RR	
ME D3.4.	The facility has security system in place at patient care areas	Hospital has in-house/outsourced security system in place		RR/SI	
		Duty roaster is available for security staff		RR/SI	
		Training and Drills of security staff is done		RR/SI	
		Security staff is aware of patient right, visitor policy and disaster Management		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is system for supervision of security staff		RR/SI	
		Facility has a security plan for deputation of guard at different location		RR/SI	
		Responsibility and timing of opening and closing different department is fixed and documented		RR/SI	
		There is established procedure for safe custody of keys		RR/SI/OB	
		There is procedure for handing over the keys at the time of shift change		RR/SI	
		Hospital has system to manage violence / mass situation		RR/SI	
ME D3.5.	The facility has established measure for safety and security of female staff	No female stff is posted alone at night		SI	
		Where ever there are male employees/ patients female staff are posted in pairs		SI/RR	
		Timing of the shift is arranged keeping in mind the safety of female staff		SI/RR	
		Committee against sexual harassment is constituted at the facility		RR/SI	
		Staff has been provided awareness training on Gender issues		RR/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	Boundary Walls of building is plastered and whitewashed.		OB	
		No unwanted/ outdated posters on hospital boundary and building walls		OB	
		Hospital Buildings are in uniform colour scheme		OB	
		Hospital has system to whitewash the building periodically		OB/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D4.2.	Patient care areas are clean and hygienic	General waste from hospital is removed daily by municipal/ outsourced agency		OB/RR	
		Every department has Schedule of cleaning		SI/RR	Every department has schedule for inspection of cleaning work
ME D4.3.	Hospital infrastructure is adequately maintained	Hospital has system for periodic maintenance of infrastructure at defined interval		OB/RR	
		There is no clogged/ over flowing drain in facility		OB	
		Hospital sewage is linked with municipal drainage system		OB/SI/RR	
		Facility has a closed drainage system		OB	
		Intramural roads are in good condition without potholes/ ditches		OB	
		Facility has a annual maintenance plan for its infrastructure		RR/SI	
ME D4.4.	Hospital maintains the open area and landscaping of them	Availability of parking space as per requirement		OB	
		Dedicated parking space for ambulances		OB	
		No water logging in side the premises of the hospital		OB	
		There is no abandoned / dilapidated building in the premises		OB	
		Proper landscaping and maintenance of trees, garden		OB	
		There shall be no encroachment in and around the hospital		OB	
		Hospital has rain water harvesting facility		OB	
		Hospital has Herbal garden		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D4.5.	The facility has policy of removal of condemned junk material	Hospital has condemnation policy in place		RR/SI	
		Periodic removal of junk material done		OB/RR	
		Hospital has designated covered place to keep junk/ condemned material		OB	
		No junk/condemned articles in open spaces		OB	
ME D4.6.	The facility has established procedures for pest, rodent and animal control	Pest control measures are evident at facility		RR/SI	
		Anti Termite treatment of the wooden furniture		RR/SI	
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	Hospital has adequate water storage facility as per requirements		OB/RR/SI	450-500 Litres per bed per day
		Hospital has adequate water supply from municipal /under ground source		OB/SI	
		All water tanks are kept tightly closed		OB	
		Periodic cleaning of water tanks carried out		OB/RR	Records of cleaning is maintained
		Hospitals periodically tests the quality of water from the source (municipal supply, bore well etc) for bacterial and chemical content		RR	
		Chlorination of water is done as per requirement		RR	
		RO/ Filters are available for potable drinking water		OB	
		Hospital ensures that the distribution pipelines are not running in close vicinity of the sewage system.		RR/SI	
ME D5.2.	The facility ensures adequate power backup in all patient care areas as per load	Availability of noiseless generators for power back up		OB/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Estimation of power consumption of different department of hospitals is done		RR/SI	
		Generator has adequate capacity to provide 24x7 power back at least critical areas		RR/SI	
		Hospital has dedicated sub station for electrical supply		OB/RR/SI	
		Hospital has adequate power supply connection		RR/SI	3Kw to 5Kw per bed
		Use of energy efficient bulbs for light		SI	
ME D5.3.	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Manifold room is located on ground floor		OB	
		Manifold room has adequate stock of Oxygen and Nitrogen Cylinders		OB/SI	At least for three days
		Cylinders banks are in duplicate		OB/RR/SI	Check for there two dedicated banks - Running and reserve fitted with automatic changeover device
		Colour of gas pipeline and Gas Cylinder are as per standards		OB/RR	
		Alarm system has been provided to indicate any abnormal pressure change		RR/SI	
		There is procedure for prompt replacement of empty cylinders with filled cylinders		SI/RR/OB	
		There is a procedure for periodic checking of all terminal units for malfunctioning		SI/RR	
		Entry to Manifold room is prohibited		OB/SI	
		Instruction for operating different equipment clearly displayed		OB	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D7	**The facility ensures clean linen to the patients.**				
ME D7.2	The facility has established procedures for changing of linen in patient care areas	Hospital has policy to change linen		RR/SI	
Standard D8	**The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.**				
	The facility has established procedures for management of activities of Rogi Kalyan Samitis	Hospital Management Society/RKS is registered under societies registration act		RR	
		Availability of Income tax exemption certificate for donations		RR	
		RKS meeting are held at prescribed interval		RR	
		Minutes of meeting are recorded		RR	
		Participation of community representatives/NGO is ensured		RR	
		RKS reviews the patient complaint/ feedback and action taken		RR	
		RKS generates its own resources from donation/leasing of space		RR/SI	
ME D8.2.	The facility has established procedures for community based monitoring of its services	Community based monitoring/social audits are done at periodic intervals		RR/SI	
		Facility communicate updated information on Quality of services		RR/SI	
		Facility conducts public hearing at regular intervals		RR/SI	
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	There is system to track and ensure that funds are received on time		RR/SI	
		Funds/Grants provided are utilized in specific time limit		RR	
		There is no backlog in payment to beneficiaries as per their entitlement under different schemes		RR/PI	E.g.; Payment for JSY and Family planning

