



# ASSESSOR'S GUIDEBOOK FOR QUALITY ASSURANCE IN COMMUNITY HEALTH CENTRES (FIRST REFERRAL UNIT)

## 2014



Ministry of Health and Family Welfare  
Government of India





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Ministry of Health and Family Welfare  
Government of India  
Nirman Bhawan, New Delhi, India

**Disclaimer**

The Quality Standards and its measurement System including the check-lists given in this book are meant to assess a CHC, which is functioning as the first referral unit (FRU). The contents and check-lists are not to be used for making decisions for patient care.

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## MESSAGE



Large sections of the people in our country, especially those living in the rural areas or those faced with financial barriers, depend upon the Public Health Institutions for their health care needs. For mitigation of suffering of masses, we are committed to provide universal health coverage with assurance of quality standards in treatment and diagnosis to all citizens of the country. We intend to ensure that Health Facilities in the Public Sector should become the ‘first choice’ of healthcare seekers. The available services should be of such quality that not only poor but all sections of society develop trust and faith in such services.

Indian Public Health Standards (IPHS) Guidelines brought out by this Ministry are good tools for normative planning. However, delivery of care entails processes & sub-processes, which need to be undertaken for diagnosis & treatment of patients. For optimum satisfaction of patients, such processes need to ensure that other than providing treatment and drugs, patients’ privacy & confidentiality are maintained and patients’ rights are respected, more so for women and those from the vulnerable sections, in all settings including outreach services. The most important aspect of Quality is how the services are perceived by the users

Our Prime Minister has recently launched “Swachh Bharat Abhiyan” with the aim of achieving all around sanitation & cleanliness in the country by the year 2019. Public Hospitals are expected to lead by example. Presently, there is much to be done in improving level of cleanliness at public hospitals. A villager cannot be motivated to use a sanitary latrine at home if he/she sees dirty and unhygienic toilets in a Hospital. Our Hospitals should be impeccably clean, waste should be segregated properly, robust infection control practices should be in place, and workers must be protected. Then only can we create a role-model for the community to follow.

I am sure that the attainment of Quality Standards for Primary Health Centres and Community Health Centres would not only ensure delivery of appropriate care of high standards, but that those standards would also strengthen equity and accessibility of healthcare. These standards are the minimum requirements which public health facilities should meet. The States can strengthen them by adding a few more standards, as per their capacity.

I urge all States and service providers across the country to adopt these quality standards at their institutions and contribute towards achieving “Sarve Bhavantu Sukhina, Sarve Santu Niramaya”.

Place: New Delhi.  
Date: 25.10.2014.

  
**(Dr. Harsh Vardhan)**



**लव वर्मा**  
**सचिव**  
**LOV VERMA**  
Secretary



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Dated : 22<sup>nd</sup> October, 2014

**PREFACE**

It has been endeavour of the Ministry in the recent past to support the States beyond merely improving access to healthcare to improving quality of healthcare services. There is an undeniable need for improving service quality in the Public Health Facilities in the country. Also a need exists to ensure that deployed resources in the health system are optimally utilised. Ensuring Quality of Care at Public Health Facilities would help improve health outcomes, patients' satisfaction and efficiency. The Assessor's Guidebooks for Quality Assurance in Primary Health Centres (PHCs) and Community Health Centres (CHCs) are an important step towards improving quality of care in PHCs and CHCs.

Through these Quality tools and guidelines, the Ministry of Health and Family Welfare is enabling States to put in place a system of Quality Assurance in the Public Health System. Development of these tools has been made possible through concerted efforts of the Programme Divisions of the Ministry of Health and Family Welfare and National Health Systems Resource Centre (NHSRC).

The Quality Assurance Standards along with the Checklists for Community Health Centres and Primary Health Centres, which are being published, would help in measuring Quality of care and patients' satisfaction level objectively. The Checklists given in these books provide details of the attributes, which should be checked on a continual basis for assuring that the care available at facilities meets certain predefined norms. Simultaneously, a culture of quality is required to be built in the Public Health System for Quality to be sustained.

It also needs to be kept in mind that end-objectives of implementing quality assurance at public health facilities are not achieved merely by the assessment, if no action gets taken for closure of the gaps that are identified while running the check-lists at the Health facilities. Therefore, it would be of paramount importance to put in place a system of performance monitoring and evaluation of health facilities at the State level. I would also urge State Health Secretaries and NHM Mission Directors to put in place a system of monitoring through Key Performance Indicators (KPIs).

I hope the State Governments will find these Guidebooks very useful in improving quality in Public Health Facilities.

  
(Lov Verma)

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## FOREWORD

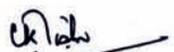
National Rural Health Mission [NRHM] was launched in 2005 to improve accessibility to quality health care particularly for rural health population, bridge gaps in healthcare, facilitate decentralized planning in the health sector and bring about intersectoral convergence.

NRHM has been expanded into the National Health Mission in 2012 with a vision of attainment of Universal Access to equitable, affordable & Quality health care for both rural and urban areas. Ensuring Quality in the available services at Public Health Facilities has emerged as major challenge at present, when footfalls at the facilities have increased substantially.

The Ministry of Health & Family Welfare has come out with the 'Operational Guidelines for Quality Assurance in Public Health Facilities', which suggests institutional framework for the Quality Assurance in the States & Districts. The states have made some progress in this direction, and have taken-up District Hospitals under the National Quality Certification Programme. There is an urgent need to bring Community Health Centres [CHCs] and Primary Health Centres under the Quality Assurance Programme because large number of deliveries are taking place at these institutions including conduct of the caesarean section in many CHCs.

We have had two volumes of the Assessors' Guidebook for District Hospitals. Now, the Ministry of Health and Family Welfare with the technical support from National Health System Resource Centre has come up with the Quality standards and Assessment tools for Community Health Centres as well as Primary Health Centres. It is hoped that the States would be using these tools for making assessment of Public Health Facilities and developing time-bound action plan for the gap closure. It is also expected that the states would strengthen the system of taking patients' feedback, and take further corrective actions, based on such feedback.

We hope that these comprehensive tools for all level of facilities would support our efforts in improving the Quality of care at Public Health Facilities.

  
[C.K. MISHRA]





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## **FOREWORD**

Under the National Rural Health Mission (NRHM), the States have been supported for strengthening the Public Health System in the States. Now the States also have support under the National Urban Health Mission (NUHM). In the recent years, utilisation of the services at Public Health Facilities has increased substantially. The NHM recognizes that other than increasing the expenditure on the public health, the public health system also needs to become more equitable, efficient and meet pre-defined quality standards. Launch of the Operational Guidelines for Quality Assurance in Public Health Facilities accompanied with compendium of check-lists for District Hospitals, during last year, is expected to strengthen framework for the Quality Assurance in the country.

Regular assessment of health facilities by the facility's staff, District Quality Assurance Units (DQAU) & State Quality Assurance Unit (SQUA), and robust follow-up in form of 'action-planning', its execution followed by reassessment are credible ways for improving Quality of the care and enhancing patients' satisfaction.

Primary Health Centres are backbone of Primary Healthcare and National Health Programmes in the country. Community Health Centres play a pivotal role in delivery of the EmOC and NBSU services. Hence, a need has been felt to have Quality Standards for PHCs and CHCs. Therefore, Assessors Guidebooks for the Community Health Centres and Primary Health Care Centres have been developed and field tested, followed by consultation with programme divisions of the Ministry, States, Development Partners and Technical Support Organisation.

I would like to acknowledge the efforts and initiatives taken by the Maternal Health Division led by Dr. Himanshu Bhushan, Deputy Commissioner I/C MH and NHSRC QI Team led by Dr J. N. Srivastava for working together in developing these standards and checkpoints.

We look forward to State and District officials, facility in-charges, medical officers working in these health facilities and hospital managers to use these tools regularly, which must be followed by effective and efficient action planning and implementation. The Ministry would also be keen to receive the feedback to improve the system and guidelines further.

  
(Manoj Jhalani)





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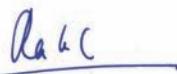
## Foreword

Primary Health Centres (PHCs) in the country are meant to provide safe and quality delivery services on 24x7 basis, and Community Health Centres are required to be functioning as First Referral Units (FRUs), providing Emergency Obstetric Care including facilities for caesarean sections, blood transfusions and NBSU services. Besides availability of these services, drugs and diagnostics at the health facilities are also required. Patients have a right to expect that these services are delivered by courteous staff in a clean & hygienic environment. They have a right to consult their doctors and nurses in a confidential and reassuring setting. It has often been seen that such rights and expectations of patients are not usually met.

The time has come for all public health facilities to look beyond just the numbers of in-patients and out-patients and also focus on measuring patient's satisfaction, putting in place a robust management system, monitoring cleanliness and hospital infection rate etc. This would contribute significantly towards improving quality of care delivered at public health facilities in India.

In 2013, Operational Guidelines for the Quality Assurance including tools for measuring level of quality in district hospitals were rolled out. The newly developed 'Assessors Guidebook for Quality Assurance in Primary Health Centres' is expected to standardise quality in the primary health centres. The States are expected to use these guidelines and assessment tools for strengthening the quality assurance system which would result in facilities being accredited externally on quality standards.

It is expected that this compendium of checklists would be used for building quality assurance system at PHCs and CHCs within the RMNCH+A framework of services.

  
(Dr. Rakesh Kumar)





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### Programme Officer's Message

Standards are means of describing level of quality that health facilities are expected to meet or aspire to achieve. With the launch of "Operational Guidelines for Quality Assurance in Public Health Facilities" along with two volumes of Assessor's Guidebooks for District Hospitals in November 2013, a requirement for having a similar system for Primary Health Centres (PHCs) and Community Health Centres (CHCs) was felt. Now, with roll out of the current publications, the country would have comprehensive standards for every level of 3-tier structure of Public Health Facilities. Of course, the states would be required to adopt the standards, and if necessary, may undertake customisation to meet their needs.

Unless programme officers, clinicians and paramedical workers work together, the Quality of care (QoC) cannot be achieved since everyone's contribution is critical. The first step for all of us is to assess the gaps and while doing so checklists given in the guidelines will be helpful. Simultaneously, we need to make a road-map for each identified gap, particularly in term of timeline and person responsible to accomplish the work. The Programme Officers at District and State level need to constantly follow-up and review, so that time-lines for gap closure are achieved. The Development Partners need to give technical support and hand-holding along our QA units to accelerate the pace of quality assurance implementation.

The Assessors Guidebooks for the PHCs & CHCs have been developed by the Ministry of Health and Family Welfare GOI and NHSRC under the guidance and support of Shri C K Mishra, Additional Secretary & Mission Director NHM. The contribution by Mr. Manoj Jhalani JS (Policy) and Dr Rakesh Kumar, JS (RCH) was of immense value and gave us valuable insight and guidance.

I must appreciate the efforts and initiatives for the entire teams of the Maternal Health, Family Planning particularly Dr Teja Ram, DC (FP), Child Health Division particularly Dr P K Prabhkar DC (CH), Dr Renu Srivastava and Other Programme Divisions. The technical contribution by Dr J.N Srivastava, Head of QI Division and their team members Dr. Parminder Gautam, Dr. Nikhil Prakash and Dr. Deepika Sharma of NHSRC' and Dr Anil Kashyap from NRHM needs a special mention for their robust and sound contribution and collating all available information.

I would also like to place on record a contribution of development partners like WHO, Unicef, JHPIEGO, DFID, USAID-ASSIST particularly of Dr. Arvind Mathur, Dr Bulbul Sood, Dr. Gagan Gupta, Dr Nigel Livesley, Dr Arunabh Ray and Dr. Ritu Aggarwal. A special thanks to all the experts from the states particularly Dr. JL Meena, Dr K Sandeep, Dr Monica Rana, Dr Sreedhar Pandit, Dr Manoj Donglikar, and Dr Girish Chawda. Since it is difficult to acknowledge all those who contributed in development of these tools, a list of the contributors is attached. I must thank Maternal Health Team particularly Dr Dinesh Baswal DC (MH), Dr Pushkar Kumar, Rajeev Agarwal and Dr Ravinder Kaur for their continued inputs and support.

It is expected that these check-lists would contribute in improving the Quality of Services at Public Health Facilities.

  
26.10.2014  
(Dr Himanshu Bhushan)



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# Table of Contents

Message.....	III
Preface.....	VI
Foreword.....	VII
Foreword.....	IX
Foreword.....	XI
Program officers message.....	XIII
List of contributors.....	XIV
Executive Summary.....	01
<b>A Introduction to Quality Assurance.....</b>	<b>02</b>
I. Introduction to Assessor's Guidebook.....	03
II. Framework for Quality of Care QOC.....	04
III. The Quality Measurement System.....	05
<b>B National Quality Assurance Standards for Community Health Centre (FRU).....</b>	<b>10</b>
I. I. Intent of Quality Assurance Standards for CHC (FRU).....	11
II. Measurable Elements for CHC Quality Assurance Standards.....	22
<b>C Assessment Protocols.....</b>	<b>36</b>
I. Assessment Methodology.....	37
II. Scoring System.....	41
<b>D Implementing Quality Assurance at Facility Level.....</b>	<b>44</b>
I. Step by step Approach for Quality Assurance.....	45
<b>E Departmental Checklists.....</b>	<b>50</b>
Checklist for Accident and Emergency.....	52
Checklist for Outdoor Department.....	82
Checklist for Labour Room.....	118
Checklist for Inpatient Department.....	152
Checklist for New Born Stabilization Unit.....	182
Checklist for Operation Theatre.....	210
Checklist for Laboratory.....	240
Checklist for Radiology.....	262
Checklist for Pharmacy and Stores.....	278
Checklist for Blood Storage Centres.....	296
Checklist for Auxillary Services.....	312
Checklist for General Administration.....	330
Annexure.....	368
Key Performance Indicators.....	369
Suggestive Format for Standard Operating Procedures.....	371
Inpatient Feedback Format.....	373
OPD patient Feedback Format.....	375
List of Abbreviations.....	376
Bibliography.....	381
Index.....	385





## Executive Summary

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Community Health Centres in the country are first port of call for availing specialised services in the Public Health System. Patients and beneficiaries being treated at Public Health Facilities should ideally get specialised services at these health facilities. However, due to various factors including vacancies not being filled, shortage of specialists, most of the CHCs at present are not providing specialised services. Nevertheless some of the CHCs, where blood transfusion facilities are available, provide Emergency Obstetric Care services, including Newborn Stabilisation Units (NBSUs), Caesarean Sections, and others.

However, quality of care provided at such facilities has been a cause of concern. Concerted efforts are required for improving the quality of care, so that the community is assured of a minimum level of quality, while availing the services.

First step in such efforts is to assess Community Health Centres, so that the gaps at health facilities are known, and a time-bound action plan for the gap closure is developed. Subsequent assessments by various stakeholders – facility incharges, district health administration, state and external certification body, would need to be undertaken using same tools, so that there is clarity on expectation and objectivity in assessment is maintained. This ensures in-house ownership, which is important for sustainability of Quality Assurance Initiative.

An 'All-in-One' approach has been adopted in developing this guide book. The guidebook also has both 'What' and 'How' components. What needs to be done to improve the quality at CHCs and how to do it? Therefore, the book can be used for assessment as well as implementation. For convenience of calculating different scores, the guidebook also contains a formula based excel sheet.

The 'Assessor's Guidebook for Quality Assurance in Community Health Centres' contains Quality Standards for a CHC, measurable elements for each of the standards and check-points for the verification. A total of sixty-five quality standards in the book is organised around eight areas of concern, viz. Service provision, Structure, Clinical Care, Patient Rights, Infection Control, Support Services, Quality Management and Outcome. The Quality Standards for a CHC have a total of 252 measurable elements (ME), which are specific attributes of the standards, and should be looked into for assessing the degree of compliance to a particular standard.

Checkpoints for each ME have been arranged into twelve check-lists – Accident and Emergency Department, OPD, IPD, Labour Room, Operation Theatre, Blood Storage Unit, Laboratory, NBSU, Pharmacy and Stores, Radiology, Auxiliary Services and General Administration. Evidence of compliance to each checkpoint would be gathered either by direct observation by the assessor or interviewing staff of the health facility or review of records available at the CHC or patient interview or a combination of all such methodologies. Compliance to each checkpoint would be decided in term of full compliance, partial compliance or no compliance and the checkpoint would be awarded two, one or zero marks respectively.

Thus, the assessment process would generate a score for the health facility, as well as departmental score, and also score against each area of concern. The score would be used as an objective parameter for assessing progress of Quality Assurance implementation at the health facility, as well as for comparing two similar health facilities and inter-district and inter-state comparison. Similar yardstick would be used for assessing the health facility for external quality certification by independent assessors with no conflict of interest.

The guidebook will help in improving the quality of services at Community Health Centres, optimal utilisation of resources and building a credible, sustainable and intrinsic Quality Management System (QMS) within the system.

Section

**INTRODUCTION TO  
QUALITY ASSURANCE**



## I. Introduction to Assessor's Guidebook

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Public Health System in India has been organised at three levels, namely primary, secondary and tertiary. While Primary Health Care is being provided at PHCs and Subcentres, the secondary health care is being provided at Community Health Centres (CHCs) and other higher level facilities such as Sub-District Hospitals (SDH) and District Hospitals (DH). The CHCs are expected to function as First Referral Unit (FRU), thereby providing referral linkage to the Primary Health Centres and Subcentres. A FRU should have facilities for Emergency Obstetric Care including facilities for LSCS and Anaesthesia, Blood Storage Unit and NBSU.

Indian Public Health Standards (IPHS) guidelines divide services at CHC into two categories - Essential and Desirable. A CHC is expected to have 30-beds and provide specialist care in Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Dental and AYUSH.

Providing an equitable, accessible and affordable primary healthcare, which is of an assured quality, would be a mandatory pre-requisite before the dream of 'Health for All' can be realized. The successful implementation of NRHM, which has since then transformed into the National Health Mission (NHM), is evident by many fold increase in OPD, IPD and other services at Public Health Facilities, 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.

Quality Standards for a health facility would be all inclusive, encompassing full range of conditions such as Emergency care, Emergency care to Pregnant Women and Newborn under RCH programme, prevention and management of Communicable and Non-Communicable diseases, availability of essential medicines. The level of care at CHC not only meets technical criteria, but also adequately meets community's expectations. Past experiences have shown that an in-built system of quality assurance addresses not only such requirements, but is sustainable as well. Therefore, an in-house quality management system needs to be built into the design of each facility, which will regularly measure its quality, take corrective action and promote the quality of care culture. Incentivisation of the quality initiative may be planned.

Measurement is the first step that leads to assurance and eventually to improvement. If you can't measure something, you can't understand it. If you can't understand it, you can't control it. If you can't control it, you can't improve it.

Hence to measure the quality of services at public health facilities, and to help states in building an in-house credible quality management system into the design of Public health facilities, 'Operational Guidelines for Quality Assurance in Public Health Facilities' and accompanying compendium of check-lists for District Hospitals were released in the year 2013 by the Ministry of Health and Family Welfare. It is now felt that similar guidelines and standards are required for PHCs and CHCs.

The current "Assessor's Guidebook for Quality Assurance for CHC" is applicable to those CHCs, which are functioning as FRU.



## II. Framework of Quality of Care (QOC)

Quality has been described differently in its context. The Quality Management Guru, Juran in 1974 has described 'Quality is fitness for use' and Crosby in 1979 'Quality means conformance to Requirements'. The Webster dictionary states 'Quality is a degree of excellence'. Quality is meeting the "stated" and "implied" needs of the customer. Quality is also perceived as totality of features and characteristics of a product or service that bear on its ability to satisfy given needs.

Quality is not achieved by doing different things; it is achieved by doing things differently.

The most accepted frame-work for assessing the quality of care is the 'Donabedian model', which classifies QOC in terms of three aspects – structure, process, and outcome.

- a. **Structure** – Structural aspect of QOC includes material resources like infrastructure, drugs and equipment; and human resources such as availability of adequate number of personnel, who have requisite knowledge and skills. Evaluation of the quality that relies on such structural elements implicitly assumes that well qualified people working in well-organized settings would ensure delivery of high quality of care. However, it is not always true. Also, it is acknowledged that in the Public Health System, it may not always be possible to meet fully the infrastructure and HR norms. However, a public health facility having minimum infrastructure and HR norms does not preclude from delivering quality of care, which is possible within the means of available resources. The proposed quality system strives to provide QOC within these constraints.
- b. **Process** – Care can also be evaluated in terms of processes and sub-processes, required for delivery of care. This refers to what takes place during delivery of healthcare and its sub-components – for example, how quickly registration of a patient is done, and s/he is attended, courteous behaviour of the service providers, conduct of examination with respect to privacy, confidentiality and other patients' rights, etc.
- c. **Outcome** – The other aspect of quality of care can be assessed in terms of outcome measurements, which denote to what extent goals of the care have been achieved.

All three aspects of the QOC have different connotations to different stakeholders, viz. Patients, Service Providers and Health System, as given in Table 2.1.

Table 2.1: QOC IN TERM OF INPUTS, PROCESSES and OUTCOME			
	Inputs	Processes	Outcome
Patients' Expectations	<ul style="list-style-type: none"> <li>• Availability of services</li> <li>• Availability of drugs and consumables</li> <li>• Prompt and courteous services</li> <li>• Clean and Inviting environment at the health facility</li> <li>• Barrier Free Access</li> <li>• No exclusion on the basis of caste and socio-economic status</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal waiting time and Prompt referral, if required</li> <li>• Good behaviour by service providers</li> <li>• Privacy and confidentiality</li> <li>• Grievance Redressal</li> <li>• Access to Information and involvement in decision making for the care</li> </ul>	<ul style="list-style-type: none"> <li>• No out of pocket expenditure</li> <li>• Availability of guaranteed services</li> <li>• High Patient Satisfaction</li> <li>• Treatment and Cure</li> </ul>



	Inputs	Processes	Outcome
Service Providers Requirements	<ul style="list-style-type: none"> <li>• Adequate and planned infrastructure</li> <li>• Serviceable and calibrated Equipment</li> <li>• Availability of Quality Drugs</li> <li>• Human Resources-numerical adequacy with knowledge and skills</li> <li>• Enabling Work Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Adherence to clinical Protocols</li> <li>• Infection Control Practices</li> <li>• Training and Skill Development</li> <li>• Safe and effective Nursing care</li> </ul>	<ul style="list-style-type: none"> <li>• Low Mortality, Morbidity, complications, and Referrals, etc.</li> <li>• Efficiency in care in term of average length of stay, bed occupancy, etc.</li> <li>• Adverse drug reactions and Hospital acquired infection</li> <li>• High staff satisfaction</li> </ul>
Health Systems Requirements	<ul style="list-style-type: none"> <li>• Allocation of adequate resources</li> <li>• Facilities provide full range of services</li> <li>• Adequate Technical Support</li> </ul>	<ul style="list-style-type: none"> <li>• Efficient logistics management</li> <li>• Monitoring and Supervision</li> <li>• Effective implementation of programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Measurable deliverables of programmes</li> <li>• Improvement in Health Indicators</li> <li>• Enhanced Productivity in terms of volume</li> </ul>

In order to have a unified approach for Quality of care, the MoHFW, Government of India has introduced Quality Assurance Framework at all levels (National, state, District and Facility level). Some of the salient features of the institutional arrangement for Quality Assurance are-

1. Unified Quality Assurance Structures (QA Committees and Units) at Facility, District and State level.
2. Appointment of full time quality professionals at District and State level.
3. Defining quality standards for public health facilities and tools for assessing them.
4. Mechanism of continual quality assessment, scoring and improvement of public health facilities through internal and external assessments.
5. Provision of certification of public health facilities.
6. Promoting Quality Assurance through financial and non-financial incentives linked with Quality Scores and Incentives.

Service providers and quality assurance committees in various states are using quality standards and assessment tools for district hospitals in the country.

Expanding the same quality framework, this manual provides the Quality Assurance Standards for Community Health Centres as well as basic guide how to improve services at the facilities.



### III. The Quality Measurement System

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Measuring quality of care at health facilities has never been easy, more so, in Public Health Facilities. We have had quality framework and quality standards and linked measurement system, globally and as well as in India. The proposed system has incorporated best practices from the contemporary systems, and contextualized them for meeting the needs of Public Health System in the country. It is realized that there would always be some kind of 'trade-off', when measuring the quality. One may have short and simple tools, but that may not capture all micro details. Alternatively one may devise all-inclusive detailed tools, encompassing the micro-details, but the system may become highly complex and difficult to apply across Public Health Facilities in the country.

Following are salient features of the proposed quality system –

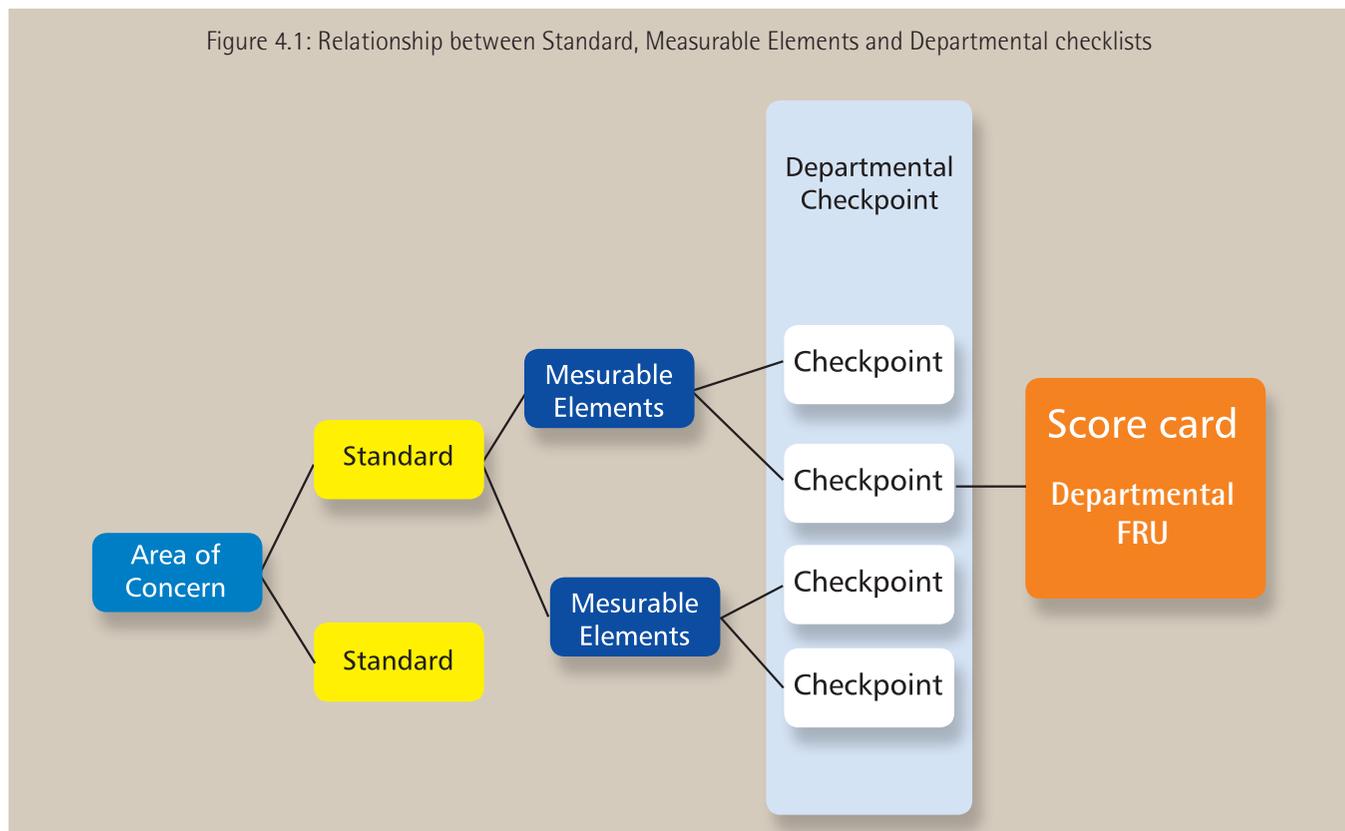
1. **Comprehensiveness** – The proposed system is all-inclusive and captures all aspects of quality of care within the eight areas of concern. The six departmental check-sheets transposed within fifty standards, and commensurate measurable elements provide a reasonable matrix to capture all aspects of quality of care at the Public Health Facilities.
2. **Contextual** – The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities. Since Public Hospitals have their own processes, responsibilities and peculiarities, which are very different from other health facilities, such as 'for-profit', corporate, NGO, etc. For instance, the system described in this manual has quality standards for providing free drugs, ensuring availability of clean linen, etc. which may not be relevant for non-public hospitals.
3. **Contemporary** – Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and lessons included.
4. **User Friendly** – The Public Health System requires a credible quality system. It has been endeavour of the team to avoid complex language and jargon, so that the system remains user-friendly for easy understanding and implementation by the service providers. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for convenience, and also to minimise calculation errors.
5. **Evidence based** – The system draws considerably from existing guidelines, standards and available literature on the Quality in Healthcare and Public Health System. Additionally, Operational Guidelines for National Health Programmes and schemes have also been consulted.
6. **Objectivity** – In the proposed quality system, each standard is accompanied with measurable elements and checkpoints to measure compliance to the standards. Checklists have been developed for various departments, which also captures interdepartmental variability for the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a snapshot, which can be used for monitoring, as well as for inter-hospital/ inter-state(s) comparison.
7. **Balanced** – All three components of Quality – Structure, process and outcome, have been given due weightage. Similarly due weightage have been provided to preventive and promotive services and National Health Programs.

#### QUALITY ASSURANCE STANDARDS FOR CHC

Quality Assurance Standards for CHC given in this book are in congruence with "Operational Guidelines for Quality Assurance for Public Health Facilities". There are sixty-five Standards, categorized into 8 area of concern. Each standard further has specific measurable elements (in total 252 ME). These standards and Measurable Elements are assessed through twelve departmental checklists for CHC – Accident and Emergency Department, OPD, IPD, Labour Room, Operation Theatre, Blood Storage Unit, Laboratory, NBSU, Pharmacy and Stores, Radiology, Auxiliary Services and General Administration. Completed checklists would generate scorecards for a facility, area of concern, and department.



Figure 4.1: Relationship between Standard, Measurable Elements and Departmental checklists



Following is the brief outline of Areas of Concerns, under which Quality standards for Primary Health Centre are presented in this manual -

- A. **Service Provision** – This area of concern has six standards, which measures availability of the Curative, RMNCH+A, Diagnostics services, and also the services under National Health Programmes.
- B. **Patients' Rights** – This area of concern also has five standards. These standards measures different aspects of patients' rights i.e. Availability of information, Physical access, Ensuring Privacy and Confidentiality, Availability of mandated free services, and provision of incentive schemes at CHCs.
- C. **Inputs** – This area of concern has five standards, which measure Availability of required infrastructure, Physical safety, Skilled human resources, Drugs, Consumables, Equipment and Instruments.
- D. **Support services** – There are total of ten standards in this area of concern. These standards are related with processes required for equipment maintenance, inventory management, and auxiliary services such as laundry, diet, housekeeping and power backup. This area of concern also contains standards for Financial Management, Community Monitoring, and Human Resource Management.
- E. **Clinical services** – This area of concern has 22 standards that measure quality of clinical services at a CHC. This includes standards on the consultation, admission, assessment and reassessment, continuity of care, nursing care, medication safety, High risk and vulnerable patients, usage of standard treatment guidelines (STGs), safe drug administration, emergency services, laboratory services, medical records and discharge process. Last six standards under the area of concern pertains to those clinical processes related to antenatal care, intranasal care, post-natal care, new-born care, child health, adolescent health, family planning and clinical services, and the National Health Programmes.
- F. **Infection Control** – There are six standards pertaining to infection control programme, hand-washing facilities, personal protection, instrument processing, environment control and Biomedical waste management under this area of concern.
- G. **Quality Management** – This area of concern encompasses four standards related to Quality team, Internal and external quality assurance, Patient satisfaction survey and Standard Operating Procedures.
- H. **Outcome** – This area of concern has four standards related with measuring performance of CHC in terms of productivity, efficiency, clinical care and service quality.



Departmental Checklists: There are twelve checklists, namely –Accident and Emergency, Outpatient Department, Labour Room, Inpatient Department, Operation Theatre, Pharmacy, Laboratory, Radiology, Blood Storage, NBSU, and General Administration and Auxiliary Services, which are given in this publication. Brief description of each check-list is given below -

1. **Accident and Emergency** – This checklist is applicable to Accident and Emergency department of a CHC. The checklist has been designed to assess all aspects of dedicated emergency services, which a CHC should provide. If emergency department is shared with OPD, then both the checklists are required to be used independently.
2. **Outdoor Department** – This checklist is applicable to outdoor department of a CHC. It includes OPD services, ICTC, ANC clinics, Family planning and Support areas like immunization room, dressing room, and waiting area. Similarly dispensary has been included in the Pharmacy check list. It may be possible that OPD services are dispersed geographically, for example ANC Clinic and Immunisation clinic may not be located in the main OPD complex. However, all such facilities should be visited and assessed as a part of assessment of OPD.
3. **Labour Room**- This checklist is applicable to the labour room and its auxiliary area like nursing station, waiting area and recovery area. It also includes septic labour room (if available).
4. **Inpatient Department** – This is a common checklist for indoors wards including male and female wards. As facilities of indoor wards are shared by all the departments in the CHC, IPD requirements of Medicine, Gynaecology and Obstetrics, Paediatrics, and Surgery have been included in the same Checklist.
5. **Newborn Stabilization Unit** - This checklist is applicable to a functional Level NBSU, located at the CHC.
6. **Operation Theatre** - This checklist is applicable for OT in the CHC. As TSSU is collocated with OT, are also included in the Checklist.
7. **Laboratory** - This checklist is meant for main clinical laboratory of a CHC, which would include routine biochemistry, haematology, serology, etc. Essential tests for OPD and IPD patients including ANC and National Health Programs are covered under this checklist
8. **Radiology** - This checklist covers X-Ray and Ultrasound facility available in the CHC.
9. **Pharmacy and Stores** - This checklist is applicable to Drug store, Cold Chain storage and Drug dispensing counter.
10. **Blood Storage** - The checklist is meant for Blood storage facility in the facility. Although some component of parent blood bank e.g. valid registration is included in the checklist, this checklist is not applicable to Blood Bank.
11. **General Administration** - The checklist covers checkpoints related to general administration of CHC. It would essentially cover policy level issues, and cross-cutting processes, which are followed at a CHC. This checklist is complimentary to other ten checklists. Assessment Protocols and scoring methodology for this system will be same as Quality Assurance Standards for District Hospitals.
12. **Auxiliary Services** - This checklist covers Laundry, Kitchen, and Medical records. 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, pond or food supplied by charitable/religious institutions does not constitute having hospital laundry/kitchen per se. House-keeping services are being assessed under the Hospital Infection Prevention and Control of each department.



**Section**

**NATIONAL QUALITY ASSURANCE  
STANDARDS FOR  
COMMUNITY HEALTH CENTRE (FRU)**



## I. Intent of Quality Assurance Standards for CHC (FRU)

### I. AREA OF CONCERN A – SERVICES PROVISION

Community Health Centres constitute the First referral Units (FRUs) and are designed to provide referral health care for cases from the Primary Health Centres level and for cases in need of specialist care approaching the centre directly. Indian Public Health Standards (IPHS) defines minimum assured services, which should to be available at a Community Health Centre. Recently launched RMNCH+A initiative has also defined service availability norms for Reproductive, Maternal, Neonatal, and Child and Adolescent health services at a CHC.

Community Health Centre is an important link between PHC and District Hospital. CHC is a 30-bedded Hospital providing specialist care in Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Dental and AYUSH.

This area of concern measures availability of services. "Availability" of functional services means service is available to end-users because mere presence of infrastructure and human resources does not always ensure availability of the services. For example an Operation Theatre, Surgeon and Anaesthetist may be available, but no LSCS are being conducted due to varied reasons. Compliance to these standards and measurable elements should be checked, preferably by observing delivery of the services, review of records for utilization of services and interviewing the users to know, whether the services were provided to them or not.

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

#### **Standard A1–The Facility Provides Curative Services.**

This standard includes availability of OPD consultation, Indoor services and Surgical procedures and Emergency Care under different specialities e. g. Medicine, Surgery, Paediatrics, etc. Each measurable element under this standard measures one speciality across the departments. For Example, ME A1.2 measures availability of emergency surgical procedures in Accident and Emergency department, availability of General surgery clinic at OPD, and Availability of surgical procedures in Operation theatre.

#### **Standard A2– The Facility provides RMNCH+A Services.**

This standard measures availability of Reproductive, Maternal, Newborn, Child and Adolescent services in different departments of the hospital. Each aspect of RMNCH+A services is covered by one measurable element of this standard.

#### **Standard A3 –The facility provides Diagnostics Services.**

It covers availability of Laboratory, Radiology and other diagnostics services in the respective departments.

#### **Standards A4 – The facility provides services as mandated in national Health Programmes /State Scheme.**

This standard measures availability of the services under different National Health Programmes such as RNTCP, NVBDCP, etc. One Measurable element has been assigned to each National Health Programme.

#### **Standard A5 – The facility provides Support services and Administrative Services.**

The standard measures availability of support services like dietary, laundry and housekeeping services at the facility.



### **Standard A6 – Health services provided at the facility are appropriate to community needs.**

The standard mandates availability of the services according to specific local health needs. Different geographical area may have certain health problems, which are prevalent locally, e. g. Kala-azar, Dengue, Arsenic Poisoning, AES, etc.

### **AREA OF CONCERN – B: PATIENTS' RIGHTS**

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

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

### **Standard B1 – Health services provided at the facility are appropriate to community needs.**

This standard measures availability of the information about the services and their modalities of availing them. Measurable elements under this standard check for availability of user-friendly signages, display of available services and user charges, citizen charter, enquiry desk and access to his/her clinical records.

### **Standard B2 – Services are delivered in a manner that is sensitive to gender, religious, gender and cultural needs, and there are no barrier on account of physical access, social, economic, cultural or social status.**

This standard ensures that the services are sensitive to gender, cultural and religious needs. This standard also measures the physical access and disable-friendliness of the services, such as availability of ramps and disable friendly toilets. Last measurable element of this standard mandates for provision for affirmative action for vulnerable and marginalized patients like orphans, destitute, terminally ill patients, victims of rape and domestic violence so they can avail health care service with dignity and confidence at public hospitals

### **Standard B3 – The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.**

This standard measures the patient friendliness of the services in terms of ensuring privacy, confidentiality and dignity. Measurable elements under this standard check for provisions of screens and curtains, confidentiality of patients' clinical information, behaviour of service providers, and also ensuring specific precautions to be taken, while providing care to patients with HIV infection, abortion, teenage pregnancy, etc.

### **Standard B4 – The facility has defined and established procedures for informing patients about the medical condition, and involving them in treatment planning, and facilitates informed decision-making.**

This standard mandates that health facility has procedures for informing patients about their rights, and actively involves them in the decision-making about their treatment. Measurable elements in this standard look for practices such informed consent, dissemination of patient rights and how patients are communicated about their clinical conditions and options available. This standard also measures for procedure for grievance redressal. Compliance to these standards can be checked through review of records for consent, interviewing staff about their awareness of patients' rights, interviewing patients whether they had been informed of the treatment plan and available options.

### **Standard B5 – The facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services.**

This standard majorly checks that there are no financial barriers for the community, more so those belong to BPL category, vulnerable in available the services. Measurable elements under this standard check for availability of drugs, diagnostics and transport free of cost under different schemes, and timely payment of the entitlements under JSY and Family planning incentives.



## AREA OF CONCERN C – INPUTS

This area of concern predominantly covers the structural part of the facility. Indian Public Health Standards (IPHS) defines infrastructure, human resources, drugs and equipment requirements for different level of health facilities. Quality standards given in this area of concern take into cognizance of the IPHS requirement. However, focus of the standards has been in ensuring compliance to minimum level of inputs, which are required for ensuring delivery of committed level of the services. The words like 'adequate' and 'as per load' has been given in the requirements for many standards and measurable elements, as it would be hard to set structural norms for every level of the facility that commensurate with patient load. For example, a 30-bedded CHC having 40% bed occupancy may not have same requirements as another CHC having 100% occupancy. So structural requirement should be based more on the utilization, than fixing the criteria like beds available. Assessor should use his/her discretion in arriving at a just decision for compliance.

### **Standard C1 - The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms.**

The standard measures adequacy of infrastructure in terms of space, patient amenities, layout, circulation area, communication facilities, service counters, etc. It also looks into the functional aspect of the structure, whether it commensurate with the process flow of the facility or not.

Minimum requirement for space, layout and patient amenities are given for some of the departments, but assessors would be expected to use his discretion to conclude whether available space is adequate for the given work load. Compliance to most of the measurable elements can be assessed by direct observation except for checking functional adequacy, where discussion with staff and hospital administration may be required to know the process flow between the departments, and also within a department.

### **Standard C2 - The facility ensures the physical safety including Fire safety of the infrastructure.**

The standard deals with Physical safety of the infrastructure. It includes seismic safety, safety of lifts, electrical safety, and general condition of hospital infrastructure. It also covers fire safety of the facility. Measurable elements in this standard look for implementation of fire prevention, availability of adequate number of firefighting equipment and preparedness of the facility for fire disaster in terms of mock drill and staff training.

### **Standard C3 - The facility has adequate qualified and trained staff, required for providing the assured services to the current caseload.**

The standard measures the numerical adequacy and skill sets of the staff. It includes availability of doctors, nurses, paramedics and support staff. It also ensures that the staffs have been trained as per their job description and responsibilities. There are two components while assessing the staff adequacy - first is the numeric adequacy, which can be checked by interaction with in charge of the CHC and review of records. Second is to access human resources in term of their availability within the department. For instance, a CHC may have four SBA trained nurses, but if none of them is available in the night to conduct deliveries, then the intent of standard is not being complied with.

### **Standard C4 - The facility provides drugs and consumables required for assured services.**

This standard measures availability of drugs and consumables in the user departments. Assessor may check availability of drugs under the broad group such as antibiotics, IV fluids, dressing material, and make an assessment that drugs for treatment majority of normal patients and critically ill patients are getting treated at the health facility.

### **Standard C5 - The facility has equipment and instruments required for assured list of services.**

This standard is concerned with availability of instruments in various departments and service delivery points. Equipment and instruments have been categorized into sub-groups as per their use, and measurable elements have been assigned to each sub-group, such as examination and monitoring, clinical procedures, diagnostic equipment, resuscitation equipment, storage equipment and equipment used for non-clinical support services. Some representative equipment could be used as tracers and checked in each category.



## AREA OF CONCERN D – SUPPORT SERVICES

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

### **Standard D1 – The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.**

The standard is concerned with equipment maintenance processes, such as AMC, daily and breakdown maintenance processes, calibration and availability of operating instructions. Equipment records should be reviewed to ensure that valid AMC is available for critical equipment and preventive / corrective maintenance is being done timely. Calibration records and label on the measuring equipment should be reviewed to confirm that the calibration has been done. Operating instructions should be displayed or should readily available with the user.

### **Standard D2 – The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas.**

This standard is concerned with safe storage of drugs and scientific management of the inventory, so drugs and consumables are available in adequate quantity in patient care area. Measurable elements of this standard look into processes of indenting, procurement, storage, expired drugs management, inventory management, stock management at patient care areas, including storage at optimum temperature. While assessing drug management system, these practices should be looked into each clinical department, especially at the nursing stations and its complementary process at drug stores/Pharmacy.