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Payment to ASHA done on time		RR/PI	
		Salaries and compensation are provided to contractual staff on time		RR/SI	
		Facility provides utilization certificate for funds on time		RR	
ME D9.2.	The facility ensures proper planning and requisition of resources based on its need	Facility prioritize the resource available		RR/SI	
		Requirement for funds are sent to state on time		RR/SI	
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	Availability of valid No objection Certificate from fire safety authority		RR	
		Availability of authorization for handling Bio Medical waste from pollution control board		RR	
		Availability of certificate of inspection of electrical installation		RR	
		Availability of licence for operating lift		RR	
ME D10.2.	Updated copies of relevant laws, regulations and government orders are available at the facility	Availability of copy of Bio medical waste management and handling rule 1998		RR	
		Drug and cosmetic Act 2005		RR	
		Safety code for Medical diagnostic X ray equipment and installation		RR	AERB safety code no. AERB/SC/ MED-2(Rev 1)
		Narcotics and Psychotropic substances act 1985		RR	
		Code of Medical ethics 2002		RR	
		Nursing Council Act		RR	
		Medical Termination of Pregnancy 1971		RR	
		Person with disability Act 1995		RR	
		Pre conception pre natal diagnostic test 1996		RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Right to information act 2005		RR	
		Indian Tobacco control Act 2003		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	Job description of Specialist Doctor is defined and communicated		RR	Regular + contractual
		Job description of General duty Doctor is defined and communicated		RR	Regular + contractual
		Job description of nursing staff is defined and communicated		RR	Regular + contractual
		Job description of paramedic staff is defined and communicated		RR	Regular + contractual. Lab technician, X ray technician, OT technician, MRD technician etc.
		Job description of counsellor is defined and communicated		RR	Regular + contractual
		Job description of ward boy is defined and communicated		RR	Regular + contractual
		Job description of security staff is defined and communicated		RR	Regular + contractual
		Job description of cleaning staff is defined and communicated		RR	Regular + contractual
		Job description of Administrative staff is defined and communicated		RR	Regular + Contractual MS, Hospital Manager, supervisor, Matron, Ward Master. Pharmacist etc.
ME D11.2.	The facility has a established procedure for duty roster and deputation to different departments	Duty roster of doctors is prepared, updated and communicated		RR/SI	
		Duty roster of Nurses is prepared, updated and communicated		RR/SI	
		Duty roster of Paramedics is prepared, updated and communicated		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Duty roster of Cleaning staff is prepared, updated and communicated		RR/SI	
		Duty roster of security staff is prepared, updated and communicated		RR/SI	
		There is provision of Rotatory posting of staff		RR/SI	
		Facility has established line of reporting for clinical and administrative staff		RR/SI	
ME D11.3.	The facility ensures the adherence to dress code as mandated by its administration / the health department	Facility has policy for dress code for different cadre of hospital.		RR/SI	
		I Cards have been provided to staff		OB	
		Name plate have been provided to staff		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	Valid contract for disposal for Bio Medical waste with common treatment facility		RR	
		Selection of outsourced agencies done through competitive tendering system		RR	
		Eligibility criteria is explicitly defined as per term of reference		RR	
		There is system to make payment as per adequacy and quality of services provided by the vendor		RR	Check for that Contract document has provision for dedication of payment if quality of services is not good
		Payment to the outsourced services are made on time		RR	
ME D12.2.	There is a system of periodic review of quality of out sourced services	Facility as defined criteria for assessment of quality of outsourced services		RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Regular monitoring and evaluation of staff is done according against defined criteria		RR	
		Actions are taken against non compliance / deviation from contractual obligations		RR/SI	
		Records of blacklisted vendors are available with facility		RR	
AREA OF CONCERN - E CLINICAL SERVICES					
Standard E1	**The facility has defined procedures for registration, consultation and admission of patients.**				
ME E1.3	There is established procedure for admission of patients	Facility ensures that there is process for admission of patients after routine working hours		RR/SI	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	Facility updates daily availability of vacant patient beds in different in door units		RR/SI/PI	
		Facility has established plan for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak		RR/SI	
		Facility has policy for internal adjustment of the patient within cold wards for accommodating patient as extra temporary measure		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	Facility has established policy for co ordination and handover during interdepartmental transfer		RR/SI	
		There is a policy for consultation of the patient to other specialist with in the hospital		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	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.	There is policy for referral of patient for which services can not be provided at the facility		RR/SI	
		Facility maintain list of higher centres where patient can be managed.		RR/SI	
		Facility ensures the referral patient to public healthcare facilities		RR/SI	
		Facility defines and communicate referral criteria for different departments		RR/SI	
		There is system to check that patient are not unduly referred for the services those can be available at the facility		RR/OB	
ME E3.4	Facility is connected to medical colleges through telemedicine services	There is functional telemedicine centre		OB	
		Telemedicine services are utilized for continual medical education		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 policy for identification of patient before any clinical procedure		RR/SI	
ME E4.2.	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a policy for ensuring accuracy of verbal/telephonic orders		RR/SI	
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Hospital has policy for patient hand over during shift change		RR/SI	
ME E4.4	Nursing records are maintained	Hospital has policy for maintaining nursing records		RR/SI	
ME E4.5	There is procedure for periodic monitoring of patients	There is policy for periodic monitoring of patient		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	Hospital identify and communicate the category of patient considered as vulnerable		OB/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	Hospital identify and communicate the category of patient considered as high risk		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	Facility has policy and enabling order for prescribing drugs in generic drug only		RR	
ME E6.2	There is procedure of rational use of drugs	Facility provides adequate copies of STG to respective department		SI/RR	
		Facility maintains a list of updated version of STG		RR	
		Facility provides training on use of STG		SI/RR	
Standard E7	**Facility has defined procedures for safe drug administration**				
ME E7.3	There is a procedure to check drug before administration/ dispensing	Facility has policy for reporting of adverse drug reaction		RR/SI	
Standard E8	**Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage**				