### **Standard D3 – The facility has established Programme for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.**

This standard is concerned with adequacy of facility management processes. This includes appearance of facility, cleaning processes, infrastructure maintenance, removal of junk and condemned items and control of stray animals and pest control at the facility. This standard is also concerned with providing safe, secure and comfortable environment to patients as well to service providers. The measurable elements under this standard have two aspects, - firstly, provision of comfortable work environment in terms of adequate illumination and temperature control in patient care areas and work stations. It would be preferable that assessment of adequacy of illumination is undertaken by Lux-meter (not a very expensive devise) and compared against BIS Standards of illumination in Hospital. Second part pertains to arrangement for security of patients and staff. Availability of environment control arrangements should be looked into. Security arrangements at patient area should be observed for restriction of visitors and crowd management.

### **Standard D4 The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms.**

The standard covers processes to ensure water supply (quantity and quality), power back up and medical gas supply. All departments should be assessed for availability of water and power back up. Some critical area like OT and ICU may require two-tire power backup in terms of UPS and Invertors. Availability of central oxygen and vacuum supply should especially be assessed in critical area like OT and ICU.

### **Standard D5 – The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.**

The standard is concerned with processes ensuring availability of nutritious food, as per requirement of different category of patients. The food is served in an appealing and hygienic manner. This includes nutritional assessment of patients, availability of different types of diets and standard procedures for preparation and distribution of food, including hygiene and sanitation in the kitchen. Patients / staff may be interacted for knowing their perception about quality and quantity of the food.

This standard also covers laundry processes. It includes availability of adequate quantity of clean and usable linen, process of providing and changing bed sheets in-patient care area and process of collection, washing and distributing the linen.



Besides direct observation, staff interaction may help in knowing availability of adequate sets of linen and work practices. An assessment of segregation and disinfection of soiled laundry should be undertaken. Observation should be recorded if laundry is being washed at some public water body like pond or river.

### **Standard D6 - The facility has defined and established procedures for promoting public participation in management of hospital transparency and accountability.**

The standards measures processes related to functioning of Rogi Kalyan Samiti (RKS), equivalent to Hospital Development Society (HDS) and community participation in facility management. RKS records should be reviewed to assess frequency of the meetings, and issues discussed there. Participation of non-official members like community/NGO representatives in such meetings should be checked.

### **Standard D7 - Hospital has defined and established procedures for Financial Management.**

The standard is concerned with the financial management of the funds/grants, received from different sources including NRHM. Assessment of financial management processes by no means should be equated with financial or accounts audit. Hospital administration and accounts department can be interacted to know process of utilization of funds, timely payment of salaries, entitlements and incentives to different stakeholders and process of receiving funds and submitting utilization certificates. An assessment of resource utilisation and prioritisation should be undertaken.

### **Standard D8 - The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.**

This standard is concerned with compliances to statutory and regulatory requirements. It includes availability of requisite licenses, updated copies of acts and rules, and adherence to the legal requirements as applicable to Public Health Facilities.

### **Standard D9 - Roles and Responsibilities of administrative and clinical staffs are determined as per govt. regulations and standards operating procedures.**

This standard is concerned with processes regarding staff management and their deployment in the departments of a facility. This includes availability of Job descriptions for different cadre, processes regarding preparation of duty rosters and staff discipline. The facility staff can be interviewed to assess about their awareness of job description. It should be assessed by observation and review of the records. Adherence to dress code should be observed during the assessment.

### **Standard D10 - The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations.**

This standard measures the processes related to outsourcing and contract management. This includes monitoring of outsourced services, adequacy of contract documents and tendering system, timely payment for the availed services and provision for action in case for inadequate/ poor quality of services. Assessor should review the contract records related to outsourced services, and interview hospital administration about the management of outsourced services.

## **AREA OF CONCERN- E CLINICAL CARE**

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

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

Last set of seven standards under this area of concern is concerned with specific clinical processes for Maternal, Newborn, Child, Adolescent and Family Planning services and National Health Programmes. These standards are based on the technical guidelines published by the Government of India.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon review of the clinical records as well.



Interaction with the staff to know their skill level and how they practice clinical care (Competence testing) would also be helpful. Assessment of these standard would require thorough domain knowledge.

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

### **Standard E1 - The facility has defined procedures for registration, consultation and admission of patients.**

This standard is concerned with the registration and admission processes in hospitals. It also covers OPD consultation processes. The Assessor should review the records to verify that details of patients have been recorded, and patients have been given unique identification number. OPD consultation may be directly observed, followed by review of OPD tickets to ensure that patient history, examination details, etc. have been recorded on the OPD ticket. The facility staff should be interviewed to know, whether there is any fixed admission criteria especially in critical care department.

### **Standard E2 - The facility has defined and established procedures for clinical assessment and reassessment of the patients.**

This standard pertains to clinical assessment of the patients. It includes initial assessment as well as reassessment of admitted patients.

### **Standard E3 - The facility has defined and established procedures for continuity of care of patient and referral.**

The standard is concerned with continuity of care for the patient's ailment. It includes process of inter-departmental transfer, referral to another facility, deputation of staff for the care, and linkages with higher institutions. The staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and arrangement for the vehicles and follow-up care. Records should be reviewed for confirming that referral slips have been provided to the patients.

### **Standard E4 - The facility has defined and established procedures for nursing care.**

This standard measures adequacy and quality of nursing care for the patients. It includes processes for identification of patients, timely and accurate implementation of treatment plan, nurses' handover processes, maintenance of nursing records and monitoring of the patients. The staff should be interviewed and patients' records should be reviewed for assessing how drugs distribution/ administration endorsement and other procedures like sample collection and dressing have been done on time as per treatment plan. Handing-over of patients is a critical process and should be assessed adequately. Review BHT for patient monitoring and nursing notes should be done.

### **Standard E5 - The facility has a procedure to identify high risk and vulnerable patients.**

This standard is concerned with identification of vulnerable and High-risk patients. Review of records and staff interaction would be helpful in assessing how High-risk patients are given due attention and treatment.

### **Standard E6 - The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.**

The standard is concerned with assessing that patients are prescribed drugs according standard treatment guidelines and protocols. Patient records are assessed to ascertain that prescriptions are written in generic name only.

### **Standard E7 - The facility has defined procedures for safe drug administration.**

The standard is concerned with the safety of drug administration. It includes administration of high alert drugs, legibility of medical orders, process for checking drugs before administration and processes related to self-drug administration. Patient's records should be reviewed for legibility of the writing and recording of date and time of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.

### **Standard E8 - The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.**

This standard is concerned with the processes of maintaining clinical records systematically and adequately. Compliance to this standard can be assessed by comprehensive review of the patients' record.

**Standard E9 – The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage.**

This standard measures adequacy of the discharge process. It includes pre-discharge assessment, adequacy of discharge summary, pre-discharge counselling and adherence to standard procedures, if a patient is leaving against medical advice (LAMA) or is found absconding. Patients' records should also be reviewed for adequacy of the discharge summary.

**Standard E10 – The facility has defined and established procedures for Emergency Services and Disaster Management.**

This standard is concerned with emergency clinical processes and procedures. It includes triage, adherence to emergency clinical protocols, disaster management, processes related to ambulance services, handling of medico-legal cases, etc. Availability of the buffer stock for medicines and other supplies for disaster and mass casualty needs to be found out. Interaction with the staff and hospital administration should be done to assess overall disaster preparedness of the health facility.

**Standard E11 – The facility has defined and established procedures of diagnostic services.**

This standard deals with the procedures related to diagnostic services. The standard is majorly applicable for laboratory and radiology services. It includes pre-testing, testing and post-testing procedures. It needs to be observed that samples in the laboratory are properly labelled, and instructions for handling samples are available. The process for storage and transportation of samples needs to be ensured. Availability of critical values and biological references should also be checked.

**Standard E12 – The facility has defined and established procedures for Blood Storage Management and Transfusion.**

This standard is concerned with functioning of blood storage and transfusion services. The measurable elements under this standard are processes for transport of blood from parent blood bank, storage procedures, cross matching, issuing, transfusion and monitoring of transfusion reaction. The assessor should observe the functioning, and interact with the staff to know adherence to standard procedures for blood transport storage and issue of blood as per standard protocols. Records of temperature maintained in different storage units should be checked. Records should be reviewed for assessing processes of monitoring transfusion reactions.

**Standard E13 – The facility has established procedures for Anaesthetic Services.**

This standard is concerned with the processes related to safe anaesthesia practices. It includes pre-anaesthesia, monitoring and post-anaesthesia processes. Records should be reviewed to assess, how Pre-anaesthetic check-up is done and records are maintained. Interact with Anaesthetist and OT technician/Nurse for adherence to protocols in respect of anaesthesia safety, monitoring, recording and reporting of adverse events, maintenance of anaesthesia notes, etc.

**Standard E14 – The facility has defined and established procedures of Operation theatre and surgical services.**

This standard is concerned with processes related with Operation Theatre. It includes processes for OT scheduling, pre-operative, Post-operative practices of surgical safety. Interaction with the surgeon(s) and OT staff should be done to assess processes - preoperative medication, part preparation and evaluation of patient before surgery, identification of surgical site, etc. Review of records for usage of surgical safety checklist and protocol for instrument count, suture material, etc. may be undertaken.

**Standard E 15 – The facility has defined and established procedures for end of life care and death.**

This is concerned with end of life care and management of death. Records should be reviewed for knowing adequacy of the notes. Interact with the facility staff to know how news of death is communicated to relatives, and kind of support available to family members.

**Standard E16 – The facility has established procedures for Antenatal care as per guidelines.**

The standard includes processes that ensure adequacy and quality of antenatal care provided at the facility. It includes measurable elements for ANC registration, processes during check-up, identification of High Risk pregnancy, management of severe anaemia and counselling services. Staff at ANC clinic should be interviewed and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of



examination and diagnostic tests are recorded. Review the line listing of anaemia cases and how they are followed. Client and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.

### **Standard E17 – The facility has established procedures for Antenatal care as per guidelines.**

This standard measures the quality of intra-natal care. It includes clinical process for normal delivery as well management of complications and C-Section surgeries. The concerned staff can be interviewed to know their skill and practices regarding management of different stages of labour, especially Active Management of Third stage of labour. Demonstration of resuscitation and essential newborn care may be asked. Competency of the staff for managing obstetric emergencies, interpretation of partograph, APGAR score should also be assessed.

### **Standard E18 – The facility has established procedures for postnatal care as per guidelines.**

The standard is concerned with adherence to post-natal care of mother and newborn within the hospital. Observe if postnatal protocols for prevention of Hypothermia and breastfeeding are adhered to. Mother may be interviewed to know that proper counselling has been provided.

### **Standards E19 – The facility has established procedures for care of new born, infant and child as per guidelines.**

This standard is concerned with adherence to clinical protocols for newborn and child health. It covers immunization, management of new-born and childhood illnesses like neonatal asphyxia, low birth weight, neo-natal jaundice, malnutrition and diarrhoea. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of diluents, adherence to protocols of reconstitution of vaccine, storage of VVM labels and shake test. Adherence to clinical protocols for management of different illnesses in newborn and child should be done through interaction with the doctors and nursing staff.

### **Standard E20 – The facility has established procedures for abortion and family planning as per government guidelines and law.**

The standard is concerned with providing safe and quality family planning and abortion services. This includes standard practices and procedures for Family planning, counselling, spacing methods, family planning surgeries and counselling and procedures for abortion. Quality and adequacy of counselling services can be assessed by exit interview with the clients. Staff at family planning clinic may be interacted to assess adherence to the protocols for IUD insertion, precaution and contraindication for oral pills, family planning surgery, etc.

### **Standard E21 – The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.**

This standard is concerned with services related to adolescent, Reproductive and Sexual health (ARSH) guidelines. It includes promotive, preventive, curative and referral services under the ARSH. Staff should be interviewed, and records should be reviewed.

### **Standard E22 – The facility provides services as per National Health Programmes' Operational/ Clinical Guidelines.**

The standard is concerned with adherence to clinical guidelines under the National Health Programmes. For each national health programme, availability of clinical services as per respective guidelines should be assessed.

## **AREA OF CONCERN F – INFECTION CONTROL**

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

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



### **Standard F1 – The facility has Infection Control Programme, and there are procedures in place for prevention and measurement of Hospital Associated Infections.**

This standard is concerned with the implementation of Infection control programme at the facility. It includes existence of functional infection control committee, microbiological surveillance, measurement of hospital acquired infection rates, periodic medical check-up and immunization of staff and monitoring of Infection control Practices. Hospital administration should be interacted to assess the functioning of infection control committee. Records should be reviewed for confirming the culture surveillance practices, monitoring of Hospital acquired infection, status of staff immunization, etc. Implementation of antibiotic policy can be assessed through staff interviews, perusal of patient record and usage pattern of antibiotic.

### **Standard F2 – The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis.**

This standard is concerned with practices of hand washing and antiseptis. Availability of Hand washing facilities with soap and running water should be observed at the point of use. Technique of hand washing for assessing the practices, and effectiveness of training may be observed.

### **Standard F3 – The facility ensures availability of material for personal protection, and facility staff follows standard precaution for personal protection.**

This standard is concerned with usage of Personal Protection Equipment (PPE) such as gloves, mask, apron, etc. Interaction with staff may reveal the adequacy of supply of PPE.

### **Standard F4 – The facility has standard procedures for processing of equipment and instruments.**

This standard is concerned with standard procedures, related to processing of equipment and instruments. It includes adequate decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed and staff should be interviewed for compliance to certain standard procedures.

### **Standard F5 – The facility has standard procedures for processing of equipment and instruments**

The standard pertains to environment cleaning. It assesses whether the layout and arrangements of processes are conducive for the infection control or not. Environment cleaning processes like mopping, especially in critical areas like OT and ICU should be observed for the adequacy and technique.

### **Standard F6 – The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-medical and hazardous Waste.**

This standard is concerned with Management of Biomedical waste management including its segregation, transportation, disposal and management of sharps. Availability of equipment and practices of segregation can be directly observed. Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed and records are verified.

## **AREA OF CONCERN G – QUALITY MANAGEMENT**

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

Following are the Standards under this area of Concern.

### **Standard G1 – The facility has established organizational framework for quality improvement.**

This standard is concerned with creating a Quality Team at the facility and making it functional. Assessor may review the document and interact with Quality Team members to know how frequently they meet and responsibilities have been delegated to them. Quality team meeting records may be reviewed.



### **Standard G2 – The facility has established system for patient and employee satisfaction.**

The standard is concerned with having a system of measurement of patient and employees' satisfaction. This includes periodic patients' satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient satisfaction and employee satisfaction survey to ascertain that feedback of the patients, from a scientifically drawn sample, is taken at prescribed intervals.

### **Standard G3 – The facility have established internal and external quality assurance Programmes wherever it is critical to quality.**

The standard is concerned with implementation of internal quality assurance programmes within departments such as EQAS of diagnostic services, daily round and use of departmental checklists, External Quality Assurance Service (EQUAS) records at laboratory, etc. Interview with Matron, Hospital Managers, Nurse in-charges, OT technician, etc. may give information about how they conduct daily round of departments and usage of checklists.

### **Standard G4 – The facility has established documented implemented and maintained Standard Operating Procedures for all key processes.**

This standard is concerned with availability and adequacy of Standard operating procedures and work instructions with the respective process owners. Display of work instructions and clinical protocols should be observed during the assessment.

### **Standard G5 – The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit.**

This standard pertains to the processes of internal assessment, medical and death audit at a defined periodicity. Review of Internal assessment and clinical audit records may reveal their adequacy and periodicity.

### **Standard G6 – The facility has defined and established Quality Policy and Quality Objectives.**

This standard is concerned with establishment and dissemination of quality policy and objectives in the hospital. The staff may be interviewed regarding their awareness of Quality policy and Objectives. Review of records should be done for assessing that Quality objectives meet SMART criteria, and have been reviewed periodically.

### **Standard G7 – The facility seeks continual improvement by practicing Quality tool and method.**

This standard is regarding using Quality tools and methods like Process mapping, control charts, 5-'S', etc. The Assessor should look for any specific methods and tools practiced for quality improvement.

## **AREA OF CONCERN H – OUTCOME**

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

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

### **Standard H1 – The facility measures Productivity Indicators and ensures compliance with State/ National benchmarks.**

This standard is concerned with the measurement of Productivity indicators and meeting the benchmarks. This includes utilization indicators like bed occupancy rate and C-Section rate. Assessor should review these records to ensure that these indicators are getting measured at the health facility.

**Standard H2 - The facility measures Efficiency Indicators and ensures compliance with State/ National benchmarks.**

This standard pertains to measurement of efficiency indicators and meeting benchmark. This standard contains indicators that measure efficiency of processes, such as turnaround time, and efficiency of human resource like surgery per surgeon. Review of records should be done to assess that these indicators have been measured correctly.

**Standard H3 - The facility measures Clinical Care and Safety Indicators and tries to reach State/ National benchmarks.**

This standard is concerned with the indicators of clinical quality, such as average length of stay and death rates. Record review should be done to see the measurement of these indicators.

**Standard H4 - The facility measures Service Quality Indicators and endeavours to reach State/ National benchmarks.**

This standard is concerned with indicators measuring service quality and patient satisfaction like Patient satisfaction score and waiting time and LAMA rate.



## II. Measurable Elements for CHC Quality Assurance Standards

Area of Concern - A: Service Provision	
Standard A1	<b>The facility provides Curative Services</b>
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 and Gynecology Services
ME A1.4	The facility provides Pediatric Services
ME A1.5	The facility provides Ophthalmology Services (at least 4 days in a month)
ME A1.6	The facility provides Dental Treatment Services
ME A1.7	The facility provides AYUSH Services
ME A1.8	The facility provides services for OPD
ME A1.9	Services are available for the time period as mandated
ME A1.10	The facility provides Accident and Emergency Services
ME A1.11	The facility provides Blood Storage and transfusion services
Standard A2	<b>The facility provides RMNCHA Services</b>
ME A2.1	The facility provides Reproductive Health Services
ME A2.2	The facility provides Maternal Health Services
ME A2.3	The facility provides Newborn Health Services
ME A2.4	The facility provides Child Health Services
ME A2.5	The facility provides Adolescent Health Services
Standard A3	<b>The facility Provides diagnostic Services</b>
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	<b>The facility provides services as mandated in National Health Programmes/State scheme</b>
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 and 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 Deafness
ME A4.11	The facility provides services under Universal Immunization Programme (UIP) as per guidelines
ME A4.12	The facility provides services under National Tobacco Control Programme as per guidelines
ME A4.13	The facility provides services under National Iodine Deficiency Programme as per guidelines
ME A4.14	The facility provides services as per State specific health programmes
Standard A5	<b>Facility provides support services and Administrative services.</b>
ME A5. 1	Facility provides Dietary services.
ME A5.2	Facility provides Laundry services
ME A5.3	Facility provides Security services.
ME A5.4	Facility provides Housekeeping services
ME A5.5	Facility ensures Maintenance services.
ME A5.6	Facility provides Pharmacy and store services.
ME A5.7	Facility has services for Medical Records
ME A5.8	The facility provides Administrative Services for the Block
Standard A6	<b>Health services provided at the facility are appropriate to community needs.</b>
ME A6.1	The facility provides curatives and 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
<b>Area of Concern – B Patient's Rights</b>	
Standard B1	<b>The facility provides the information to care seekers, attendants and community about the available services and their modalities</b>
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 and visitors are sensitized 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	<b>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.</b>
ME B2.1	Services are provided in manner that are sensitive to gender
ME B2.2	Religious and cultural preferences of patients and attendants are taken into consideration while delivering services
ME B2.3	Access to facility is provided without any physical barrier and friendly to people with disability.
ME B2.4	There is no discrimination on basis of social and economic status of the patients
ME B2.5	There is affirmative action to ensure that vulnerable sections can access services
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>
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 behaviors 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	<b>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</b>
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	<b>The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.</b>
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates and for other patients on payment 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	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>
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	<b>The facility ensures the physical safety including fire safety of the infrastructure.</b>
ME C2.1	The facility ensures the seismic safety of the infrastructure
ME C2.2	The facility ensures safety of electrical establishment
ME C2.3	Physical condition of buildings are safe for providing patient care
ME C2.4	The facility has plan for prevention of fire
ME C2.5	The facility has adequate firefighting equipment
ME C2.6	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation
Standard C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>
ME C3.1	The facility has adequate specialist doctors as per service provision.
ME C3.2	The facility has adequate general duty doctors as per service provision and work load
ME C3.3	The facility has adequate nursing staff as per service provision and work load
ME C3.4	The facility has adequate technicians/paramedics as per requirement
ME C3.5	The facility has adequate support / general staff
ME C3.6	The staff has been provided required training / skill sets
ME C3.7	The staff is skilled as per job description
Standard C4	<b>The facility provides drugs and consumables required for assured services.</b>
ME C4.1	The departments have availability of adequate drugs at point of use
ME C4.2	The departments have adequate consumables at point of use
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients



ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients
ME C5.5	Availability of equipment for storage
ME C5.6	Availability of functional equipment and instruments for support services
ME C5.7	Departments have patient furniture and fixtures as per load and service provision
<b>Area of Concern – D: Support Services</b>	
Standard D1	<b>The facility has established programme for inspection, testing and maintenance and calibration of equipment</b>
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	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables
ME D2.2	The facility has established 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	<b>The facility has established program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>
ME D3.1	Exterior of the facility building is maintained with landscaping in open area.
ME D3.2	Patient care areas are clean and hygienic
ME D3.3	Hospital infrastructure is adequately maintained.
ME D3.4	The facility has policy of removal of condemned junk material
ME D3.5	The facility has established procedures for pest, rodent and animal control
ME D3.6	The facility provides adequate illumination level at patient care areas
ME D3.7	The facility has provision of restriction of visitors in patient areas
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers



ME D3.9	The facility has security system in place at patient care areas
ME D3.10	The facility has established measure for safety and security of female staff
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>
ME D4.1	The facility has adequate arrangement storage and supply for portable water in all functional areas
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load
ME D4.3	Critical areas of the facility ensure availability of oxygen, and medical gases.
Standard D5	<b>The facility ensures availability of diet as per nutritional requirement of the patients and clean linen to all admitted patients</b>
ME D5.1	The facility has provision of nutritional assessment of the patients
ME D5.2	The facility provides diets according to nutritional requirements of the patients
ME D5.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients
ME D5.4	The facility has adequate sets of linen
ME D5.5	The facility has established procedures for changing of linen in patient care areas
ME D5.6	The facility has standard procedures for handling , collection, transportation and washing of linen
Standard D6	<b>The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability</b>
ME D6.1	The facility has established process for management of activities of Rogi Kalyan Samitis
ME D6.2	The facility has established procedures for community based monitoring of its services
Standard D7	<b>The facility has defined and established procedures for promoting public participation in management of hospital with transparency and accountability</b>
ME D7.1	The facility ensures the proper utilization of fund provided to it
ME D7.2	The facility ensures proper planning and requisition of resources based on its need
Standard D8	<b>The facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>
ME D8.1	The facility has requisite licenses and certificates for operation of hospital and different activities
ME D8.2	Updated copies of relevant laws, regulations and government orders are available at the facility
ME D8.3	The facility ensure relevant processes are in compliance with statutory requirement
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>
ME D9.1	The facility has established job description as per govt guidelines
ME D9.2	The facility has an established procedure for duty roster and deputation to different departments
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department



Standard D10	<b>The facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations</b>
ME D10.1	There is established system for contract management for out sourced services
ME D10.2	There is a system of periodic review of quality of out sourced services
Area of Concern – E: Clinical Services	
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>
ME E1.1	The facility has established procedure for registration of patients
ME E1.2	The facility has an 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	<b>The facility has defined and established procedures for clinical assessment and reassessment of the patients.</b>
ME E2.1	There is established procedure for initial assessment of patients
Standard D3	<b>The facility has defined and established procedures for continuity of care of patient and referral</b>
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 D3.9	The facility has security system in place at patient care areas
ME D3.10	The facility has established measure for safety and security of female staff
Standard E4	<b>The facility has defined and established procedures for nursing care</b>
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	<b>The facility has a procedure to identify high risk and vulnerable patients.</b>
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	<b>The facility follows standard treatment guidelines defined by state/central government for prescribing the generic drugs and their rational use.</b>
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	<b>The facility has defined procedures for safe drug administration</b>
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	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>
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	<b>The facility has defined and established procedures for discharge of patient</b>
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	Counseling 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 D10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>
ME E10.1	There is procedure for receiving and triage of patients
ME E10.2	Emergency protocols are defined and implemented
ME E10.3	The facility has disaster management plan in place
ME E10.4	The facility ensures adequate and timely availability of ambulances services and mobilization of resources, as per requirement
ME E10.5	There is procedure for handling medico legal cases
Standard E11	<b>The facility has defined and established procedures for diagnostic services</b>
ME E11.1	There are established procedures for Pre-testing Activities
ME E11.2	There are established procedures for Testing Activities
ME E11.3	There are established procedures for Post-testing Activities



Standard E12	<b>The facility has defined and established procedures for Blood Storage Management and Transfusion.</b>
ME 12.1	There is established procedure for transport of blood from parent blood bank.
ME E12.2	There is established procedure for storage of blood
ME E12.3	There is established procedure for cross matching of blood
ME E12.4	There is established procedure for issuing blood
ME E12.5	There is established procedure for transfusion of blood
ME E12.6	There is an established procedure for monitoring and reporting transfusion complication
Standard E13	<b>The facility has established procedures for Anesthetic Services</b>
ME E13.1	The facility has established procedures for Pre-Anesthetic Checkup and maintenance of records
ME E13.2	The facility has established procedures for monitoring during Anaesthesia and maintenance of records
ME E13.3	The facility has established procedures for Post-Anaesthesia care
Standard E14	<b>The facility has defined and established procedures of operation theatre and surgical services.</b>
ME E14.1	The facility has established procedures for OT Scheduling
ME E14.2	The facility has established procedures for Pre-operative care
ME E14.3	The facility has established procedures for Surgical Safety
ME E14.4	The facility has established procedures for Post-operative care
Standard E15	<b>The facility has defined and established procedures for end of life care and death</b>
ME E15.1	Death of admitted patient is adequately recorded and communicated
ME E15.2	The facility has standard procedures for handling the death in the hospital
ME E15.3	The facility has standard operating procedure for end of life support
ME E15.4	The facility has standard procedures for conducting/referring for post-mortem, its recording and meeting its obligation under the law
<b>Maternal and Child Health Services</b>	
Standard E16	<b>The facility has established procedures for Antenatal care as per guidelines</b>
ME E16.1	There is an established procedure for registration and follow up of pregnant women.
ME E16.2	There is an established procedure for history taking, physical examination, and counseling of each antenatal woman, visiting the facility.
ME E16.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women
ME E16.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.
ME E16.5	There is an established procedure for identification and management of moderate and severe anaemia
ME E16.6	Counseling of pregnant women is done as per standard protocol and gestational age



Standard E17	<b>The facility has established procedures for Intranasal care as per guidelines</b>
ME E17.1	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 E17.2	There is an established procedure for assisted and C-section deliveries per scope of services.
ME E17.3	There is established procedure for management/referral of obstetrics emergencies as per scope of services.
ME E17.4	There is an established procedure for new born resuscitation and newborn care.
Standard E18	<b>The facility has established procedures for postnatal care as per guidelines</b>
ME E18.1	Post-partum care is provided to the mothers
ME E18.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard protocols.
ME E18.3	There is an established procedure for Post-partum counseling of mother
ME E18.4	The facility has established procedures for stabilization/treatment/referral of post natal complications
ME E18.5	There is established procedure for discharge and follow up of mother and newborn.
Standard E19	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>
ME E19.1	The facility provides immunization services as per guidelines
ME E19.2	Triage, Assessment and Management of newborns having emergency signs are done as per guidelines
ME E19.3	Management/referral of low birth weight newborns is done as per guidelines
ME E19.4	Management of neonatal asphyxia, jaundice and sepsis is done as per guidelines
ME E19.5	Management of children presenting with fever, cough/ breathlessness is done as per guidelines
ME E19.6	Management/referral of children with severe Acute Malnutrition is done as per guidelines
ME E19.7	Management of children presenting diarrhoea is done per guidelines
Standard E20	<b>The facility has established procedures for Medical Termination of Pregnancy and family planning as per government guidelines and law</b>
ME E20.1	Family planning counseling services provided as per guidelines
ME E20.2	The facility provides spacing method of family planning as per guidelines
ME E20.3	The facility provides limiting method of family planning as per guidelines
ME E20.4	The facility provide counseling services for abortion as per guidelines
ME E20.5	The facility provide abortion services for 1st trimester as per guidelines
ME E20.6	The facility provide abortion services for 2nd trimester as per guidelines
Standard E20	<b>The facility provides Adolescent Reproductive and Sexual Health services as per guidelines</b>
ME 21.1	The facility provides promotive ARSH services.
ME 21.2	The facility provides preventive ARSH services.
Me 21.3	The facility provides curative ARSH services



Me 21.4	The facility provides referral services for ARSH.
<b>National Health Programmes</b>	
Standard E23	<b>The facility provides National health Programme as per operational/Clinical Guidelines of the Government.</b>
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 and 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
<b>Area of Concern – F: Infection Control</b>	
Standard F1	<b>The facility has infection control programme and procedures in place for prevention, control and measurement of hospital associated infection</b>
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 and 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 F1	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>
ME F2.1	Hand hygiene facilities are provided at point of use
ME F2.2	The facility staff is trained in hand washing and hand rub practices and they adhere to standard hand washing and hand rub practices
ME F2.3	The facility ensures standard practices and materials for antisepsis
Standard F3	<b>The facility ensures standard practices and materials for personal protection</b>
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	<b>The facility has standard disinfection and sterilization procedures for processing of equipment and instruments</b>
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	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>
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 isolation of infectious patients
ME F5.5	The facility ensures air quality of high risk area
Standard E6	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of bio medical and hazardous Waste</b>
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
<b>Area of Concern - G: Quality Management</b>	
Standard G1	<b>The facility has established organizational framework for quality improvement</b>
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	<b>The facility has established system for patient and employee satisfaction</b>
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	<b>The facility has established internal and external quality assurance programmes wherever it is critical to quality.</b>
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	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>
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 G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>
ME G5.1	The facility conducts periodic internal assessment
ME G5.2	The facility conducts the periodic prescription/ medical/death audits
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately
ME G5.4	Action plan is made on the gaps found in the assessment / audit process
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit
Standard G6	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>
ME G6.1	The facility defines its quality policy
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that
ME G6.4	Progress towards quality objectives is monitored periodically
Standard G7	<b>The facility seeks continual improvement by practicing quality tool and methods</b>
ME G7.1	The facility uses methods for quality improvement in services
ME G7.2	The facility uses tool for quality improvement
<b>Area of Concern - H: Outcomes</b>	
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>
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	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmarks</b>
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	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmarks</b>
ME H3.1	Facility measures clinical care and safety indicators on monthly basis
ME H3.2	Facility ensures compliance of key clinical care and safety with national/state benchmarks
Standard H4	<b>The facility measures Service Quality Indicators and endeavors to reach State/National benchmarks</b>
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



Standard H4	<b>The facility measures service quality indicators and endeavors to reach State/National benchmark</b>
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

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Section

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**ASSESSMENT  
PROTOCOLS**



# I. Assessment Methodology

## 1. General Principles

Assessment of a CHC is undertaken on general principles of an assessment protocol. Adherence to these principles is a prerequisite for arriving at objective and unbiased conclusion that is useful for the service providers as well for other stake-holders such as District Health Administration and Health Department. Following are the key principles of an assessment –

1. Integrity – Assessors and persons managing assessment programs should
  - Perform their work with honesty, diligence and responsibility
  - Demonstrate their competence while performing assessment
  - Make assessment in an impartial manner
  - Remain fair and unbiased in their findings
  - Be sensitive to any influence that may be exerted while carrying out assessment
2. Fair Presentation - Assessment findings should truthfully and accurately represent the assessment activities. Any unresolved diverging opinion between assessors and assesses should be brought-out. Communication should be truthful, accurate, objective, timely, clear and complete.
3. Confidentiality- Assessors should ensure that information acquired by them during the assessment kept confidential and should not be shared with un-authorized personnel. The information must not be used for personal gain.
4. Independence- Assessors should be independent to the activity they are assessing and should be in all cases act in manner that is free from biases and conflict of interest. For internal assessment, an assessor should not assess his or her own department and process.
5. Evidence based approach – Conclusion should be based on evidence which is verifiable and reproducible.

## 2. Planning Assessment Activities

Following assessment activities are undertaken at different level -

1. Internal Assessment – A continuous process of assessment within the facility by internal assessors.
2. External Assessment- Assessment by District Quality Assurance Unit (DOAU) and State Quality Assurance Unit (SOAU)
3. Assessment for Certification – Assessment by the assessors, deputed by the Ministry of Health and Family Welfare or an organisation on behalf of the MoHFW

Internal Assessment- Internal assessment is a continuous process and forms an integral part of facility based Quality Assurance Programme. Assessing all departments in a health facility every month may not be feasible. The facility should prepare a quarterly assessment plan. It needs to be ensured that every department is 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, thereby requiring more attention. For example if Labour room services is much critical to quality. It could be assessed more frequently.



For internal assessment, a nodal person at the PHC may be designated as the coordinator, whose main responsibilities are given below -

1. Preparing assessment plan and schedule
2. Constitute the assessment team for internal assessment
3. Arrange stationary (forms and formats) for internal assessment
4. Maintenance and safe keeping of assessment records
5. Communicating and coordinating with departments
6. Monitor and 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.

External Assessment –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 assessment also provides opportunity of building facility level capacity of quality assurance and handholding. It needs to be ensured that all departments and work processes have been assessed at PHC.

### 3. Constituting assessment team

Assessment team should be constituted according to the scope of assessment i. e. department to be assessed. Team assessing clinical department should have at least one person from clinical domain preferably a doctor, assessing patient care department specially indoor department should also have one nursing staff in team. It would be preferable to have a multidisciplinary team having at least one doctor and one nurse for external assessment. As DQAU/SQAU may not have their own capacity for arranging all team members internally, they may nominate a person from other health facility to be a part of the assessment team. However, it needs to be ensured that person should not assess his/her area of work in internal assessment. Similarity for external assessment none of the team member should be from same health facility. For external assessment, the team members should have undergone the assessors' training.

### 4. 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 should be shared with respective departments.

### 5. Performing Assessment –

- i. Pre assessment preparation – Team leader of the assessment team should ensure that assessment schedule has been communicated to all concerned staff of the health facility. Stationary for the assessment including Checklists are available in adequate numbers. Team leader should assign responsibility to different team members according to assessment schedule and competence of different staff members.
- ii. Opening meeting – A short opening meeting with the staff should be conducted for introduction, aims and objective of the assessment and role clarity.

### 6. 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. All type conflicts should be avoided. In event of conflict department head or assessment coordinator should be contacted to mediate and resolve the conflict.

### 7. Using Checklists for assessment

Checklists are the main tools for the assessment. Assessors should familiarise themselves with the check-lists beforehand. Lay-out of the check-lists in this manual is given below -



- a) Title of the checklist denotes the name of department for which checklist is intended.
- b) Extreme left column of checklist in blue colour contains the reference number of Standard and Measurable Elements. The Reference number helps in identification and traceability of a standard.
- c) The horizontal bar in grey colour contains the name of the area of concern for which the underlying standards belong.
- d) Yellow horizontal bar contains the statement of standard which is being measured. There are total sixty five standards but all standards may not be applicable to each departments, so only relevant standards are given in yellow bars
- e) Second column contains text of the measurable element for the respective standard. Only applicable measurable elements of a standard are shown in checklist. You may not find all measurable elements under a standard in departmental check-list. They have been excluded because they are not relevant to that department.
- f) The column next to measurable elements on right side has check-points for measuring compliance to respective measurable element and the standard. Check-point is the basic unit of measurement, against which compliance is checked and the score is awarded.
- g) Next right to Checkpoint a blank column is available where finding of assessment in term of Compliance, Partial Compliance and Non Compliance should be written.
- h) Next right 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 and PI Patient Interview.
- i) Column next to assessment method contains means of verification. It denotes what to see in a particular Check-point. It may be list of equipment or procedures to be observed, OR example question may be asked to interviewee or some benchmark, which could be used for comparison, OR reference to some other guideline OR legal document. It may be left blank as check point may be self-explanatory.

Assessor should read measurable elements and checkpoints; and try to gather information and evidence to assess the compliance to the requirement of measurable element and checkpoint. Information can be gathered by four methods

- i. Observation –Compliance to many of the measurable elements can be assessed by directly observing the articles, process and surrounding environment. Few examples are given below -
  - a) Enumeration of articles like equipment, drugs
  - b) Displays like signage, work instructions, important information
  - c) Facilities such as patient amenities, ramps, complaint box, etc.
  - d) Environment like seepage, overcrowding, temperature control, cleanliness
  - e) Procedures like measuring BP, counselling, segregation of biomedical waste,
- ii. Record Review – As all processes especially clinical procedures cannot be observed. Review of records may generate more objective evidence and triangulate the finding of the observation. For example on the day of assessment, a drug tray at the labour room may have adequate quantity of Oxytocin, but review of drug expenditure register would reveal consumption pattern of Oxytocin. Based on load of deliveries, it can be assessed that the drug was available or not. Examples of record review are given below -
  - a) Review of clinical records for assessing adequacy of processes like delivery note, anaesthesia note, maintenance of treatment chart, assessment of patients,etc.,
  - b) Review of department registers like admission registers, handover registers, expenditure registers, etc.
  - c) Review of license, formats for legal compliances like Blood Storage Centre, authorisation certificate under the BMW Rules 1998
  - d) Review of SOPs for adequacy and processes



- e) Review of monitoring records like temperature monitoring charts, culture surveillance report and calibration records
- f) Review of department data and indicators
- iii. Staff interview –Interaction with the staff help in assessing the knowledge and skill level, required for performing job functions. Examples -
  - a) Competency testing – Asking staff how do they perform certain procedures.
  - b) Demonstration – Asking staff to demonstrate certain activities like hand washing technique or new born resuscitation.
  - c) Awareness- Asking staff about awareness off patient right or quality policy of hospital, high alerts drugs.
  - d) Attitude -about issues about patient 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 user's perspective. It should include -
  - a) Feedback on quality of services staff behaviour, food quality, waiting times, etc.
  - b) Out of pocket expenditure occurred during the treatment
  - c) Effective of communication like counselling services and self-drug administration

Assessor may use one these method to asses certain measurable element. Suggestive methods are also 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 below -

### Flow of gathering information during assessment is given below -



#### H. Assessment conclusion

After gathering information and evidence for measurable elements, assessors can conclude Compliance, Partial compliance or Non-compliance for each of the checkpoints. If the information and evidence collected gives an impression of not fully meeting the requirement, it could be given 'Partial compliance', provided some evidences are available. Non-compliance should be given if none or very few of the requirements are being met.

After arriving at a conclusion, assessor should mark C for Compliance, P for Partial compliance and N for Non-compliance in Compliance column.



## II. Scoring System

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

Rules of Scoring

2 marks for each compliance

1 mark for each partial-compliance

0 Marks for every Non-Compliance

All checkpoints have equal weightage to keep scoring simple.

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

$$\frac{\text{Score obtained} \times 100}{\text{No of checkpoints in checklist} \times 2}$$

Scores can be calculated manually or scores can be entered into excel sheet given in the accompanying soft copy to get scores and dash boards.

The assessment scores can be presented in following ways

1. Departmental Score card – Depicting the score card in the individual score .This score card is generated automatically in the excel tool, provided with this manual.
2. Standard wise score card depicting standard wise score card
3. Aggregate score care
4. Thematic score card like area of concern wise, National Health Program Wise etc.



<b>EMERGENCY SCORE CARD</b>		
<b>Emergency Score</b>		<b>50%</b>
<b>Area of Concern wise Score</b>		
<b>A</b>	Service Provision	50%
<b>B</b>	Patient Rights	50%
<b>C</b>	Inputs	50%
<b>D</b>	Support Services	50%
<b>E</b>	Clinical Services	50%
<b>F</b>	Infection Control	50%
<b>G</b>	Quality Management	50%
<b>H</b>	Outcome	50%

Sample of filled in Departmental Score Card

<b>HOSPITAL QUALITY SCORE CARD DEPARTMENT WISE</b>			
Emergency 50%	NBSU 50%	Operation Theater 50%	Laboratory 50%
OPD 50%	Hospital Score 50%		Radiology 50%
Labour Room 50%			Pharmacy & Store 50%
IPD 50%	Auxiliary 50%	General/Admin 50%	Blood Storage Unit 50%

Sample Scorecard of a Hospital with Departmental Score

<b>HOSPITAL SCORE CARD (AREA OF CONCERNWISE)</b>			
Service Provision 50%	Patient Rights 50%	Inputs 50%	Support Services 50%
<b>Hospital Score Card (Area of Concern wise) 50%</b>			
Clinical Services 50%	Infection Control 50%	Quality Management 50%	Outcome 50%

Sample Scorecard of Hospital with Area of Concern Score



Section

**IMPLEMENTING QUALITY ASSURANCE  
AT FACILITY LEVEL**



## I. Step by Step Approach for Quality Assurance

Many challenges could be faced in implementation of Quality Assurance Programme. Few such examples are given below -

- Changing Attitude of Staff, Visitors (Patients and attendants) and Community.
- Identifying the 'Change-agents' which could act as catalyst in the improvement process.
- Channelizing resources required from higher authorities.
- Mid-term review and mid-course correction.

A suggestive approach and methodology is explained here. Some of the steps are iterative in nature e.g. Assessment and Gap Analysis. At the same time, following activities could be initiated simultaneously -

- Patient Satisfaction Surveys
- Employee satisfaction surveys,
- Initiating a complaint management system
- Calibration of equipment

### Step 1 - Sensitisation of Service Providers for Quality

Quality can be achieved through collective efforts only. It is always prudent to make the facility staff aware about what they are expected to do for the quality assurance. They should be communicated the benefits of improving quality for patients and staff themselves. A formal half-day workshop can be organized at the facility, where, the facility in charge or representative from District Quality Assurance Committee (DQAC) should orient the staff about quality assurance programme, quality standards, assessment process and incentives linked to quality in brief.

All staff members of facility including clinical, nursing, administrative and support staff should be encouraged to attend this meeting. Participants should be also encouraged to share their perception of quality and how the quality can be improved.

### Step 2 - Setting up the Quality Team

Implementation of Quality Assurance Programme requires performing set of defined activities in a planned manner. There are always advantages in working through team, as mentioned below -

- a) Members of team can exchange view and information to bring collective wisdom, group deliberation and judgement to bear upon subjects of discussion and tasks.
- b) The team generate ideas for change and overall quality improvement.
- c) A well organized team enables its members to perform at a high level of cooperation and commitment.

Hence for timely and effective implementation of quality assurance, a team should be constituted at facility. This team should have representation from all cadres of staff. Preferably facility in charge should head the team and there should be at least one member each from nursing, paramedic, administrative and support staff.

The role and responsibility of each member should be well defined. Main functions of the team are given below -



- a) Defining the road-map for Quality assurance for the facility.
- b) Defining quality policy and objectives and periodic monitoring on them
- c) Dissemination and orientation for Quality Standards and Standard Operating Procedures (SOP) among the facility staff.
- d) Assuring that services being provided to defined quality standards and clinical protocols.
- e) Performing baseline as well as subsequent periodic quality assessment against defined standards with support from district quality assurance committee.
- f) Measurement, reporting and review of the key performance indicators
- g) Providing hands on training and guidance to facility staff for meeting quality standards
- h) Facilitating change ideas and focus interventions for Quality Improvement.

Quality team should meet every month on to review the progress on quality assurance against defined road map and action plan. Minutes of meeting and action points should be recorded.

### Step 3 - Baseline Assessment

Before starting the journey of quality assurance, first we should know the start point. Initially assessment of all the departments using the departmental checklists given in this assessors' guidebooks should be undertaken. The assessment would also generate scores, using MS Excel based tool given in accompanying CD with this book. In subsequent periodic assessments, the scores would be compared with baseline scores to judge the quality improvement.

### Step 4 - Action Planning and Prioritising

Based on the finding of baselines assessment, the gaps can be identified and enumerated for each department. These gaps can be categorized on the basis of severity of gap and level of support required, as given below -

Level of support required	Severity ranking
a) Gaps that could be traversed at facility level	a) High: gaps affecting patient care directly
b) Gaps requiring support from district authorities.	b) Medium: gaps indirectly affecting patient care.
c) Gaps requiring state support.	c) Low: Gaps not affecting patient care but quality at PHC.

For all the enumerated gaps, a time bound action-plan should be prepared in consultation with process owners and departmental in charges. It may be possible that all the gaps could not be traversed in 'one-go'. Hence prioritisation of gaps is important to best value of the investment.

### Step 5 - Measuring Key Performance Indicators (KPI)

A system of measurement needs to be put in place to measure the different aspects of facility performance and quality of care. A set of indicators have been defined for each level of facility. These Indicators are categorized into four classes -

- a) Productivity
- b) Efficiency
- c) Clinical Care/Safety and
- d) Services quality

While productivity indicators reflect volumes and adequacy of the services provided, efficiency indicators measure utilization of the services within given resources. It also reflects on the proficiency of service providers.



Clinical care indicators directly or indirectly indicate the quality of a particular clinical process or out come. Service quality indicators are assigned to perception of users about quality of services, their comfort and satisfaction level. Facility should measure these indicators on monthly basis and report to DQAC. These indicators should also be utilized by facility for taking evidence based management decisions.

### Step -6 Patient Satisfaction Survey

The first and foremost definition of quality is to meet the user's expectations. The best way to know the users perception about the quality of services is to conduct regular periodic patient satisfaction survey at the facility, asking users to rate the services as per their experience. These surveys should be at least done quarterly. The feedback should be analysed to know the services or attributes of services with which the users are not satisfied. Results of the feedback can be then discussed in monthly quality team meeting to decide on actions to be taken for enhancing customers' satisfaction.

### Step 7- Setting Quality Policy and Quality Objectives

Quality Policy needs to be framed by the facility in consultation the staff and other stakeholders like members of Rogi Kalyan Samities (RKS). Quality policy is a broad statement that describes what and how the facility intends to improve the quality of its services. Quality policy should always acknowledge user satisfaction as key component of its policy. It should be formulated in local language and displayed at critical places for better understanding.

#### An example of Quality Policy

*"We shall strive to provide preventive, promotive and primary level of curative healthcare services to the people in the PHC ----- with sustained efforts to ensure that it is equitable, affordable, accountable and responsive to the people needs, within limitation of its resources.*

*We ensure to provide referral linkages to patients visiting us.*

*We are committed to delight the end users of our services by efficient service delivery. "*

Quality objective are tangible short terms goals that facility intend to achieve. The objective should be in sync. with the Quality Policy.

These objectives should be SMART. i.e. Specific, Measurable, Attainable, Reviewable, and Time-bound. Quality objectives should be set for the facility and for each department.

Example of Quality objectives:

Facility Level	<p>Increasing patient satisfaction Level by X% in y Months</p> <p>Increasing facility quality score from X% to Y% in Z months</p>
Department Level	<p>Reduction of postpartum infection rates from X% to y% in Z months.</p> <p>Increase average length of stay from X days to Y days in Z months</p>

### Step 8 - Implementation of Standard Operating Procedures

Quality is about doing things right, for first time and every time, thereafter. To archive this objective, all key clinical and support process should be standardized. Standard Operating Procedures (SOPs) is a tested and tried tool for standardizing the processes in various setups. Facility should document all its processes those are critical to quality service delivery in with the standard specification and flow in which these should be delivered. These Standard operating procedures should be complied department wise and distributed to the respective process owners. Hand-on training on these SOPs should be provided to respective service providers.



### Step 9 - Periodic Assessments and Improvement

The next step is to check whether processes and services are in accordance to quality standards and SOPs. Therefore, a system of periodic internal assessment should be implemented at the facilities. Assessment can be carried out using the departmental checklists, which are given in this book. The frequency of internal assessment can be variable according to criticality of departments, but at least all the departments should be assessed once in a quarter.

For specific clinical process medical, death and prescription audit should be conducted every month.

Findings of these assessment and audits should be compiled and discussed during the monthly quality team meeting. The quality team with support of process owners should do the root cause analysis to identify the action points. On these action points again a time bound action plan should be prepared. Follow-up on the Action Plan is meticulously done to traverse the gaps and improve the quality score of your facility. Quality team would be responsible for ensuring corrective and preventive action taken in time.

### Step 10 - Certification

Keep on repeating afore-mentioned Steps 1 to 9 would certainly improve the quality score of facility. Once facility is confident that quality score has been reached a threshold level (70%), it can inform DQAC (District Quality Assurance Committee) for starting certification process. Members of DQAU (District Quality Assurance Unit) verify the score by undertaking independent verification. If facility gets the required score, it would be recommended for Assessment to the SQAC (State Quality Assurance Committee).

Then, the State Quality Assurance Unit (SQAU), which is implementation arm of the SQAC, will carry out the Assessment. If facility gets the required score, a state level certification would be provided to the facility. Simultaneously, actions would be taken for obtaining the National Certification.



Section

**DEPARTMENTAL  
CHECKLISTS**





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Accident and  
Emergency



## Checklist for Accident and Emergency

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	<b>Facility Provides Curative Services</b>				
ME A1.1	The facility provides General Medicine services	Facility for managing emergency cases in medical		SI/OB	Dengue Haemorrhagic fever, Cerebral Malaria, Poisoning, Snake Bite, congestive heart failure, Pneumonia, status epilepticus, status Asthmaticus, acute gastroenteritis and severe drug reaction
ME A1.2	The facility provides General Surgery services	Availability of Emergency management of acute surgical condition		SI/OB	-Pyocele -Renal colic -Fractures -RTA -Lacerated wound - Foreign body in ear/nose - Acute abdomen - Strangulated Hernia
ME A1.3	The facility provides Obstetrics and Gynaecology Services	Availability of Emergency Obstetrics and Gynaecology Procedures		SI/OB	APH, PPH, Eclampsia , Obstructed Labour, Septic Abortion, Emergency Contraceptives
ME A1.4	The facility provides paediatric services	Availability of emergency Paediatric procedures		SI/OB	ARI, Diarrhoeal Diseases, Hypothermia, Convulsions/ Seizures
ME A1.8	The facility provides services for OPD procedures	Availability of Dressing room facility		SI/OB	Drainage, dressing, suturing
		Availability of injection room facilities		SI/OB	Injection room facility with ARV and Emergency drugs
ME A1.9	Services are available for the time period as mandated	24X7 availability of dedicated emergency Services		SI/RR	Check for emergency register
ME A1.10	The facility provides Accident and Emergency Services	Availability of Emergency procedures		SI/OB	CPR, Mobilization, Intubations, Tracheotomy, Cervical immobilisation Mechanical Ventilation



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A3	<b>Facility Provides diagnostic Services</b>				
ME A3.1	The facility provides Radiology Services	Availability / Linkage to X-ray and USG services		SI/OB	
		On call Radiology Services are available 24x7		SI/OB	Check services are functional at night
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostics in emergency 24x7		SI/OB	Hb%, Blood Sugar, RDK, Urine Protein,
		on call facility for conducting Emergency diagnostic tests 24x7			
ME A3.3	The facility provides other diagnostic services, as mandated	Availability of Functional ECG Services		SI/OB	
Standard A5	<b>Facility provides support services</b>				
ME A5.3	The facility provides security services	Availability of Home Guard/ Security Guard		SI/OB	At least one per shift.
ME A5.7	The facility has services of medical record department	Availability of Medico-legal Record service		SI/OB	
Standard A6	<b>Health services provided at the facility are appropriate to community needs.</b>				
ME A6.1	The facility provides curatives and preventive services for the health problems and diseases, prevalent locally.	Availability of specific procedures for local prevalent emergencies		SI/OB	Ask for specific local health emergencies encountered frequently. See if emergency is ready for it or not. e.g. cerebral malaria, RTA
<b>Area of Concern – B Patient Right</b>					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	Emergency department board is prominently displayed with facility of illumination in night
		Availability of Directional Signage's.		OB	Direction is displayed from main gate to direct.
ME B1.2	The facility displays the services and entitlements available in its departments	List of services that are managed at the facility		OB	
		Names of doctor and nursing staff on duty are displayed and updated		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		List of drugs available are displayed		OB	
		Important numbers including ambulance, blood bank, police and referral centres displayed		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Treatment note/discharge note is given to patient		RR/OB	
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious, and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Arrangement for examination of rape victims		OB	
		Availability of protocols / guidelines for collection of forensic evidence in case of rape victim		OB /RR OB/RR	
		Counselling services are available for rape victim and domestic violence		OB/SI	
		Availability of female staff if a male doctor examine a female patients		RR/SI	
ME B2.3	Access to facility is provided without any physical barrier and friendly to people with disability.	Emergency contraceptive pill and antibiotics are provided to all rape victims		OB	
		Availability of Wheel chair/ stretcher for emergency patient		OB	
		Availability of ramps with railing Ambulance has direct access to the receiving/triage area of the emergency.		OB	No vehicle parked on the way /in front of emergency entrance. Access road to emergency is wide enough for streamline moment of emergency



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.1	Adequate visual privacy is provided at every point of care	Screens and curtains are provided at emergency		OB	At the examination and procedure area.
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of patient 's record maintained		SI/OB	
		MLC case records are kept in a secure place with limited access to essential persons		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	Privacy and confidentiality of HIV, Rape, suicidal cases, domestic violence and psychotic cases are maintained		SI/OB	
Standard B4	<b>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</b>				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Consent is taken for invasive emergency procedures		SI/RR	- Lumbar puncture - Catheterisation - PR and PV exam
ME B4.2	Patient is informed about his/her rights and responsibilities	Display charter which includes patient rights and responsibilities.		OB	
ME B4.3	Staff are aware of Patients rights responsibilities	Staff is aware of patient rights and responsibilities		SI	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient/attendent/next of kin is informed about her clinical condition and treatment been provided		PI	Ask patients about what they have been communicated about the treatment plan
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redresaal and whom to contact is displayed		OB	Check for complaint register and follow up its closure loop



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B5	<b>The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Emergency services are free for all including pregnant woman, neonate children and BPL population as per government order / scheme		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	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space for accommodating emergency patients		OB	
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement in the waiting area		OB	
		Availability of Drinking water			
		Availability of functional toilets		OB	Dry with regular supply of water
ME C1.3	Departments have layout and demarcated areas as per functions	Demarcated trolley bay		OB	
		Demarcated receiving /triage area		OB	
		Demarcated Nursing station		OB	
		Demarcated duty room for doctor /nurse		OB	
		Demarcated resuscitation area		OB	
		Demarcated observation area/ beds		OB	
		Demarcated dressing area /room		OB	
Demarcated injection room		OB			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Demarcated area for keeping serious patient for intensive monitoring		OB	
		Demarcated areas for keeping dead bodies.		OB	Separate room or linkage with mortuary/ Post mortem room
		Lay out is flexible		OB	All the fixture and furniture are movable to re-arrange the different areas in case of mass casualty
		Dedicated Minor OT		OB	
		Shaded porch for ambulance		OB	
		Availability of clean and dirty utility room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors at Emergency are broad enough for easy moment of stretcher and trolley		OB	2-3 meter
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
		The ambulance(s) has a proper communication system (at least cell phone)		OB	
ME C1.6	Service counters are available as per patient load	Availability of emergency beds as per expected load		OB	Atleast 4 beds.
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Unidirectional flow of services.		OB	Receiving/Triage- Resuscitation-observation beds- Procedures area.
		Separate entrance for emergency department		OB	Entrance of Emergency should not be shared with OPD and IPD
		Emergency is located near to the entrance of the hospital		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	The facility ensures safety of electrical establishment	Emergency department does not have temporary connections and loosely hanging wires		OB	
ME C2.3	Physical condition of buildings are safe for providing patient care	Floors of the Emergency are non slippery and even		OB	
ME C2.4	The facility has plan for prevention of fire	Windows have grills and wire meshwork		OB/SI	
		Emergency has sufficient fire exit to permit safe escape to its occupant at time of fire		OB	
ME C2.5	The facility has adequate fire fighting Equipment	Emergency has installed fire Extinguishers of type A B C		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 C2.6	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialist doctors as per service provision.	Specialists are available within reasonable period for emergency cases		OB/RR	
ME C3.2	The facility has adequate general duty doctors as per service provision and work load	Availability of at least one Doctor 24x7		OB/RR	
ME C3.3	The facility has adequate nursing staff as per service provision and work load	Availability of trained Nursing staff		OB/RR/SI	At least 2 in day and 1 in night



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of dresser / paramedic		OB/SI	
ME C3.5	The facility has adequate support / general staff	Availability of Drivers for Ambulance 24X7		SI/RR	Driver may be on call for emergency.
ME C3.6	The staff has been provided required training / skill sets	Triage and Mass Casualty Management		SI/RR	
		Basic life support (BLS)/ Advance life support (ALS)		SI/RR	
		Bio Medical waste Management		SI/RR	
		Care of uncounscious patient		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
ME C3.7	The Staff is skilled as per job description	The staff is skilled for emergency procedures		SI/RR	
		The staff is skilled for resuscitation and use defibrillator		SI/RR	
		The staff is skilled for maintaining clinical records		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	Tracers as per State EDL
		Availability of injectable Antibiotics		OB/RR	Tracers as per State EDL
		Availability of Infusion Fluids		OB/RR	Tracers as per State EDL
		Availability of Drugs acting on CVS		OB/RR	Tracers as per State EDL
		Availability of drugs action on CNS/PNS		OB/RR	Tracers as per State EDL
		Availability of dressing material and antiseptic lotion		OB/RR	Tracers as per State EDL
		Drugs for Respiratory System		OB/RR	Tracers as per State EDL
		Availability of drugs for obstetric emergencies		OB/RR	Tracers as per State EDL



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of emergency drugs in ambulance		OB/RR	Megsulf, Oxytocin, Plasma Expanders
		Availability of Medical gases		OB/RR	Availability of Oxygen Cylinders
		Availability of Immunological drugs		OB/RR	Polyvalent Anti snake Venom, Anti tetanus Human Immunoglobulin
		Antidotes and Other Substances used in Poisonings		OB/RR	Inj. Atropine Sulphate
ME C4.2	The departments have adequate consumables at point of use	Resuscitation Consumables / Tubes		OB/RR	Masks, Ryles tubes, Catheters, Chest Tube, ET tubes etc
		Availability of disposables at dressing room		OB/RR	
		Availability of consumables in ambulance		OB/RR	Dressing material / Suture material
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray/ Crash Cart is maintained at emergency		OB/RR	
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients.	Availability of functional Equipment and Instruments for examination and Monitoring		OB	BP apparatus, Multiparameter, Torch, hammer, Spot Light, Stethoscope, thermometer
		Availability of Monitoring equipments in ambulance		OB	-Artery forcep - Vene Section Kit
ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray for Emergency procedures		OB	
		Availability of instruments for emergency obstetrics procedure		OB	- Speculum - D and E Set
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic devices		OB	Glucometer, ECG and HIV rapid diagnostic kit
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Ambu bag, defibrillator, layrngo scope with spare batteries, nebulizer, suction apparatus, LMA



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C5.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for sterilization and disinfection		OB	Steam Steriliser / Autoclave
ME C5.7	Departments have patient furniture and fixtures as per load and service provision	Availability of patient beds with prop up facility and wheels		OB	
		Availability of attachment/ accessories with patient bed		OB	Hospital graded Mattress, IV stand, bed rails, Bed pan for male and female
		Availability of fixtures		OB	Spot light, electrical fixture for equipments like suction, monitor and defibrillator, X ray view box
		Availability of furniture at emergency		OB	Doctors Chair, Patient Stool, Examination Table, Chair, Table, Footstep, cupboard
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	No unservicable equipment/instrument in emergency room
		There is system of timely corrective break down maintenance of the equipments		SI/RR	
		The staff is skilled for trouble shooting in case equipment malfunction		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated		OB/ RR	
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Operating instructions for critical equipments are available		OB/SI	Suction machine, Multipara monitor, defibrillator.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
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 is found		OB/RR	
ME D2.5	The facility has established procedure for inventory management techniques	The Department maintained stock and expenditure register of drugs and consumables in Emergency		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 emergency crash cart		SI/RR	
		There is procedure for replenishing drug tray emergency crash cart in ambulance		OB/SI	
		There is no stock out of drugs		SI/RR	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotics and psychotropic drugs are kept in lock and key		OB/SI	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.2	Hospital infrastructure is adequately maintained	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	
ME D3.3	Patient care areas are clean and hygienic	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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Mattresses are intact and clean		OB	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Emergency		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds/termites		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate illumination at procedure area.		OB	200 Lux (Minimum)
ME D3.7	The facility has provision of restriction of visitors in patient areas	Visitors are restricted at resuscitation and procedure area		OB/SI	Resuscitation area, dressing room and examination area
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in the emergency.		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.9	The facility has security system in place at patient care areas	There are set procedures for handling mass situation and violence in emergency		SI/OB	See for linkage to police, procedure for protection of staff
		Hospital has sound security system to manage overcrowding in emergency		OB/SI	
ME 3.10	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	<b>The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back in Emergency, which can take load of equipment running		OB/SI	
		Availability of UPS		OB/SI	
		Availability of Emergency light		OB/SI	
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Oxygen cylinders and vacuum suction		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.4	The facility has adequate sets of linen	Clean Linen is provided on observation beds		OB/RR	
ME D5.5	The facility has established procedures for changing of linen in patient care areas	Linen is changed every day or whenever it get soiled		OB/RR	
Standard D8	<b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>				
ME D8.1.	The facility has requisite licences and certificates for operation of hospital and different activities	Valid licences for ambulances and PUC are available		RR/SI	
ME D8.3.	The facility ensure relevant processes are in compliance with statutory requirement	Staff is aware of procedure and protocol of management of medico legal cases		SI	
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1.	The facility has established job description as per govt guidelines	"Staff is aware of their roles and responsibilities		SI	
ME D9.2.	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 of recording time of reporting and relieving (Attendance register/ Biometrics etc)
ME D9.3.	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	
<b>Area of Concern - E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
ME E1.1.	The facility has established procedure for registration of patients	Unique identification number is given to each patient during registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Address, Chief complaint, etc.
ME E1.3.	There is established procedure for admission of patients	There is established criteria for admission through emergency department		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is established procedure for admission of MLC cases as per prevalent laws		SI/RR	
		There is established procedure for prisoners as per prevalent local laws		SI/RR	
		Admission is done by written order of a qualified doctor		SI/RR	
		There is no delay in treatment because of admission process		RR	
		Time of admission is recorded in patient record		RR	
		There is no delay in transfer of patient to respective department once admission is confirmed and clinically patient is stable to be transferred		SI/RR	
		The staff is aware of procedures, if patients cannot be admitted at the facility due to constraint in scope of services		SI	
ME E1.4	There is established procedure for managing patients, in case beds are not available at the facility	The is provision of extra beds, trolley beds in case of high occupancy or mass casualty		OB/SI	
Standard E2	<b>The facility has defined and established procedures for clinical assessment and reassessment of the patients.</b>				
ME E2.1	There is established procedure for initial assessment of patients	Assessment criteria of different kind of medical emergencies is defined and practiced		SI/RR	Use of standard criteria of assessment like Glasgow coma scale, Poly trauma, MI, burn patient, paediatric patient, pain assessment criteria etc.
		Initial assessment and treatment is provided immediately		OB/RR	
		Initial assessment is documented preferably within two hours		RR	
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of patient under observation		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure for hand over for patient transfer from emergency to IPD /OT/LR		SI/RR	Check for how hand over is given from emergency to ward, ICU, SNCU etc.
		There is a procedure consultation of the patient with 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.	Patient are with referred with referral slips		SI/RR	
		Availability of referral linkages with higher centres.		SI/RR	Check how patient are referred if services are not available
		Advance communication is done with higher centre		SI/RR	
		Referral vehicle is being arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		Facility has functional referral linkages to lower facilities		SI/RR	
		Check for if there is any system of follow up		RR	Check for referral cards filled from lower facilities
Standard E4	<b>The facility has defined and established procedures for nursing care</b>				
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 charts are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E4.4	Nursing records are maintained	Nursing Handover register is maintained		RR	
		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, Input or Output chart, any other vital required is monitored
		Critical patients are monitored continuously		RR/OB	Check for use of cardiac monitor/multi parameter
Standard E5	<b>Facility has a procedure to identify high risk and vulnerable patients.</b>				
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 medical emergencies are identified and treatment given on priority		OB/SI	MI, Head injury, Spinal injury, Abdominal injuries, fractures.
Standard E6	<b>Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.</b>				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for BHT/Case sheet/Case paper 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 (STG) are available at point of use		RR	
		Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT/Case sheet/Case paper that drugs are prescribed as per STG		RR	
Standard E7	<b>Facility has defined procedures for safe drug administration</b>				
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.
		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	Compliance	Assessment Method	Means of Verification
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature		RR	
		Check for the writing, It comprehensible 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	Turbidity, Leakage, Colour change, fungus.
		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	
ME E7.5	Patient is counselled for self drug administration	Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings		SI/PI	
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Assessment findings are written on BHT/Case sheet/Case paper		RR	Day to day progress of patient is recorded in BHT/ Case sheet/Case paper
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT/Case sheet/Case paper		RR	Treatment prescribed in nursing records
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/treatment registers		RR	Treatment given is recorded in treatment chat



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E8.4	Procedures performed are written on patients records	Any procedure performed is written on BHT/Case sheet/Case paper		RR	CPR, Dressing, mobilization etc
ME E8.5	Adequate form and formats are available at point of use	Availability of form formats for emergency		OB/SI	MLC, Lab /X-ray requisition, death certificate, Initial assessment format, referral slip etc.
ME E8.6	Register/records are maintained as per guidelines	Emergency Records are maintained		OB/RR	Emergency register, death register, MLC register, are maintained
		All register/records are identified and numbered		OB/RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of MLC records		OB/SI	
Standard E9	<b>The facility has defined and established procedures for discharge of patient.</b>				
ME E9.1	Discharge is done after assessing patient readiness	Assessment is done before discharging patient from emergency		SI/RR	"See if there is any procedure/protocol for discharging the patient if the condition of patient improves in emergency itself. What is the procedure for discharge for short stay / day care patients"
		Discharge is done by a responsible and qualified doctor		SI/RR	
		Patient / attendants are consulted before discharge		PI	
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	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling services are provided wherever it is required		SI/PI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding, etc	Declaration is taken from the LAMA patient		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.1	There is procedure for Receiving and triage of patients	Emergency has implemented a system of sorting the patients		SI/OB	As care provider how they triage patient- immediate, delayed, expectant, minimal, dead
		Triage area is marked		OB/SI	
		Triage protocols are displayed		OB	
		Responsibility of receiving and shifting the patient from vehicle is defined		SI	
ME E10.2	Emergency protocols are defined and implemented	Emergency protocols are available at point of use		OB	See for protocols of head injury, snake bite, poisoning, drawing etc.
		Staff is aware of Clinical protocols		SI/RR	
		There is procedure for CPR		SI/RR	
ME E10.3	The facility has disaster management plan in place	Line of authority is defined		SI/RR	
		Procedure for internal communication defined		SI/RR	
		There is procedure for setting up control room		SI/RR	
		Disaster buffer stock of medicines and other supplies maintained		SI/RR	
		Role and responsibilities of staff in disaster is defined		SI/RR	
		Staff is aware of disaster plan		SI/RR	
ME E10.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	Check for how ambulances are called and patients are shifted		OB	
		Ambulances are equipped		SI/RR	
		Stable patients are transferred in ambulance with staff			
		All serious patients are transferred in ambulance with trained staff		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Ambulance is appropriately equipped for BLS with trained personnel		OB/RR	
		There is a daily checklist of all equipment and emergency medications		RR	
		Ambulance has a log book for the maintenance of vehicle and daily vehicle checklist		RR/SI	
		Transfer register is maintained to record the detail of the referred patient		RR	
ME E10.5	There is procedure for handling medico legal cases	Medico legal cases are identified by patient records		SI/OB/RR	
		Treatment of MLC cases are not delayed because of police proceedings		SI/RR	
		There is a established procedure for informing police, as per government guidelines		SI/RR	Discharge is not done before police consent
		Emergency has criteria for defining medico legal cases			Criteria is defined based on cases and when to do MLC
Standard E11	<b>The facility has defined and established procedures of diagnostic services</b>				
ME E11.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E11.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	
Standard E14	<b>The facility has defined and established procedures of operation theatre and surgical services</b>				
ME E14.1	Facility has established procedures OT Scheduling	There is procedure for emergency surgeries		SI/RR	See surgeon is available on call/on duty
		Procedure for arranging logistics		SI	Responsibilities are defined and patient is shifted promptly
Standard E15	<b>The facility has defined and established procedures for end of life care and death</b>				
ME E15.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure of communicating death to relatives decently.		SI	
		Death note is written on patient record		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E15.2	The facility has standard procedures for handling the death in the hospital	Past history and sign of any medico legal cause is looked for		RR	Check what is policy for registering brought in dead, death cases as MLC
		There is criteria for declaring death		SI/RR	ask form how death is declared - Physical examination or ECG is done
		Procedure for handing over the dead body		SI	
		Death certificate is issued		SI/RR	
ME E15.3	The facility has standard operating procedure for end of life support	Patients Relatives are informed clearly about the deterioration in health condition of Patients		PI/SI	
		There is a standard procedure of removal of life support 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	
<b>Area of Concern – F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxic etc
		Periodic medical checkups of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>				
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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff aware of when to hand wash		SI	
ME F2.3	Facility ensures standard practices and materials for antiseptis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antiseptis		OB/SI	like before giving IM/IV injection, drawing blood, putting Interavenous and urinary catheter
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
		Personal protective kit for infectious patients		OB/SI	
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	Compliance	Assessment Method	Means of Verification
Standard F4	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI/OB	"Ask stff about how they decontaminate the procedure surface like Examination table , dressing table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution"
		Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction cannula, Airways, Face Masks, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alchohal as applicable
		Contact time for decontamination is adeqaute		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterlized after each use as per requirement		OB/SI	Autoclaving/HLD/Chemical Sterlization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Chemical sterlization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time requied for chemical sterlization
		Autoclaved dressing material is used		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F5	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehyde, 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	The staff is trained for spill management		SI/RR	
		Cleaning of patient care area with disinfectant detergent solution		SI/RR	
		The staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4	Facility ensures segregation infectious patients	Emergency department define list of infectious diseases require special precaution and barrier nursing		OB/SI	
		The staff is trained for barrier nursing			
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of color coded bins at point of waste generation		OB	
		Availability of color coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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	
<b>Area of Concern – G Quality Management</b>					
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital manager/ hospital superitendant/ Hospital Manager/ Matron in charge for monitoring of services		SI/RR	
		There is system for periodic check up of Ambulances by designated hospital staff		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G3.2	Facility has established external assurance programs at relevant departments	There is periodic assessment of preparedness for disaster by competent authority		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP are available with process owner		OB	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Emergency has documented procedure for receiving the patient in emergency Department has documented procedure for triage		RR	
		The department has documented procedure for taking consent		RR	
		The department has documented procedure for initial screening of patient		RR	
		The department has documented procedure for nursing care		RR	
		The department has documented procedure for admission and transfer of the patient to ward		RR	
		The department has documented procedure for maintaining records in Emergency		RR	
		The department has documented procedure to handle brought in dead patient		RR	
		The department has documented procedure for storage, handling and release of dead body		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		The department has documented procedure for storage and replenishing the medicine in emergency		RR	
		The department has documented procedure for equipment preventive and break down maintenance		RR	
		The department has documented procedure for Disaster management		RR	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Triage, CPR, Medical, clinical protocols like snake bite and poisoning
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for emergency defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
<b>Area of Concern - H Outcomes</b>					
Standard G3	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	No of Emergency cases per thousand population		RR	
		No of trips per ambulance		RR	
		No. of trauma cases treated per 1000 emergency cases		RR	
		No. of poisoning cases treated per 1000 emergency cases		RR	
		No. of cardiac cases treated per 1000 emergency cases		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME H1.2		No. of obstetric cases treated per 1000 emergency cases		RR	
		No of resuscitation done per thousand population		RR	Resuscitation should include: Chest Compression, Airway and Breathing
	The Facility measures equity indicators periodically	Proportion of Patients attended in Night		RR	
		Proportion of BPL Patients		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Response time for ambulance (Between receipt of call and dispatch of ambulance)		RR	
		Proportion of cases referred		RR	
		Response time at emergency for initial assessment		RR	
		Average Turn Around Time of patient		RR	Average time a patient stays at emergency observation bed
		Proportion of patient referred by state owned /108 ambulance per 1000 referral cases		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	No of adverse events per thousand patients		RR	
		Death Rate		RR	No of Deaths in Emergency/ Total no of emergency attended
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	No of LAMA X 100/ No of Patients seen at emergency
		Absconding rate		RR	No of Absconding X 100/ No of Patients seen at emergency





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Outdoor  
Department



## Checklist for Outdoor Department

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provider					
Standard A1	Facility Provides Curative Services				
ME A1.1	The facility provides General Medicine services	Availability of functional General Medicine Clinic		SI/OB	Dedicated General Medicine Clinic
ME A1.2	The facility provides General Surgery services	Availability of functional General Surgery Clinic		SI/OB	Dedicated General speciality Surgical Clinic
ME A1.3	The facility provides Obstetrics and Gynaecology Services	Availability of Functional Obstetrics and Gynaecology Clinic		SI/OB	Dedicated speciality Obstetrics and Gynaecology Clinic. High risk pregnancy cases are referred from PHC and SC
		Availability of IUD insertion room		SI/OB	
ME A1.4	The facility provides Paediatric Services	Availability of Paediatric Clinic		SI/OB	Dedicated Paediatric speciality Clinic
ME A1.5	The facility provides Ophthalmology Services	Availability of functional Ophthalmology Clinic		SI/OB	Dedicated ophthalmology clinic providing consultation services
		Availability of OPD eye care services		SI/OB	vision testing, early detection of visual impairment Intraocular pressure measurement.
ME A1.6	The facility provides Dental Treatment Services	Availability of functional Dental Clinic		SI/OB	Dedicated Clinic providing consultation services
		Availability of OPD Dental procedure		SI/OB	Extraction, scaling, tooth extraction, denture and Restoration.
ME A1.7	The facility provides AYUSH Services	Availability of Functional Ayush clinic		SI/OB	AYUSH clinic accompanied by dispensary
ME A1.8	The facility provides services for OPD procedures	Availability of Dressing facilities at OPD		SI/OB	Dressing, Suturing and drainage
		Availability of Injection room facilities at OPD		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A1.9	Services are available for the time period as mandated	At least 6 Hours of OPD Services are available		SI/RR	
Standard A2	<b>Facility provides RMNCHA Services</b>				
ME A2.1	The facility provides Reproductive health Services	Availability of Spacing methods of family planning		SI/OB	IUCD, OCP, ECP and Condoms, Progesterone only Pill (POP)
		Availability of Female Limiting Methods of family Planning		SI/OB	Tubectomy (Minilap and Laparoscopic)
		Availability of Male Limiting Method for Family Planning		SI/OB	NSV/Conventional
		Availability of Post partum sterilization services		SI/OB	Tubal Ligation and PPIUD
		Availability of dedicated Family Planning clinic.		SI/OB	Should provide Counselling and Promotive services
		Abortion and Contraception services for 1st and 2nd trimester		SI/OB	
ME A2.2	The facility provides Maternal health Services	Availability of functional ANC clinic		SI/OB	
		Availability of post natal counselling and follow up services		SI/OB	
		Provision of TT and IFA		SI/OB	
		Nutrition and health counselling.		SI/OB	
		Identification and management of danger signs during pregnancy		SI/OB	PIH, Pre-eclampsia, Bad obstetric history, severe anaemia, IUGR, multiple pregnancy.
ME A2.3	The facility provides Newborn health Services	Availability of Functional immunization clinic		SI/OB	
ME A2.4	The facility provides Child health Services	Routine and emergency care of sick children.		SI/OB	
		Services under RBSK		SI/OB	
ME A2.5	The facility provides Adolescent health Services	Availability of Functional ARSH clinic			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A3	<b>Facility Provides diagnostic Services</b>				
ME A3.3	The facility provides other diagnostic services, as mandated	Functional ECG Services are available		SI/OB	
Standard A4	<b>Facility provides services as mandated in national Health Programs/ state scheme</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of OPD Services Under NVBDCP		SI/RR	OPD Management of Malaria, Kala Azar, Dengue
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Functional DOTS clinic		SI/OB	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Availability of OPD services under NLEP		SI/RR	
		Assessment of Disability Status		SI/RR	
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability or linkage to a Functional ICTC		SI/OB	
		Availability of HIV Testing and Counselling		SI/RR	
		PPTCT Services for HIV positive Pregnant Women		SI/OB	
		Availability of linkage with ART Centre		SI/OB	
		Availability of CD4 testing facility		SI/OB	
ME A4.5	The facility provides services under National Programme for prevention and control of Blindness as per guidelines	Screening and early detection of visual impairment and refraction		SI/RR	Refraction, field of vision and and retinoscopy
		Availability of OPD procedures		SI/OB	Syringing and probing, foreign body removal , Tonometry.
ME A4.6	The facility provides services under Mental Health Programme as per guidelines	Availability of counselling facility for Suicide prevention		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Geriatric Clinic,twice a week.		SI/OB	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) as per guidelines	Functional NCD clinic is available		SI/OB	
ME A4.10	The facility provide services under National health Programme for deafness	Management of case referred from PHC/SC directly reported to Hospital		SI/RR	
ME A4.15	The facility provides services as per State specific health programmes	Availability of OPD services as per State Health Programs / Scheme		SI/RR	
Standard A6	<b>Health services provided at the facility are appropriate to community needs.</b>				
ME A6.1	The facility provides curatives and preventive services for the health problems and diseases, prevalent locally.	Special Clinics are available for local prevalent diseases		SI/OB	Ask for the specific local health problems/ diseases .i.e.. Kala azar, arsenic poisoning etc.
<b>Area of Concern - B Patient Rights</b>					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering rooms, main department and inter sectional signage
		Display of layout/floor directory		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	List of OPD Clinics are available		OB	
		Names of doctor on duty is displayed and updated		OB	
		Timing for OPD are displayed		OB	
		Entitlements under JSY , JSSK and other schemes		OB	
		Important numbers like ambulance are displayed		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.3	The facility has established citizen charter, which is followed at all levels	Display of citizen charter		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User charges for services are displayed		OB	
ME B1.5	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.7	The facility provides information to patients and visitor through an exclusive set-up.	Availability of Enquiry Desk with dedicated staff		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	OPD slip is given to the patient		RR/OB	
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Separate queue for females at registration		OB	
		Separate toilets for male and female		OB	
		Availability of female staff if a male doctor examines a female patients		OB	
		Availability of Breast feeding corner		OB	
ME B2.3	Access to facility is provided without any physical barrier and and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the OPD		OB	
		Availability of ramps with railing		OB	
		There is no over crowding during OPD hours		OB	
		Availability of disable friendly toilets		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen in Examination Area		OB	
		One Patient is seen at a time in clinics		OB	
		Privacy at the counselling room is maintained		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Confidentiality of HIV reports.		SI/OB	
ME B3.3	The facility ensures that 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 TB, Leprosy Patients		SI/OB	Check in RTI/STI clinic
Standard B4	<b>Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.</b>				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed consent prior to ER procedure is taken,		SI/RR	check for filled consent forms of minor
		Informed consent for IUD insertion		SI/RR	
		Informed consent on prescribed form C for abortion		SI/RR	
ME B4.2	Patient is informed about his/her rights and responsibilities	Display of patient rights and responsibilities.		OB	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient is informed about her clinical condition and treatment being provided, possible outcomes, and risks involved.		PI	Ask patients about what they have been communicated about the treatment plan
		Pre and Post test counselling is given at ICTC		SI/PI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box, display of grievance redressal process, and details of person to contact is displayed		OB	
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free OPD Consultation / ANC Checkups/Investigations.		PI/SI	For JSSK entitlement
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy	Check that patient/attendants have not spent money on purchasing drugs and 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/attendants party have not spent money on diagnostics from outside.		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Free OPD Consultation for BPL patients		PI/SI/RR	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure has been incurred, then it is reimbursed from hospital		PI/RR	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	The departments has adequate space as per patient or work load	Clinics have adequate space for consultation and examination		OB	Adequate Space in Clinics (112 sq ft)
		Availability of adequate waiting area		OB	Waiting area at the scale of 1 sq ft per average daily patient with minimum 400 sq ft of area
ME C1.2	Patient amenities are provide as per patient load	Availability of seating arrangement in waiting area		OB	As per average OPD at peak time
		Availability of sub waiting areas at separate clinics		OB	For clinics having high patient load



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Drinking water		OB	See if its is easily accessible to the visitors
		Availability of functional toilets		OB	Urinals 1 per 50 person water closet and wash basins 1 per 100 person. Dry Tiolet with running water
		Availability of patient calling system		OB	
		Availability of public telephone booth		OB	
ME C1.3	Departments have layout and demarcated areas as per functions	There is designated area for registration		OB	
		Dedicated clinic for each speciality		OB	
		One clinic is not shared by 2 doctors at one time		OB	
		Demarcated dressing area /room		OB	
		Demarcated injection room		OB	
		Demarcated immunization room for pregnant women and children		OB	
		availability of clean and dirty utility room		OB	
		Demarcated trolley/wheelchair bay		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors at OPD are broad enough foe moment of stretcher, trolleys, patients and visitors		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of Registration counters as per Patient load		OB	Average Time taken for registration would be 3-5 min so number of counter required would be worked on scale of 12-20 patient/ hour per counter



Reference No.	Measurable Element	Checkpoint	Compliance	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)	Unidirectional flow of services		OB	"Layout of OPD shall follow functional flow of the patients, e.g.:Enquiry→Registration→Waiting→Sub-waiting→Clinic→Dressing room/Injection Room→Diagnostics (lab/X-ray)→Pharmacy→Exit"
		All OPD clinics and related auxiliary services are co located in one functional area		OB	
		OPD is located near to the entry of the CHC		OB	
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured. Building by-laws and instructions of NBC (National Building Code) for seismic safety are followed.		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured
ME C2.2	The facility ensures safety of electrical establishment	OPD building does not have temporary connections and loosely hanging wires.		OB	
		Safe installation, use of appropriate wires and MCBs, display of Danger notice, availability of tools and PPE (personal protective equipments), and periodic inspections.			
ME C2.3	Physical condition of the building is safe for providing patient care	Floors of the OPD are non slippery and even		OB	
		Windows and vents if any are intact and sealed		OB	
ME C2.4	The facility has a plan for prevention of fire	OPD has sufficient fire exits to permit safe escape of its occupant in case of fire		OB/SI	
		Fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
ME C2.5.	The facility has adequate fire fighting Equipment	OPD has installed fire Extinguisher to fight type A/B/C of fire		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		expiry date of fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C2.6.	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			
Standard C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialist doctors as per service provision	Availability of specialist Doctor during OPD time		OB/RR	Check for specialist are available at scheduled time
ME C3.3.	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	At Injection room/ OPD Clinic as Per Requirement
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of dresser/paramedic at dressing room		OB/SI	Full Time
		Counsellor for ICTC		SI/RR	Full time
		Lab technician for ICTC		SI/RR	
		Counsellor for ARSH clinic		SI/RR	
		Availability of ECG technician		SI/RR	
		Availability of Ophthalmic assistant		SI/RR	
ME C3.5	The facility has adequate support / general staff	availability of security guard for OPD		SI/RR	
		Availability of housekeeping staff		SI/RR	
ME C3.6	The staff has been provided required training / skill sets	IMEP Training		SI/RR	
		SBA Training		SI/RR	
		IMNCI Training		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.7	The Staff is skilled as per job description	Check the competency of staff to use OPD equipment like BP apparatus etc		SI/RR	
		At ANC clinic the staff is skilled to identify high risk pregnancies		SI/RR	
		Counsellor is skilled for counselling		SI/RR	
		Staff is skilled for maintaining clinical records		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of injectables in injection room		OB/RR	ARV, TT
		Availability of vaccine as per National Immunization Program		OB/RR	
ME C4.2	The departments have adequate consumables at point of use	Availability of disposables at dressing room and clinics		OB/RR	examination gloves, Syringes, Dressing material , suturing material
		HIV testing Kits I, II and III at ICTC		OB/RR	
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained in injection room and immunization room		OB/RR	Verify presence of following drugs -Inj Dopamine - Inj Adrenaline etc.
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	BP apparatus, thermometer, weighting machine, torch, stethoscope, Examination table
ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility	Availability of functional Instruments/Equipments for Gynae and obstetric		OB	PV examination kit, measuring tape, fetoscope, Weighing machine, BP apparatus etc.
		Availability of functional Instruments / Equipments for Ophthalmic Procedures		OB	Retinoscope, refraction kit, tonometer,perimeter, distant vision chart, Colour vision chart.
		Availability of functional Instruments/ Equipments for Dental Procedures		OB	Dental chair, Air rotor, Endodontic set, Extraction forceps
ME C5.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrumental trolley, dressing trolley