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Hospital has policy for retention period for different kinds of records		RR	
		Hospital has policy for safe disposal of records		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	Hospital has prepared disaster plan		RR	
		Disaster management committee has been constituted		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/RR	
ME E16.3	The facility has standard operating procedure for end of life support	Facility has established has established policy of end of life care		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard ME 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	Facility has established produce for reporting and follow up of AEFI		SI/RR	
		Staff is trained for detecting , managing and reporting of AEFIs		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 F1.1.	Facility has functional infection control committee	Infection control committee constitute at the facility		SI/RR	
		ICC is approved by appropriate authority		SI/RR	
		Roles and responsibilities are defined and communicated to its members		SI/RR	
		ICC meet at periodic time interval		SI/RR	
		Records of Infection control activities are maintained		SI/RR	
ME F1.2.	Facility has provision for Passive and active culture surveillance of critical & high risk areas	Facility has in-house/ linkage with microbiology lab for culture surveillance		SI/RR	
		There is defined format for requisition and reporting of culture surveillance		SI/RR	
		Reports of culture surveillance are collated and analyzed		SI/RR	
		Feedback is given to the respective departments		SI/RR	
ME F1.3	Facility measures hospital associated infection rates	Sample are taken for culture to detect HAI in suspected cases.		SI/RR	
		There is defined criteria and format for reporting HAI based on clinical observation		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Reports from different department are collated and analyzed		SI/RR	
		Feedback is given to the respective departments		SI/RR	
ME F1.4.	There is Provision of Periodic Medical Checkups and immunization of staff	Records of immunization available		SI/RR	
		Records of Medical Checkups are available		SI/RR	
ME F1.5.	Facility has established procedures for regular monitoring of infection control practices	There is designated person for Co coordinating infection control activities		SI/RR	Infection control nurse
		There is defined format/checklist for monitoring of hand washing and infection control practices		SI/RR	
ME F1.6.	Facility has defined and established antibiotic policy	Facility has antibiotic policy in place		SI/RR	
		There is system for reporting Anti Microbial Resistance with in the facility		SI/RR	
		Antibiotic policy includes plan for identifying, transferring , discharging and readmitting patients with specific antimicrobial resistant pathogen		SI/RR	
		Policy Includes Rational Use of Antibiotics		SI/RR	
		Standard treatment guidelines are followed while developing Antibiotic Policy		SI/RR	
		There is procedure for periodic Laboratory Surveillance for Antibiotic Resistance		SI/RR	
		Facility Measures the Antibiotic Consumption Rates		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	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	Facility ensures uninterrupted and adequate supply of antiseptic soap and alcohol hand rub in all departments		SI/RR	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Check for the records that training have been provided		SI/RR	
ME F2.3	Facility ensures standard practices and materials for antisepsis	Facility ensures uninterrupted and adequate supply of antiseptics		SI/RR	
Standard F3	**The facility ensures standard practices and materials for Personal protection.**				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Availability of Heavy duty gloves for cleaning staff		OB/SI	
		Availability of gum boats for cleaning staff		OB/SI	
		Availability of mask for cleaning staff		OB/SI	
		Availability of apron for cleaning staff		OB/SI	
		Facility ensure adequate and regular supply of personal protective equipments		SI/RR	
ME F3.2	Staff is adhere to standard personal protection practices	There is policy for judicious use of personal protective equipments specially sterile gloves		SI/RR	
Standard F4	**The facility has standard procedures for processing of equipment and instruments**				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Facility ensure adequate supply of disinfectant at the point of use		SI/RR	Disinfectant like hypochlorite, bleaching powder etc.
		Staff is trained for preparation of disinfectant solution		SI/RR	
Standard F5	**Physical layout and environmental control of the patient care areas ensures infection prevention**				
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Facility ensure the availability of good quality disinfectant and cleaning material		SI/RR	
ME F5.4	Facility ensures segregation infectious patients	Hospital has policy for identification and segregation of infectious patient		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	Facility ensures adequate and regular supply of colour coded liners		SI/RR	
		There is established procedure for daily monitoring of proper segregation of Bio medical waste by a designated person		SI/RR	
ME F6.2	Facility ensures management of sharps as per guidelines	Facility ensures supply of puncture proof containers and needle cutters		SI/RR	
		Facility ensures availability of post exposure prophylaxis drugs		SI/RR	
		There is system for reporting of needle stick injuries		SI/RR	
ME F6.3.	Facility ensures transportation and disposal of waste as per guidelines	Facility has secured designated place for storage of Bio Medical waste before disposal		SI/OB	
		BMW is stored in lock and key and unauthorized entry is prohibited		SI/OB	
		Log book /Record of waste generated is maintained		RR	
		No signs of burning within the premises.		OB	
		Check that infectious liquid waste is not directly drained in to municipal sewerage system		OB	
		Disinfection & mutilation of solid plastic waste before disposal		OB	
		Display of Bio Hazard sign at the point of use		OB	
		Infectious Waste is not stored more than 48hours		RR	
		Facility identify non infectious hazardous waste and its proper disposal		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Disposal of anatomical waste as per BMW rule		OB/SI/RR	Preferably by CTWF/in-house incinerator
		Disposal of solid infectious waste as per BMW rule		OB/SI/RR	Preferably by CTWF/in-house incinerator
		Disposal of sharp waste as per BMW rule		OB/SI/RR	Preferably by CTWF/disinfection followed by mutilation/ shredding
		Disposal of infectious plastic waste as per BMW rule		OB/SI/RR	Preferably by CTWF/Disposal as general plastic waste after decontamination and mutilation
		Annual report to the pollution control board is submitted		RR	
		Biomedical waste transported in authorized vehicle		OB/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	District Quality Team for district hospitals are Constituted		SI/RR	Check for Office order by designated authority
		There is designated person for co coordinating overall quality assurance program at the facility		SI/RR	Hospital Manager
		There is designated head of the quality team		SI/RR	MS
		Team members are aware for of there respective responsibilities		SI/RR	
ME G1.2.	The facility reviews quality of its services at periodic intervals	Quality team meets monthly and review the quality activities		SI/RR	
		Minutes of meeting are recorded		RR	
		Results for internal / External assessment are discussed in the meeting		SI/RR	Check the meeting records
		Hospital performance and indicators are reviewed in meeting		SI/RR	Check the meeting records