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Steam sterilizer Autoclave
ME C5.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Spot light, electrical fixture for equipments, X ray view box
		Availability of furniture at clinics		OB	Doctors Chair, Patient Stool, Examination Table, Attendant Chair, Table, Footstep, cupboard
<b>Area of Concern – D Support Services</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipments are covered under AMC including preventive maintenance		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipments/ instrument are calibrated		OB/ RR	BP apparatus, weighing scale are calibrated
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
ME D2.1	There is established procedure of forecasting and indenting drugs and consumables	There is process for indenting consumables and drugs in injection/ dressing room		SI/RR	Stock level are weekly updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/ tray/crash cart and are labelled		OB	
		Vaccine are kept at recommended temperature at immunization room		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates for injectables are maintained at injection and immunization room		OB/RR	
		No expiry drug is found		OB/RR	
ME D2.5	The facility has established procedure for inventory management techniques	There is practice of calculating and maintaining buffer stock		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department maintained stock and expenditure register of drugs and consumables		SI/RR	
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is procedure for replenishing drug tray /crash cart/Emergency Tray		SI/RR	
		There is no stock out of drugs		SI/RR	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
		Cold chain is maintained at immunization room		OB/RR	"Check for four conditioned Ice packs are placed in Carrier Box, DPT, DT, TT and Hep B Vaccines are not kept in direct contact of Frozen Ice pack "
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered and painted		OB	
ME D3.2	Hospital infrastructure is adequately maintained	Check to ensure that there is no seepage, Cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material is in the OPD		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination in clinics		OB	100 lux in General area
		Adequate Illumination in procedure area		OB	150 lux in injection room
ME D3.7	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed one time at clinic		OB/SI	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in waiting areas		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Temperature control and ventilation in clinics		SI/OB	
ME D3.9	The facility has security system in place at patient care areas	Hospital has sound security system to manage crowd in OPD		OB/SI	
ME D3.10	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	<b>The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OPD		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.4	The facility has adequate sets of linen	Availability of linen in examination area		OB	
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D9.2	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)
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	There is designated in charge for department		SI	
		Doctor, nursing staff and support staff adhere to their respective dress code		OB	
<b>Area of Concern – E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during registration		RR	
		Patient demographic details are recorded in OPD registration records		RR	Check for that patient demographics like Name, age, Sex, Address etc.
		Patients are directed to relevant clinic by registration clerk based on complaint		PI/SI	
		Registration clerk is aware of categories of the patient exempted from user charges		SI/RR	
ME E1.2	The facility has a established procedure for OPD consultation	There is procedure for systematic calling of patients one by one		OB	Patient is called by Doctor/ attendant as per his/her turn on the basis of "first come first examine" basis.
		Patient History is taken and recorded		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Physical Examination is done and recorded wherever required		OB/RR	
		Provisional Diagnosis is recorded		OB/RR	
		No Patient is Consulted in Standing Position		OB	
		Clinical staff is not engaged in administrative work		OB/SI	
ME E1.3	There is established procedure for admission of patients	There is establish procedure for admission through OPD		SI/RR	
		There is establish procedure for day care admission		SI/RR	
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure for consultation of the patient to other specialist with in the hospital		SI/RR	
		Availability of referral linkages for OPD consultation.		RR/OB	Check how patient are referred if services are not available
ME E3.2	Facility provides appropriate referral linkages to the patients/Services for transfer to other/higher facilities to assure their continuity of care.	The facility has functional referral linkages to higher facilities		SI/RR	
		The facility has functional referral linkages to lower facilities		SI/RR	
		There is a system of follow up of referred patients		RR	
Standard E5	<b>Facility has a procedure to identify high risk and vulnerable patients</b>				
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	For any critical patient needing urgent attention queue can be bypassed for providing services on priority basis		OB/SI	
Standard E6	<b>Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use</b>				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for OPD slip if drugs are prescribed under generic name only		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		A copy of Prescription is kept with the facility		RR	
ME E6.2	There is procedure of rational use of drugs	Check that relevant Standard treatment guideline are available at point of use		RR	
		Check if staff is aware of the drug regime and doses as per STG		SI/RR	
		Availability of Essential Drug List		SI/OB	
Standard E7	<b>Facility has defined procedures for safe drug administration</b>				
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure are accompanied with date, time and signature		RR	
		Check for the writing to ensure that it is comprehensible 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	
ME E7.5	Patient is counselled for self drug administration	Check single dose vial are not used for more than one dose		OB	Check in Injection room 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"
		Patient is advice by doctor/ Pharmacist /nurse about the dosages and timings .		SI/PI	
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Patient History, Chief Complaint and Examination Diagnosis/ Provisional Diagnosis are recorded in OPD slip		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Written Prescription and Treatment plan are written		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E8.4	Procedures performed are written on patients records	Any dressing/injection, other procedure recorded in the OPD slip		RR	
ME E8.5	Adequate form and formats are available at point of use	Check for the availability of OPD slip, Requisition slips etc.		OB/SI	
ME E8.6	Register/records are maintained as per guidelines	OPD records are maintained		OB/RR	OPD register, ANC register, Injection room register etc
		All register/records are identified and numbered		OB/RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of OPD records		OB/SI	
		All reelected and records are identified and numbered		OB/SI	
Standard E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Roles and responsibilities of staff in disaster are defined		SI/RR	
Standard E12	<b>The facility has defined and established procedures of diagnostic services</b>				
ME E11.1	There are established procedures for Pre-testing Activities	The container are labelled properly after the sample collection		OB	
ME E11.3	There are established procedures for Post-testing Activities	Clinics are provided with the critical value of different tests		SI/RR	
<b>Maternal and Child Health Services</b>					
Standard E16	<b>Facility has established procedures for Antenatal care as per guidelines</b>				
ME E16.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	Line listing
		Records are maintained for ANC registered pregnant women		RR	Records of each ANC checkups is maintained in Mother and child protection card /ANC register
ME E16.2	There is an established procedure for History taking, Physical examination, and counselling for each antenatal visit.	History of past illness / pregnancy complication is taken and recorded		RR/SI	
		ANC checkups is done by the qualified personnel		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		At ANC clinic, Pregnancy is confirmed by performing urine test		RR/SI/PI	
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated		RR/SI	
		Weight measurement		RR/SI	
		Blood pressure,		RR/SI	
		Respiratory rate		RR/SI	
		Pallor, oedema and icterus.		RR/SI	
		Abdominal palpation for foetal growth, foetal lie		RR/SI	
		Breast examination		RR/SI	
		4 ANC checkups of women is confirmed		RR/SI	<12 weeks - 1 Visit, <26 weeks -2 visits, < 34 -3 visits and >34 weeks to term -5 visits
ME E16.3	Facility ensures availability of diagnostic and drugs during antenatal care of pregnant women	Diagnostic test under ANC check up are prescribed at ANC clinic		RR/SI	Check for Haemoglobin, urine albumin urine sugar blood group and Rh factor Syphilis (VDRL/RPR) HIV blood sugar malaria Hepatitis B
		IFA tablets are given to ANC cases		RR/SI	
ME E16.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/referral as per scope of services.	High risk pregnant women are identified, initial Management and referred to specialist		RR/SI	Anaemia, Bad obstetrical history, CPD, PIH, Medical disorder complicating pregnancy, Malpresentation, Obstructed labour, Rh negative
ME E16.5	There is an established procedure for identification and management of moderate and severe anaemia	Line listing of pregnant women with moderate and severe anaemia		RR/SI	
		Provision for Injectable Iron Treatment for moderate anaemia		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E16.6	Counselling of pregnant women is done as per standard protocol and gestational age	Nutritional counselling		RR/PI	
		Breast feeding		RR/PI	
		Institutional delivery		RR/PI	
		Arrangement of referral transport		RR/PI	
		Birth preparedness		RR/PI	
		Pregnant women are counselled for recognizing danger signs during pregnancy		PI	Swelling, oedema, bleeding PV ( even spotting), blurred vision, headach, pain abdomen, vomiting, pyrexia, watery foul smelling, discharge and yellow urine
		Family planning		RR/PI	PPIUCD and vesectomy
Standard E19	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>				
ME E19.1	The facility provides immunization services as per guidelines	Availability of diluents for reconstitution of Measles vaccine		RR/SI	Match no. of dilutant with no. of measles vials
		Recommended temperature of diluents is ensured before reconstitution		RR/SI	"Check diluents are kept under cold chain at least 24 hours before reconstitution Diluents are kept in vaccine carrier only at immunization clinic but should not be in direct contact of ice pack "
		Reconstituted vaccines are not used after recommended period		RR/SI	Check when the vials are opened and constituted . Should not be used beyond 4 hrs after reconstitution
		Time of opening/ Reconstitution of vial is recorded on the vial		RR	Check for records
		Staff checks VVM level before using vaccines		SI	White square in side the violet circle changes the colour
		Staff is aware of how to check freeze damage for T-Series vaccines		SI	Ask staff to demonstrate how to conduct Shake test for DPT, DT and TT
		Discarded vaccines are kept separately		SI/OB	Check for expired, frozen or with VVM beyond the discard point vaccine stored seperately



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Check for DPT, DT, Hep Band TT vials are kept in basket in upper section of ILR		SI/OB	Check for 0.1 ml AD syringe for BCG and 0.5 ml syringe for others are available
		AD syringes are available as per requirement		SI/OB	
		Vaccine recipient is asked to stay for half an hour after vaccination to observe any Adverse effect following the immunization		SI/RR	
		Antipyretic medicines are available		SI/RR	
		Availability and updation of Immunization card		SI/RR	
		Counselling on adverse effects and follow up visits done(CEI)		SI/RR	
		Staff is aware of how to manage and report minor and serious advise events (AEFI)		SI	
		Staff knows what to do in case of anaphylaxis		SI	
ME E19.2	"Triage, Assessment and Management of newborns having emergency signs are done as per guidelines"	Check for adherence to clinical protocols		SI/RR	
ME E19.5	"Management of children presenting with fever, cough/ breathlessness is done as per guidelines "	Check for adherence to clinical protocols		SI/RR	
ME E19.6	Management of children with Severe Acute Malnutrition is done as per guidelines	Screening of children coming to OPDs using weight for height and/or MUAC and further management		SI/RR	
ME E19.7	Management of children presenting with diarrhoea is done per guidelines	Check for adherence to clinical protocols		SI/RR	
		Availability of ORT corner		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E20	<b>Facility has established procedures for abortion and family planning as per government guidelines and law</b>				
ME E20.1	Family planning counselling services provided as per guidelines	The client is given full information about optimal spacing of pregnancy and the benefits of it as a part of FP health education and counselling.		PI/SI	The importance of timely initiation of an FP method after childbirth, miscarriage, or abortion will be emphasized
		Client is counselled about the available options for family planning		PI/SI	
		The client is informed that use of condoms prevent sexually transmitted infections (STIs) and HIV		PI/SI	
ME E20.2	Facility provides spacing method of family planning as per guideline	Oral Pills is given only to those who meet the Medical Eligibility Criteria		SI/RR	Contraindication of COC in Breastfeeding mothers within 6week and hypertension
		The client is given full information about the risks, advantages, and possible side effects before OCPs are prescribed for her.		PI/SI	
		The staff is aware of what to advice if dose of contraceptive is missed by a lady		SI/RR	
		Staff is aware of indication and method of administration of ECP		SI/RR	within 72 hours, second dose 12 hours after first dose
		IUD insertion is done as per standard protocol		SI/RR	No touch technique, Speculum and bimanual examination, sounding of Uterus and placement
		Client is informed about the adverse effect that can happen and their remedy		SI/PI	Cramping, vaginal discharge, heavy menstruation, checking of IUD
		Follow up services are provided as per protocols		SI/RR	Removal of IUD, Instructions for when to return
		Staff is aware of case selection criteria for family planning		SI/RR	22-49 year age Married at least having one year old and Spouse has not undergone for sterilization



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E21	<b>Facility provides Adolescent Reproductive and Sexual Health services as per guidelines</b>				
ME E21.1	Facility provides Promotive ARSH Services	Provision of Antenatal natal check up to pregnant adolescent		SI/RR	Nutritional Counselling, contraceptive counselling, Couple counselling ANC checkups, ensuring institutional delivery
		Counselling and provision of emergency contraceptive pills		SI/RR	Check for the availability of Emergency Contraceptive pills (Levonorgesterol)
		Counselling and provision of reversible Contraceptives		RR/SI	Check for the availability of Oral Contraceptive Pills, Condoms and IUD
		Availability and Display of IEC material		OB	Poster are displayed, Reading Material handouts etc.
		Information and advice on sexual and reproductive health related issues		SI/RR	Advice on topic related to Growth and development, puberty, sexuality, myths and misconception, pregnancy, safe sex, contraception, unsafe abortion, menstrual disorders, anemia, sexual abuse, RTI/STI's etc.
ME E21.2	Facility provides Preventive ARSH Services	Services for Tetanus immunization		SI/RR	TT at 10 and 16 year
		Services for Prophylaxis against Nutritional Anaemia		SI/RR	Haemoglobin estimation, weekly IFA tablet, and treatment for worm infestation
		Nutrition Counselling		SI/RR	
		Services for early and safe termination of pregnancy and management of post abortion complication		SI/RR	MVA procedure for pregnancy up to 8 weeks Post abortion counselling
ME E21.3	Facility Provides Curative ARSH Services	Treatment of Common RTI/STI's		SI/RR	Privacy and Confidentiality, treatment Compliance, Partner Management, Follow up visit and referral
		Treatment and counselling for Menstrual disorders		SI/RR	Symptomatic treatment , counselling
		Treatment and counselling for sexual concern for male and female adolescents		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Management of sexual abuse amongst Girls		SI/RR	ECP, Prophylaxis against STI, PEP for HIV and Counselling
ME E21.4	Facility provides Referral Services for ARSH	Referral Linkages to ICTC and PPTCT		SI/RR	
		Privacy and confidentiality maintained at ARSH clinic		SI/RR	Screens and curtains for visual privacy, confidentiality policy displayed, one client at a time
Standard E22	<b>Facility provides National health program as per operational/Clinical Guidelines</b>				
ME E22.1	Facility provides service under National Vector Borne Disease Control Program as per guidelines	Ambulatory care of uncomplicated P. Vivax malaria		SI/RR	As per Clinical Guidelines for Treatment of Malaria
		Ambulatory care of uncomplicated P. Falciparum Malaria		SI/RR	As per Clinical Guidelines for Treatment of Malaria
		Care of drug resistant malaria		SI/RR	As per Clinical Guidelines for Treatment of Malaria
ME E22.2	Facility provides service under Revised National TB Control Program as per guidelines	Diagnosis and Management of Pulmonary Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Management of Paediatric Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Management of Patients with HIV infection and Tuberculosis		SI/RR	As per RNTCP Technical Guidelines
		Drug administration for Intensive and Continuation done as per RNTCP treatment protocol		SI/RR	Check for filled treatment Cards
		Protocols for treatment for TB during pregnancy and Post natal Period is adhered		SI/RR	Discontinuation of Streptomycin Chemoprophylaxis of babies in case of smear positive mother
		Monitoring and follow up of patient done as per protocols		SI/RR	Check for records/ Protocols



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E22.3	Facility provides service under National Leprosy Eradication Program as per guidelines	Validation and diagnosis of Referred and Directly Reported Cases		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Treatment of all diagnosed cases including Reaction and Neuritis		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Assessment of Disability Status		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Management of Complicated Ulcers		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Management of Eye Complications		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Follow-up of cases treated at tertiary Level		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Self care Counselling		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Outreach Services to Leprosy Clinics		SI/RR	As per Operation/ Clinical Guidelines of NLEP
		Screening of Cases of RCS		SI/RR	As per Operation/ Clinical Guidelines of NLEP
ME E22.4	Facility provides service under National AIDS Control program as per guidelines	Pre Test Counselling is done as per protocols		SI/RR	Basic information and benefits of HIV testing potential risks such as discrimination. The client is also informed about their right to refuse, follow-up services . Pregnant women are given additional information on nutrition, hygiene, the importance of an institutional delivery and HIV testing so as to avoid HIV transmission from mother to child.
		Screening of PLHA for initiating ART		SI/RR	As per NACO guidelines
		Monitoring of patients on ART and management of side effects		SI/RR	As per NACO guidelines
		Counselling and Psychological support for PLHA		SI/RR	As per NACO guidelines
ME E22.6	Facility provides service under Mental Health Program as per guidelines	Treatment of Mental illnesses as per clinical guidelines		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E22.7	Facility provides service under National programme for the health care of the elderly as per guidelines	Geriatric Care is provided as per Clinical Guidelines		SI/RR	
ME E22.8	Facility provides service under National Programme for Prevention and Control of cancer, diabetes, cardiovascular diseases and stroke (NPCDCS) as per guidelines	"Opportunistic screening for diabetes, hypertension, cardiovascular diseases"		SI/RR	Screening of persons above age of 30 - History of tobacco examination, BP Measurement and Blood sugar estimation Look for records at NCD clinic
		screen women of the age group 30-69 years approaching to the hospital for early detection of cervix cancer and breast cancer.		SI/RR	
		Health Promotion through IEC and counselling		OB	increased intake of healthy foods increased physical activity through sports, exercise, etc.; avoidance of tobacco and alcohol; stress management warning signs of cancer etc
ME E22.9	Facility provide service for Integrated disease surveillance program	Weekly reporting of Presumptive cases on form "P" from OPD clinic		SI/RR	As per Clinical guidelines
ME E22.10	Facility provide services under National program for prevention and control of deafness	Early detection and screening for detection of deafness		SI/RR	
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
ME F1.4	There is Provision of Periodic Medical Checkups and immunization of staff	There is a procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical check-ups of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F1.6	Facility has defined and established antibiotic policy	Check if Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis</b>				
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	Open the tap. Ask the staff water is 24x7
		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
		Adherence to 6 steps of Hand washing		SI/OB	Ask for demonstration
ME F2.2	Staff is trained and adhere to standard hand washing practices	Staff is aware of occasion for hand washing		SI	
ME F2.3	Facility ensures standard practices and materials for antiseptis	Availability of Antiseptic Solutions		OB	
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
Standard F4	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Examination table, dressing table, Stretcher/ Trolleys etc. (Wiping with .5% Chlorine solution)"



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like Stethoscope, Dressing Instruments, Examination Instruments, Blood Pressure Cuff etc (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution "
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	
Standard F5	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	
		Clinics for infectious diseases are located away from main traffic		OB	Preferably in remote corner with independent access
		Sitting arrangement in TB clinic is as per guideline		OB	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Glutaraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F5.3	Facility ensures standard practices followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	Blood and body fluid spill management and Mercury spill
		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	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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		OB/SI	Ask if available. Where it is stored and who is in charge of that.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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/OB	
		Transportation of bio medical waste is done in close container/trolley		SI/OB	
		Staff aware of mercury spill management		SI/RR	
<b>Area of Concern – Q Quality Management</b>					
Standard G1	<b>The facility has established organizational framework for quality improvement</b>				
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	Preferably Medical Officer in charge
Standard G2	<b>Facility has established system for patient and employee satisfaction</b>				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	OPD Patient satisfaction survey done on monthly basis		RR	
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality</b>				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by matron/hospital in-charge/ for monitoring of services		SI/RR	
ME G3.2	Facility has established external assurance programs at relevant departments	External Quality assurance program is established at ICTC lab		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality</b>				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Current version of SOP are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	OPD has documented procedure for Registration		RR	
		OPD has documented procedure for patient calling system in OPD clinics		RR	
		OPD has documented procedure for receiving of patient in clinic		RR	
		OPD has documented procedure for prescription and drug dispensing		RR	
		OPD has documented procedure for nursing process in OPD		RR	
		OPD has documented procedure for patient privacy and confidentiality		RR	
		OPD has documented procedure for conducting, analysing patient satisfaction survey		RR	
		OPD has documented procedure for equipment management and maintenance in OPD		RR	
		Department has documented procedure for Administrative and non clinical work at OPD		RR	
		Department has documented procedure for No Smoking Policy in OPD		RR	
		OPD has documented procedure for duty roaster, punctuality, dress code and identity for OPD staff		RR	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check Staff is aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	Relevant protocols are displayed like Clinical Protocols for ANC checkups



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G5	<b>The facility has established system of periodic review as internal assessment , medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.2	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	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for OPD defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Process Mapping		SI/OB	
		Any other method of QA		SI/RR	
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – H Outcomes					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	Proportion of follow-up patients		RR	
		General OPD/1000 population		RR	
		Medicine OPD/1000 Population		RR	
		Surgical OPD/1000 Population		RR	
		Ophthalmic OPD/1000 population		RR	
		Paediatric OPD/1000 population		RR	
		AYUSH OPD/1000 Population		RR	
		No of ANC done per thousand		RR	
		ICTC OPD per thousand		RR	
		Immunization OPD per thousand		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL patients		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	OPD per Doctor		RR	
Standard H3	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Consultation time at ANC Clinic		RR	Time motion study
		Consultation time at General Medicine Clinic		RR	
		Consultation time for paediatric clinic		RR	
		Proportion of High risk pregnancy detected during ANC		RR	No of High Risk Pregnancies X100/ Total no PW used ANC services in the month
		Proportion of severe anaemia cases		RR	



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	Patient Satisfaction Score		RR	
		Waiting time at registration counter		RR	
		Waiting time at ANC Clinic		RR	
		Waiting time at general OPD		RR	
		Waiting time at paediatric Clinic		RR	
		Waiting time at surgical clinic		RR	
		Average door to drug time		RR	





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Labour Room



## Checklist for Labour Room

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	<b>The facility provides Curative Services</b>				
ME A1.3	The facility provides Obstetrics and Gynaecology Services	Availability of comprehensive obstetric services		SI/OB	LSCS, Blood storage, Anesthesia.
ME A1.9	Services are available for the time period as mandated	Labour room services are functional on 24x7 basis		SI/RR	
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services		SI/OB	PPIUD insertion
ME A2.2	The facility provides Maternal health Services	Vaginal Delivery		SI/OB	Term, post Date and pre term
		Assisted Delivery		SI/OB	Forceps delivery and vacuum delivery
		Caesarean section		SI/OB	Medical /Surgical
		Management of Postpartum Haemorrhage		SI/OB	
		Management of Retained Placenta		SI/OB	
		Delivery of septic and HIV positive PW		SI/OB	
		Management of PIH/Eclampsia/ Pre eclampsia		SI/OB	
ME A2.3	The facility provides Newborn health Services	Initial Diagnosis and management of MTP and Ectopics		SI/OB	
		Availability of Essential new born care		SI/OB	
		Availability of New born resuscitation		SI/OB	
Standard A3	<b>The facility Provides diagnostic Services</b>				
ME A3.1	The facility provides Radiology Services	Availability or functional linkage for USG services.		SI/OB	
ME A3.2	The facility Provides Laboratory Services	Availability of point of care diagnostic test		SI/OB	HIV, Hb% , Random blood sugar /as per state guideline



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern – B Patient's Right</b>					
Standard B1	<b>The facility provides information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	Numbering rooms, main department and inter-sectional signage
		Directional signage for department is displayed		OB	Direction is displayed from main gate to direct.
ME B1.2	The facility displays the services and entitlements available in its department	Restricted area signage displayed		OB	
		Entitlements under JSSK are displayed		OB	
		Entitlement under JSY is displayed		OB	
		Name of doctor and Nurse on duty are displayed and updated		OB	
		Contact details of referral transport / ambulance displayed		OB	
		Services provision of labour room are displayed at the entrance		OB	
ME B1.5	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC Material is displayed		OB	Breast feeding, kangaroo care, family planning (Pictorial and chart ), Immunization schedule in circulation area
ME B1.6	Information is available in local language and easily to understood	Signage's and information are available in local language		OB	
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Only on duty staff is allowed in the labour room when it is occupied		OB	
		Availability of female staff if a male doctor examine a female patient/mother		OB/SI	
ME B2.3	Access to facility is provided without any physical barrier and and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the labour room		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of ramps and railing		OB	
		Labour room is located on ground floor; or availability of the ramp/lift with person for shifting		OB	
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ partition at delivery tables		OB	
		Curtains / frosted glass have been provided at windows		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
ME B3.4	The facility ensures privacy and confidentiality to every patient, especially of those conditions having social stigma, and also safeguards vulnerable groups	HIV status of patient is not disclosed except to staff that is directly involved in care		SI/OB	
Standard B4	<b>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</b>				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	General consent is taken before delivery		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Labour room has system in place to involve patient relative in decision making about pregnant women treatment		PI	
Standard B5	<b>The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Drugs and consumables under JSSK are available free of cost		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient and attendents have not spent money on purchasing drugs and 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 and attendents have not spent money on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure has been incurred, then it is reimbursed from hospital		PI/RR	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	The departments has adequate space as per patient or work load	Adequate space as per delivery load		OB	One labour table requires 10X10 sqft of space, Every labour table should have space for vertical trolley with space for six trays
		Availability of Waiting area for attendants/ASHA		OB	
ME C1.2	Patient amenities are provides as per patient load	Attached toilet facility available		OB	
		Availability of Drinking water		OB	
		Availability of Changing area		OB	
ME C1.3	The departments have layout and demarcated areas as per functions	Delivery unit has dedicated Receiving area		OB	
		Availability of Examination Room		OB	
		Availability of Pre delivery room		OB	
		Availability of Delivery room		OB	
		Availability of Post delivery observation room		OB	
		Dedicated nursing station within or proximity of labour room		OB	
		Area earmarked for newborn care Corner		OB	
Dedicated Isolation room		OB	For septic cases.		



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Preparation of medicine and injection space.		OB	
		Availability of dirty utility room		OB	
		Availability of store		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors connecting labour room are broad enough to facilitate stretcher and trolleys movements		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.6	Service counters are available as per patient load	Availability of labour tables as per delivery load		OB	At least 2 labour table for 100 deliveries per month
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Labour room is in Proximity and function linkage with OT		OB	
		Labour room is in proximity and functional linkage with NBSU		OB	
		Unidirectional flow of care		OB	
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	The facility ensures safety of electrical establishment	Labour room does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
		Stabilizer is provided for Radiant warmer		OB	
ME C2.3	Physical condition of the building is safe for providing patient care	Floors of the labour room are non slippery and even		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C2.4.	The facility has plan for prevention of fire	Window and vents have grills and wire meshwork		OB	
		Labour room has sufficient fire exit to permit safe escape of 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 C2.5.	The facility has adequate fire fighting Equipment	Labour room has installed fire Extinguishers that are capable of fighting A, B, and C type of fire		OB	
		Check the expiry date for fire extinguisher is displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C2.6.	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialist doctors as per service provision	Availability of ObandG specialist and paediatrician on call.		OB/RR	paediatrician or trained MO, Obstetrician or trained MO
ME C3.2.	The facility has adequate general duty docotors as per service provision and work load	Availability of atleast one doctor 24x7 in the facility		OB/RR/SI	
ME C3.3	The facility has adequate nursing staff as per service provision and work load	Availability of SBA trained Nursing staff.		SI/RR	At least Three per shift
ME C3.5	The facility has adequate support / general staff	Availability of labour room attendants/ Birth Companion		SI/RR	At least 1 sanitary worker and 1 ayah per shift
		Availability of dedicated security staff		SI/RR	
ME C3.6	The staff has been provided required training / skill sets	Navjat Shishu Surkasha Karyakarm (NSSK) training		SI/RR	
		Skilled birth Attendant (SBA)		SI/RR	
		IMEP training.		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		BEmOC training for MO		SI/RR	
		PPIUCD training		SI/RR	
ME C3.7	The Staff is skilled as per job description	Nursing staff is skilled for operating radiant warmer		SI/RR	check staff is aware of optimal temperature, how to set temperature, how to use probes, and how to interpret alarms and trouble shooting.
		Nursing staff is skilled for resuscitation		SI/RR	Check the staff know how to set the temperature, how to put the probe, duration and interpretation of alarms
		Nursing staff is skilled identifying and managing complication		SI/RR	Check how staff interpret different alarming sign like excessive bleeding, shock, obstructed labour
		Counsellor is skilled for postnatal counselling		SI/RR	
		Nursing Staff is skilled for maintaining clinical records including partograph			Check staff know what to fill different section of partograph and how to interpret alert and action
Standard C4	<b>The facility provides drugs and consumables required for assured services.</b>				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of uterotonic Drugs		OB/RR	Inj Oxytocin 10 IU (to be kept in fridge)
		Availability of Antibiotics		OB/RR	Cap Ampicillin 500mg, Tab Metronidazole 400mg, Inj. Gentamicin,
		Availability of Antihypertensive		OB/RR	Tab Misoprostol 200 mcg, Nefedipine,
		Availability of analgesics and antipyretics		OB/RR	Tab Paracetamol, Tab Ibuprofen
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer's lactate, Dextrose
		Availability of local anaesthetics		OB/RR	Inj Xylocaine 2%,
		Availability of tocolytics		OB/RR	Inj. Labetolol, Inj. Hydralazine, Inj. Isoprene.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of emergency drugs		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10 mg, Inj Dexamethasone, inj Hydrocortisone, Succinate, Inj Diazepam, inj Pheniramine maleate, inj Corboprost, Inj Pentazocine, Inj Promethazine, Betamethasone, Inj Hydralazine, Nefedipine, Methyldopa, Ceftriaxone, Inj. Adrenaline.
		Availability of drugs for newborn		OB/RR	Vit K1 1 mg.
ME C4.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads		OB/RR	Gauze pieces and cotton swabs, sanitary pads, needle (round body and cutting), chromic catgut no. 0,
		Availability of syringes and IV Sets /tubes		OB/RR	Paediatric iv sets, urinary catheter,
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion
		Availability of consumables for new born care		OB/RR	Gastric tubes and cord clamp, Baby ID tag, mucous sucker.
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	BP apparatus, stethoscope Thermometer, foetoscope/ Doppler, baby weighting scale, Wall clock.
ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility	Availability of instrument arranged in Delivery trays		OB	Scissors, Artery forceps, Cord clamp, Sponge holder, Speculum, Kidney tray, Bowl for antiseptic lotion,
		Delivery kits are in adequate numbers as per load		OB	As per delivery load and cycle time for processing of instruments



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Instruments arranged for Episiotomy trays		OB	Episiotomy scissors, Kidney tray, Artery Forceps, Allis forceps, Sponge holder, Toothed forceps, Needle holder, Thumb forceps,
		Availability of Baby tray		OB	Two pre warmed towels/ sheets for wrapping the baby, mucus extractor, bag and mask (0 and 1 no.), sterilized thread for cord/ cord clamp, nasogastric tube,
		Availability of instruments arranged for MVA/EVA tray		OB	Speculum, anterior vaginal wall retractor, posterior wall retractor, sponge holding forceps, MVA syringe, cannulas, MTP, cannulas, small bowl of antiseptic lotion,
		Availability of instruments arranged for PPIUCD tray		OB	Sim's speculum, PPIUCD insertion forceps, CuIUCD 380A/Cu IUCD375 in sterile package
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer, Doppler and HIV rapid diagnostic kit, Uristix.
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of resuscitation Instruments for Newborn Care		OB	Bag and mask (Newborn resuscitator), Oxygen, Suction machine/ mucus sucker, radiant warmer, laryngoscope, ET tube 2.5 and 3.5 sizes.
		Availability of resuscitation instrument for mother		OB	Suction machine, Oxygen with Hood, Adult bag and mask, mouth gag,
ME C5.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning		OB	Buckets for mopping, Separate mops for labour room and circulation area duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Steam sterilizer and Autoclave



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C5.7	Departments have patient furniture and fixtures as per load and service provision	Availability of Delivery tables		OB	Steel Top
		Availability of attachment/ accessories with delivery table		OB	Hospital graded Mattress, IV stand, Kelly's pad, support for Delivery tables, Macintosh, Foot step, Bed pan
		Availability of fixture		OB	Wall clock with Second arm, Wall mounted lamp, Electrical fixture for equipments like radiant warmer, Suction.
		Availability of Furniture		OB	Cupboard, Table, Chair, Counter.
<b>Area of Concern – D Support Services</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under the AMC including preventive maintenance		SI/RR	Radiant warmer, Suction machine, Doppler.
		There is system of timely corrective break down maintenance of the equipment		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	BP apparatus, thermometers, weighing scale , radiant warmer Etc are calibrated
ME D1.3	Operating and maintenance instructions are available with the users of equipment	Up to date instructions for operation and maintenance of equipments are readily available with labour room staff.		OB/SI	
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
ME D2.1	There is established procedure for forecasting and indenting of drugs and consumables	There is established system of timely indenting of consumables and drugs		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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.4	The facility ensures management of expiry and near expiry drugs	Record of Expiry date's are maintained at emergency drug tray		OB/RR	
		No expiry drug is found		OB/RR	
		Records for expiry and near expiry drugs are maintained for drug store at the department		RR	
ME D2.5	The facility has established procedure for inventory management technique	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
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to the staff, patients and visitors.</b>				
ME D3.2	Hospital infrastructure is adequately maintained	Check to ensure that there is no seepage, Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Delivery table are intact and without rust		OB	
		Mattresses are intact and clean		OB	
ME D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
		Toilets are clean with functional flush and running water		OB	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material in the Labour room		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination at delivery table		OB	400 lux.
		Adequate Illumination at observation area		OB	300 Lux.
ME D3.7	The facility has provision of restriction of visitors in patient areas	There is no overcrowding in labour room		OB	
		One female family member allowed to stay with the PW		OB/SI	
		Entry of visitors is restricted in the labour room		OB/SI	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in Labour room		PI/OB	Optimal temperature and warmth is ensured at labour room. Fans/ Air conditioning/Heating/ Exhaust/Vents as per environment condition and requirement
ME D3.9	The facility has security system in place at patient care areas	Lockable doors in labour room		OB	
		New born identification band are used and foot prints of babies are taken		OB/RR	
ME D3.10	The facility has established measure for safety and security of female staff	Ask female staff whether they feel secure at work place		SI	
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of hot water		OB/SI	
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in labour room		OB/SI	
		Availability of UPS		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Emergency light		OB/SI	
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Oxygen cylinders and vacuum suction		OB	
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.4	The facility has adequate sets of linen	Availability of clean Drape, Macintosh on the Delivery table,		OB/RR	
		Gown are provided in labour room		OB/RR	
		Availability of Baby blanket, sterile drape for baby		OB/RR	
ME D 5.5.	The facility has established procedures for changing linen in patient care areas	Drape sheets are changed after each delivery.		OB/RR	
ME D5.6	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 D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	Staff is aware of their roles and responsibilities		SI	
ME D9.2	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 D9.3	The facility ensures adherence to the dress code as mandated by its administration / the health department	Doctor, nursing staff and support staff adhere to their respective dress code		OB	
<b>Area of Concern – E clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during process of registration		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, age, Sex, Provisional diagnosis, etc.
ME E1.3	There is established procedure for admission of patients	There is a procedure for admitting Pregnant women directly to Labour room		SI/RR/OB	
		Admission is done on 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	Check how service provider cope with shortage of delivery tables due to high patient load		OB/SI	
Standard E2	<b>The facility has defined and established procedures for clinical assessment and reassessment of the patients.</b>				
ME E2.1	There is established procedure for initial assessment of patients	Rapid Initial assessment of Pregnant Women to identify complication and Prioritization of care		RR/SI/OB	Assessment and immediate treatment following danger sign are present - difficulty in breathing, fever, severe abdominal pain, Convulsion or unconsciousness, Severe headache or blurred vision
		Recording and reporting of Clinical History		RR/SI	Recording of women obstetric History including LMP and EDD Parity, Gravida status, h/o CS, Live birth, Still Birth, Medical History (TB, Heart diseases, STD etc, HIV status and Surgical History)
		Recording of current labour details		RR	Time of start, frequency of contractions, time of water bag leaking, colour and smell of fluid and baby movement
		Physical Examination		RR/SI	Recording of Vitals, shape and Size of abdomen, presence of scars, foetal lie and presentation. and vaginal examination
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for reassessment of Pregnant women as per standard protocol		RR/OB	There is a fixed schedule of reassessment as per protocols



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Partograph is used and updated as per stages of labour		RR/OB	All step are recorded in timely manner
Standard E3	<b>The facility has defined and established procedures for continuity of care of patient and referral</b>				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over patient / new born from labour room to OT/ Ward/NBSU		SI/RR	
		There is a procedure for consultation of the patient with other specialist with in the hospital		SI/RR	
ME E3.2	The facility provides appropriate referral linkages to the patients/ Services for transfer to other/higher facilities to assure the continuity of care.	Patient is referred with referral slip		RR/SI	A referral slip/ Discharge card is provide to patient when referred to another health care facility
		Advance intimation is given to higher centre		RR/SI	
		Referral vehicle is arranged		RR/SI	
		Referral in or referral out register is maintained		SI/RR	
		Facility has functional referral linkages to lower facilities		RR	Check for referral cards filled from lower facilities
		There is a system of follow up of referred patients		SI/RR	
Standard E4	<b>The facility has defined and established procedures for nursing care</b>				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Identification tags for mother and baby / foot print are used for identification of newborns
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a process to ensure 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 of the shift		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Nursing Handover register is maintained		RR	
		Hand over is given bed side		SI/RR	
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for BP, pulse,temp,Respiratory rate FHR, Uterine contraction Contractions, any other vital required is monitored
		Critical patients are monitored continuously		RR/SI	Check for BP, pulse,temp,Respiratory rate FHR, Uterine contraction Contractions, any other vital required is monitored
Standard E5	<b>The facility has a procedure to identify high risk and vulnerable patients.</b>				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, swaping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High Risk Pregnancy cases are identified and kept in intensive monitoring		OB/SI	Check for the frequency of observation: 1st stage :half an hour and 2nd stage: every 5 min
Standard E6	<b>The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.</b>				
ME E6.1	The facility ensures that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under the 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 if staff are aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	Check for rational use of uterotonic drugs
Standard E7	<b>The facility has defined procedures for safe drug administration</b>				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs are identified in the department		SI/OB	Magsulf (to be kept in fridge), Methergine
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure are accompanied with date, time and signature		RR	
		Check for the writing to ensure that it is comprehensible 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 dose, right route, right time		SI/OB	
Standard E8	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Progress of labour is recorded		RR	Partograph fully compliance/bed head ticket partial compliance
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment prescribed in nursing records		RR	Medication order, treatment plan, lab investigation are recorded adequately
ME E8.4	Procedures performed are written on patients records	Delivery notes are adequate		RR	Outcome of delivery, date and time, gestation age, delivery conducted by, type of delivery, complication if any ,indication of intervention, date and time of transfer, cause of death etc



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Baby note is adequate		RR	Cry of baby, Essential new born care, Resuscitation if any, Sex, Weight, Time of initiation of breast feed, Birth doses, Congenital anomaly if any, APGAR Score.
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Availability of BHT, Partograph, etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	labour room register, OT register, MTP register, FP register, Maternal death register and records, lab register, referral in / out register, internal and PPIUD register etc.
		All register/records are identified and numbered		RR	
Standard E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Roles and responsibilities of staff in disaster are defined		SI/RR	
Standard E11	<b>The facility has defined and established procedures of diagnostic services</b>				
ME E11.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E11.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different test		SI/RR	
Standard E12	<b>The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion</b>				
ME E12.5	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 staff		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Blood transfusion note is written in patient record		RR	
ME E12.6.	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to Blood Bank/ designated personnel		RR	
Standard E16	<b>The facility has established procedures for Antenatal care as per guidelines</b>				
ME E16.1	There is an established procedure for Registration and follow up of pregnant women.	Facility provides and updates "Mother and Child Protection Card".		RR/SI	
ME E16.3	The facility ensures availability of diagnostic and drugs during antenatal care of pregnant women	Tests for Urine albumin, haemoglobin, blood grouping		RR/SI	
Standard E17	<b>The facility has established procedures for Intranatal care as per guidelines</b>				
ME E17.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility	Management of 1st stage of labour		SI/OB	Check progress is recorded, Women is allowed to give birth in the position she wants , Check progress is recorded on partograph
		Management of 2nd stage of labour		SI/OB	Allows the spontaneous delivery of head , gives Perineal support and assist in delivering baby. Check progress is recorded on partograph
		Active Management of Third stage of labour		SI/OB	Palpation of mother's abdomen to rule out presence of second baby
		Use of Uterotonic Drugs		SI/RR	Administration of 10 IU of oxytocin IM with in 1 minute of Birth
		Control Cord Traction		SI/RR	Only during Contraction
		Uterine Massage		SI/RR	After placenta expulsion, Checks Placenta and Membranes for Completeness
ME E17.2	There is an established procedure for assisted and C-section deliveries per scope of services.	Staff is aware of Indications for referring patient for Surgical Intervention		SI	Ask staff how they identify slow progress of labour, how they interpret Partogram



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E17.3	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services.	Management and follow up of PIH/Eclampsia \Pre Eclampsia		SI/RR	"Monitors BP in every case, and tests for proteinuria if BP is >140/90 mmHg If BP is 140/90 mmHg or more with proteinuria 2+ along with any two of the following danger signs: severe headache, blurring of vision, severe pain abdomen or reduced urine output, BP > 160/110 or more with proteinuria 3+; OR in cases of eclampsia— administers loading dose of Magnesium Sulphate (MgSO <sub>4</sub> ) and refers/ calls for specialist attention; continues maintenance dose of MgSO <sub>4</sub> - 5 g of MgSO <sub>4</sub> IM in alternate buttocks every four hours,
		Management of Postpartum Haemorrhage		SI/RR	for 24 hours after birth/ last convulsion, whichever is later If BP is >160/110 mmHg or more, give appropriate anti-hypertensive (Hydralazine/Methyl Dopa/ Nifedipine) " Assessment of bleeding (PPH if >500 ml or > 1 pad soaked in 5 Minutes. IV Fluid, bladder catheterization, measurement of urine output, Administration of 20 IU of Oxytocin in 500 ml Normal Saline or RL at 40-60 drops per minute . Performs Bimanual Compression of Uterus
		Management of Retained Placenta		SI/RR	Administration of another dose of Oxytocin 20IU in 500 ml of RL at 40-60 drops/min an attempt to deliver placenta with repeat controlled cord traction. If this fails performs manual removal of Placenta



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Management of Uterine Atony		SI/RR	Vigorous Uterine massage, gives Oxytocin 20 IU in 500 ml of R/L 40 to 60 drops/minute (Continue to administer Oxytocin upto maximum of 3 litres of solution with Oxytocin) If still bleeding perform bi manual uterine compression with palpation of femoral pulse
		Management of Obstructed Labour		SI/RR	Diagnose obstructed labour based on data registered from the partograph, Re-hydrate the patient to maintain normal plasma volume, check vitals, give broad spectrum antibiotics, perform bladder catheterization and take blood for Hb and grouping, Decide on the mode of delivery as per the condition of mother and the baby
		Management of Puerperal sepsis		SI/RR	Diagnose puerperal sepsis based on clinical criteria: continuous fever for at least 24 hours or recurring within the first 10 days after delivery, increased pulse rate, increased respiration, offensive/ foul smelling lochia, sub involution of the uterus, headache and general malaise, pelvic pain, pain, swelling and pus discharge from laceration or episiotomy or incision. Conduct appropriate lab. investigations, Prescribes IV fluids and broad spectrum antibiotics for seven days and advises perineal care
		Delivery of infectious cases HIV positive PW		SI/RR	
ME E17.4	There is an established procedure for new born resuscitation and newborn care.	Recording date and Time of Birth, Weight		SI/RR	Check the records



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Dried and put on mothers abdomen		SI/OB	With a clean towel from head to feet, discards the used towel and covers baby including head in a clean dry towel
		Vitamin K for low birth weight		SI/RR	Given to all new born (1.0 mg IM in > 1500 gms and 0.5 mg in < 1500 gms)
		Warmth		SI/RR	Check use of radiant warmer
		Care of Cord and Eyes		SI/RR	"Delayed Cord Clamping, Clamps and Cut the cords by sterile instruments within 1-3 minutes of Birth Clean baby's eyes with sterile cotton/Gauge "
		APGAR Score		SI/RR	Check practice of maintaining APGAR Score, Nurse has requisite skill set
		Kangaroo Mother Care		SI/RR	Observe /Ask staff about the practice
		New born Resuscitation		SI/RR	Ask Nursing staff to demonstrate Resuscitation Technique
Standard E18	<b>The facility has established procedures for postnatal care as per guidelines</b>				
ME E18.1	Post partum Care is provided to the mothers	Prevention of Hypothermia of new born		SI/RR	
		Initiation of Breastfeeding with in 1 Hour		PI	
		Mother is monitored as per post natal care guideline		RR/SI	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation)
		Check for perineal washes performed		PI	
ME E18.3	There is an established procedure for Post partum counselling of mother	Labour room has procedure to provide post partum Counselling		PI/SI	Breast feeding and prevention of hypothermia
ME E18.4	The facility has established procedures for stabilization/ treatment/referral of post natal complications	There is established criteria for shifting newborn to NBSU		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E20	<b>Facility has established procedures for abortion and family planning as per government guidelines and law</b>				
ME E20.2	Facility provides spacing method of family planning as per guideline	IUD insertion is done as per standard protocol		SI/RR	No touch technique, Speculum and bimanual examination, sounding of uterus and placement
		Staff is aware of case selection criteria for family planning		SI/RR	22-49 year age Married at least having one year old baby and Spouse has not under gone sterilization
ME E20.3	Facility provides limiting method of family planning as per guideline	Assessment of client done before surgery for any Delay, refer of caution signs		SI/RR	Physical examination and Medical History taken,
		Consent is confirmed before the procedure		RR	Informed consent is taken, which is verified by checking records and confirming with patient
		Client is informed about post operative care, complication and follow up		SI/RR/PI	
		Follow up visits done as per Gol guidelines		SI/RR/PI	Visit after 48 hours, first follow up visit on 7th day and semen analysis after 3 months, emergency follow up
ME E20.4	Facility provide counselling services for abortion as per guideline	Pre procedure Counselling provided		SI/RR/PI	
		Post procedure Counselling is provided		SI/RR/PI	As per National Guidelines
		Counselling on the follow-up visit		SI/RR/PI	
ME E20.5	Facility provide abortion services for 1st trimester as per guideline	MVA procedures are done as per guidelines		SI/RR	
		Medical termination of pregnancy is done as per guidelines		SI/RR	
ME E20.6	Facility provide abortion services for 2nd trimester as per guideline	Surgical Procedures are done as per guidelines		SI/RR	Dilation and evacuation



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Medical termination of pregnancy done as per guidelines		SI/RR	ethacridine lactate extra amniotic instillation
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection</b>				
ME F1.2	The facility has provision for Passive and active culture surveillance of critical and high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is a procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxic etc
		Periodic medical checkups of the staff is done		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	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis</b>				
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	Open the tap, ask the staff if water supply is 24x7
		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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F2.2	The facility staff is trained in correct hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask for demonstration
		Staff is aware of occasion for hand washing		SI	
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability of Antiseptic Solutions		OB	
		Procedure for proper cleaning of site with antiseptics		OB/SI	E.g. before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Proper cleaning of perineal area before procedure with antiseptics		SI	
		Check Shaving is not done during part preparation/delivery cases		SI	
Standard F3	<b>The facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Availability of Masks		OB/SI	
		Availability of Sterile gloves		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	
		Availability of gown/ Apron		OB/SI	
		Availability of Caps		OB/SI	
		Heavy duty gloves and gum boots for housekeeping staff		OB/SI	
		Personal protective kit for delivering HIV patients		OB/SI	
ME F3.2	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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F4	<b>The facility has standard procedures for processing of equipment and instruments</b>				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like Delivery Table, Stretcher/ Trolleys etc. (Wiping with 0.5% Chlorine solution
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction cannula, Delivery Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% Chlorine Solution or 70% Alcohol as applicable
		Proper handling of Soiled and infected line		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaving of delivery kits is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization



Reference No.	Measurable Element	Checkpoint	Compliance	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	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
ME F5.1	Layout of the department is conducive for the infection control practices	Labour room is located in a secluded place, away from internal main traffic of the CHC		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, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures that standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained in 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		External footwares are restricted		OB	
ME F5.4	The facility ensures segregation of infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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 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	Verify its usage
		Availability of puncture proof box		OB	Should be available nears the point of generation like nursing station and injection room
		Disinfection of sharps 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 procedure in event of needle stick injury		SI/RR	Staff knows what to do in case of sharp injury and 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 that bins are not overfilled		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Disinfection of liquid waste before disposal		SI/OB	
		Transportation of bio medical waste is done in closed container/trolley		SI/OB	
		Staff is aware of mercury spill management		SI	
<b>Area of Concern – G Quality Management</b>					
Standard G1	<b>The facility has established organizational framework for quality improvement</b>				
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	Preferably Obstetrician
Standard G3	<b>The facility have established internal and external quality assurance Programmes wherever it is critical to quality.</b>				
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 checklists are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.</b>				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for department has been prepared and approved		RR	
		Current version of SOP's are available with process owner		OB/RR	
ME G4.2	Standard Operating Procedures adequately describes process and procedures	Department has documented procedure for receiving and assessment of the patient for delivery		RR	
		Labour room has documented procedure for Emergency obstetric care		RR	
		The department has documented procedure for management of high risk pregnancy		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		The department has documented procedure for rapid initial assessment		RR	
		The department has documented procedure for requisition of diagnosis and receiving of the reports		RR	
		The department has documented procedure for intra partum care		RR	Intrapartum care includes Management of 1st stage of labour, 2nd stage of labour and 3rd stage of labour
		The department has documented immediate post partum care		RR	
		The department has documented essential new born care		RR	
		The department has documented procedure for neonatal resuscitation		RR	
		The department has documented procedure for admission, shifting and referral of the patient		RR	
		The department has documented procedure for arrangement of intervention for labour room		RR	Labour room management include maintenance and calibration of equipments and inventory management etc
		The department has documented procedure for blood transfusion		RR	
		The department has documented criteria for distinguish between newborn death and still birth		RR	
		The department has documented procedure for environmental cleaning and processing of the equipment		RR	
		The department has documented procedure for maintenance of rights and dignity of pregnant women		RR	
		The department has documented procedure for record Maintenance including taking consent		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 instruction/clinical protocols are displayed		OB	AMSTL, PPH, Infection control, Eclamsia, New born resuscitation, kangaroo care
Standard G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Time bound Action plan is prepared for improvement		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for labour room are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check if staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>Facility seeks continually improvement by practicing Quality method and tools.</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Process Mapping		SI/OB	
		Any other method of QA		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
<b>Area of Concern - H Outcome</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	Normal Deliveries per 1000 population		RR	
		Proportion of deliveries conducted at night		RR	
		Proportion of complicated cases managed		RR	
		Proportion of assisted delivery conducted		RR	
		% PPIUCD inserted against total IUCD		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL Deliveries		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Proportion of cases referred to OT		RR	
		Proportion of cases referred to Higher Facilities		RR	
		% of newborns required resuscitation out of total live births		RR	
		% of newborns required resuscitation out of total live births		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Proportion of cases partograph maintained		RR	
		Episiotomy site infection rate		RR	
		No of adverse events per thousand patients		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Culture Surveillance sterility rate		RR	% of environmental swab culture reported positive
		Proportion of cases of different complications		RR	PPH, Eclampsia, obstructed labour etc.
		Rational oxytocin usage Index		RR	No. of Oxytocin doses used /No. of normal deliveries conducted
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Patient satisfaction		RR	



# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Inpatient  
Department



## Checklist for Inpatient Department

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	<b>The facility provides Curative Services</b>				
ME A1.9	Services are available for the time period as mandated	Availability of admission facilities 24x7		SI/OB	Co-relate with night admission rate
ME A1.10	The facility provides Accident and Emergency Services	Availability of accident and trauma beds.		SI/OB	
Standard A2	<b>The facility provides RMNCHA Services</b>				
ME A2.2	The facility provides Maternal health Services	Availability of indoor services for Antenatal cases, Normal delivery and LSCS		SI/OB	Separate beds for delivery cases in female ward.
ME A2.4	The facility provides Child health Services	Indoor Management of Severe Diarrhoea with dehydration		SI/RR	
		Indoor Management of Acute Respiratory Infections		SI/RR	
		Seizures and convulsions		SI/RR	
		Shock		SI/RR	
		Accidental poisoning		SI/RR	
		Services Under RSBY		SI/RR	
Standard A4	<b>The facility provides services as mandated in national Health Programmes/ state scheme</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Availability of Indoor services for Management of vector borne diseases		SI/RR	Malaria, Kalaazar, Dengue and Chikunguna AES/Japanese Encephalitis as prevalent locally
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Indoor treatment of TB patients requiring hospitalization		SI/RR	
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Inpatient Management of severely ill cases		SI/RR	
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Inpatient care for cases requiring hospitalization		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A6	<b>Health services provided at the facility are appropriate to community needs.</b>				
ME A6.1	The facility provides curatives and preventive services for the health problems and diseases, prevalent locally.	Availability of indoor Services as per local prevalent disease		SI/RR	
<b>Area of Concern - B Patient's Rights</b>					
Standard B1	<b>The facility provides information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	Numbering rooms, main department Male and female and inter-sectional signage
		Visiting hours and visitor policy are displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlements under National Health Programmes are displayed		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 are displayed		OB	
ME B1.5	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	Relevant IEC material displayed in wards		OB	Kangaroo mother care, Breast feeding, immunization and PPIUCD
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 summary is given to the patient		RR/OB	
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical , economic, cultural or social status.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Separate male and 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Male attendants are not allowed to stay in night in Female ward		OB/SI	
		There is no discrimination with transgender patients		SI/PI	
		No unnecessary /non-essential disclosure of a person's transgender status		SI/PI/RR	
		Cots in Female ward are large enough for stay of mother with child		OB	
ME B2.3	Access to facility is provided without any physical barrier and 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	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
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	
		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 in a secure place, beyond access to general staff/visitors		SI/OB	
		No information regarding patient identity and details are unnecessary displayed on BHT/ casesheet/case paper/ Case sheet		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	



Reference No.	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 status of patient is not disclosed except to staff that is directly involved in care		SI/OB	
Standard B4	<b>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</b>				
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 being provided		PI	
ME B4.5	The facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and with contact details		OB	
Standard B5	<b>The facility ensures that there are no financial barrier to access, and that there is financial protection given from the cost of hospital services.</b>				
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 as per state schemes		PI/SI	
		Drugs and consumables under NHP are freely available to entitled personal		PI/SI	
		Availability of free diagnostics to entitled personal		PI/SI	
		Availability of Free drop back to entitled personal		PI/SI	
		Availability of Free diet to beneficiaries mother		PI/SI	
		Availability of Free patient transport facility including drop back		PI/SI	
		Availability of Free Blood		PI/SI	
		Availability of Free drugs		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient and attendants have not spent money 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 and attendants have not spent money 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	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	The departments has adequate space as per patient or work load	Adequate space in wards with no cluttering of beds		OB	Distance between centres of two beds – 2.25 meter
ME C1.2	Patient amenities are provided as per patient load	Functional toilets with running water and flush are available as per strength and patient load of ward		OB	1:12 Male and 1:8 Female
		Functional bathrooms 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 IEC activities		OB	
		Adequate shaded waiting area is provided for attendants of patient		OB	
ME C1.3	The department has layout and demarcated areas as per functions	Availability of Dedicated nursing station		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 and Linen store
		Availability of Dirty utility room		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	There is sufficient space between two beds to provide bed side nursing care and movement		OB	Space between two beds should be at least 4 ft and clearance between head end of bed and wall should be at least 1 ft and between side of bed and wall should be 2 ft
		Corridors are wide enough for patient and visitors and trolley/ equipment movement		OB	Corridor should be atleast 3 metre 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	
ME C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Indoor beds have functional linkages with OT and labour room.		OB	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
ME C2.1	The facility ensures seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipments , hanging objects are properly fastened and secured



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C2.2	The facility ensures safety of electrical establishment	IPD ward does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
ME C2.3	Physical condition of the building is safe for providing patient care	Floors of the ward are non slippery and even surpad		OB	
		Windows and vents if any are intact and sealed		OB	
ME C2.4	The facility has a plan for prevention of fire	Ward has sufficient fire exit to permit safe escape of 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 C2.5	The facility has adequate fire fighting Equipment	IPD has installed fire Extinguishers that are capable of fighting A,B and C type of fire		OB	
		Check the expiry date for fire extinguisher is displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C2.6.	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialist doctors as per service provision.	Availability of specialist doctor on call		OB/RR	
ME C3.2	The facility has adequate general duty doctors as per service provision	Availability of at least one doctor at all time		OB/RR	
ME C3.3	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 C3.5.	The facility has adequate support / general staff	Availability of ward attendant/ Ward boy/Aya		SI/RR	
		Availability of Security staff		SI/RR	
ME C3.6.	The staff has been provided required training / skill sets	Biomedical waste management		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Infection control and hand hygiene		SI/RR	
		Patient Safety		SI/RR	
		Resuscitation (CPR)		SI/RR	
ME C3.7	The Staff is skilled as per job description	Nursing staff is skilled for maintaining clinical records		SI/RR	
Standard C4	<b>The facility provides drugs and consumables required for assured services.</b>				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of Analgesics/ Antipyretics/Anti Inflammatory		OB/RR	
		Availability of Antibiotics		OB/RR	
		Availability of Infusion Fluids		OB/RR	
		Availability of Drugs acting on CVS		OB/RR	
		Availability of drugs action on CNS/PNS		OB/RR	
		Drugs for Respiratory System		OB/RR	
		Availability of Medical gases		OB/RR	Availability of Oxygen Cylinders
		Availability of dressing material		OB/RR	
ME C4.2	The departments have adequate consumables at point of use	Availability of syringes and IV Sets /tubes		OB/RR	
		Availability of Antiseptic Solutions		OB/RR	Betadine
		Availability of dressing material		OB/RR	
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Availability of emergency drug tray		OB/RR	E.g. Inj Dopamine Inj Hydro Cortisone Succinate Inj Adrenaline
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	BP apparatus, Thermometer, Foetoscope, Baby and Adult weighing scale, Stethoscope



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility	Availability of dressing tray		OB	
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Glucometer
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation.		OB	Ambu bag and mask (adult and paediatric), Oxygen, Suction machine, Airway, Nebulizer, Suction apparatus, Laryngoscope, Endotracheal Tube
ME C5.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Refrigerator, Crash cart/ Drug trolley, instrument trolley, dressing trolley
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Sterilizer
ME C5.7	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 grade mattress, Bed side locker, IV stand, 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.
<b>Area of Concern – D Support Service</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under the 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	Compliance	Assessment Method	Means of Verification
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	BP apparatus, wighing scale etc are calibrated
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
ME D2.1	There is established procedure for forecasting and indenting of drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/ tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates' are maintained at emergency drug tray		OB/RR	
		No expiry drug found		OB/RR	
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 Separate prescription for narcotic and psychotropic drugs
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	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.1	Exterior of the facility building is maintained appropriately	Building is painted/whitewashed in uniform colour		OB	
		Interior of patient care areas are plastered and painted		OB	
ME D3.2	Hospital infrastructure is adequately maintained	Check to ensure that there is no seepage, Cracks, chipping of plaster		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are in good condition and painted		OB	
		Mattresses are intact and clean		OB	
ME D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sink in 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 D3.4.	The facility has policy of removal of condemned junk material	No condemned/Junk material in the ward		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination at nursing station		OB	
		Adequate illumination in patient care areas		OB	
ME D3.7.	The facility has provision of restriction of visitors in patient areas	Visiting hour are fixed and are observed		OB/PI	
		One family members is allowed to stay with the patient			
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in patient care area		OB/SI	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement
		Temperature control and ventilation in nursing station/ duty room		PI/OB	Fans/ Air conditioning/ Heating/Exhaust/Ventilators as per environment condition and requirement
ME D3.10	The facility has established measure for safety and security of female staff	Ask female staff weather they feel secure at work place		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement for storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D4.2	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	
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Oxygen cylinders and vacuum suction		OB	
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.1	The facility has provision of nutritional assessment of the patients	Appropriate diet as per nutritional requirement of the patients are prescribed by the treating doctor		RR/SI	
ME D5.2	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 and check the record
ME D5.3	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	Normal, Semi-solid, Liquefied, diet for diabetic patients, low salt and high protein diet etc
ME D 5.4.	The facility has adequate sets of linen	Clean Linens are provided for all occupied bed		OB/RR	
		Gown are provided to the cases going for surgery or delivery		OB/RR	
		Availability of Blankets, draw sheet, pillow with pillow cover and mackintosh		OB/RR	
ME D5.5.	The facility has established procedures for changing of linen in patient care areas	Linen is changed daily / whenever it get soiled		OB/RR	
ME D5.6.	The facility has standard procedures for handling , collection, transportation and washing of linen	There is a system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	Staff is aware of their role and responsibilities		SI	
ME D9.2	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 D9.3	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	
<b>Area of Concern – E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient during registration		RR	
		Patient demographic details are recorded in admission records		RR	Check for that patient demographics like Name, Age, Sex, provisional diagnosis, 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 facility's 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	<b>The facility has defined and established procedure for clinical assessment and reassessment of patients</b>				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all admitted patient is 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Physical Examination is done and recorded wherever required		RR	
		Provisional Diagnosis is maintained		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	<b>The facility has defined and established procedures for continuity of care of patient and referral</b>				
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 with 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.	Patients are referred with referral slip		RR/SI	
		Advance intimation is given to higher centre		RR/SI	
		Referral vehicle is 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E4	<b>The facility has defined and established procedures for nursing care</b>				
ME E4.1	Procedure for identification of patients is established at the facility	There is a process for ensuring the identification before any clinical procedure		OB/SI	Patient id band/ verbal confirmation/Bed no. etc.
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check for treatment chart are updated and drugs given are marked. Co relate it with drugs and doses prescribed.
		There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change of the shift		SI/RR	
		Nursing Handover register is maintained		RR	
		Bed side hand over is given		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	Patients vital 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	<b>The facility has a procedure to identify high risk and Vulnerable patients</b>				
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	<b>The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.</b>				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	Check for BHT/casesheet/case paper if drugs are prescribed under generic name only		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 if staff are aware of the drug regime and doses as per Standard Treatment Guidelines (STG)		SI/RR	
		Check BHT/casesheet/case paper that drugs are prescribed as per STG		RR	
Standard E7	<b>The facility has defined procedures for safe drug administration</b>				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	High alert drugs are identified in the department		SI/OB	Electrolytes like Potassium chloride, insulin etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date, time and signature		RR	
		Check for the writing to ensure that it is comprehensible 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.1	All the assessments, re-assessments and investigations are recorded and updated	Day to day progress of patients is recorded in BHT/casesheet/ case paper		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT/casesheet/case paper		RR	Treatment prescribed and nursing records
ME E8.3	Care provided to each patient is recorded in the patient records	Maintenance of treatment chart/treatment registers		RR	Treatment given is recorded in treatment chat
ME E8.4	Procedures performed are written on patients records	Any procedure performed is written on BHT/casesheet		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 is 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E9	<b>The facility has defined and established procedures for discharge of patient.</b>				
ME E9.1	Discharge is done after assessing patients readiness	Assessment is done before discharging patient		SI/RR	
		Discharge is done by a authorized 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 time of discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary mentions adequately patients clinical condition, treatment given and follow up		RR	
		Discharge summary is given to patients going on LAMA/Referral		SI/RR	
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 E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Roles and responsibilities of the staff in disaster are defined		SI/RR	
Standard E11	<b>The facility has defined and established procedures of diagnostic services</b>				
ME E11.1	There are established procedures for Pre-testing Activities	Container is labelled properly after the sample collection		OB	
ME E11.3	There are established procedures for Post-testing Activities	Nursing station is provided with the critical value of different tests		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E12	<b>The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion</b>				
ME E12.5	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 staff		SI/RR	
		Blood transfusion note is written in patient's recorded		RR	
		Paediatric blood bags are available as per requirement		RR/SI	
ME E12.6	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to responsible staff		RR	
Standard E13	<b>The facility has established procedures for Anaesthetic Services</b>				
ME E13.1	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 E15	<b>The facility has defined and established procedures for end of life care and death</b>				
ME E15.1	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 in patient record		RR	
ME E15.2	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	
ME E15.4	The facility has standard procedures for referring for post-mortem, its recording and meeting its obligation under the law	All the deaths where Post-mortem is mandatory, dead bodies are referred to a facility as per as state's procedure		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Facility has system for storage/ transfer of unclaimed body for fixed duration as per state guideline		OB/RR	
		Facility has system for disposal of unclaimed bodies as per state guideline		RR	
Standard E16	<b>The facility has established procedures for Antenatal care as per guidelines</b>				
ME E16.1	There is an established procedure for Registration and follow up of pregnant women	Facility provides and updates Mother and Child Protection Card		RR/SI	
ME E16.4	There is an established procedure for identification of High risk pregnancy and appropriate treatment/ referral as per scope of services	Management of PIH and referral of eclampsia cases		RR/SI	Loading dose of Magnesium sulphate is given before referral
		Management of sepsis		RR/SI	
		Initial Management and Referral of diabetic pregnant mother		RR/SI	
ME E16.5	There is an established procedure for identification and management of moderate and severe anaemia	Management of of severe anaemia and referral		RR/SI	Blood Transfusion services available for anaemic patients
Standard E18	<b>The facility has established procedures for postnatal care as per guidelines</b>				
ME E18.1	Post partum Care is provided to the mothers	Post Partum Care of Newborn		SI/RR	Maintaining hand hygiene, keeps the baby wrapped (maintains temperature), Checks weight, temperature, respiration, heart rate, colour of skin and cord stump
		Initiation of Breastfeeding with in 1 Hour		PI	Verify with mother regarding A. Counselling in breast feeding B. Time period between delivery and first feed C. Advice in position of body



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Post partum care of mother		PI/RR	Ask mother about checking uterine contraction, bleeding, checking for TPR and output chart, Breast examination and milk initiation and perineal washes
ME E18.2	The facility ensures adequate stay of mother and newborn in a safe environment as per standard Protocols.	48 Hour Stay of mothers and new born after delivery		SI/RR	
ME E18.3	There is an established procedure for Post partum counselling of mother	Counselling provided for Post partum care		PI/SI	Nutrition ,Contraception ,Breastfeeding ,Registration of Birth ,IFA Supplement ,Danger Signs.
ME E18.4	The facility has established procedures for stabilization/treatment/ referral of post natal complications	There is established criteria for shifting newborn to NBSU and referring to SNCU		SI/RR	
ME E18.5	There is established procedure for discharge and follow up of mother and newborn.	Patient is explained about follow up visits. Counselling is done before discharge		RR/PI	Danger Sign For Mother: Bleeding, pain abdomen, severe Headache, Visual disturbance, Breathing difficulties, Fever and Chills, difficulty in Urination, foul smelling discharge. Danger sign for Baby: Fast and difficult breathing, fever, unusal cold, Does not accept feed less active and yellow discoloration of skin
Standard E19	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>				
ME E19.1	The facility provides immunization services as per guidelines	Zero dose vaccines are given		RR	Check for records BCG, Hepatitis B and OPV 0 given to New born
ME E19.2	"Triage, Assessment and Management of newborns having emergency signs are done as per guidelines"	Assessment Protocols are available		SI/RR	Airway, Breathing, Circulation, Coma, Convulsion, and Dehydration
		Triage Protocols are available		SI/RR	Emergency, priority and can wait
		Staff is aware and practices ETAT protocols		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Staff is skilled in basic life support for infants and children		SI/RR	
		ETAT checklist is available and practiced		SI/RR	
ME E19.3	"Management of Low birth weight newborns is done as per guidelines "	Care of Low Birth Weight and Premature babies		SI/RR	Premature and LBW babies are identified: Weight less than 2500 g for low birth weight babies, gestation of less than 37 weeks for prematurely, Kangaroo Mother Care (KMC) is implemented for Low Birth Weight/Prematurely and assisted feeding is arranged, if required
ME E19.5	"Management of children presenting with fever, cough/ breathlessness is done as per guidelines "	Differential diagnosis algorithm are available		SI/RR	
		Weight chart is maintained		RR	
		Start-up and catch formula made as per guidelines		SI/RR	check for composition
ME E19.7	"Management of children presenting diarrhoea is done per guidelines "	Assessment of dehydration done as per protocols		SI/RR	
Standard E22	<b>National Health Program The facility provides National health Programme as per operational/Clinical Guidelines</b>				
ME E22.9	The facility provide service for Integrated disease surveillance Programme	Weekly reporting of Presumptive cases on form "P" from IPD		SI/RR	
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection</b>				
ME F1.3	The facility measures hospital associated infection rates	There is a procedure to report cases of Hospital acquired infection		SI/RR	Patients are observed for any sign and symptoms of HAI like fever, purulent discharge from surgical site.
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical checkups of the staff		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 if Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F1	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>				
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	Open the tap. Ask the Staff, if water is 24x7
		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
		Display of Hand washing Instructions at Point of Use		OB/SI	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration
		Staff is aware of occasions for 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 antiseptic		OB/SI	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
Standard F3	<b>The facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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	<b>The facility has standard procedures for processing of equipment and instruments</b>				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating and Procedure surfaces		SI/OB	Ask staff 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	Decontamination of instruments and reusable glassware are done after procedure in 1% chlorine solution/ any other appropriate matter
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ Patient care area
		Staff know how to make chlorine solution		SI/OB	
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instrument are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level Disinfection of instrument/equipment is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaved dressing material is used		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F5	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
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, Gluteraldehyde, carbolic acid
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade phenyl, disinfectant detergent solution
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of patient care areas	Staff is trained for spill management		SI/RR	
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipments like broom are not used in patient care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should be avoided
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
Standard F6	<b>The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
ME F6.1	The facility Ensures segregation of Bio Medical Waste as per guidelines and 'on-site' management of waste is carried out as per guidelines	Availability of color coded bins at point of waste generation		OB	
		Availability of plastic color coded plastic bags		OB	
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is no mixing of infectious and general waste		OB	
ME F6.2	The facility ensures management of sharps as per guidelines	Availability of functional needle cutters		OB	Verify it's usage
		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 procedure in event of needle stick injury		SI/RR	Staff knows what to do in case of sharp injury and 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	
		Disinfection of liquid waste before disposal		SI/OB	
		Staff aware of mercury spill management		SI	
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>Facility has established organizational framework for quality improvement</b>				
ME G1.1	Facility has a quality team in place	There is a designated departmental nodal person for coordinating Quality Assurance activities		SI/RR	
Standard G2	<b>The facility has established system for patient and employee satisfaction</b>				
ME G2.1	Patient satisfaction surveys are conducted at periodic intervals	Patient satisfaction survey done on monthly basis		RR	
Standard G3	<b>The facility have established internal and external quality assurance Programmes wherever it is critical to quality.</b>				
ME G3.1	The facility has established internal quality assurance programme in key departments	There is system daily round by matron/hospital superintendent/ Hospital Manager for monitoring of services		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G3.3	The facility has established system for use of check lists in different departments and services	Departmental checklist are used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
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 of 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 maintenance including taking consent		RR	
		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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 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 G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.2	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 G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for IPD are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check if the staff is aware of quality policy and objectives		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>The facility seeks continually improvement by practicing Quality method and tools.</b>				
ME G7.1	The facility uses method for quality improvement in services	PDCA			
		5S		SI/OB	
		Mistake proofing		SI/OB	
		Six Sigma		SI/RR	
ME G7.2	The facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
<b>Area of Concern - H Outcomes</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	Bed Occupancy Rate of Male Ward		RR	
		Bed Occupancy Rate for Female ward		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
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	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Average length of stay for Male wards		RR	
		Average length of stay for Female ward		RR	
		Time taken for initial assessment		RR	
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	
		Patient Satisfaction Score		RR	



# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for New Born  
Stabilization Unit



## Checklist for New Born Stabilization Unit

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	<b>Facility Provides Curative Services</b>				
ME A1.4	The Facility Provides Paediatric Services	Availability of functional NBSU		SI/OB	At least 4 beds.
ME A1.9	Services are available for the time period as mandated	Availability of nursing care services at NBSU (24x7)		SI/RR	
Standard A2	<b>Facility provides RMNCHA Services</b>				
ME A2.3	The Facility provides Newborn health Services	Management of low birth weight infants > or =1800 gm with no other complication		SI/RR	
		Weighing the new born		SI/RR	
		Resuscitation		SI/RR	
		Prevention of infection including management of newborn sepsis		SI/RR	
		Provision of Warmth		SI/RR	
		Phototherapy for new born		SI/RR	
		Breast feeding/feeding support and Kangaroo Mother care (KMC)		SI/RR	
ME A2.4	The Facility provides child health Services	Screening of New born for congenital Birth Defects		SI	
Standard A3	<b>Facility Provides diagnostic Services</b>				
ME A3.1	The Facility provides Radiology Services	Functional linkage for USG and X-ray services		SI/OB	In house/ Parent hospital/ Outsourced
ME A3.2	The Facility Provides Laboratory Services	NBSU has Linkage for laboratory investigations		SI/OB	24x7 linkage with outside laboratory for critical tests like bilirubin, Plasma glucose, Serum creatinine, Blood count, Platelet, C-reactive protein, Prothrombin time, etc.
Area of Concern – B Patient Rights					
Standard A1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	Numbering of rooms, main department and inter-sectional signage



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Directional signage for department's are displayed		OB	
		Restricted area signage displayed		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Entitlements under JSSK displayed		OB	
		Information about Nurse on duty is displayed and updated		OB	
		Contact information in respect of NBSU referral services are displayed		OB	
ME B1.5	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	Display of information for education of mother /relatives		OB	Display of pictorial information/ chart regarding expression of milk/ techniques for assisted feeding, KMC, immunization, complimentary feeding etc.
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
ME B1.8	The facility ensures access to clinical records of patients to entitled personnel	Discharge summary is given to the patient		OB	
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient's, and has a system for guarding patient related information.</b>				
ME B3.1	Adequate visual privacy is provided at every point of care	Privacy is maintained in breast feeding room/corner		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	New born records are kept at a secure place beyond access to general staff/visitors		SI/OB	
ME B3.3	The facility ensures that behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		OB/PI	
Standard B4	<b>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</b>				
ME B4.1	There is a established procedure for taking informed consent before treatment and procedures	NBSU has system in place to take informed consent from newborn's relative, whenever required		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	NBSU has a system in place to involve newborn relatives in decision making of new born treatment		PI	
		NBSU has system in place to provide communication on newborn condition to parents/relatives at least once in day		PI/SI	
ME B4.5	Facility has defined and established grievance redressal system in place	Availability of complaint box and display of process for grievance redressal and contact details		OB	
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Availability of Free diagnostics		PI/SI	
		Availability of Free diet to beneficiaries		PI/SI	
		Availability of Free newborn transport including dropback facility		PI/SI	
		Availability of Free Blood		PI/SI	
		Availability of Free drugs		PI/SI	
		Availability of free stay to mother		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that newborn parents and attendants have not spent money on purchasing drugs and consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that newborn parents and attendants have not spent money on diagnostics from outside.		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	If any other expenditure has been incurred, then it is reimbursed from hospital		PI/SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – C Inputs					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	The departments has adequate space as per new born cases work load	Adequate space as per newborn care units		OB	Approximately 40-50 square feet per bed where 4 radiant warmer and can be kept.
ME C1.3	The department has layout and demarcated areas as per functions	Availability of nursing station		OB	
		Hand washing and gowning area		OB	
		Mother's area for expression of breast milk/ breast feeding		OB	NBSU has system in place to call mothers of babies for feeding
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 movement of staff and equipment		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional Intercom and telephone services		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)	NBSU is easily accessible from labour room, maternity ward and OT		OB	
		Location of nursing station and patients beds enables easy and direct observation of patients		OB	
Standard C2	<b>The facility ensures physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	The facility ensures safety of electrical establishment	NBSU does not have temporary connections and loosely hanging wires		OB	Switch Boards other electrical installations are intact
		10 central Voltage stabilizer outlets are available with each warmer in main NBSU.		OB/RR	50% Of each should be 5amp and 50% should be 15 amp to handle equipment



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		NBSU has earthing system available		OB/RR	Dedicated earthing pit system available
ME C2.3	Physical condition of the building is safe for providing new born care	Floors of the NBSU are non slippery and even		OB	
		Windows and vents if any are intact and sealed		OB	
ME C2.4.	The facility has plan for prevention of fire	NBSU has fire exit to permit safe escape of its occupant at time of fire		OB/SI	
ME C2.5	The facility has a adequate fire fighting Equipment	NBSU has installed fire Extinguisher that are capable of fighting A, B and C type of fire		OB	
		Check the expiry date for fire extinguishers is displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C2.6.	The facility has a system of periodic training of staff are conducted and conduct 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 C3	<b>The facility has appropriate number of staff with the correct skill mix required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialist doctors as per service provision	Availability of On call Paediatrician/trained FIMNCI MO.		OB/RR	
ME C3.3	The facility has adequate nursing staff as per service provision and work load	Availability of one Nursing staff per shift		OB/RR/SI	
ME C3.6	The staff has been provided required training / skill sets	Facility based New Born Care (FBNC) training		SI/RR	To all Medical Officers and Nursing Staff posted at NBSU
		IMEP training.		SI/RR	
		Training on Bio Medical waste Management		SI/RR	
		New born Safety		SI/RR	
ME C3.7	The Staff is skilled as per job description	Nursing staff is skilled for operation of equipment		SI/RR	
		The staff is skilled for resuscitation of new born		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Nursing staff is skilled in identifying and managing complications		SI/RR	
		Nursing Staff is skilled for maintaining clinical records		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	The department has availability of adequate drugs at point of use	Availability of Antibiotics		OB/RR	Inj. Ampicillin with Cloxacillin, Inj. Ampicillin Inj. Cefotaxime Inj. Gentamycin, Inj. Amikacin, Amoxycillin-Clavulanic Suspension
		Availability of antipyretics		OB/RR	Paracetamol
		Availability of IV Fluids		OB/RR	5%, 10% and 25% Dextrose Normal saline
		Availability of other emergency drugs		OB/RR	Inj. Adrenaline (1:10000) Inj. Naloxone Inj. Calcium gluconate, Inj. Phenytoin, Injection Aminophylline Phenobarbitone (Injection +oral) Injection Hydrocortisone, Inj. Phenytoin
		Availability of drugs for new born		OB/RR	Vit K
ME C4.2	The department has adequate consumables at point of use	Availability of dressings material and diapers		OB/RR	Gauze piece and cotton swabs, Diapers
		Availability of syringes and IV Sets /tubes		OB/RR	Neoflon 24 G, micro drip set with and without burette, BT set, Suction catheter, PT tube, feeding tube
		Availability of Antiseptic Solutions		OB/RR	Antiseptic lotion
		Others		OB/RR	Baby ID tag, cord clamp, mucus sucker,
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C5	<b>Facility has equipments and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	Thermometer, Weighing scale, pulse oxy meter, Multipara metre. Stethoscope
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Functional Critical care Equipment		OB	Infusion pumps, Oxygen cylinder/Oxygen concentrator, oxygen hood, etc
		Functional Resuscitation equipment		OB	Bag and mask, Laryngoscope, ET tubes, Foot-suction
ME C5.7	The department has furniture and fixtures as per load and service provision	Availability of Fixtures		OB	Electrical panel with each unit, X ray view box.
		Availability of furniture		OB	Cupboard, nursing counter, table for preparation of medicines, chair, furniture in breast feeding room.
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>Facility has established program for inspection, testing and maintenance and calibration of equipments.</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under the AMC including preventive maintenance		SI/RR	Functional radiant warmer, suction machine, Oxygen concentrator, pulse oximeter/ Multipara monitor and their AMC
		There is procedure to check timely replacement of lights in Phototherapy unit.			
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		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 NBSU staff.		OB/SI	
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and newborn care areas</b>				
ME D2.1	There is established procedure for forecasting and indenting of drugs and consumables	There is established system of timely indenting of consumables and drugs at nursing station		SI/RR	"Stock level are daily updated Requisition are timely placed



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	
ME D2.5	The facility has established procedure for inventory management techniques	Department maintains stock and expenditure register of drugs and consumables		RR/SI	
ME D2.6	There is a procedure for periodically replenishing the drugs in newborn care areas	There is procedure for replenishing Emergency drug tray.		SI/RR	
		There is no stock out of drugs		OB/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Temperature of refrigerators are kept as per storage requirement and records are maintained		OB/RR	Check for temperature charts are maintained and updated periodically
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to the staff, patients and visitors.</b>				
ME D3.2	Hospital infrastructure is adequately maintained	Check to ensure that there is no seepage , Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		Patients beds are intact and painted		OB	
		Mattresses are intact and clean		OB	
ME D3.3.	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks newborn 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	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material in the NBSU		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination at each basinet.		OB	
ME D3.7	The facility has provision of restriction of visitors in newborn areas	Entry to NBSU is restricted		OB	
		Visiting hour are fixed and are observed		OB/PI	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	NBSU has a system to control temperature and humidity and record of same is maintained (Air conditioning).		SI/RR	Temperature inside main NBSU should be maintained at (22-26OC), round the clock preferably by thermostatic control. Relative humidity of 30-60% should be maintained
		NBSU has procedure to check the temperature of radiant warmer, phototherapy units, etc.		SI/RR	Each equipment used should have servo controlled devices for heat control with cut off to limit increase in temperature of radiant warmers beyond a certain temperature or warning mechanism for sounding alert/alarm when temp increases beyond certain limits
		NBSU has system to control the sound producing activities and gadgets (like telephone sounds, staff area and equipment)		SI/RR	Background sound should not be more than 45 db and peak intensity should not be more than 80 db.
		NBSU has functional room thermometer and temperature is regularly maintained		SI/RR	1 for each newborn care room
ME D3.9	The facility has a security system in place at newborn care areas	New born identification band are used and foot prints of babies are taken		OB/RR	
		There is procedure for handing over the baby to mother/father/legal guardian		SI	
		Security arrangement in NBSU are robust		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has arrangements for adequate storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D4.2	The facility ensures adequate power backup in all newborn care areas as per load	Availability of power back up in newborn care areas		OB/SI	
		Availability of UPS		OB/SI	
		Availability of Emergency light		OB/SI	
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Oxygen and vacuum suction		OB	
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean linen to all admitted patients.</b>				
ME D5.2	The facility provides diet according to nutritional requirements of the patients	Check for the adequacy and frequency of feed as per nutritional requirement		OB/RR	
ME D5.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	Facility to prepare feeds is available near NBSU		RR/SI	
ME D5.4	The facility has adequate sets of linen available	NBSU has facility to provide sufficient and clean linen for each patient		OB/RR	
ME D5.5.	The facility has established procedures for changing of linen in newborn care areas	Linen is changed every day and whenever it get soiled		OB/RR	
ME D5.6.	The facility has standard procedures for handling , collection, transportation and washing of linen	There is a system to check the cleanliness and Quantity of the linen received from laundry		SI/RR	
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	The staff is aware of their role and responsibilities		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D9.2	The facility has a established procedure for duty roster and deputation to different departments	There is a 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.)
ME D9.3	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	
<b>Area of Concern – E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each Newborn at time of Registration		RR	
ME E1.3	There is a established procedure for admission of patients	Admission criteria for NBSU are defined and followed		SI/RR	
		There is no delay in admission of patient		SI/RR/OB	
		Time of admission is recorded in new born record		RR	
ME E1.4	There is established procedure for managing patients, if beds are not available at the facility	Procedure to cope with surplus newborn load		OB/SI	
Standard E2	<b>The facility has defined and established procedures for clinical assessment and reassessment of the patients.</b>				
ME E2.1	There is established procedure for initial assessment of patients	Initial assessment of all newborn's is done as per standard protocols		RR/SI	Defined criteria for assessment like Silverman Anderson Score and Down score
ME E2.2	There is established procedure for follow-up/ reassessment of Patients	There is fixed schedule for periodic assessment of newborn's		RR/OB	
Standard E3	<b>The facility has defined and established procedures for continuity of care of patient and referral</b>				
ME E3.1	The facility has established procedure for continuity of care during interdepartmental transfer	There is a procedure of taking over of new born from labour Room OT/ Ward to NBSU		RR/SI	Check continuity of care is maintained while transferring/ handover the newborn
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.	Newborn referred with referral slip		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Advance intimation is given to higher centre		RR/SI	
		Referral vehicle is arranged		SI/RR	
		Referral in or referral out register is maintained		RR	
		There is a system of follow up of referred patients		RR	
Standard E4	<b>The facility has defined and established procedures for nursing care</b>				
ME E4.1	Procedure for identification of patients is established at the facility	Identification tags are used for identification of newborns		OB/SI	
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	Treatment chart are maintained		RR	Check that treatment chart's 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 newborn hand over, whenever staff duty change happens	Newborn hand over is given during the change in the shift		SI/RR	
		Nursing Handover register is maintained		RR	
ME E4.4	Nursing records are maintained	Nursing notes are maintained adequately		RR/SI	Check for nursing note register and adequacy of notes
ME E4.5	There is procedure for periodic monitoring of patients	Vitals of newborn's monitored and recorded periodically		RR/SI	Check for TPR chart, Phototherapy chart, any other required vitals are monitored and recorded
Standard E6	<b>The facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.</b>				
ME E6.1	The facility ensure that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under the 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E7	<b>The facility has defined procedures for safe drug administration</b>				
ME E7.1	There is process for identifying administration of high alert drugs	High alert drugs are identified in the department		SI/OB	Electrolytes like Potassium chloride, Insulin, etc. as applicable
		Maximum dose of high alert drugs are defined and communicated		SI/RR	Value for maximum doses as per age, weight and diagnosis are available with nursing station and doctor
		There is process to ensure that right doses of high alert drugs are only given		SI/RR	A system of independent double check before administration, Error prone medical abbreviations are avoided
ME E7.2	Medication orders are written legibly and adequately	Every Medical advice and procedure is accompanied with date , time and signature		RR	
		Check for the writing to ensure that it is comprehensible 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 newborn	Fluid and drug dosages are calculated according to body weight		SI/RR	Check for calculation chart
		Drip rate and volume are calculated and monitored		SI/RR	Check the nursing staff how they calculate Infusion and monitor it
		Administration of medicines is done after ensuring right patient, right drugs , Right dose, right route, right time		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E8	<b>The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.1	All the assessments, re-assessments and investigations are recorded and updated	Newborn progress is recorded as per defined assessment schedule		RR	
ME E8.2	All treatment plan prescription/orders are recorded in the newborn records.	Treatment plan are written on BHT and all drugs are written legibly in case sheet		RR	
ME E8.3	Care provided to each newborns recorded in the newborn records	Maintenance of treatment chart/treatment registers		RR	Treatment given is recorded in the 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 forms and formats are available at point of use	Standard Formats are available		RR/OB	Availability of formats for Treatment Charts, TPR Chart , Intake Output Chart, Community follow up card, BHT, Continuation sheet, Discharge card, etc.
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	General order book (GOB), report book, Admission register, lab register, Admission sheet/ bed head ticket, discharge slip, referral slip, referral in/referral out register, OT register, Diet register, Linen register, Drug intend register
		All register/record are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	All register/records are identified and numbered		RR	
		Safe keeping of newborn records		OB	
Standard E9	<b>The facility has defined and established procedures for discharge of patient.</b>				
ME E9.1	Discharge is done after assessing newborn's readiness	NBSU has established criteria for discharge of the newborn		SI/RR	newborn is shifted to ward/step down after assessment
		Assessment is done before discharging newborn		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Discharge is done by a responsible and qualified doctor		SI/RR	Preferably Paediatrician. Or Doctor on duty in consultation with paediatrician
		newborn/ 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 time of discharge	Discharge summary is provided		RR/PI	See for discharge summary, referral slip provided.
		Discharge summary mentions adequately patients clinical condition, treatment given and follow up		RR	
		Discharge summary is give to patients going on LAMA/Referral		SI/RR	
		There is a procedure for clinical follow up of the new born by local PHC (Community health care worker)/ASHA		RR/SI	
ME E9.3	Counselling services are provided as during discharges wherever required	Counselling of mother before discharge		PI/SI	for care of new born and breastfeeding, treatment and follow up counselling
		Time of discharge is communicated to the attendant prior to discharge		PI/SI	
ME E9.4	The facility has established procedure for patients leaving the facility against medical advice, absconding	Declaration is taken from the LAMA newborn		RR/SI	
Standard E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.1	There is procedure for receiving and triage of patients	Triaging of new born as per guidelines		SI/RR	
ME E10.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
ME E10.4	The facility ensures adequate and timely availability of ambulances services and mobilisation of resources, as per requirement	There is a system for coordination of ambulances		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		NBSU has provision of Ambulance to refer the case to higher centre		SI/RR	
		Ambulance has provision/ method for maintenance of Warm chain while referred to higher centre		SI/RR	
		Ambulance/transport vehicle have adequate arrangement for Oxygen		OB/RR	
		Ambulance/transport vehicle have dedicated rescue kit including " essential supplies kit", emergency drug kit		OB/RR	
		NBSU has system to periodic check of ambulances/transport vehicle by driver/paramedic staff and counter checked by NBSU staff		SI/RR	
		Transfer of newborn in Ambulance /newborn transport vehicle is accompanied by trained medical Practitioner		SI/RR	
<b>Standard E12</b>	<b>The facility has defined and established procedures for Blood Bank/Storage Management and Transfusion.</b>				
ME E12.5	There is established procedure for transfusion of blood	Consent is taken before transfusion		RR	
		Patient's identification is verified before transfusion		SI/OB	
		Blood is kept at optimum temperature before transfusion		RR	
		Blood transfusion is monitored and regulated by qualified person		SI/RR	
		Blood transfusion note is written in newborn recorded		RR	
ME E12.6.	There is a established procedure for monitoring and reporting Transfusion complication	Any major or minor transfusion reaction is recorded and reported to the blood storage unit		RR	
<b>Standard E15</b>	<b>The facility has defined and established procedures for end of life care and death</b>				
ME E15.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure which respects sensitivities and sentiments to communicate death to relatives		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		NBSU has system for conducting grievance counselling of parents in case of newborns' mortality		RR/SI	
		Death note is written on newborn record		RR	
ME E15.2	The facility has standard procedures for handling the death in the hospital	Death note including efforts done for resuscitation is noted in newborn record		SI/RR	
		Procedure to declare death for brought in dead cases exists in the facility		SI/RR	
		Death summary is given to newborn attendant quoting the immediate cause and underlying cause if possible		SI/RR	
ME E15.3	The facility has standard operating procedure for end of life support	Patients Relatives are informed clearly about the deterioration in health condition of Patients		SI/RR	
		There is a procedure to allow newbornrelative/Next of Kin to observe newborn in last hours		SI/OB	
Standard E19	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>				
ME E19.3	Management of Low birth weight newborns is done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
ME E19.4	Management of jaundice and sepsis is done as per guidelines	Adherence to clinical protocol		SI/RR	Competence testing
<b>Area of Concern – F Infection Control</b>					
Standard F1	<b>The facility has infection control Programme and procedures in place for prevention and measurement of hospital associated infection</b>				
ME F1.4	There is Provision of Periodic Medical Check-up and immunization of staff	There is a procedure for immunization of the staff		SI/RR	Hepatitis B, Tetanus Toxoid etc
		Periodic medical check-ups 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 are done at periodic intervals
ME F1.6	The facility has defined and established antibiotic policy	Check if Doctors are aware of Hospital Antibiotic Policy		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F2	<b>The facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptics</b>				
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	Open the tap. Ask the Staff, if water is 24x7
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply. Hand rub dispenser are provided adjacent to bed
		Display of Hand washing Instructions at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	The facility staff is trained in hand washing practices and they adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask for demonstration
		Staff is aware of occasions for hand washing		SI	
		Mothers are practicing wash hand washing with soap		PI/OB	
ME F2.3	The facility ensures standard practices and materials for antiseptics	Availability of Antiseptic Solutions		OB	
		Procedure for proper cleaning site with antiseptics		OB/SI	E.g. before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F3	<b>The facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	The facility ensures adequate personal protection Equipment as per requirements	Clean gloves are available at point of use		OB/SI	Handwashing b/w each newborn and change of gloves
		Availability of Mask		OB/SI	
		Availability of gown/ Apron		OB/SI	Staff and visitors
		Availability of shoe cover		OB/SI	Staff and visitors
		Availability of Caps		OB/SI	Staff and visitors
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	<b>The facility has standard procedures for processing of equipment and instruments</b>				
ME F4.1	The facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure areas	Cleaning and Decontamination of newborn care Units		SI/OB	Cleaning of Radiant warmers and Bassinets with detergent and water
		Proper Decontamination of instruments after use		SI/OB	Decontamination for Thermometer, Stethoscope, Suction apparatus, Ambu bag with 70% Alcohol or detergent and water as applicable
		Contact time for decontamination is adequate		SI/OB	10 minutes
		Cleaning of instruments after decontamination		SI/OB	Cleaning is done with detergent and running water after decontamination
		Proper handling of Soiled and infected linen		SI/OB	No sorting ,Rinsing or sluicing at Point of use/ newborn care area
		Staff is aware of correct procedure of making chlorine solution		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Autoclaved 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	<b>Physical layout and environmental control of the newborn care areas ensures infection prevention</b>				
ME F5.1	Layout of the department is conducive for the infection control practices	Floors and wall surfaces of NBSU are easily cleanable		OB	
ME F5.2	The facility ensures availability of standard materials for cleaning and disinfection of newborn care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehyde, carbolic acid. - change of Gluteraldehyde solution after 14 days
ME F5.3	The facility ensures standard practices are followed for the cleaning and disinfection of newborn care areas	Staff is trained for spill management		SI/RR	
		Cleaning of newborn 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	Compliance	Assessment Method	Means of Verification
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
		Cleaning equipment like broom are not used in newborn care areas		OB/SI	Any cleaning equipment leading to dispersion of dust particles in air should not be used
		Use of three bucket system for mopping		OB/SI	
		External foot wares are restricted		OB	
ME F5.4	The facility ensures segregation infectious patients	Isolation and barrier nursing procedures are followed for septic cases		OB/SI	
ME F5.5	The facility ensures air quality of high risk area	NBSU has system to maintain ventilation and its environment should be dust free		OB	Ventilation can be provided in two ways: exhaust only and supply-and-exhaust. Exhaust fans pull stale air out of the unit while drawing fresh air in through cracks, windows or fresh air intakes. Exhaust-only ventilation is a good choice for units that do not have existing ductwork to distribute heated or cooled air
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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	Verify it's usage