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Progress on time bound action plan is reviewed		SI/RR	Check the meeting records
		Follow up actions from previous meetings are reviewed		SI/RR	Check the meeting records
		Resource requirement and support from higher level are discussed		SI/RR	Check the meeting records
		Quality team review that all the services mentioned in RMNCHA are delivered as per guideline		SI/RR	
		Quality team review that all the services mentioned in National Health Program are delivered as per guideline		SI/RR	
		Resolution of the meeting are effectively communicated to hospital staff		SI/RR	Check how resolution are communicated to staff
		Quality team report regularly to DQAC about Key Performance Indicators		SI/RR	
		Quality Team DQAC about internal assessment results and action taken		SI/RR	
Standard G2	**Facility has established system for patient and employee satisfaction**				
ME G2.1.	Patient Satisfaction surveys are conducted at periodic intervals	There is person designated to co ordinate satisfaction survey		SI/RR	
		Patient feedback form are available in local language		RR	
		Adequate sample size is taken to conduct patient satisfaction		RR	
		There is procedure to conduct employee satisfaction survey at periodic intervals		RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G2.2.	Facility analyses the patient feed back and do root cause analysis	There is procedure for compilation of patient feedback forms		RR	
		Patient feedback is analyzed on monthly basis		RR	Overall department wise/attribute wise score are calculated
		Root cause analysis is done for low performing attributes		RR	
		Results of Patient satisfaction survey are recorded and disseminated to concerned staff		RR/SI	
		There is procedure for analysis of Employee satisfaction survey		RR	
		There is procedure for root cause analysis of Employee satisfaction survey		RR	
ME G2.3.	Facility prepares the action plans for the areas of low satisfaction	There is procedure for preparing Action plan for improving patient satisfaction		RR/SI	
		There is procedure to take corrective and preventive action		RR/SI	
		There is procedure for preparing action plan for improving employee satisfaction		RR/SI	
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	Daily round schedule is defined and practiced		SI/RR	
ME G3.2.	Facility has established external assurance programs at relevant departments	External Quality assurance is done on defined interval by DQAC		SI/RR	
		External Quality assurance is done on defined interval by SQAC		SI/RR	
ME G3.3.	Facility has established system for use of check lists in different departments and services	There is system for reviewing departmental checklist and taking appropriate action		SI/RR	At departmental / Hospital Level

Reference No.	Measurable Element	Checkpoint	Compliance	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	Hospital has documented Quality system manual		RR	
		Hospital has Records of distribution of Standard operating procedure		RR	
		Hospital has system for periodic review of the standard procedures as and when required		RR	
ME G4.2.	Standard Operating Procedures adequately describes process and procedures	Hospital has documented system for Internal audits at defined intervals		RR	
		Hospital has documented procedure for control of documents and records		RR	
		Hospital has documented procedure for defining Quality objectives		RR	
		Hospital has documented procedure for action planning		RR	
		Hospital has documented procedure for training and CMEs of hospital staff at defined intervals		RR	
		Hospital has documented procedure for monthly review meeting		RR	
ME G4.3.	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is trained for relevant part of SOPs		SI/RR	Check for the training records
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	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 audit plan is prepared .		RR/SI	
		Internal audit schedule is prepared .		RR/SI	
		Internal Assessors are identified		RR/SI	
		Training of internal assessors is done		RR/SI	
		There is process of communicating about the assessment to concerned departments		RR/SI	
		Records of internal assessment are maintained		RR/SI	
		Person is designed for co coordinating internal assessment		RR/SI	
ME G6.2.	The facility conducts the periodic prescription/ medical/death audits	There is established committee for reviewing maternal death		RR/SI	
		There is established committee for reviewing new born death		RR/SI	
		There is established committee for medical and death audit		RR/SI	
		Drug and therapeutic committee for Prescription audits		RR/SI	
		Medical audits are conducted at periodic interval		RR/SI	
		Death audits are conducted at periodic interval		RR/SI	Maternal and death audits are conducted as per guideline
		Prescription audits are conducted at periodic interval		RR/SI	
		There is predefined criteria and format for medical audit		RR/SI	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is predefined criteria and format for prescription audit		RR/SI	
		There is predefined criteria and format for death audit		RR/SI	
		Training has been provided for conducting medical and death audits		RR/SI	
ME G6.4.	Action plan is made on the gaps found in the assessment / audit process	Departmental Action plan is reviewed periodically		RR/SI	
ME G6.5.	Corrective and preventive actions are taken to address issues, observed in the assessment & audit	There is system to ensure that corrective and preventive action are taken timely		RR/SI	
Standard G7	**The facility has defined and established Quality Policy & Quality Objectives**				
ME G7.1.	The facility defines its quality policy	Quality policy are defined and displayed in local language		RR/OB	
		Quality policy is in local language		RR/OB	
ME G7.2.	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective are reviewed at periodic intervals		RR/SI	
		Quality Objectives are SMART		RR	
ME G7.3.	Quality policy and objectives are disseminated and staff is aware of that	Check the top management is aware of quality policy and objectives		RR/SI	
ME G7.4.	Progress towards quality objectives is monitored periodically	Top management review progress on Quality objectives periodically		RR/SI	
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	
		Prateo/Priorization		SI/RR	
		Gantt Chart/Project Management		SI/RR	