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 procedure in event of needle stick injury		SI/RR	Staff knows what to do in case of sharp injury and Whom to report. See if any reporting has been done
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	Check that bins are not overfilled		SI	
		Disinfection of liquid waste before disposal		SI/OB	
		Staff aware of mercury spill management		SI	
<b>Area of Concern – G Quality Management</b>					
Standard G3	<b>The facility have established internal and external quality assurance Programmes wherever it is critical to quality.</b>				
ME G3.1	The facility has established internal quality assurance programme in the department	There is system daily round by Paediatrician/matron/ hospital in charge for monitoring of services		SI/RR	
ME G3.3	The facility has established system for use of check lists in the department and services	Departmental checklist is used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G4.2	Standard Operating Procedures adequately describes process and procedures	NBSU has documented procedure for receiving and assessment of the patient		RR	
		NBSU has documented procedure for admission of the new born		RR	
		NBSU has documented procedure for discharge of the newborn from unit		RR	
		NBSU has documented procedure for triage of new borns		RR	
		NBSU has documented procedure for assessment and treatment of new born emergency signs		RR	
		NBSU has documented procedure for neonatal transportation and referral		RR	
		NBSU has documented procedure for clinical assessment and reassessment of the newborn and doctor follows it		RR	
		NBSU has documented procedure for key clinical protocols		RR	
		NBSU has documented procedure for preventive-break down maintenance and calibration of equipment		RR	
		NBSU has documented system for storage, retaining ,retrieval of NBSU records		RR	
		NBSU has documented procedure for Maintenance of infrastructure of NBSU		RR	
		NBSU has documented procedure for thermoregulation of new borns		RR	
		NBSU has documented procedure for drugs, intravenous, and fluid management and nutrition management of new borns		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		NBSU has documented procedure for resuscitation of new born if required		RR	
		NBSU has documented procedure for infection control practices		RR	
		NBSU has documented procedure for inventory management		RR	
		NBSU has documented procedure for entry of parents and visitors		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 instruction/clinical protocols are displayed		OB	STP for phototherapy, Grading and management of hypothermia, Expression of milk, Monitoring of babies receiving I/V, Precaution for phototherapy, Management of hypoglycaemia, housekeeping protocols, Administration of commonly used drugs, assessment of neonatal sepsis, Assessment of Jaundice, Temperature maintenance etc
Standard G5	<b>The facility maps its key processes and seeks to make them more efficient by reducing non value adding activities and wastages</b>				
ME G5.1	The facility maps its critical processes	Process mapping of critical processes is done		SI/RR	
Standard G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.2	The facility conducts the periodic prescription/ medical/death audits	There is a procedure to conduct New born Death audit		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan is prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for NBSU are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check if staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>Facility seeks continually improvement by practicing Quality method and tools.</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Process Mapping		SI/OB	
		Any other method of QA		SI/RR	
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
<b>Area of Concern – H Outcome</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
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 female babies admitted		RR	
		Male: Female LAMA ratio		RR	
		Proportion of BPL Patients		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Proportion of low birth weight babies		RR	No. of low birth weight babies (< 2500 gm but not < 1800 gm)
		Down time of Critical Equipment		RR	
		Bed Turnover Rate		RR	
		Referral Rate		RR	
		Survival rate		RR	
		No. of drug stock out in NBSU		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Average waiting time for initial assessment of newborn		RR	
		Proportion of newborn deaths		RR	
		Average length of stay		RR	
		No. of Adverse events reported		RR	Baby theft, wrong drug administration, needle stick injury, absconding patients etc
		No of Newborn Resuscitated		RR	
Standard H4	<b>The facility measures service quality indicators and endeavours to reach state/national benchmarks</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	LAMA Rate		RR	





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Operation  
Theatre



## Checklist for Operation Theatre

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern – A Service Provision</b>					
Standard A1	<b>Facility Provides Curative Services</b>				
ME A1.2	The facility provides General Surgery services	Availability of General Surgery procedures		SI/OB	Incision and drainage, Hernia, Hydrocele, Appendicitis, Haemorrhoids, Fistula and stitching of injuries.
ME A1.3	The facility provides Obstetrics and Gynaecology Services	Availability of Gynaecology procedures		SI/OB	D and E, LSCS, Hysterectomy.
ME A1.9	Services are available for the time period as mandated	OT Services are available 24X7		SI/RR	
ME A1.10	The facility provides Accident and Emergency Services	OT services are available for emergency cases.		SI/OB	
Standard A2	<b>Facility provides RMNCHA Services</b>				
ME A2.1	The facility provides Reproductive health Services	Availability of Post partum sterilization services		SI/OB	Tubal ligation
		Availability of Abortion services			
ME A2.2	The facility provides Maternal health Services	Availability of C-section services		SI/OB	
ME A2.3	The facility provides Newborn health Services	Availability of New born resuscitation		SI/OB	
		Availability of essential new born care		SI/OB	
<b>Area of Concern – B Patient Rights</b>					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signage's		OB	Numbering of rooms, main department and inter-sectional signage
		Signage for restricted area are displayed		OB	
		Zones of OT are marked		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of female staff if a male doctor examination/ conduct surgery of a female patient		OB/SI	Availability of female staff in pre and post operative room
ME B2.3	Access to facility is provided without any physical barrier and and friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the OT		OB	
		Availability of ramps with railing		OB	
Standard B3	<b>Facility maintains the privacy, confidentiality and Dignity of patient and related information.</b>				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen between two OT tables		OB	
		Patients are properly draped/covered before and after procedure.		OB	
ME B3.2	Confidentiality of patients records and clinical information is maintained	Patient Records are kept at secure place beyond access to general staff/visitors		SI/OB	
ME B3.3	The facility ensures the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		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 cases in relatively young women		SI/OB	
		Privacy and confidentiality of Hysterectomy		SI/OB	
Standard B4	<b>Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.</b>				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	Informed/Written consent is taken before any surgery		SI/RR	
		Anaesthesia Consent for OT		SI/RR	
ME B4.4	Information about the treatment is shared with patients or attendants, regularly	Patient's attendant is informed about clinical condition and treatment being provided		PI/SI	
		Patient/Attendant is informed about Possible outcomes/risks involved/ alternatives available of surgery		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	All surgical procedures are free of cost for JSSK beneficiaries		PI/SI	JSSK
		All drugs and consumables are free for JSSK beneficiaries			
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient/attendants have not spent money on purchasing and 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 have not spent money on diagnostics from outside.		PI/SI	
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Surgical services are free for BPL patients		PI/SI/RR	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient or work load	Adequate space for accommodating surgical load		OB	
		Waiting area for attendants		OB	
ME C1.2	Patient amenities are provide as per patient load	Seating arrangement for patient and attendants		OB	
ME C1.3	Department has layout and demarcated areas as per functions	Demarcated Protective Zone		OB	
		Demarcated Clean Zone		OB	
		Demarcated sterile Zone		OB	
		Demarcated disposal Zone		OB	
		Availability of Changing Rooms		OB	
		Availability of Pre Operative/ Post operative Room		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of Scrub Area		OB	
		Availability of earmarked area for newborn Corner		OB	
		Availability of Autoclave room/ TSSU		OB	
		Availability of dirty utility area		OB	
		Availability of store		OB	
ME C1.4	The facility has adequate circulation area and open spaces according to need and local law	Corridors are wide enough for movement of trolleys		OB	2-3 meters
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		OB	
ME C1.7	The facility and department 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 criss cross of infectious and sterile goods
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	The facility ensures safety of electrical establishment	OT does not have temporary connections and loosely hanging wires		OB	
ME C2.3	Physical condition of the building is safe for providing patient care	Floors of the ward are non slippery and even		OB	
ME C2.4	The facility has plan for prevention of fire	Walls and floor of the OT covered with joint less tiles		OB	
		Windows/ vents if any in the OT are intact and sealed		OB	
ME C2.5	The facility has adequate fire fighting Equipment	OT has fire exit to permit safe escape to its occupant at time of fire		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Check the fire exits are clearly visible and routes to reach exit are clearly marked.		OB	
		OT room has installed fire Extinguisher to fight type A, B and C type of fire		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 C2.6	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialist doctors as per service provision	Availability of Obg and Gynae Surgeon		OB/RR	As per case load
		Availability of trained surgeon for Minilap/ Laparoscopic/NSV		OB/RR	Minilap - MBBS trained in procedure Laparoscopic
		Availability of anaesthetist		OB/RR	As per case load
ME C3.3	The facility has adequate nursing staff as per service provision and work load	Availability of Nursing staff		OB/RR/SI	As per patient load , at least two
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of OT attendant/ assistant		OB/SI	
ME C3.6	The staff has been provided required training / skill sets	Advance Life support		SI/RR	
		OT Management		SI/RR	
		IMEP training.		SI/RR	
		Infection control and hand hygiene		SI/RR	
		Training on processing/ sterilization of equipments		SI/RR	
		Patient Safety		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		PPIUCD insertion		SI/RR	
		Family planning counselling		SI/RR	
		Laparoscopic surgery/Minilap		SI/RR	
		NSV		SI/RR	
ME C3.7	The Staff is skilled as per job description	The staff is Skilled to operate OT equipment		SI/RR	
		The staff is skilled for processing and packing instrument		SI/RR	
		The staff is skilled for resuscitation and intubation		SI/RR	
		Nursing Staff is skilled for maintaining clinical records		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of medical gases		OB/RR	Availability of Oxygen Cylinders /Nitrogen Gas supply
		Availability of Uterotonic Drugs		OB/RR	
		Availability of Antibiotics		OB/RR	Inj Ampillicin, Inj. metronizazole Inj Gentamycin,
		Availability of Antihypertensive		OB/RR	Injectable Hydralagine
		Availability of analgesics and antipyretics		OB/RR	Tab Paracetamol Ibuprofen, inj Diclofenac, Sodium
		Availability of IV Fluids		OB/RR	IV fluids, Normal saline, Ringer's lactate,
		Availability of anesthetics		OB/RR	Halothane, Thiopenatona, Lignocaine, Succinylcholine, Ketamine, Nitrous Oxide, Solium
		Availability of emergency drugs		OB/RR	Inj Magsulf 50%, Inj Calcium gluconate 10%, Inj Adrenalin inj Hydrocortisone, Succinate, Inj diazepam, Inj Pheneramine maleate, Inj Corboprost, Inj Fortwin, Inj Phenergen, Betameathazon, Inj Hydrazaline, Nefidepin, Methyldopa,ceftriaxone



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of drugs for newborn		OB/RR	Vitamin K
ME C4.2	The departments have adequate consumables at point of use	Availability of dressings and Sanitary pads		OB/RR	
		Availability of syringes and IV Sets		OB/RR	
		Availability of Antiseptic Solutions		OB/RR	
		Availability of consumables for new born care		OB/RR	
		Availability of personal protective equipments		OB/RR	
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency drug tray is maintained in OT/pre and post operative room		OB/RR	
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	BP apparatus, Thermometer, Pulse Oxy meter, Multiparameter, PV Set
ME C5.2	Availability of equipment and instruments for treatment procedures, being undertaken in the facility	Availability of functional instruments for Gynae and obstetrics		OB	LSCS Set, Cervical Biopsy Set, MVA set, DandC Set, Defibrilator, Megulillr
		Availability of functional equipments/ Instruments for New Born Care		OB	Radiant warmer, Baby tray with Two pre warmed towels/sheets for wrapping the baby, mucus extractor, bag and mask (0 and 1 no.), sterilized thread for cord/ cord clamp, nasogastric tube
		Availability of functional General surgery equipments		OB	General Surgical Instruments for Piles, Fistula, and Fissures. Surgical set for Hernia and Hydrocele, Cautery
		Operation Table with Trendelenburg facility		OB	
		Minilap instruments		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Laparoscopic set		OB	
		NSV sets		OB	
		Instruments for Laparoscopy		OB	
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of Point of care diagnostic instruments		OB	Portable X-Ray Machine, Glucometer, HIV rapid diagnostic kit. Uristix.
ME C5.4	Availability of equipment and instruments for resuscitation of patients and for providing intensive and critical care to patients	Availability of functional Instruments for Resuscitation		OB	Ambu bag, Oxygen, Suction machine , laryngoscope, ET Tube, defibrilator
		Availability of functional anaesthesia equipment		OB	Boyles apparatus, Bains Circuit or Sodalime absorbent in close circuit
ME C5.5	Availability of Equipment for Storage	Availability of equipment for storage for drugs		OB	Crash cart/Drug trolley, instrument trolley, dressing trolley
		Availability of equipment for storage of sterilized items		OB	Instrument cabinet and racks for storage of sterile items (not inside OT)
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning		OB	Buckets for mopping, Separate mops for patient care area and circulation area duster, waste trolley, Deck brush
		Availability of equipment for TSSU		OB	Autoclave
ME C5.7	Departments have patient furniture and fixtures as per load and service provision	Availability of functional OT light		OB	Shadow less , Ceiling and Stand Model, Focus Lamp
		Availability of attachment/ accessories with OT table		OB	Hospital grade mattress , IVstand, Bed pan
		Availability of Fixtures		OB	Electrical panel for anaesthesia machine, cautery, monitors etc, X-ray view box.
		Availability of furniture		OB	Cupboard, table for preparation of medicines, chair, racks,



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern – D Support Services</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under the 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 equipment 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 equipment/ instrument are calibrated		OB/ RR	Boyels apparatus, cautery, BP apparatus, autoclave etc.
		There is system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due		OB/ RR	
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	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
ME D2.1	There is established procedure for forecasting and indenting drugs and consumables	There is established system of timely indenting of consumables and drugs		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	Drugs are stored in containers/ tray/crash cart and are labelled		OB	
		Empty and filled cylinders are labelled		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.4	The facility ensures management of expiry and near expiry drugs	Expiry dates are maintained at emergency drug tray, crash cart, anesthesia drug trolley.		OB/RR	Check for temperature charts are maintained and updated periodically
		No expired drug is found		OB/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	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	Narcotic and psychotropic drugs are kept in lock and key		OB/SI	
		Anaesthetic agents are kept at secure place		OB/SI	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.2	Hospital infrastructure is adequately maintained	Interior of patient care areas are plastered and painted		OB	
		Check to ensure that there is no seepage, Cracks, chipping of plaster		OB	
		Window panes , doors and other fixtures are intact		OB	
		OT Table are intact and without rust		OB	
		Mattresses are intact and clean		OB	
ME D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks in 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Toilets are clean with functional flush and running water		OB	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material in the OT		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No pests are noticed		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination at OT table		OB	300 lux for general area
		Adequate Illumination at pre operative and post operative area		OB	
ME D3.7	The facility has provision of restriction of visitors in patient areas	Entry to OT is restricted		OB	
		Warning light is provided outside OT and its been used when OT is functional		OB/SI	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature is maintained and record of same is kept		SI/RR	20-250C, ICU has functional room thermometer and temperature is regularly maintained
		Humidity is maintained at desirable level		SI/RR	50-60%
		Positive pressure is maintained in OT		SI/RR	
ME D3.9	The facility has security system in place at patient care areas	Security arrangement at OT		OB	
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
		Availability of Hot water supply		OB/SI	
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in OT		OB/SI	2 tier backup with UPS



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of UPS		OB/SI	
		Availability of Emergency light		OB/SI	
ME D4.3	Critical areas of the facility ensures availability of oxygen, medical gases and vacuum supply	Availability of Centralized /local piped Oxygen, nitrogen and vacuum supply		OB	
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.4	The facility has adequate sets of linen	OT has facility to provide sufficient and clean linen for surgical patient		OB/RR	Drape, draw sheet, cut sheet and gown
		OT has facility to provide linen for staff		OB/RR	
ME D5.5	The facility has established procedures for changing of linen in patient care areas	Linen is changed after each procedure		OB/RR	
ME D5.6	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 D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	Staff is aware of their roles and responsibilities		SI	
ME D9.2	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 D9.3	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	
<b>Area of Concern – E Clinical Services</b>					
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
ME E3.1	Facility has established procedure for continuity of care during interdepartmental transfer	There is procedure of handing over while receiving patient from OT to indoor and ICU		SI/RR	
		There is a procedure for consultation of the patient with other specialists with in the hospital		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E4	<b>The facility has defined and established procedures for nursing care</b>				
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/ Patient ID No./verbal confirmation etc.
ME E4.2	Procedure for ensuring timely and accurate nursing care as per treatment plan is established at the facility	There is a process to ensure the accuracy of verbal/telephonic orders		SI/RR	Verbal orders are rechecked before administration
ME E4.3	There is established procedure of patient hand over, whenever staff duty change happens	Patient hand over is given during the change in the shift		SI/RR	
		Handover register is maintained		RR	
ME E4.5	There is procedure for periodic monitoring of patients	Patient Vitals are monitored and recorded periodically		RR/SI	Check for use of multi parameter
Standard E5	<b>Facility has a procedure to identify high risk and vulnerable patients.</b>				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	Vulnerable patients are identified and measures are taken to protect them from any harm		OB/SI	Check the measure taken to prevent new born theft, baby sweeping and baby fall
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	High risk patients are identified and treatment given on priority need		OB/SI	HIV, Infectious cases
Standard E6	<b>Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use</b>				
ME E6.1	Facility ensured that drugs are prescribed in generic name only	Check for BHT if drugs are prescribed under generic name only		RR	
ME E6.2	There is procedure of rational use of drugs	Check staff is aware of the drug regime and doses as per STG		SI/RR	
		Check BHT that drugs are prescribed as per STG		RR	
Standard E7	<b>Facility has defined procedure for safe drug administration</b>				
ME E7.1	There is process for identifying and cautious administration of high alert drugs (to check)	High alert drugs available in department are identified		SI/OB	Electrolytes like Potassium chloride, Opioids, Neuro muscular blocking agent, Anti thrombolytic agent, insulin, warfarin, Heparin, Adrenergic agonist etc. as applicable



Reference No.	Measurable Element	Checkpoint	Compliance	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 comprehensible 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 for availability of magnifying glass.
		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 dose, right route, right time		SI/OB	
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.1	All the assessments, re-assessment and investigations are recorded and updated	Records of Monitoring/ Assessments are maintained		RR	PAC, Intraoperative monitoring
ME E8.2	All treatment plan prescription/orders are recorded in the patient records.	Treatment plan, first orders are written on BHT		RR	Treatment prescribed in nursing records



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E8.4	Procedures performed are written on patients records	Operative Notes are Recorded		RR	Name of person in attendance during procedure, Pre and post operative diagnosis, Procedures carried out, length of procedures, estimated blood loss, Fluid administered, specimen removed, complications etc.
		Anaesthesia Notes are Recorded		RR	
ME E8.5	Adequate form and formats are available at point of use	Standard Formats available		RR/OB	Consents, surgical safety check list
ME E8.6	Register/records are maintained as per guidelines	Registers and records are maintained as per guidelines		RR	OT Register, Schedule, Infection control records, autoclaving records etc
		All register/records are identified and numbered		RR	
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Safe keeping of patient records		RR	
Standard E12	<b>The facility has defined and established procedures for Blood Storage Management and Transfusion.</b>				
ME E12.4	There is established procedure for issuing blood	Availability of blood units in case of emergency with out replacement		RR/SI	The blood is ordered for the patient according to the MSBOS (Maximum Surgical Blood Order Schedule)
ME E12.5	There is established procedure for transfusion of blood	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 staff		SI/RR	
		Blood transfusion note is written in patient's record		RR	
ME E12.6	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	
		Staff is competent to identify transfusion reaction and its management		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Standard E13 Facility has established procedures for Anaesthetic Services</b>					
ME E13.1	Facility has established procedures for Pre Anaesthetic Check up and maintenance of records	There is procedure to ensure that PAC has been done before surgery		RR/SI	
		There is procedure to review findings of PAC		RR/SI	
ME E13.2	Facility has established procedures for monitoring during anaesthesia	Anaesthesia plan is documented before entering into OT		RR	
		Food intake status of Patient is checked		RR/SI	
		Patients vitals are recorded during anaesthesia		RR	Heart rate, cardiac rate , BP, O2 Saturation,
		Airway security is ensured		RR/SI	Breathing system is securely and correctly assembled
		Potency and level of anaesthesia is monitored		RR/SI	
		Anaesthesia notes are recorded		RR	Check for the adequacy
		Any adverse Anaesthesia Event is recorded and reported		RR	
ME E13.3	Facility has established procedures for Post Anaesthesia care	Post anaesthesia status is monitored and documented		RR/SI	
<b>Standard E14 Facility has defined and established procedures for Operation Theatre and Surgical Services</b>					
ME E14.1	Facility has established procedures OT Scheduling	There is procedure OT Scheduling		RR/SI	Schedule is prepared in consonance with available OT house and patients requirement
ME E14.2	Facility has established procedures for Preoperative care	Patient evaluation before surgery is done and recorded		RR/SI	Vitals , Patients fasting status etc.
		Antibiotic Prophylaxis given as indicated		RR/SI	
		Tetanus Prophylaxis is given if Indicated		RR/SI	
		There is a process to prevent wrong site and wrong surgery		RR/SI	Surgical Site is marked before entering into OT
		Surgical site preparation is done as per protocol		RR/SI	Cleaning , Asepsis and Draping



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E14.3	Facility has established procedures for Surgical Safety	Surgical Safety Check List is used for each surgery		RR/SI	Check for Surgical safety check list has been used for surgical procedures
		Sponge and Instrument Count Practice is implemented		RR/SI	Instrument, needles and sponges are counted before beginning of case, before final closure and on completing of procedure
		Adequate Haemostasis is secured during surgery		RR/SI	Check for Cautery and suture ligation practices
		Appropriate suture material is used for surgery as per requirement		RR/SI	Check for what kind of sutures used for different surgeries. Braided Biological sutures are not used for dirty wounds, Catgut is not used for closing fascial layers of abdominal wounds or where prolonged support is required
ME E14.4	Facility has established procedures for Post operative care	Post operative monitoring is done before discharging to ward		RR/SI	Check for post operative operation ward is used and patients are not immediately shifted to wards after surgery
		Post operative notes and orders are recorded		RR/SI	Post operative notes contains Vital signs, Pain control, Rate and type of IV fluids, Urine and Gastrointestinal fluid output, other medications and Laboratory investigations
Standard E17	<b>Facility has established procedures for Intranatal care as per guidelines</b>				
ME E17.2	There is an established procedure for assisted and C-section deliveries per scope of services.	pre operative care		SI/RR	Check for Haemoglobin level is estimated, and arrangement of Blood, IV line established, Catheterization, Demonstration of Antacids
		Proper selection of Anaesthesia		SI/RR	Check Both General and Spinal Anaesthesia Options are available. Ask for what are the criteria for using spinal and GA



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Intraoperative care		SI/RR	Check for measures taken to prevent Supine Hypotension (Use of pillow/Sandbag to tilt the uterus), Technique for Incision, Opening of Uterus, Delivery of Foetus and placenta, and closing of Uterine Incision
		Post operative care		SI/RR	
ME E17.3	There is established procedure for management of Obstetrics Emergencies as per scope of services.	Management of PIH/Eclampsia		SI/RR	Ask for how to secure airway and breathing, Loading and Maintenance dose of Magnesium sulphate , Administration of Hypertensive Drugs
		Postpartum Haemorrhage		SI/RR	
		Management of shock.		SI/RR	
		Ruptured Uterus		SI/RR	
ME E17.4	There is an established procedure for new born resuscitation and newborn care.	Recording Time of Birth		RR	
		Vitamin K		SI/RR	
		Care of Cord and Eyes		SI/RR	
		APGAR Score		SI/RR	
		New born Resuscitation		SI/RR	
Standard E18	<b>Facility has established procedures for Intranatal care as per guidelines</b>				
ME E18.1	Post partum Care is Provided to Mother	Prevention of Hypothermia		SI/RR	
		Initiation of Breastfeeding with in 1 Hour		PI/SI	
ME E18.4	The facility has procedures for Stabilization/treatment/ referral of post natal complication	There is established criteria for shifting newborn to NBSU/ SNCU		SI/RR	
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
ME F1.2	Facility has provision for Passive and active culture surveillance of critical and high risk areas	Surface and environment samples are taken for microbiological surveillance		SI/RR	Swab are taken from infection prone surfaces



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 Toxoid etc
		Periodic medical checkup of the staff		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	Regular monitoring of infection control practices		SI/RR	Hand washing and infection control audits done at periodic intervals
ME F1.6	Facility has defined and established antibiotic policy	Check for Doctors are aware of Hospital Antibiotic Policy		SI/RR	
Standard F2	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis</b>				
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	Open the tap. Ask Staff if water 24x7
		Availability of antiseptic soap with soap dish/ liquid antiseptic with dispenser.		OB/SI	Check for availability/ Ask staff if the supply is adequate and uninterrupted
		Availability of Alcohol based Hand rub		OB/SI	Check for availability/ Ask staff for regular supply.
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		Availability of elbow operated taps		OB	
		Hand washing sink is wide and deep enough to prevent splashing and retention of water		OB	
ME F2.2	Staff is trained and adhere to standard hand washing practices	Adherence to 6 steps of Hand washing		SI/OB	Ask of demonstration



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Adherence to Surgical scrub method		SI/OB	"procedure should be repeated several times so that the scrub lasts for 3 to 5 minutes. The hands and forearms should be dried with a sterile towel only. "
		Staff aware of when to hand wash		SI	
ME F2.3	Facility ensures standard practices and materials for antiseptics	Availability of Antiseptic Solutions		OB	like before giving IM/IV injection, drawing blood, putting Intravenous and urinary catheter
		Proper cleaning of procedure site with antiseptics		OB/SI	
		Proper cleaning of perineal area before procedure with antiseptics		SI	
		Check Shaving is not done during part preparation/delivery cases		SI	
		Check sterile field is maintained during surgery		OB/SI	Surgical site covered with sterile drapes, sterile instruments are kept within the sterile field.
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	Facility ensures adequate personal protection equipments as per requirements	Clean gloves are available at point of use		OB/SI	
		Availability of Masks		OB/SI	
		Sterile gloves are available in OT and Critical areas		OB/SI	
		Use of elbow length gloves for obstetrical purpose		OB/SI	
		Availability of gown/ Apron		OB/SI	
		Availability of Caps		OB/SI	
		Personal protective kit for infectious patients		OB/SI	HIV kit
ME F3.2	Staff is adhere to standard personal protection practices	No reuse of disposable gloves, Masks, caps and aprons.		OB/SI	
		Compliance to correct method of wearing and removing the gloves		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F4	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of operating surfaces		SI/OB	Ask staff about how they decontaminate the procedure surface like OT Table, Stretcher/Trolleys etc. (Wiping with .5% Chlorine solution)
		Proper Decontamination of instruments after use		SI/OB	Ask staff how they decontaminate the instruments like ambubag, suction canulae, Surgical Instruments (Soaking in 0.5% Chlorine Solution, Wiping with 0.5% 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 how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and materials for disinfection and sterilization of instruments and equipments	Equipment and instruments are sterilized after each use as per requirement		OB/SI	Autoclaving/HLD/ Chemical Sterilization
		High level Disinfection of instruments/equipments is done as per protocol		OB/SI	Ask staff about method and time required for boiling
		Chemical sterilization of instruments/equipments is done as per protocols		OB/SI	Ask staff about method, concentration and contact time required for chemical sterilization
		Formaldehyde or glutaraldehyde solution replaced as per manufacturer instructions		OB/SI	
		Autoclaved linen are used for procedure		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Autoclaved dressing material is used		OB/SI	
		Instruments are packed according for autoclaving as per standard protocol		OB/SI	
		Autoclaving of instruments is done as per protocols		OB/SI	Ask staff about temperature, pressure and time
		Regular validation of sterilization through biological and chemical indicators		OB/SI/RR	
		Maintenance of records of sterilization		OB/SI/RR	
		There is a procedure to ensure the tracibility of sterilized packs		OB/SI/RR	
		Sterility of autoclaved packs is maintained during storage		OB/SI	Sterile packs are kept in clean, dust free, moist free environment.
Standard F5	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
ME F5.1	Layout of the department is conducive for the infection control practices	Facility layout ensures separation of general traffic from patient traffic		OB	Faculty layout ensures separation of general traffic from patient traffic
		Zoning of High risk areas		OB	
		Facility layout ensures separation of routes for clean and dirty items		OB	
		Floors and wall surfaces of OT are easily cleanable		OB	
		CSSD/TSSU has demarcated separate area for receiving dirty items, processes, keeping clean and sterile items		OB	
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	Availability of disinfectant as per requirement		OB/SI	Chlorine solution, Gluteraldehyde, 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Cleaning of patient care area with detergent solution		SI/RR	
		Staff is trained for preparing cleaning solution as per standard procedure		SI/RR	
		Standard practice of mopping and scrubbing are followed		OB/SI	
		Cleaning equipments like broom are not used in patient care areas		OB/SI	
		Use of three bucket system for mopping		OB/SI	
		Fumigation/carbolization as per schedule		SI/RR	
		External footwares are restricted		OB	
ME F5.4	Facility ensures segregation infectious patients	Isolation and barrier nursing procedure are followed for septic cases		OB/SI	
ME F5.5	Facility ensures air quality of high risk area	Positive Pressure in OT		OB/SI	
		Adequate air exchanges are maintained		SI/RR	
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of puncture proof container		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	
	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Staff aware of mercury spill management		SI/RR	
<b>Area of Concern - G Quality Management</b>					
Standard G1	<b>The facility has established organizational framework for quality improvement</b>				
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	Preferably Anaesthetist or surgeon
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>				
ME G3.1	Facility has established internal quality assurance program at relevant departments	There is system daily round by Surgeon/matron/ hospital manager/ hospital superintendent/for monitoring of services		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	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	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
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	The department has documented procedure for scheduling the Surgery and its booking		RR	
		The department has documented procedure for pre operative procedure		RR	
		The department has documented procedure for pre operative anaesthetic check up		RR	
		The department has documented procedure for in process check during surgery		RR	
		The department has documented procedure for post operative care of the patient		RR	
		The department has documented procedure for operation theatre asepsis and environment management		RR	
		The department has documented procedure for OT documentation.		RR	
		The department has documented procedure for reception of dirt packs and issue of sterile packs from TSSU		RR	
		The department has documented procedure for maintenance and calibration of equipments		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		The department has documented procedure for general cleaning of OT and annexes		RR	
ME G4.3	Staff is trained and aware of the standard procedures written in SOPs	Check staff if aware of relevant part of SOPs		SI/RR	
ME G4.4	Work instructions are displayed at Point of use	Work instruction/clinical protocols are displayed		OB	processing and sterilization of equipments,
Standard G5	<b>The facility has established system of periodic review as internal assessment , medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan is prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive actions are taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objective for OT are defined		RR/SI	
ME G6.3	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 G7	<b>Facility seeks continually improvement by practicing Quality method and tools.</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Process Mapping		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Any other method of QA		SI/RR	
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
<b>Area of Concern - H Outcomes</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	C-Section Rate		RR	
		Proportion of C-Sections done in night		RR	
		Proportion of other emergency surgeries done in the night		RR	
		No. of Major surgeries done per 1 lakh population		RR	
Standard H2	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime of critical equipments		RR	
		No of major surgeries per surgeon		RR	
		Proportion of elective C-Sections		RR	
		Proportion emergency surgeries		RR	
		Cycle time for instrument processing		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Surgical Site infection Rate		RR	No. of observed surgical site infections*100/total no. of Major surgeries
		No of adverse events per thousand patients		RR	
		Incidence of re-exploration of surgery		RR	
		% of environmental swab culture reported positive		RR	
		Perioperative Death Rate		RR	Deaths occurred from pre operative procedure to discharge of the patient



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Proportion of General Anaesthesia to spinal anaesthesia		RR	
		Proportion of PAC done out of total surgeries		RR	
		No. of autoclave cycle failed in Bowie dick test out of total autoclave cycle		RR	
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Operation Cancellation rates		RR	No. of cancelled operation*1000 /total operation done





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Laboratory



## Checklist for Laboratory

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A3	<b>The facility provides diagnostic services</b>				
ME A3.2	The facility Provides Laboratory Services	All lab services are available in routine working hours		SI/RR	
		Emergency lab services are available		SI/RR	Facility for on call laboratory technician
		Availability of Haematology services		SI/OB	Hb, TLC, DLC, AEC, Reti count, ESR, PBS, Malaria/ Filaria, Platelets count, PCV, Blood grouping, Rh typing.
		Availability of Bio chemistry services		SI/OB	B. sugar, B urea, LFT, KFT, lipid profile
		Availability of Microbiology services		SI/OB	smear for AFB, KLB, Gram stain for throat swab, Sputum etc.
		Availability of urine analysis services		SI/OB	Urine for albumin, sugar, deposits, bile salts, bile pigments, Ketone bodies, spc. Gravity, PH.
		Availability of stool analysis		SI/OB	Stool for ova/cyst (EH), Occult blood.
		Availability of sputum cytology		SI/OB	
Standard A4	<b>Facility provides services as mandated in national Health Programs/ state scheme</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Tests for Diagnosis of malaria (Smear and RDTK)		SI/OB	
		Tests for Kala Azar, Dengue, JE, Chikungunya		SI/OB	As per prevalent endemic
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	Availability of Designated Microscopy 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) as per guidelines	Haemogram, BT CT, Fasting/PP Sugar, Lipid Profile, Blood Urea , LFT Kidney Function Test		SI/RR	
Standard A6	<b>Health services provided at the facility are appropriate to community needs.</b>				
ME A 6.1	The facility provides curatives and preventive services for the health problems and diseases, prevalent locally.	Laboratory provides specific test for local health problems/ diseases e.g.. Dengue, Kala-azar etc.		SI/RR	
<b>Area of Concern – B Patient Rights</b>					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of departmental signages		OB	Numbering of rooms, main department and inter-sectional signage
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	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical , economic, cultural or social status.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Separate queue for female patient's		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 area /sample collection area		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.2	Confidentiality of patients records and clinical information is maintained	Laboratory has a system to ensure the confidentiality of the reports generated		SI/OB	Laboratory staff do not discuss the lab results 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	
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/pregnancy reports are communicated as per NACO guidelines		SI/OB	
Standard B4	<b>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</b>				
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 for HIV, the patient is informed that the test is 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 done before HIV testing		PI/SI/RR	
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of care.</b>				
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 and Infant		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient has not incurred expenditure on purchasing consumables from outside.		PI/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available	Check that patient has not incurred expenditure on diagnostics from outside.		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B5.4	The facility provide free of cost treatment to Below Poverty Line (BPL) 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 the test which are not available within the facility		PI/SI/RR	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructue for delivery of assured services and available infrastructure meets the prevalant norms</b>				
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
ME C1.2	Patient amenities are provide as per patient load	Availability of adequate waiting area		OB	
		Availability of functional toilets		OB	
		Availability of drinking water near laboratory.		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	
ME C 1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional telephone and Intercom Services		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.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	The facility ensures safety of electrical establishment	Laboratory does not have temporary connections and loose hanging wires		OB	
		Adequate electrical sockets are provided for safe and smooth operation of lab equipment		OB/RR	
ME C2.3	Physical condition of building is safe for providing patient care	Work benches are chemical resistant		OB	
		Floors of the Laboratory are non slippery and even its surfaces is acid resistant		OB	
		Windows have grills and wire meshwork		OB	
ME C2.4.	The facility has plan for prevention of fire	Laboratory has plan for safe storage and handling of potentially flammable materials.		OB/SI	
ME C2.5.	The facility has adequate fire fighting Equipment	Lab has installed fire Extinguishers to handle A, B and C type of fire		OB/RR	
		Check if expiry date for fire extinguishers are displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C2.6.	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of Lab. technicians		OB/RR	Two Lab technicians
ME C3.6.	The staff has been provided required training / skill sets	Training on automated Diagnostic Equipments like semi auto analyzer		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 C3.7	The Staff is skilled as per job description	Staff is skilled to run automated equipment like semi auto analyser.		SI/RR	
		Staff is skilled for maintaining Laboratory records		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.2	The departments have adequate consumables at point of use	Regular availability of supplies for Laboratory		OB/RR	Clean slides, slide markers, gloves, transport medium, test tubes, vials, swabs, culture bottles, Zeil Neelsen Acid Fast stain, sealing material etc.
		Availability of RD kits.		OB/RR	RDK for malaria/typhoid and faecal continuation of water.
ME C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C 5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	BP apparatus, Stethoscope at sample collection area
ME C 5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of functional equipments for sample collection and processing		OB	Micropipettes , Spirit lamp, Centrifuge, Water Bath, Hot air oven.
		Availability of equipment for storage and transfer of samples		OB	Ice box, stool transport carrier, test tube rack, refrigerator, smear transporting box, sterile leak proof containers.
		Availability of functional Microscopy equipments		OB	Binocular Micro scope , FNAC, staining rack