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	
		No. of total admissions per thousand population		RR	
		IPD per thousand population		RR	
		OPD consultation per Thousand Population		RR	
		Number of beds per 10 thousand		RR	
		Maternal mortality per 1000 deliveries		RR	
		Neonatal mortality per 1000 live births		RR	
		Nurse to bed ratio		RR	
		No. of meeting held under RKS		RR	
ME H1.2.	The Facility measures equity indicators periodically	Proportion of BPL patient in hospital		RR	
Standard H2	**The facility measures Efficiency Indicators and ensure to reach State/National Benchmark**				
ME 2.1	facility measures efficiency indicates on monthly basis	Overall Referral Rate		RR	
		Overall discharge rate		RR	
		Proportion of obstetric cases out of total IPD		RR	
		Proportion of fund/ grant utilized		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		RR	
		Crude mortality rate		RR	
		Maternal mortality per 1000 deliveries		RR	
		Neonatal mortality per 1000 live births		RR	
		Hospital acquired infection rate		RR	Surgical Site, Device related hospital acquired infection rate
Standard H4	**The facility measures Service Quality Indicators and endeavours to reach State/National benchmark**				
ME H 4.1	Facility measures Service Quality Indicators on monthly basis	overall LAMA Rate		RR	
		Patient satisfaction Score IPD		RR	
		Staff Satisfaction Score		RR	
		Turn over rate of contractual staff		RR	

ASSESSMENT SUMMARY

A. SCORE CARD

GENERAL ADMINISTRATION SCORE CARD	
General Administration 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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NATIONAL RURAL HEALTH MISSION

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

National Rural Health Mission

Ministry of Health and Family Welfare

Government of India

9789382655022