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of equipment for testing and analysis			Photocalorie meter, semi autoanalyzer, glucometer.
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
		Availability of equipment for sterilization and disinfection		OB	Autoclave/Boiler
ME BC 5.7	The department 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 equipment and storage equipment
		Availability of furniture		OB	Lab stools, Work bench's, rack and cupboard for storage of reagent Patient stool, Chair table
<b>Area of Concern - D Support Services</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment</b>				
ME D 1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under the AMC including preventive maintenance		SI/RR	Agency/ is identified for maintenance of the equipment
		There is a system of timely corrective break down maintenance of the equipment		SI/RR	
		There is a system to label Defective/Out of order equipment and these are stoud till its appropriately repaired		OB/RR	
		The staff is skilled for trouble shooting in case equipment malfunction		SI/RR	
		Periodic cleaning, inspection and maintenance of the equipment 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 equipment/ 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		The laboratory has a system to update correction factor after calibration of equipment (if required)		SI/RR	
		Each lot of reagents has to be checked against earlier tested in use reagent lot or with suitable reference material before being placed in service and result should be recorded.		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 equipment are readily available with staff.		OB/SI	
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
ME D2.1	There is a established procedure for forecasting and indenting of 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 is found		OB/RR	
ME D2.5	The facility has established procedure for inventory management techniques	Department maintain stock and expenditure register of reagents		RR/SI	
		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 if temperature charts are maintained and updated periodically
		Regular Defrosting is done		SI/RR	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.2	Patient care areas are clean and hygienic	Check for there is no seepage , Cracks, chipping of plaster		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Window panes , doors and other fixtures are intact		OB	
ME D3.3	Hospital infrastructure is adequately maintained.	Floors, walls, roof, roof tops, sinks in 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	
ME D3.4	The facility has a policy of removal of condemned junk material	No condemned/Junk material is found in the lab		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate illumination in the laboratory.		OB	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in the laboratory.		SI/RR	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
		Availability of Eye washing facility		OB	
ME D3.10	The Facilities has established measure for safety amd security of female staff	Ask female staff weather they feel secure at work place		SI	
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of running and potable water on 24x7 basis		OB/SI	
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in laboratory		OB/SI	
Standard D8	<b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>				
ME D8.3	The facility ensure relevant processes are in compliance with the statutory requirements	Any positive report of notifiable disease is intimated to designated authorities with in stipulated time limit		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	Staff is aware of their roles and responsibilities		SI	
ME D9.2	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 of recording time of reporting and relieving (Attendance register/ Biometrics etc)
ME D9.3	The facility ensures adherence to dress code as mandated by its administration / the health department	Technician and support staff adhere to their respective dress code		OB	
<b>Area of Concern – E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
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, Provisional diagnosis, etc.
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
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 which are 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are 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 the laboratory		RR	Test registers, IQAS/EQAS Registers, Expenditure registers, Accession list etc.
ME E8.7	The facility ensures safe and adequate storage and easy retrieval of medical records	Laboratory has adequate facility for storage of the records.		OB	
		There is system of retrieval of record		OB	May ask for retrieval of sample records
Standard E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has Disaster Management Plan (DMP) in place	The staff is aware of Disaster plan		SI/RR	
		Roles and responsibilities of the staff in disaster are defined		SI/RR	
ME E10.5	There is a procedure for handling medico legal cases	Samples of medico legal cases are identified, secured, preserved and processed		SI/RR	Requisition and reports are marked with MLC and the reports are handed over to authorized personnel only
Standard E11	<b>The facility has defined and established procedures of diagnostic services</b>				
ME E11.1	There are established procedures for Pre-testing Activities	Requisition of all laboratory test are received on designated and approved forms		RR/OB	Request form contains relevant 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 samples are communicated to those responsible for collection		RR/SI	
		Laboratory has system in place to label the primary samples		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Laboratory has system to trace the primary sample from requisition form		RR/SI	
		Laboratory has system in place to monitor transportation of the sample		RR/SI	Transportation of sample includes: Time frame, temperature and carrier specified for transportation
ME E11.2		Testing procedure are readily available at work station and staff is aware of the same		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 E11.3	There are established procedures for testing Activities	Laboratory has a system to review the results of examination by authorized person before release of the report		RR/SI	
		Laboratory has format for reporting of results		RR/OB	
		Laboratory has system to provide the reports within defined cycle time/ for each category of patient -routine and 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 a system to retain the copies of reported results, which are promptly retrieved when required		RR/SI	
Standard E22	<b>Facility provides National health program as per operational/Clinical Guidelines</b>				
ME E22.9	The facility provide service for Integrated Disease Surveillance Programmes (IDSP)	Weekly reporting of Confirmed cases on form "L" from laboratory		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - F Infection Control					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
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 Toxoid etc
		Periodic medical check up of the staff is undertaken		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	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis</b>				
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	Open the tap. Ask the Staff if water is 24x7
		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
		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 antiseptis	Availability of Antiseptic Solutions		OB	
		Proper cleaning of procedure site with antiseptis		OB/SI	before drawing blood,



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
ME F3.1	Facility ensures adequate personal protection equipment 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 adheres to standard personal protection practices	No reuse of disposable gloves and Masks.		OB/SI	
Standard F4	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	Decontamination of 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	Decontamination of instruments and reusable of glass ware 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
		The staff know how to make chlorine solution		SI/OB	
ME F4.2	Facility ensures standard practices and material 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	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
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, Gluteraldehyde, Carbolic acid - If Gluteraldehyde-Check for its activation period
		Availability of cleaning agent as per requirement		OB/SI	Hospital grade Phenyl, disinfectant detergent solution



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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 laboratory		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	
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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	
<b>Area of Concern – G Quality Management</b>					
Standard G1	<b>The facility has established organizational framework for quality improvement</b>				
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	<b>Facility has established system for patient and employee satisfaction</b>				
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	
Standard G2	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>				
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Corrective action is taken on the identified gaps		SI/RR	
		Internal Quality Control for RNTCP Lab. is in place		SI/RR	Routine checking of equipments, new lots of reagent, 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 is implemented as per RNTCP program		SI/RR	"Onsite evaluation done Monthly Random Blinded rechecking (RBRC) done Monthly"
		External quality assurance program is 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	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.</b>				
ME G4.1	Departmental standard operating procedures are available	Standard operating procedure for the department has been prepared and approved		RR	
		Current version of SOP are available with the respective process owner		OB/RR	
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 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 personal authorised to release the result and details of recipients of the reports		RR	
		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 patients, clinicians and RKS members		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 for 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 if 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 Internal Quality control,
Standard G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan prepared		RR/SI	
ME G5.5	Corrective and Preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality Objectives are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check for staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>Facility seeks continually improvement by practicing Quality method and tools.</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Process Mapping		SI/OB	
		Any other method of QA		SI/RR	
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
		Control charts		SI/RR	
<b>Area of Concern - H Outcomes</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	Lab test done per patients in OPD		RR	
		No. of HB test done per 1000 population		RR	
		No. of Blood Smear Examined per 1000 population		RR	
		No. of AFB Examined per 1000 population		RR	
		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
ME H1.2	The Facility measures equity indicators periodically	Percentage of lab investigations for BPL, IPD patients out of total investigations for IPD patients		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
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	
		Z score for haematology or equivalent		RR	
		Down time of critical equipment		RR	
		Turn around time for routine lab investigations		RR	
		Turn around time for emergency lab investigations		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	% of critical values reported within one hour		RR	
		No of adverse events per thousand patients		RR	
		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
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
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	



# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Radiology



## Checklist for Radiology

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A3	<b>Facility Provides diagnostic Services</b>				
ME A3.1	The facility provides Radiology Services	Availability of X ray services		SI/OB	for chest, bones, skull, spine and abdomen.
		Availability of Dental X ray Services		SI/OB	Dental X-ray.
		Availability/Functional linkage of ultrasound services		SI/OB	Pre natal diagnostic procedure: Ultrasonography,
Area of Concern – B Patient Rights					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	Numbering of rooms, main department and inter-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"
		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	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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.</b>				
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 and friendly to people with disabilities	Check the availability of ramp in OPD/ X ray room		OB	
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
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	
ME B3.2	Confidentiality of patients records and clinical information is maintained	USG department has provision of privacy during sonography		OB	provision of screen
		Radiology has system to ensure the confidentiality of the reports		RR/SI	Radiology staff do not discuss the X-Ray/USG 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	<b>Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.</b>				
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	
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>				
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	USG and X ray
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	Check that patient/attendants has not incurred expenditure on having radiological investigations from outside.		PI/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B5.4	The facility provide free of cost treatment to Below poverty line patients without administrative hassles	Tests are free of cost to BPL patients		PI/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	JSSK beneficiaries get free investigations even for the tests not available at the facility		PI/SI/RR	check that enpanelled labs. Are providing cashless facilities.
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
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
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
		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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 C1.7	The facility and departments are planned to ensure structure follows the function/ processes (Structure commensurate with the function of the hospital)	Internal layout of X-ray department is uni-directional		OB	No criss cross in the movement patient traffic and services flow Should be near emergency department
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	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	
ME C2.3	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	15 centimeters
		X ray department should not be located adjacent to patient care area		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C2.5.	The facility has adequate fire fighting Equipment	Radiology department has installed fire Extinguisher for fighting type A, B and C fires		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 C2.6.	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of Radiographer		SI/RR	One radiographer
ME C3.6	The staff has been provided required training / skill sets	Training on radiation safety		SI/RR	
		Training on infection control and hand hygiene		SI/RR	
		Training on Bio Medical waste Management		SI/RR	
ME C3.7	The Staff is skilled as per job description	Radiographers are skilled to operating equipment		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.2	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 C4.3	Emergency drug trays are maintained at every point of care, where ever it may be needed	Emergency Drug Tray is maintained		OB/RR	-IV fluid -Inj Dopamine - Inj Adreline -Inj Hydrocortsome - Oxygen cylinder
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.1	Availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment and Instruments for examination and Monitoring		OB	TLD badges



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of functional X-ray machines		OB	300 MA X ray machine
		Availability of functional Dental X-Ray Machine		OB	At least one
		Availability of functional Ultrasonography		OB	Desirable in the facility. Otherwise functional linkage with nearby facility.
		Availability of Accessories for X ray		OB	Cassettes X ray, Intensifying screen X ray, Lead letter (A-Z), Letter figures (0-9) and R and L
ME C5.7	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
<b>Area of Concern – D Support Services</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>				
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	
		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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
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	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
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, fixer and developers etc		SI/RR	Stock level are daily updated Requisition are timely placed
ME D2.3	The facility ensures proper storage of drugs and consumables	"Fixers, developer and X ray films/ consumables are kept away from water and sources of heat, direct sunlight "		OB/RR	Reagents label contain name, concentration, date of preparation/opening, date of expiry, storage conditions and warning
		Fixers and developer are labelled properly		OB/RR	
ME D2.5	The facility has established procedure for inventory management techniques	Department maintain 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		SI/RR	
		There is no stock out of x-ray films		RR/SI	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.2	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 D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material in the X-ray and USG		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No rodent/birds		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.6	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 D3.7	The facility has provision of restriction of visitors in patient areas	Only one patient is allowed one time in X room		OB	
		Warning light is provided outside X ray room and its been used when unit is functional		OB/SI	
ME D3.8	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	
		Shield for Testis to male patients undergoing X-ray abdomen		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	
		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
Standard D5	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D5.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	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 Radiology and USG room		OB/SI	
Standard D8	<b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>				
ME D8.1	The facility has requisite licences and certificates for operation of hospital and different activities	X-ray has valid registration from AERB		RR	
		X-ray department has layout approval from AERB		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 D8.3	The facility ensure relevant processes are in compliance with statutory requirement	USG is taken by staff Qualified as per PCPNDT		RR	
		Records of submission of Form F to appropriate district authorities		RR	
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	The staff is aware of their role and responsibilities		SI	
ME D9.2	The facility has a established procedure for duty roster and deputation to different departments	There is procedure to ensure that the 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)
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	technician and support staff adhere to their respective dress code		OB	
<b>Area of Concern – E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
ME E1.1	The facility has established procedure for registration of patients	Unique identification number is given to each patient		RR	Check for that patient demographics like Name, age, Sex, Chief complaint, etc.



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Patient demographic details are recorded in radiology/USG records		RR	
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
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 services can not be provided at the facility		RR/SI	
Standard E5	<b>Facility has a procedure to identify high risk and vulnerable patients.</b>				
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 E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
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 and maintained.		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	<b>The facility has defined and established procedures of diagnostic services</b>				
ME E11.1	There are established procedures for Pre-testing Activities	Requisition of all X-ray examination is done in request form		RR/OB	- Provisional diagnosis - Indication for the investigation
		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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Requisition of all USG examination is done in request form		RR/OB	
		The 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 E11.2	There are established procedures for testing Activities	The X-ray taking and processing procedure are readily available at work station and staff is aware of it		OB/RR	
		The radiographer is aware of operation of X ray machine		RR/SI	
		USG of the patient is taken as per consultant requirement		OB/RR	
ME E11.3	There are established procedures for Post-testing Activities	The X-ray department has format for reporting of results		RR/OB	
		The USG department has format for reporting of results		RR/OB	
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
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 Toxoid etc
		Periodic medical checkups of the staff		SI/RR	- Peripheral blood smear - Hb - Gonadal Atrophy - Alopecia
Standard F2	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>				
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	Compliance	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
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 is aware of when to hand wash		SI	
Standard F5	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
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
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	
		Standard practice of mopping and scrubbing are followed		OB/SI	Unidirectional mopping from inside out
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – G Quality Management					
Standard G2	<b>Facility has established system for patient and employee satisfaction</b>				
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	
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>				
ME G3.2	The facility has established external assurance programme at relevant departments	TLD badges are analyzed at stipulated interval		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	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
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	The department has documented procedure for process of taking and handling X-ray		RR	
		The department has documented procedure for acceptance and rejection of X-ray taken		RR	
		The department has documented procedure for receipt, labelling, Processing and reporting of X-ray		RR	
		The department has documented procedure for taking X-ray in emergency conditions		RR	
		The department has documented procedure for quality control system to verify the quality of results		RR	
		Radiology has documented system for repeat X-ray.		RR	
		The department has documented procedure for storage, retaining and retrieval of department records, and reports of results.		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		The department has documented procedure preventive and break down maintenance		RR	
		The department has documented procedure for purchase of External services and supplies		RR	
		The department has documented procedure for inventory management		RR	
		The 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 if staff is aware of relevant parts 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 G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan is prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action are taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objectives for Radiology are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check of staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – H Outcome					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
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	
		No. of dental X-ray per 1000 dental OPD		RR	
ME H1.2	The Facility measures equity indicators periodically	Proportion of BPL Patients under went X-ray exam and USG		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
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 wastage of films		RR	
		Proportion of X-ray rejected/ repeated		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Proportion of scans for which F form is filled out of pregnant women scanned		RR	
		No of events of over limit of radiation exposure		RR	
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Average waiting time at radiology		RR	
		Average waiting time at USG Number of stock out		RR	
		incidences of X-ray films stock out		RR	



# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Pharmacy  
and Stores



## Checklist for Pharmacy and Stores

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A1	<b>Facility Provides Curative Services</b>				
ME A1.9	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	
Standard A4	<b>Facility provides services as mandated in national Health Programs/ state scheme</b>				
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 RNTCP		SI/OB	CAT 1, CAT II Cat IV and Paediatric
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	<b>Facility provides support services and Administrative services</b>				
ME A5.6	The facility provides pharmacy and store services	Dispensing of Medicines and consumables for OPD Patients		SI/OB	Functional dispensary
		Storage of drugs		SI/OB	
		Storage of consumables		SI/OB	
		Storage of equipments		SI/OB	
		Storage of Stationaries.		SI/OB	
		Cold chain management services		SI/OB	
		Storage of Linen		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern – B Patient Rights</b>					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability departmental signage's		OB	(Numbering, main department and internal sectional signage
ME B1.2	The facility displays the services and entitlements available in its departments	List of available Drugs displayed at a Pharmacy		OB	
		Status of availability of drugs is updated weekly		OB	
		Timings for dispensing counter of pharmacy are displayed		OB	
ME B1.6	Information is available in local language and easy to understand	Signage's and information are available in local language		OB	
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical, economic, cultural or social status.</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	Availability of separate Queue for Male and female patients at dispensing counter		OB	
ME B2.3	Access to facility is provided without any physical barrier and and is friendly to people with disabilities	Pharmacy has easy access for moment of goods		OB	Check for availability of ramp and goods trolley/ cart
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
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	<b>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</b>				
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	Compliance	Assessment Method	Means of Verification
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>				
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 supplies generic drugs to all hospital departments as per as internal demand		SI/OB	
		Check that patient has not incurred expenditure on purchasing drugs or consumables from outside.		PI/SI	
ME B5.4	The facility provides free of cost treatment to Below poverty line patients without administrative hassles	Free drugs for BPL and other entitled patients		PI/SI/RR	As per state guideline e. g: geriateric patient
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	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient or work load	The 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	
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	



Reference No.	Measurable Element	Checkpoint	Compliance	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 movement 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	Adequate 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	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	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 C2.3	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, acid resistant and even surfaced		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C2.4	The facility has plan for prevention of fire	Pharmacy has plan for safe storage and handling of potentially flammable materials.		OB/SI	
ME C2.5	The facility has adequate fire fighting Equipment	Pharmacy has installed fire Extinguisher for A, B and C class of fire		OB/RR	
		Check the expiry date on fire extinguishers is displayed on each extinguisher as well as due date for next refilling is clearly mentioned		OB/RR	
ME C2.6	The facility has a system of periodic training of staff and conducts mock drills regularly for fire and other disaster situation	Check staff competencies for operating fire extinguisher and what to do in case of fire		SI/RR	
Standard C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of Pharmacist		SI/RR	
ME C3.6	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 C3.7	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 C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		IV fluids and plasma expanders		OB/RR	As per State EDL
		Eye and ENT drops		OB/RR	As per State EDL
		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
		Vaccines and Sera		OB/RR	As per State EDL
		Surgical accessories for Eye		OB/RR	As per State EDL
		Vitamins and nutritional supplement		OB/RR	As per State EDL
ME C4.2	The departments have adequate consumables at point of use	Availability of Consumables		OB/RR	As per Sate EDL
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.5	Availability of Equipment for Storage	Availability of Equipment for maintenance of Cold chain		OB	ILR, Deep Freezers, Insulated carrier boxes with ice packs,
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
ME C5.7	Department 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern - D Support Services					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>				
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instruments 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	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
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 which is realistic and based on consumption and disease load		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	The facility has a established procedure for local purchase of drugs in emergency conditions		RR/SI	
		The facility has system for placing requisition to district drug store		RR/SI	
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 on 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	The dispensary 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 and system of call back of expired drugs		RR/SI	
		There is a system of periodic random quality testing of drugs		RR/SI	
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 for each 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 (VED)		OB/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	Hospital has system of collection of medicines from the store in case of emergency		RR/SI	
ME D2.7	There is process for storage of vaccines and other drugs, requiring controlled temperature	Check that 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 a system in place to maintain temperature chart of ILR		OB	Temp. of ILR: Min +20C to 80c in case of power failure min temp. +100C . Daily temperature log are maintained
		There is a system in place to maintain temperature chart of deep freezers		OB	Temp. of Deep freezer cabinet is maintained between -150C to -250C. Daily temperature log are maintained
		Check that thermometer in ILR is in hanging position		OB	
		ILR and deep freezer have functional alarm system		SI/RR	
		The 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 a system to discard the expired narcotic drugs		RR/SI	Discarded narcotic drugs are documented with witness.
		The facility maintains the list of narcotic and psychotropic drugs available at facility		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.2.	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 D3.3	Patient care areas are clean and hygienic	Interior of patient care areas are plastered and painted		OB	
		Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
ME D3.4.	The facility has policy of removal of condemned junk material	Action for removing junk, condemned articles are periodically taken, atleast at six monthly intervals		OB	
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate Illumination inside drug store		OB	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in pharmacy is maintained		SI/RR	Fans/ Air conditioning/ Heating/Exhaust/ Ventilators as per environment condition and requirement
ME D3.9	The facility has security system in place at patient care areas	Security arrangement at pharmacy is robust		OB	
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up in the Pharmacy		OB/SI	
		Availability of power back up for the cold chain maintenance		OB/SI	
Standard D8	<b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>				
ME D8.1	The facility has requisite licences and certificates for operations of hospital and different activities	License for storing spirit		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	Staff is aware of their roles and responsibilities		SI	
ME D9.2	The facility has a established procedure for duty roster and deputation to different departments	There is a 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 D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	Pharmacists adhere to their respective dress code		OB	
<b>Area of Concern – E Clinical Services</b>					
Standard E6	<b>Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.</b>				
ME E6.1	The facility ensured that drugs are prescribed in generic name only	The facility has essential drug list as per State guideline		RR/SI	
		Drugs are purchased by generic name only		OB	
		The facility has enabling order from state for writing drugs in generic name only		RR/SI	
		The facility provide list of drugs available to different departments as per essential drug list		RR/SI	
		There is system of conducting periodic prescription audit to ensure that only generic and rational drugs are prescribed		RR/SI	
Standard E7	<b>Facility has defined procedures for safe drug administration</b>				
ME E7.1	There is process for identifying and cautious administration of high alert drugs	Pharmacy has list of high risk drugs.		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
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	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E11.3	The facility has disaster management plan in place	Staff is aware of disaster plan		SI/RR	
		Roles and responsibilities of staff in disaster are defined		SI/RR	
		Contingency/Buffer stock for Disaster and mass casualties.		SI/RR	
<b>Area of Concern – F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
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 Toxoid etc
		Periodic medical checkups of the staff are conducted		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	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
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	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F6.3	Facility ensures transportation and disposal of waste as per guidelines	There is no mixing of infectious and general waste		OB	
		Disposal of expired drugs as per state guidelines		SI/OB	
<b>Area of Concern - G Quality Management</b>					
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>				
ME G3.1	Facility has established internal quality assurance program at relevant departments	Physical verification of the inventory by Pharmacist at periodic intervals		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	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.</b>				
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Department has documented procedure of supply 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	
		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 G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.2	The facility conducts the periodic prescription/ medical/death audits	Pharmacy department co-ordinates the prescription audit		RR/SI	
		Storage and compilation of records of prescription audit		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME 5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan is prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive actions taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objectives for Pharmacy are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check if staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>Facility seeks continually improvement by practicing Quality method and tools.</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	
		Process Mapping		SI/OB	
		Any other method of QA		SI/RR	
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
		Pareto / Prioritization		SI/RR	
<b>Area of Concern – H Outcomes</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	Percentage of drugs available against essential drug list		RR	
ME H1.2	The Facility measures equity indicators periodically	Expenditure on drugs procured through local purchase for BPL patient		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Number of stock out situations for Vital category of drugs/ consumables.		RR	
		Turn Around time for dispensing medicine at Dispensary		RR	
		Percentage of drugs expired during the months		RR	
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Proportion of prescription found prescribing non generic drugs		RR	
		No of advere drug reaction per thosuang patients		RR	
		Antibiotic rate		RR	No. of antibiotic prescribed /No. of patient admiited or consulted
		Percentage of irrational use of drugs/overprescription		RR	
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	Waiting time for Pharmacy Counter		RR	





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Blood Storage  
Centres



## Checklist for Blood Storage Centres

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
<b>Area of Concern – A Service Provision</b>					
Standard A1	<b>Facility Provides Curative Services</b>				
ME A1.9	These services are available for the time period as mandated	Blood storage services are available 24X7		SI/RR	Lab Technician in charge is available on call after working hours
ME A1.11	The facility provides Blood storage and transfusion services	Blood storage has facility for storage of whole blood		SI/OB	
		Blood storage has emergency stock of blood		SI/OB	A, B, O (+)-5units; AB + 2 units and 1 unit each of A,B, and O Negative {may be modified as per usage}
Standard A3	<b>Facility Provides diagnostic Services</b>				
ME A3.2	The facility Provides Laboratory Services	Availability of Blood Grouping, compatability testing and and cross matching services		SI/OB	
Standard A4	<b>Facility provides services as mandated in national Health Programs/ state scheme</b>				
ME A4.1	The facility provides services under National Vector Borne Disease Control Programme as per guidelines	Facility to arrange for platelets from parent blood bank for management of Dengue cases.		SI/RR	
<b>Area of Concern – B Patient Rights</b>					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Availability of Departmental signages		OB	Numbering of rooms, main department and inter- sectional signage
ME B1.2	The facility displays the services and entitlements available in its departments	Blood storage has displayed information regarding number of blood units available		OB	
ME B1.4	User charges are displayed and communicated to patients effectively	User applicable charges in r/o blood are displayed at the entrance		OB	
ME B1.5	Patients and visitors are sensitised and educated through appropriate IEC / BCC approaches	IEC material is available in Blood storage to provide information and to promote blood donation		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME B1.6	Information is available in local language and easy to understand	Signages and information are available in local language		OB	
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.3	The facility ensures that the behaviours of staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous		PI/OB	
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of Hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	Free blood for Pregnant women, Mothers and New borns and infants.		PI/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	Check that patient party has not incurred expenditure on purchasing 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 is provided to BPL patients		PI/SI/RR	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services and available infrastructure meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient or work load	Blood storage has adequate space as per requirement		OB	Space required is more than 10sq meters
ME C1.3	Departments have layout and demarcated areas as per functions	Dedicated area for Whole blood and components.		OB	
		Dedicated space for keeping records		OB	
ME C1.5	The facility has infrastructure for intramural and extramural communication	Availability of functional Intercom and telephonic services		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
ME C2.1	The facility ensures the seismic safety of the infrastructure	Non structural components are properly secured		OB	Check for fixtures and furniture like cupboards, cabinets, and heavy equipment, hanging objects are properly fastened and secured
ME C2.2	The facility ensures safety of electrical establishment	Blood storage does not have temporary connection and loosely hanging wires		OB	
		Adequate electrical socket provided for safe and smooth operations of testing equipment		OB/RR	
ME C2.4	Physical condition of buildings are safe for providing patient care	Work benches are chemical resistant		OB	
		Blood storage has plan for safe storage and handling of potentially flammable materials.		OB	
ME C2.5	The facility has adequate fire fighting Equipment	At least one Fire Extinguisher (ABC types) is available in vicinity of blood storage.		OB/RR	
		Check the expiry date on fire extinguishers is displayed as well as due date for next refilling is also mentioned		OB/RR	
ME C2.6	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialists doctors as per service provision	Availability of designated Blood storage officer.		OB/RR	MBBS doctor with 3 days recognized training on blood storage
ME C3.4	The facility has adequate technicians/paramedics as per requirement	Availability of Trained Technician for Blood storage		SI/RR	DMLT with one day recognized training on blood storage.
ME C3.6	The staff has been provided required training / skill sets	IMEP training.		SI/RR	
		Blood storage management			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.7	The Staff is skilled as per job description	Staff is skilled in operating the equipment		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	The departments have availability of adequate drugs at point of use	Availability of Laboratory materials		OB/RR	Pauster pipette, glass tubes, gloves, tooth picks Glass slides, Glass marker/ paper stickers
ME C4.2	The departments have adequate consumables at point of use	Availability of Reagents /Kits and other consumables for testing.		OB/RR	Standard Grouping Sera Anti A, Anti B and Anti D, Antihuman Globulin.
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.3	Availability of equipment and instruments for diagnostic procedures being undertaken in the facility	Availability of laboratory equipment and instruments for laboratory		OB	Microscope, RH viewer.
ME C5.5	Availability of Equipment for Storage	Check for availability of storage equipment 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,
<b>Area of Concern – C Inputs</b>					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under AMC including preventive maintenance		SI/RR	Agency/ ies empanelled for maintenance for equipments
		There is system of timely corrective break down maintenance of the equipment		SI/RR	
		There is a 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 of equipment malfunction		SI/RR	
		Periodic cleaning, inspection and maintenance of the equipment is done by the operator		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	All the measuring equipment/ instrument are calibrated		OB/ RR	
		There is a system to label/ code the equipment to indicate status of calibration/ verification when recalibration is due		OB/ RR	
		Blood storage has a system to update correction factor after calibration wherever required		SI/RR	Check for records
		Each lot of reagents is 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	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
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 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' on blood bags are maintained		OB/RR	
		No expired blood is found in storage		RR	
		Records for expiry and near expiry blood are maintained		SI/RR	
ME D2.5	The facility has established procedure for inventory management techniques	Department maintains stock and expenditure register of reagents		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	There is no stock out of reagents		OB/RR	
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		RR/SI	Check if temperature charts are maintained and updated periodically for refrigerators used storing lab reagents
		Regular Defrosting is done		SI/RR	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to the staff, patients and visitors.</b>				
ME D3.2	Hospital infrastructure is adequately maintained	Check to ensure that there is no seepage, Cracks, chipping of plaster		OB	
		Window panes, doors and other fixtures are intact		OB	
ME D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, tops sinks in Blood storage unit and circulation area are Clean		OB	All area are clean with no dirt, grease, littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material is kept in Blood storage unit		OB	
ME D3.6	The facility provides adequate illumination level at patient care areas	Adequate illumination at blood storage		OB	Illumination level of Blood storage is as per recommendation/ sufficient to carry out Blood storage activities
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up for blood storage		OB/SI	
		Availability of UPS		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D8	<b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>				
ME D8.1	The facility has requisite licences and certificates for operation of hospital and different activities	Blood storage has obtained approval from the State/UT licensing Authority.		RR	
		Facility has obtained consent from Parent blood bank.		RR	
		Parent Blood Bank has valid license under Rule 122(G) Drug and cosmetic act		RR	
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	The staff is aware of their roles and responsibilities		SI	
ME D9.2	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 the department		SI	
ME D9.3	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	
<b>Area of Concern – E Clinical Services</b>					
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
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/component is not available		SI/RR	
		Facility has functional referral linkages to parent blood bank		SI/RR	
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.5	Adequate form and formats are available at point of use	Standard Formats are available		RR/OB	Format for requisition form, blood transfusion reaction form, referral slip
ME E8.6	Register/records are maintained as per guidelines	Blood storage records are labelled and indexed		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Records are maintained for Blood storage		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 is ensured access to the records is on need to know basis		OB	Blood storage has facility to store records for 5 year
Standard D10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has disaster management plan in place	Blood storage centre has a system of coping with extra demand of blood in case of disaster		SI/RR	
<b>Area of Concern – E Clinical Services</b>					
Standard E12	<b>The facility has defined and established procedures for Blood storage Management and Transfusion.</b>				
ME 12.1	There is established procedure for Transport of blood from parent blood bank.	The centre has standardized procedure for transporting blood from parent blood bank.		RR/SI	
		Cold chain is maintained at all levels i.e. from parent blood bank to blood storage to the issue of blood.		OB/SI	During transportation blood is properly packed in cold boxes surrounded by ice packs. Ice should not come in contact with blood bags.
ME 12.2	There is established procedure for storage of blood	The Blood storage centre has standardized procedure for receipt of blood from parent blood bank.		RR	all the blood/component units are checked for haemolysis, turbidity, or change in colour on receipt from parent blood bank
		Check if refrigerators or freezers for blood storage are used for storing other items or not		OB	Lab reagents etc.
		Check if refrigerators used for blood storage are kept at recommended temperature		OB/RR	Check records that temperature is maintained at 4°C + 2°C
		Storage temperature is monitored atleast twice a day.		OB/RR	Check the records



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Alarm system has been provided with the refrigerator		RR/SI	
		Shelf life of blood and components is adhered as per NACO protocols		RR/SI	
		Blood storage has a 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 plateletes are separated
ME E12.3	There is established procedure for the Cross matching 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
		Blood storage centre 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.
ME E12.4	There is established procedure for issuing blood	Blood storage centre has system to testing and cross matching the unit before issuing		RR/SI	Testing of blood includes Determination ABO type, Rh (D) type, detection of unexpected antibodies etc.
		Blood storage centre has system to confirm that information on transfusion requisition form and recipients blood sample label is same		RR/SI	
		Blood storage centre has system to retain recipient and donor blood sample for 7 days at specified temperature (2-8 c) after each transfusion		RR/SI	
		Blood storage centre has system to issue the blood along with cross matching report		RR/SI	
		Blood storage centre has procedure to issue the blood in case of its emergency requirement		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME E12.6	There is a established procedure for monitoring and reporting Transfusion complication	Transfusion reaction form is provided when blood is issued		RR/SI	
		Blood storage has system of detection, reporting and evaluations of transfusion errors		RR/SI	
<b>Area of Concern – F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
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
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	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>				
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	Open the tap. Ask the Staff, if water supply 24x7
		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
		Display of Hand washing Instruction at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
		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 for demonstration
		Staff is aware when to hand wash		SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
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	
Standard F4	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	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	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
ME F5.3	Facility ensures standard practices are followed for cleaning and disinfection of patient care areas	Staff is trained for spill management		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
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	Availability of colour coded bins at point of waste generation		OB	
		Availability of plastic colour coded plastic bags		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Segregation of different category of waste as per guidelines		OB/SI	
		Display of work instructions for segregation and handling of Biomedical waste		OB	
		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	Verify its usage
		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 procedure in event of needle stick injury		SI/RR	Staff knows what to do in case of sharp injury and 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 that bins are not overfilled		SI	
<b>Area of Concern - G Quality Management</b>					
Standard G2	<b>Facility has established system for patient and employee satisfaction</b>				
ME G2.1	Patient Satisfaction surveys are conducted at periodic intervals	There is system to obtain feed back from clinician about quality of services		RR	
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality</b>				
ME G3.1	Facility has established internal quality assurance program at relevant departments	Internal Quality assurance program is in place		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Standards are run at defined interval		SI/RR	
ME G3.3	Facility has established system for use of check lists in different departments and services	Departmental checklist is used for monitoring and quality assurance		SI/RR	
		Staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
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	The blood storage centre has documented procedure for Transport of Blood/components from parent blood bank.		RR	
		The blood storage centre has documented procedure for receipt and storage of blood/components		RR	
		The blood storage centre has documented procedure for issue of blood for transfusion		RR	
		The blood storage centre has documented procedure for issue of blood in case of urgent requirement		RR	
		The blood storage centre has documented procedure to address the transfusion reactions		RR	
		The blood storage centre has documents procedure for calibration and maintenance of equipment		RR	
ME G4.3		The blood storage centre has documented procedure for HAI and disposal of BMW		RR	
ME G4.4		The blood storage centre has documented system for storage, retaining and retrieval of records, and reports of results.		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
	Staff is trained and aware of the standard procedures written in SOPs	The blood storage centre has documented system for internal and external Quality control of Equipments, reagent and tests		RR	
	Work instructions are displayed at Point of use	Check if staff is aware of relevant part of SOPs		SI/RR	
		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 G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	
ME G5.3	The facility ensures non compliances are enumerated and recorded adequately	Non Compliance are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan is prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.2	The facility periodically defines its quality objectives and key departments have their own objectives	Quality objectives for Blood storage are defined		RR/SI	
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check if staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
		Control charts		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – H Outcomes					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
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
		Proportions of requests refused by parent blood bank.			number of units received/ Total number of requisition made to parent blood bank.
ME H1.2	The Facility measures equity indicators periodically	No of blood units issued free of cost		RR	JSSK, Thalassemia , BPL
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Downtime of critical equipment		RR	Time period for which equipment was out of order/Total no of working hours for equipments
		Percentage of Blood Units discarded		RR	No of unit discarded *100/ Total no of unit received.
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Blood transfusion reaction rate		RR	No of Blood Transfusion reactions 1000/ No of patient blood issued
		Proportion of Adverse events identified and reported		RR	Chemical splash, Needle stick injuries. Major blood transfusion reaction, wrong cross matching, wrong blood issue
		Cross matched/ Transfused Ratio		RR	No of unit are cross matched on request/ No of unit actually transfused
		Percentage of single unit transfusion		RR	Percentage of single use transfusionX 100/ Total no of units transfused
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
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	
		No of refusal cases		RR	No of requisition refused/ referred due to non availability of blood group or any other reason



# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for Auxillary Services



## Checklist for Auxillary Services

Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – A Service Provision					
Standard A5	<b>Facility provides support services</b>				
ME A5.1	The facility provides dietary services	Availability of functional Kitchen services		SI/OB	Arrangement of Kitchen services inhouse or outsourced
ME A5.2	The facility provides laundry services	Availability of functional laundry services		SI/OB	Arrangement of laundry services inhouse or outsourced
ME A5.3	The facility provides security services	Availability of functional security services 24 X7		SI/OB	In-house or outsourced, At least one guard per shift
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services 24X7		SI/OB	In-house or outsourced, At least 3 in morning shift and 2 each in morning and evening shift
		Availability of waste disposal services		SI/OB	Arrangement for disposal of Bio medical and general waste Inhouse or outsourced
	The facility ensures maintenance services	Availability of maintenance services		SI/OB	Includes Physical infrastructure maintenance and equipment maintenance
ME A5.7	The facility has services for medical records	Availability of dedicated space for storing Medical records		SI/OB	
Area of Concern – B Patient Rights					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
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 as per state guideline		RR/OB	
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.2	Confidentiality of patients records and clinical information is maintained	The facility has a 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	Compliance	Assessment Method	Means of Verification
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of hospital services.</b>				
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 is provided to BPL patients and JSSK beneficiaries		PI/SI	
<b>Area of Concern – C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient or work load	The kitchen has adequate space as per requirement		OB	
		The laundry Department has adequate space as per requirement		OB	Minimum space requirement 10sq ft/bed
		The 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 if Kitchen has demarcated areas for various activities		OB	Layout as per functional flow that is receipt, storage, preparation and Cooking area, Service area, dish washing area, Garbage collection area and administrative area. Minimum space requirement 10sq ft/bed
		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
ME C1.5	The facility has infrastructure for intramural and extramural communication	All support services department are connected with intercom and have telephones as well		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
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 C2.2	The facility ensures safety of electrical establishment	Support services departments do not have temporary connections and loose hanging wires		OB	
		Equipment in wet areas like Laundry and Kitchen are equipped with ground fault protection and designed for wet conditions		OB	
ME C2.3	Physical condition of buildings are safe for providing patient care	Floors of the Support services are non slippery and even surfaced - Kitchen floor is not chipped		OB	
ME C2.4	The facility has plan for prevention of fire	Dietary Department has plan for safe storage and handling of potentially flammable materials.		OB	Dietary Department
ME C2.5	The facility has adequate fire fighting Equipment	Support services has installed fire Extinguisher that is for A B C fire type		OB/RR	dietary department and Medical record department
		Check that the expiry date on 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 C2.6	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 C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.5	The facility has adequate support / general staff	Availability of washer man		SI/RR	
		Availability of Cook		SI/RR	
		Availability of Data Entry operator trained in medical records management.		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.6	The staff has been provided required training / skill sets	Infection Control Management		SI/RR	
		Cleaning practices		SI/RR	
ME C3.7	The Staff is skilled as per job description	Training on Medical record Management		SI/RR	
		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	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.2	The departments have adequate consumables at point of use	Availability of consumables in dietary department		OB/RR	Cap, gowns, gloves, Detergent for cleaning of utensil and Soap for hand washing
		Availability of consumables in laundry department		OB/RR	Detergent and disinfectant, starch, Blue, bleach, Heavy utility gloves, apron.
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.6	Availability of functional equipment and instruments for support services	Availability of Equipment and utensils for Dietary department		OB	Refrigerator, LPG, food trolley and cooking utensils
		Availability of Equipment for Laundry		OB	Washing machine, drier, Iron, Separate trolley for clean and dirty linen
		Availability of Equipment for Medical record department		OB	Computer with scanner
		Availability of equipment for cleaning		OB	Buckets for mopping, mops, duster, waste trolley, Deck brush
ME C5.7	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,



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – D Support Services					
Standard D1	<b>The facility has established programme for inspection, testing and maintenance and calibration of equipment</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	All equipment are covered under the AMC including preventive maintenance		SI/RR	
		There is a system of timely corrective break down maintenance of the equipment		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 equipment are readily available with staff.		OB/SI	
Standard D3	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.2	Hospital infrastructure is adequately maintained	Check that 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 D3.3	Patient care areas are clean and hygienic	Floors, walls, roof, roof tops, sinks patient care and circulation areas are Clean		OB	All area are clean with no dirt,grease,littering and cobwebs
		Surface of furniture and fixtures are clean		OB	
ME D3.4	The facility has policy of removal of condemned junk material	No condemned/Junk material is found in any of the department		OB	Dietary department, laundry and medical record department
ME D3.5	The facility has established procedures for pest, rodent and animal control	No stray animal/rodent/birds/pests		OB	Dietary department, laundry and medical record department
		Kitchen is rodent and pest proof		OB/RR	
ME D3.8	The facility ensures safe and comfortable environment for patients and service providers	Temperature control and ventilation in Dietary department		SI/RR	Fans/Coolers/Exhaust/Vents/heaters as per environment condition and requirement
		Temperature control and ventilation in Laundry		SI/RR	Fans/Coolers/Exhaust/Vents/heaters as per environment condition and requirement
		Temperature control and ventilation in Medical record Department		SI/RR	Fans/Coolers/Exhaust/Vents/heaters as per environment condition and requirement



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.10	The facility has established measure for safety and security of female staff	Check if female staff feels secure at the work place		SI	
Standard D4	<b>The facility ensures 24x7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	Availability of 24x7 running and potable water		OB/SI	Dietary and laundry department
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of power back up		OB/SI	For Laundry, Diet and MRD department
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.2	The facility provides diets according to nutritional requirements of the patients	The facility has defined diet schedule and menu for the patients.		RR/SI	
		The facility has Special diet schedule for patients suffering from Heart Disease, Hypertension, Diabetes, Pregnant Women, Diarrhoea and Renal patients		RR/SI	Normal diet, Liquid diet, Semi-solid diet, diabetic diet, Low salt, Low fat diet
ME D5.3	Hospital has standard procedures for preparation, handling, storage and distribution of diets, as per requirement of patients	Dietary department has a 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 at cold temperatures		OB	Like milk, cheese, butter, egg, vegetables, and fruits
		Non perishable items are kept in racks/ storage container, in ventilated and rodent proof room		OB	All the food items are stored above floor level.
		Food is prepared by trained staff, ensuring standard practices		OB/SI	
		Distribution of the food is done in covered trolleys		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 interval and place		OB/SI	
		Department maintains stock and expenditure register in Kitchen		RR/SI	
ME D5.4	The facility has adequate sets of linen	The facility has sufficient set of linen available per bed		RR/SI	at least 5 sets for each functional bed
ME D5.6	The facility has standard procedures for handling , collection, transportation and washing of linen	There is a system for Periodic physical verification of linen inventory		RR/SI	To check the theft and pilferage
		Separate trolley/Heavy duty bags are used for collection and distribution of clean and dirty linen		OB	
		Infectious linen are transported into separate containers / bags		OB/RR	
		There is a system of sorting of different category of linen before putting in to washing machine		OB/RR	Soiled, infected fouled type of linen
		The Linen department has procedure for sluicing of soiled and infected and fouled linen		OB/RR	
		Linen department has procedure to keep record of daily load received from each department		RR	
		Hospital has a designated person to check quality of washed linen		RR/SI	
		There is a system for verifying the quantity of 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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	The facility has established job description as per govt guidelines	The staff is aware of their role and responsibilities		SI	
ME D9.2	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)
ME D9.3	The facility ensures the adherence to dress code as mandated by its administration / the health department	The staff is adhere to their respective dress code		OB	
Standard D10	<b>Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations</b>				
ME D10.1	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
<b>Area of Concern - E Clinical Services</b>					
Standard E8	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.6	Register/records are maintained as per guidelines	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	
		There is a system to check completion of records		RR	Checking the records as per checklist for completion
		There is a system for indexing/ ICD coding the records		RR	As per ICD coding / indexing name, disease, diagnosis, physician and surgical procedure carried out



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Medical record department has system to generate statistics for clinical and administrative use		RR	Submitting the reports to required health authorities (Birth death notification, notification of communicable diseases etc),
		There is a system for 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 record 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 E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has disaster management plan in place	The staff is aware of disaster plan		SI/RR	Kitchen and Laundry
		Role and responsibilities of staff in disaster is defined		SI/RR	Kitchen and Laundry
<b>Area of Concern - F Infection Control</b>					
Standard F1	<b>Facility has infection control program and procedures in place for prevention and measurement of hospital associated infection</b>				
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 Toxoid etc
		Periodic medical checkups of the staff with food handlers under going investigations, as required		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F2	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antiseptis</b>				
ME F2.1	Hand washing facilities are provided at point of use	Availability of hand washing Facility in the kitchen		OB	Preferably in preparation and cooking area
		Availability of Running Water (Hot and cold)		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 Instructions at Point of Use		OB	Prominently displayed above the hand washing facility , preferably in Local language
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
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 boots for laundry		OB/SI	
ME F3.2	Staff adheres to standard personal protection practices	No reuse of disposable gloves, caps and aprons.		OB/SI	
Standard F4	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedure areas	Cleaning and decontamination of food preparation surfaces like cutting board		SI/OB	Ask the cleanliness and ask staff how frequent they clean it
		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 equipment		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Floors are clean		OB	
		No stray animals in the facility/ Patient Care areas		OB	
<b>Area of Concern – G Quality Management</b>					
Standard G3	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality.</b>				
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	
		Kitchen food samples of each meal are preserved in refrigerator for 24 hours		SI/RR	
ME G3.2	Facility has established external assurance programs at relevant departments	Departmental checklist is used for monitoring and quality assurance		SI/RR	
ME G3.3	The facility has established system for use of check lists in different departments and services	The staff is designated for filling and monitoring of these checklists		SI	
Standard G4	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
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 receiving, compiling, and maintaining records		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Record Department has documented procedure for issuing of the records		RR	
		Record Department has documented procedure for retention of records		RR	
		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 cleaning of kitchen and utensils		RR	
		Diet department has documented procedure for checkups of kitchen workers at defined intervals 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	
		Linen department has documented procedure for distribution of linen in all patient care area		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 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 if staff is aware of relevant part of SOPs		RR	
ME G4.4	Work instructions are displayed at Point of use	Work instructions are displayed in Dietary Department		RR	
		Work instructions are displayed in Laundry Department		SI/RR	
		Work instructions are displayed in Medical Record Department		OB	
		Work instructions are displayed for hospital cleanliness		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Internal assessment is done at periodic interval		RR/SI	Dietary department, laundry and medical record department
ME G5.2	The facility conducts the periodic prescription/ medical/death audits	Storage and compilation of records of medical audit		RR/SI	
		Storage and compilation of records of death audit		RR/SI	
ME G5.3	The facility ensures that non compliances are enumerated and recorded adequately	Non Compliances are enumerated and recorded		RR/SI	
ME G5.4	Action plan is made on the gaps found in the assessment / audit process	Action plan is prepared		RR/SI	
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	Corrective and preventive action taken		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check if staff is aware of quality policy and objectives		SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Quality objectives are monitored and reviewed periodically		SI/RR	
Standard G7	<b>The facility seeks continual improvement by practising quality tools and methods</b>				
ME G7.1	Facility uses method for quality improvement in services	PDCA		SI/RR	
		5S		SI/OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G7.2	Facility uses tools for quality improvement in services	6 basic tools of Quality		SI/RR	
<b>Area of Concern – H Outcomes</b>					
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
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 has been done		RR	
		Linen Index		RR	No. of bed sheet washed in a month/Patient bed days in month
		Diet Index		RR	No. of meals provided in the month/no. of times meal served in a day * bed days
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators on monthly basis	Proportion of maternal deaths audited		RR	
		Proportion of newborn deaths audited		RR	
		Cycle time for laundry services		RR	Time elapsed between collection of used linen and receiving clean linen
		Proportion of special diets		RR	No. of special diets (Liquid, Semi-solid, Diabetic, Low salt, low fat diet or other diet) in the month*100/ tital no. of diets provided in the month
Standard H3	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and Safety Indicators on monthly basis	Medical Audit Score		RR	
		Death Audit Score		RR	



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 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	





# NATIONAL QUALITY ASSURANCE STANDARDS FOR CHC

Checklist for 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	<b>Facility Provides Curative Services</b>				
ME A1.10	The facility provides Accident and Emergency Services	Availability of functional A and E department		SI/OB	
		Availability of functional disaster management team		SI/OB	
ME A1.11	The facility provides Blood bank and transfusion services	Availability of functional Blood storage centre		SI/OB	
Standard A2	<b>Facility provides RMNCHA Services</b>				
ME A 2.1	The facility provides Reproductive health Services	Availability of dedicated Female ward		SI/OB	
ME A2.3.	The facility provides Newborn health Services	Availability of functional NBSU		SI/OB	
Standard A3	<b>Facility Provides diagnostic Services</b>				
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
ME A3.2	The facility Provides Laboratory Services	Availability of In-house lab		SI/OB	If lab is outsourced than give partial compliance
ME A 3.3	The facility provides other diagnostic services, as mandated	Availability of ECG Services		SI/OB	
Standard A4	<b>Facility provides services as mandated in national Health Programs/ state scheme</b>				
ME A4.2	The facility provides services under Revised National TB Control Programme as per guidelines	The laboratory has facility to carry out sputum microscopy			
		CHC functions as DOTS centre.			
ME A4.3	The facility provides services under National Leprosy Eradication Programme as per guidelines	Facility for Diagnosis and treatment of Leprosy.		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Facility for management of reactions		SI/RR	
		Counseling and advise on prevention of disabilities		SI/RR	
		Availability of separate MDT regimens in separate blister packs for MB-Adult, MB-child, PB-adult and PB child.		SI/RR	
ME A4.4	The facility provides services under National AIDS Control Programme as per guidelines	Availability of Functional ICTC		SI/OB	
		Availability of link ART centre		SI/OB	
ME A4.5	The facility provides services under National Programme for control of Blindness as per guidelines	availability of Refraction room			
		Availability of Eye OT, if Eye surgeon posted; else linkage with higher facilities.			
ME A4.7	The facility provides services under National Programme for the health care of the elderly as per guidelines	Availability of Geriatric Clinic		SI/OB	
ME A4.8	The facility provides services under National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) as per guidelines	Facility for early detection and referral of suspected cases,		SI/OB	
		Screening for cervical, breast and oral cancer.		SI/OB	
		Education about self examination of breast and oral self examination.		SI/OB	
ME A4.9	The facility Provides services under Integrated Disease Surveillance Programme as per Guidelines	CHC functions as peripheral surveillance unit		SI/OB	
		CHC collate, analyse and report information to District Surveillance unit on epidemic prone disease.		SI/OB	check for IDSP reporting format and Annexure 7A, 7B and 7C



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard A5	<b>Facility provides Support and Administrative services</b>				
ME A5.1	The facility provides dietary services	Availability of dietary service		SI/OB	In house or outsourced
ME A5.2	The facility provides laundry services	Availability of laundry services		SI/OB	In house or outsourced
ME A5.3	The facility provides security services	Availability of security services		SI/OB	In house or outsourced
ME A5.4	The facility provides housekeeping services	Availability of Housekeeping services		SI/OB	In house or outsourced
ME A5.5	The facility ensures maintenance services	Availability of maintenance services		SI/OB	In house or outsourced
ME A5.6	Facility provides pharmacy and store services.	Availability of drug storage and dispensing services		SI/OB	
		Availability of General stores.			For storing consumables, Stationaries, and equipments
ME A5.7	The facility has services of medical records	Availability of Medical record services		SI/OB	
ME A5.8	The facility provides administrative services for the Block	Proper monitoring and effective supervision overall aspects of Health services of the Block.		SI/OB	
		Supervisory visits to the attached PHCs and SCs.		SI/OB	
		Building effective Public relations and ensuring active people's participation for getting the Health Programs/ functions achieved effectively.		SI/OB	
		To make evaluation of the impact from time to time.		SI/OB	
Standard A6	<b>Health services provided at the facility are appropriate to community needs.</b>				
ME A 6.1	The facility provides curatives and preventive services for the health problems and diseases, prevalent locally.	Treatment/referral facilities are available for health problems of local community.		SI/RR	<ul style="list-style-type: none"> <li>- Kala-Azar</li> <li>- Arsenic poisoning</li> <li>- Snake bite</li> <li>- KFD</li> <li>- Laptospiromis</li> <li>- Fluroris</li> </ul>
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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – B Patient Rights					
Standard B1	<b>Facility provides the information to care seekers, attendants and community about the available services and their modalities</b>				
ME B1.1	The facility has uniform and user-friendly signage system	Name of the facility prominently displayed at front of CHC building		OB	
		CHC lay out with location and name of the departments are displayed at the entrance.		OB	
		CHC has established directional signage		OB	
		List of departments are displayed		OB	
		All signages are in uniform colour scheme		OB	
		Signages are user friendly and pictorial		OB	
ME B1.2	The facility displays the services and entitlements available in its departments	Services, which are not available are also mentioned with name of the facilities, where such facilities are available		OB	
		Availability of administrative services like handicap certificate, death certificate services are displayed.		OB	
		Processing time for issuing certificates and availability of medical record are displayed		OB	
		Mandatory information under the 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 Services 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Citizen Charters includes Beds available		OB	
		Citizen Charter includes the Standards and Quality of services Provided		OB	
		Citizen Charters includes Complaints and Grievances redressal Mechanism		OB	
		Citizen Charter includes Services that are available on payment, if any.		OB	
		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 they are displayed at strategic point in the CHC		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	
Standard B2	<b>Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons</b>				
ME B2.1	Services are provided in manner that are sensitive to gender	CHC 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 redressal and personnel to be contacted		PI/RR	
		Staff is respectful to patients religious and cultural beliefs		PI/SI	
		The facility 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 disability.	Approach road to facility is accessible without congestion or encroachment		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There are no open manholes/ Potholes at access road and internal pathways		OB	
		Internal Pathways and corridors of the facility are without any obstruction / Protruding Objects		OB	
		CHC has defined policy to provide barrier free services to patient		OB	
		Ramps shall have a slope of conducive for use		OB	
		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	
		The health facility has defined policy for providing disable friendly services		OB	
		Parking area is earmarked for People with disabilities		OB	
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	
		CHC has defined policy for ensuring non discrimination on basis of social and economic status of the patient		RR/SI	
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



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard B3	<b>The facility maintains privacy, confidentiality and dignity of patient, and has a system for guarding patient related information.</b>				
ME B3.1	Adequate visual privacy is provided at every point of care	CHC has defined policy for maintenance of privacy of patients		RR/SI	
ME B3.2	Confidentiality of patients records and clinical information is maintained	CHC 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	CHC 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	CHC defines the policy for privacy and confidentiality of the patient and condition related with social stigma and vulnerable groups		RR/SI	
Standard B4	<b>Facility has defined and established procedures for informing and involving patient and their families about treatment and obtaining informed consent wherever it is required.</b>				
ME B4.1	There is established procedures for taking informed consent before treatment and procedures	CHC 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	The staff is aware of patients rights responsibilities		SI	
		The staff is regularly sensitised 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 Redressal and whom to contact are displayed		OB	
		CHC defines policy for grievance redressal mechanism		RR/SI	
		There is defined frequency of collecting complaints from complaint box		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Records of patient complaints and 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 is informed to the complainant		RR	
Standard B5	<b>Facility ensures that there are no financial barrier to access and that there is financial protection given from cost of Hospital services.</b>				
ME B5.1	The facility provides cashless services to pregnant women, mothers and neonates as per prevalent government schemes	CHC establish policy for providing free services to beneficiaries of Central and state schemes		RR/SI	
ME B5.2	The facility ensures that drugs prescribed are available at Pharmacy and wards	CHC has established policy for providing all drugs in the EDL free of cost as per state government directive		RR/SI	
ME B5.3	It is ensured that facilities for the prescribed investigations are available at the facility	CHC has established policy for providing all diagnostics free of cost as per state government directive		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	
		CHC has established policy to provide free treatment to BPL patients		RR/SI	
ME B5.5	The facility ensures timely reimbursement of financial entitlements and reimbursement to the patients	CHC has established 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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	
<b>Area of Concern - C Inputs</b>					
Standard C1	<b>The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms</b>				
ME C1.1	Departments have adequate space as per patient or work load	Availability of residential quarters for clinical and support staff		OB/RR	
		CHC 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	
		Adequate number of Staff toilets available in proximity to duty area		OB/SI	
		Adequate number of Staff change rooms are available in proximity to duty area		OB/SI	
		Canteen for staff and visitors		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	CHC has independent entry to emergency and OPD		OB	
		Corridors are wide enough to accommodate 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 CHC with direct access from approach road
		Clinical support Services are located in proximity to outer zone		OB	Lab , Radiology and Pharmacy



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Indoor area are located in inner zone of the CHC		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 are wide enough to accommodate 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	CHC has 24X7 functional telephone connection and intercom facility for internal communication		OB	
		There is designated person to answer the telephone enquiries		OB/SI/RR	
		CHC has broadband internet connectivity		OB	
		There is established 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 OPD 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 CHC)	There is no criss-cross between General and Patient Traffic		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard C2	<b>The facility ensures the physical safety including Fire safety of the infrastructure.</b>				
ME C2.1	The facility ensures the seismic safety of the infrastructure	The facility has been surveyed by Structural engineer for seismic vulnerability in high risk zones		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.
ME C2.2	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 C2.3	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	
		Terrace, roof, balconies and stair case have protective railing		OB	
		CHC premises has intact boundary wall		OB	
		CHC has functional gate with provision of animal catcher		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Access to roof and terraces is restricted		OB	
ME C2.4	The facility has plan for prevention of fire	Fire exits provide egress to exterior of the building in open space		OB	
		Check the fire exits are free from obstruction		OB	
		Facility has conducted fire safety audit by competent authority		OB/RR	
		Facility has defined, displayed and implemented evacuation plan in case of fire		OB/RR	
		No smoking sign displayed inside and outside the working area		OB/RR	
ME C2.5	The facility has adequate fire fighting Equipment	Facility has installed fire extinguisher are capable of fighting A, B and C type of fire safety alarm		OB	
		Check the expiry date for fire extinguisher is displayed on each extinguisher as well as due date for next re-filling clearly mentioned		OB/RR	
ME C2.6	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 for disaster management are conducted		OB/RR	
Standard C3	<b>The facility has adequate qualified and trained staff, required for providing the assured services to the current case load</b>				
ME C3.1	The facility has adequate specialists doctors as per service provision	Availability of General Surgeon		OB/RR/SI	
		Availability of Obstetric and Gynae Specialist		OB/RR/SI	
		Availability of General Medicine specialist		OB/RR/SI	
		Availability of Paediatrician		OB/RR/SI	
		Availability of Anaesthetics		OB/RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME C3.2	The facility has adequate general duty doctors as per service provision and work load	Availability of general duty doctors (as per case load)		OB/RR/SI	
		Availability of AYUSH Doctor		OB/RR/SI	
		Availability of Dentist		OB/RR/SI	
ME C3.3	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 C3.4	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		SI/RR	As per patient load
		Availability Optha. Technician/Referactionist		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 worker		SI/RR	As per patient load
ME C3.5	The facility has adequate support / general staff	Registration Clerk		SI/RR	
		Statistical Assistant/Data entry operator		SI/RR	
		Account Assistant		SI/RR	
		Administrative assistant.		SI/RR	
ME C3.6	The staff has been provided required training / skill sets	The facility conduct training need assessment periodically for all cadre of staff		SI/RR	
		The facility has program for continuous medical education for doctors and nursing staff		SI/RR	
		The facility prepares training calendar as per training need assessment		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Training feed back is taken and records are maintained for training		SI/RR	
		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 CHC Performance Indicators		SI/RR	
		Training on facility level Quality Assurance		SI/RR	
ME C3.7	The Staff is skilled as per job description	CHC has policy for regular competence testing as per job description.		SI/RR	
Standard C4	<b>Facility provides drugs and consumables required for assured list of services.</b>				
ME C4.1	The department has availability of adequate drugs at point of use	CHC has policy to ensure drugs at all point of use as per state EDL		SI/RR	
Standard C5	<b>The facility has equipment and instruments required for assured list of services.</b>				
ME C5.6	Availability of functional equipment and instruments for support services	Availability of equipment for Facility management		OB	Equipments for horticulture, electrical repair, plumbing material etc
		Availability of equipment for processing of Bio medical waste		OB	Autoclave and mutilator
		Availability of computer for HMIS and MCTS reporting			
ME C5.7	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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern –D Support Services					
Standard D1	<b>The facility has established Programme for inspection, testing and maintenance and calibration of Equipment.</b>				
ME D1.1	The facility has established system for maintenance of critical Equipment	Facility has contract agency for maintenance for equipment		SI/RR	
		Contact details of the agencies responsible for maintenance are communicated to the staff		SI/RR	
		Asset list of all equipment are maintained		SI/RR	
		There is system to maintain records of down time of equipment		SI/RR	
		Indexing of all equipments is done		SI/RR	
		All equipment 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 equipment		SI/RR	
ME D1.2	The facility has established procedure for internal and external calibration of measuring Equipment	Facility has contracted an agency for calibration of equipment.		SI/RR	
		Records of the calibrated equipment are maintained		RR	
Standard D2	<b>The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas</b>				
ME D2.4	The facility ensures management of expiry and near expiry drugs	CHC has system to ensure that drugs with sufficient life procured		SI/RR	
		CHC has a 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	CHC implements scientific inventory management system according to its needs		OB/RR/SI	ABC, VED, FSN,FIFO



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D2.6	There is a procedure for periodically replenishing the drugs in patient care areas	CHC has policy that there is no stock out of the drugs and consumables at patient care area		RR/SI	
ME D2.8	There is a procedure for secure storage of narcotic and psychotropic drugs	CHC 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	<b>The facility has established Program for maintenance and upkeep of the facility to provide safe, secure and comfortable environment to staff, patients and visitors.</b>				
ME D3.1	Exterior of the facility building is maintained with landscaping in open areas.	Boundary Walls of building is plastered and whitewashed.		OB	
		No unwanted/outdated posters on CHC boundary and building walls		OB	
		CHC Buildings has uniform colour scheme		OB	
		CHC has system to whitewash the building periodically		OB/RR	
		Availability of parking space as per requirement		OB	
		Dedicated parking space for ambulances		OB	
		No water logging in side the premises of the CHC		OB	
		There is no abandoned / dilapidated building in the premises		OB	
		Proper landscaping and maintenance of trees, garden		OB	
		No encroachment in and around the CHC		OB	
		CHC has rain water harvesting facility		OB	
		CHC has Herbal garden		OB	
ME D3.2	CHC infrastructure is adequately maintained	CHC has system for periodic maintenance of infrastructure at defined interval		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		There is no clogged/over flowing drains in facility			
		CHC sewage is linked with municipal drainage system or it has functional septic tanks			
		Facility has a closed drainage system			
		Intramural roads are in good condition without potholes/ditches			
		Facility has a annual maintenance plan for its infrastructure			
ME D3.3	Patient care areas are clean and hygienic	General waste from CHC is removed daily by municipal/outsourced agency			
		Every department has a schedule of cleaning		OB/RR OB	Every department has schedule for inspection of cleaning work
ME D3.4	The facility has policy of removal of condemned junk material	CHC has condemnation policy in place		OB/SI/RR	
		Periodic removal of junk material done		OB	
		CHC has designated covered place to keep junk/condemned material		OB	
		No junk/condemned articles in open spaces		RR/SI	
ME D3.5.	The facility has established procedures for pest, rodent and animal control	Pest control measures are evident at facility		OB/RR	
		Anti termite treatment of the wooden furniture		SI/RR	
ME D3.6.	The facility provides adequate illumination level at patient care areas	Adequate illumination in open areas in night		RR/SI	
		Adequate illumination in circulation area			Stairs, corridor and waiting area
		Adequate illumination in toilets		OB/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		CHC periodically measure illumination at different area of the CHCs		OB	
		Adequate illumination at approach roads to CHC		OB	
ME D3.7	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 CHC		RR/SI	
		CHC has visitor policy in place			
		CHC has policy for restriction of media person in side the CHC		RR/SI	
		CHC implement visitor pass for indoor areas		OB	
ME D3.9	The facility has security system in place at patient care areas	CHC has in-house/outsourced security system in place		OB	
		Duty roaster is available for security staff		OB OB	
		Training and Drills of security staff is done		OB	
		Security staff is aware of patient right, visitor policy and disaster Management		OB	
		There is system for supervision of security staff		OB/RR	
		Facility has a security plan for deputation of guard at different location		OB/RR	
		Responsibility and timing of opening and closing different department is fixed and documented		OB/RR RR/SI	
		There is a established procedure for safe custody of keys		RR/SI	
		There is procedure for handing over the keys at the time of shift change		RR/SI	
		CHC has system to manage violence /mass casualty		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D3.10	The facility has established measure for safety and security of female staff	No female staff is posted alone at night		RR/SI	
		Where ever there are male employees/patients female staff are posted in pairs		RR/SI	
		Timing of the shift is arranged keeping in mind the safety of female staff		RR/SI	
		Committee against sexual harassment is constituted at the facility		RR/SI/OB	
		Staff has been provided awareness training on Gender issues		RR/SI	
Standard D4	<b>The facility ensures 24X7 water and power backup as per requirement of service delivery, and support services norms</b>				
ME D4.1	The facility has adequate arrangement storage and supply for potable water in all functional areas	CHC has adequate water storage facility as per requirements		OB/RR/SI	450-500 Litres per bed per day
		CHC 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
		The facility 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	
		The facility ensures that the distribution pipelines are not running in close vicinity of the sewage system.		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D4.2	The facility ensures adequate power backup in all patient care areas as per load	Availability of noiseless generators for power back up		OB/SI	
		Estimation of power consumption by CHCs is done		RR/SI	
		Generator has adequate capacity to provide 24x7 power back up at least to critical areas		RR/SI	
		CHC has adequate power supply connection		RR/SI	3Kw to 5Kw per bed
		Use of energy efficient bulbs for light		SI	
Standard D5	<b>The facility ensures availability of Diet as per nutritional requirement of the patients and clean Linen to all admitted patients.</b>				
ME D5.2	The facility provides diets according to nutritional requirements of the patients	There is provision of different types of diets as per nutritional requirements of patients		SI/PI	Normal diet, Diabetic diet, liquied diet, Low salt/low fat diet
ME D5.5	The facility has established procedures for changing of linen in patient care areas	Clean linen is provided to all the occupied beds		OB	
Standard D6	<b>The facility has defined and established procedures for promoting public participation in management of CHC transparency and accountability.</b>				
ME D6.1	The facility has established procedures for management of activities of Rogi Kalyan Samitis	RKS or equivalent body 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME D6.2	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 D7	<b>CHC has defined and established procedures for Financial Management</b>				
ME D7.1	The facility ensures the proper utilization of fund provided to it	There is a 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
		Payment to ASHA is 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 D7.2	The facility ensures proper planning and requisition of resources based on its need	Facility prioritize the resource required		RR/SI	
		Requirement for funds are communicable to state on time		RR/SI	
Standard D8	<b>Facility is compliant with all statutory and regulatory requirement imposed by local, state or central government</b>				
ME D8.1	The facility has requisite licences and certificates for operation of CHC 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		Availability of licence for operating lift		RR	
ME D8.2	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	
		Registration of Ultrasound machine under PCPNDT act.			
		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	
		Right to information act 2005		RR	
		Indian Tobacco control Act 2003		RR	
Standard D9	<b>Roles and Responsibilities of administrative and clinical staff are determined as per govt. regulations and standards operating procedures.</b>				
ME D9.1	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, etc.
		Job description of counsellor is defined and communicated		RR	Regular + contractual



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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, CHC Manager, supervisor, Matron, Ward Master. Pharmacist etc.
ME D9.2	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	
		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 D9.3	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 CHC.		RR/SI	
		I Cards have been provided to staff		OB	
		Name plates have been provided to staff		OB	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard D10	<b>Facility has established procedure for monitoring the quality of outsourced services and adheres to contractual obligations</b>				
ME D10.1	There is established system for contract management for out sourced services	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 D10.2	There is a system of periodic review of quality of out sourced services	Facility has defined criteria for assessment of quality of outsourced services		RR	
		Actions are taken against non compliance / deviation from contractual obligations		RR/SI	
		Records of blacklisted vendors are available with facility		RR	
<b>Area of Concern - E Clinical Services</b>					
Standard E1	<b>The facility has defined procedures for registration, consultation and admission of patients.</b>				
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		RR/SI/PI	
		Facility has established a procedure for accommodating high patient load due to situation like disaster/ mass casualty or disease outbreak		RR/SI	
Standard E3	<b>Facility has defined and established procedures for continuity of care of patient and referral</b>				
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 specialists with in the CHC		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 maintains 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		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	
Standard E4	<b>The facility has defined and established procedures for nursing care</b>				
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	CHC has policy for patient hand over during shift change		RR/SI	
ME E4.4	Nursing records are maintained	CHC 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	<b>Facility has a procedure to identify high risk and vulnerable patients.</b>				
ME E5.1	The facility identifies vulnerable patients and ensure their safe care	CHC identify and communicate the category of patient considered as vulnerable		OB/SI	
ME E5.2	The facility identifies high risk patients and ensure their care, as per their need	CHC identify and communicate the category of patient considered as high risk		OB/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E6	<b>Facility follows standard treatment guidelines defined by state/Central government for prescribing the generic drugs and their rational use.</b>				
ME E6.1.	Facility ensured that drugs are prescribed in generic name only	Facility has policy and enabling order for prescribing drugs by generic name 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	<b>Facility has defined procedures for safe drug administration</b>				
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	<b>Facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage</b>				
ME E8.7	The facility ensures safe and adequate storage and retrieval of medical records	Dedicatd space for storage of records.		RR	
		CHC has a policy for storing records in safe and secure manner.		RR	
		Records are stored in a manner that they could be retrieved easily.		RR	
		CHC has policy for retention period for different kinds of records		RR	
		CHC has policy for safe disposal of records		RR	
Standard E10	<b>The facility has defined and established procedures for Emergency Services and Disaster Management</b>				
ME E10.3	The facility has disaster management plan in place	CHC has prepared disaster plan		RR	
		Disaster management Committee has been constituted		RR	
Standard E15	<b>The facility has defined and established procedures for end of life care and death</b>				
ME E15.1	Death of admitted patient is adequately recorded and communicated	Facility has a standard procedure for decent communicate of death to relatives		SI/RR	
ME E15.3	The facility has standard operating procedure for end of life support	Facility has established has established policy for end of life care		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard E19	<b>The facility has established procedures for care of new born, infant and child as per guidelines</b>				
ME E19.1	The facility provides immunization services as per guidelines	Facility has established procedure for reporting and follow up of AEFI		SI/RR	
		Staff is trained for detecting, managing and reporting of AEFIs		SI/RR	
<b>Area of Concern - F Infection Control</b>					
Standard E15	<b>Facility has infection control program and procedures in place for prevention and measurement of CHC associated infection</b>				
ME F1.1	Facility has functional infection control committee	Infection control committee (ICC) is constituted at the facility		SI/RR	
		ICC is approved by appropriate authority		SI/RR	
		Roles and responsibilities of ICC are defined and communicated to its members		SI/RR	
		ICC meets 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 and high risk areas	Facility has 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	Samples 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	
		Reports are collated and analyzed		SI/RR	
		Feedback is given to the respective departments		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	Records of immunization available		SI/RR	Infection control nurse
		Records of Medical Checkups are available		SI/RR	
ME F1.5	Facility has established procedures for regular monitoring of infection control practices	There is a designated person for Co coordinating infection control activities		SI/RR	
		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	
		The policy includes Rational Use of Antibiotics		SI/RR	
		Standard treatment guidelines are followed while developing Antibiotic Policy		SI/RR	
		Facility Measures the Antibiotic Consumption Rates		SI/RR	
Standard F2	<b>Facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis</b>				
ME F2.1	Hand washing facilities are provided at point of use	The 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	The facility ensures uninterrupted and adequate supply of antiseptics		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard F3	<b>Facility ensures standard practices and materials for Personal protection</b>				
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 boots for cleaning staff		OB/SI	
		Availability of masks for cleaning staff		OB/SI	
		Availability of apron for cleaning staff		OB/SI	
		The facility ensures 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	<b>Facility has standard Procedures for processing of equipments and instruments</b>				
ME F4.1	Facility ensures standard practices and materials for decontamination and cleaning of instruments and procedures areas	The 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	<b>Physical layout and environmental control of the patient care areas ensures infection prevention</b>				
ME F5.2	Facility ensures availability of standard materials for cleaning and disinfection of patient care areas	The facility ensure the availability of good quality disinfectant and cleaning material		SI/RR	
ME F5.4	Facility ensures segregation infectious patients	CHC has policy for identification and segregation of infectious patient		SI/RR	
Standard F6	<b>Facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.</b>				
ME F6.1	Facility Ensures segregation of Bio Medical Waste as per guidelines	The 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	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME F6.2	Facility ensures management of sharps as per guidelines	The facility ensures supply of puncture proof containers and needle cutters		SI/RR	
		The 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 and mutilation of solid plastic waste before disposal		OB	
		Display of Bio Hazard sign at the point of use		OB	
		Infectious Waste is not stored for more than 48 hours		RR	
		Disposal of anatomical waste as per BMW rule		OB/SI/RR	Preferably by CTWF/in-house deep burial pits/ inhouse 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			



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Area of Concern – G Quality Management					
Standard G1	<b>The facility has established organizational framework for quality improvement</b>				
ME G1.1	The facility has a quality team in place	Quality Assurance Team for CHCs is 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	CHC Manager
		Team members are aware for of their 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
		CHC performance and indicators are reviewed in meeting		SI/RR	Check the meeting records
		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 reviews that all the services mentioned in National Health Program are delivered as per guideline		SI/RR	
		Resolution of the meeting are effectively communicated to CHC staff		SI/RR	Check how resolution are communicated to staff
		Quality team report regularly to DQAC about Key Performance Indicators		SI/RR	
		Quality Team report regularly to DQAC about internal assessment results and action taken		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard G2	<b>Facility has established system for patient and employee satisfaction</b>				
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	
ME G2.2	Facility analyses the patient feed back and do root cause analysis	There is a 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, contributing to low satisfaction of patients.	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	<b>Facility have established internal and external quality assurance programs wherever it is critical to quality</b>				
ME G3.1	Facility has established internal quality assurance program at relevant departments	Daily round schedule is defined and practiced		SI/RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G3.2	Facility has established external assurance programs at relevant departments	External Quality assurance is done on defined interval		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 /CHC Level
Standard G4	<b>Facility has established, documented implemented and maintained Standard Operating Procedures for all key processes.</b>				
ME G4.1	Departmental standard operating procedures are available	CHC has documented Quality system manual		RR	
		CHC has Records of distribution of Standard operating procedure		RR	
		CHC 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	CHC has documented system for Internal audits at defined intervals		RR	
		CHC has documented procedure for control of documents and records		RR	
		CHC has documented procedure for defining Quality objectives		RR	
		CHC has documented procedure for action planning		RR	
		CHC has documented procedure for training and CMEs of CHC staff at defined intervals		RR	
		CHC 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 G5	<b>The facility has established system of periodic review as internal assessment, medical and death audit and prescription audit</b>				
ME G5.1	The facility conducts periodic internal assessment	Periodic internal assessment and plan is prepared and followed		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
		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 designated for co coordinating internal assessment		RR/SI	
ME G5.2	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	
		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 G5.4	Action plan is made on the gaps found in the assessment / audit process	Departmental Action plan is reviewed periodically		RR/SI	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
ME G5.5	Corrective and preventive actions are taken to address issues, observed in the assessment and audit	There is system to ensure that corrective and preventive action are taken timely		RR/SI	
Standard G6	<b>The facility has defined and established Quality Policy and Quality Objectives</b>				
ME G6.1	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 G6.2	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	Specific, Measurable, Achievable, Repeatable, and time bound
ME G6.3	Quality policy and objectives are disseminated and staff is aware of that	Check to ensure that the top management is aware of quality policy and objectives		RR/SI	
ME G6.4	Progress towards quality objectives is monitored periodically	Top management review progress on Quality objectives periodically		RR/SI	
Standard G7	<b>The facility seeks continual improvement by practicing Quality tool and method.</b>				
ME G7.1	The facility uses methods for quality improvement in services	CHC maps critical processes and identify non value adding activities		RR/SI	All clinical and support services process that are critical to quality ,e.g. OPD, IPD, OT, LR, NBSU, Diagnostics, Pharmacy, Blood storage, Admin, Kitchen, Laundry, Housekeeping etc.
		The facility identifies non value adding activities/waste/ redundant activities.		RR/SI	Analysis of the Process map is done. All non-value adding activities, waste and redundant activities are identified.
		The facility takes corrective action to improve the processes.		RR	The processes are reorganized and implemented after taking corrective actions.
		Facility implements Plan do check act (PDCA) approach to identify the critical processes		RR	
ME G7.2	The facility uses tools for quality improvement.	5s, Prioritization, 7 Quality tools, Mistake proofing etc.		RR	



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard H1	<b>The facility measures Productivity Indicators and ensures compliance with State/National benchmarks</b>				
ME H1.1	Facility measures productivity Indicators on monthly basis	Bed Occupancy Rate		RR	
		IPD per thousand population		RR	
		OPD consultation per Thousand Population		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 OPD and in indoor admissions		RR	
Standard H2	<b>The facility measures Efficiency Indicators and ensure to reach State/National Benchmark</b>				
ME H2.1	Facility measures efficiency Indicators 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	<b>The facility measures Clinical Care and Safety Indicators and tries to reach State/National benchmark</b>				
ME H3.1	Facility measures Clinical Care and 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	
		CHC acquired infection rate		RR	Surgical Site, Device related CHC acquired infection rate



Reference No.	Measurable Element	Checkpoint	Compliance	Assessment Method	Means of Verification
Standard H4	<b>The facility measures Service Quality Indicators and endeavours to reach State/National benchmark</b>				
ME H4.1	Facility measures Service Quality Indicators on monthly basis	overall LAMA Rate		RR	
		Patient satisfaction Score IPD		RR	
		Patient satisfaction Score OPD			
		Staff Satisfaction Score		RR	
		Turn over rate of contractual staff		RR	

# ANNEXURE



# Annexure - 1

Key Performance Indicators					
Community Health Center					
Indicator		This Month	Previous Year This Month	Benchmark	
<b>Productivity</b>					
1	Bed Occupancy Rate				
2	Percentage of Cases of High Risk Pregnancy/obstetric complication out of total registered pregnancies at FRU				
3	Lab test done per thousand patients				
4	Percentage of LSCS surgeries done in night				
5	Percentage of C-Section out of Total Deliveries				
6	Percentage of Newborn admitted to NBSU out of Total live birth at facility.				
7	Blood transfusion done per 100 Admissions				
<b>Efficiency</b>					
8	Percentage of referral in admitted patients out of total admissions				
9	OPD per Doctor				
10	Critical Emergencies (Snake Bite, Poisoning, Trauma, CVA) attended out of total emergency patients registered.				
11	Percentage of Stock out of Vital drugs (RMNCH+A)				



Indicator		This Month	Previous Year This Month	Benchmark
12	Emergency call attended per specialist per month			
<b>Clinical Care / Safety</b>				
13	Average Length of Stay			
14	Surgical Site Infection Rate			
15	Failure rate of sterilization surgeries			
16	Complication rate including death following sterilization			
17	Percentage of normal deliveries having partograph recorded			
18	Maternal death rate at the facility			
19	Percentage of AEFI cases reported			
20	Percentages of DOT cases completed successfully			
<b>Service Quality</b>				
21	Left Against Medical Advice (LAMA) rate			
22	Patient Satisfaction Score (OPD)			
23	Patient Satisfaction Score (IPD)			
24	Consultation time (OPD)			
25	Linen Index			



# Annexure - 2

## Suggestive Format for Standard Operating Procedures

**SOP Number** Insert Number (e.g. 1)

**SOP Title** Insert Title

### PURPOSE

A brief description of the purpose of the SOP, it should describe why the SOP is required (e.g. compliance with MoHFW Guidelines, State Guidelines, ensuring quality in services, compliance to National Quality Assurance Standards, etc.).

The source should be given in the reference section rather than direct quotes. If any records are generated (e.g. entry of birth in the birth register in labour room).

### INTRODUCTION

A general introduction, with a statement of rationale.

### SCOPE

A statement that outlines the areas and context covered by the SOP.

If there are any areas in which this SOP specifically does NOT apply, these should also be mentioned to avoid ambiguity.

### DEFINITIONS

When appropriate, a list of definitions should be included for terms used in the SOP.

### PROCESS OWNER

It should contain the designation of the person/ persons, responsible for key activities of the SOP and also responsible for review/ amendment/ changes in the SOP.

### SPECIFIC PROCEDURES

Sr no.	Activities	Responsibility
1.1 (SOP no.1)	(Please describe the activities and sub-activities in the present tense, e.g. An pregnant lady arrives at the hospital for confirmation of the pregnancy and also for undergoing Antenatal check-up)	
1.2		
1.3		
1.4		



**REFERENCES**

(This section is used to list all references, used within the text of the SOP, sufficient for the user to find the source document(s). (Please add/ delete numbers)

1. ....

2. ....

3. ....

4. ....

**RECORDS**

Insert relevant records, which may be generated and referred to during the course of assessment. (Please add/ delete the numbers)

1. ....

2. ....

3. ....

4. ....



# Annexure - 3

## 3.1 Inpatient Feedback Format

Dear Friend

You have spent your valuable time in the hospital in connection with your / relative's /friend's treatment. It will help us in our endeavour to improve the quality of service, if you share your opinion on the service attributes of this hospital enumerated in the table below.

Please tick the appropriate box and drop the questionnaire in the Suggestion box

SI No	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1.	Availability of sufficient information at Registration/Admission counter						
2.	Waiting time at the Registration/ Admission counter	more than 30 mts.	10-30 mts	5-10 mts	Within 5 mts	Immediate	
3.	Behaviour and attitude of staff at the registration/ admission counter						
4.	Your feedback on discharge process						
5.	Cleanliness of the ward						
6.	Cleanliness of Bathrooms and toilets						
7.	Cleanliness of Bed sheets/ pillow covers etc						
8.	Cleanliness of surroundings and campus drains						
9.	Regularity of Doctor's attention						
10.	Attitude and communication of Doctors						
11.	Time spent for examination of patient and counselling						
12.	Promptness in response by Nurses in the ward						
13.	Round the clock availability of Nurses in the ward hospital						
14.	Attitude and communication of Nurses						



SI No	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
15.	Availability, attitude and promptness of Ward boys/girls						
16.	All prescribed drugs were made available to you free of cost.						
17.	Your Perception of Doctor's knowledge						
18.	Diagnostics Services were provided with in the hospital						
19.	Timeliness of supply of diet						
20.	Your overall satisfaction during the treatment as in patient						

Your valuable suggestions ( if any )

Date \_\_\_\_\_ IPD Ticket no. \_\_\_\_\_ Ward \_\_\_\_\_ Name \_\_\_\_\_



### 3.2 OPD Patient Feedback

Dear Patient

You have spent your valuable time in the hospital in connection with your / relative's/friend's treatment. You are requested to share your opinion about the service attributes of this hospital which will be used for improving the services

Please tick the appropriate box and drop the questionnaire in the Suggestion box

SI No	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1.	Availability of sufficient information at registration counter						
2.	Waiting time at the registration counter	more than 30 mts.	10-30 mts	5-10 mts	Within 5 mts	Immediate	
3.	Behaviour and attitude of staff at the registration counter						
4.	Cleanliness of the OPD, Bathrooms and toilets						
5.	Attitude and communication of Doctors						
6.	Time spent for examination and counselling						
7.	Availability of Lab and radiology tests.						
8.	Promptness at Medicine distribution counter						
9.	Availability of drugs at the hospital dispensary						
10.	Your overall satisfaction during the visit to the hospital						

Your valuable suggestions ( if any )

Date \_\_\_\_\_ OPD Ticket no. \_\_\_\_\_ Name \_\_\_\_\_



## Annexure - 4

### List of Abbreviations For CHC

1	AandE	Accident and Emergency
2	ABC	Airway, Breathing and Circulation
3	AD Syringes	Auto Disable Syringes
4	AEFI	Adverse Event Following Immunization
5	AERB	Atomic Energy Regulatory Board
6	AES	Acute Encephalitis Syndrome
7	AFB	Acid Fast Bacilli
8	AIDS	Acquired Immuno Deficiency Syndrome
9	AMC	Annual Maintenance Contract
10	AMTSL	Active Management of Third stage of Labour
11	ANC	Anti Natal Check-up
12	ANM	Auxiliary Nurse Midwife
13	APGAR Score	Appearance, Pulse, Grimace, Activity, Respiration Score
14	ARSH	Adolescent Reproductive and Sexual Health
15	ART	Anti Retroviral Therapy
16	ARV	Anti Rabies Vaccine
17	ASHA	Accredited Social Health Activist
18	AYUSH	Ayurveda Yoga Unani Siddha and Homoeopathy
19	BCC	Behavioural Change Communication
20	BCG	Bacillus Chalmette-Guerin
21	BHT	Bed Head Ticket
22	BMW	Bio Medical Waste
23	BPL	Below Poverty Line
24	BT/CT	Bleeding Time/Clotting Time
25	CBWTF	Common Biomedical Waste Treatment Facility
26	CHC	Community Health Centre
27	CME	Continuous Medical Education
28	CNS	Central Nervous system
29	CPR	Cardio Pulmonary Respiration



30	C-Section	Caesarean Section
31	CSSD	Central Sterile Supply Department
32	CVS	Cardio Vascular System
33	D and E	Dilatation and Evacuation
34	DGO	Diploma in Obstetrics and Gynaecology
35	DLC	Differential Leukocyte Count
36	DMLT	Diploma in Medical Laboratory Technology
37	DOTS	Directly Observed Treatment (Short Course)
38	DPT	Diphtheria, Pertusis and Tetanus
39	DQAC	District Quality Assurance Committee
40	DT	Diphtheria and Tetanus
41	ECG	Electrocardiography
42	ECP	Emergency Contraceptive Pills
43	EDD	Expected Date of Delivery
44	EDL	Essential Drug List
45	ELISHA	Enzyme-Linked Immunosorbent Assay
46	ESR	Erythrocyte Sedimentation Rate
47	ET Tube	Endotracheal Tube
48	ETAT	Emergency Triage Assessment and Treatment
49	EVA	Electric Vacuum Aspiration
50	F P	Family Planning
51	FBNC	Facility Based New Born Care
52	FDA	Food and Drug Administration
53	FHR	Foetal Heart Rate
54	FIFO	First in first out
55	FIMNCI	Facility based Integrated Management of Newborn Childhood Illnesses
56	FNAC	Fine-needle aspiration cytology
57	FSN	Fast Moving slow moving and Non moving
58	GA	General Anaesthesia
59	GOB	General Order Book
60	GOI	Government of India
61	HAI	Hospital Acquired Infection
62	HIV	Human immunodeficiency Virus
63	HLD	High Level Disinfectant
64	HMIS	Health Management Information System
65	I V Sets	Intravenous Sets
66	ICC	Infection Control Committee
67	ICD	International Classification of Diseases



68	ICTC	Integrated Counselling and Testing Centre
69	ICU	Intensive Care Unit
70	IDSP	Integrated Disease Surveillance Programme
71	IEC	Information Educational Communication
72	IFA	Iron and Folic Acid
73	ILR	Ice Line Refrigerator
74	IM/IV	Intramuscular/Intravascular
75	IMNCI	Integrated Management of Newborn Childhood Illnesses
76	IO Chart	Input Out Put Chart
77	IPD	Indoor Patient Department
78	IT	Information Technology
79	IUCD	Intrauterine Contraceptive Device
80	IUGR	Intrauterine Growth Retardation
81	JE	Japanese Encephalitis
82	JSSK	Janani-Shishu Suraksha Karyakrama
83	JSY	Janani Suraksha Yojana
84	KFT	Kidney Function Test
85	KMC	Kangaroo Mother Care
86	LAMA	Left Against Medical Advise
87	LFT	Liver Function Test
88	LMP	Last Menstrual Period
89	LR	Labour Room
90	LSCS	Lower Segment Caesarean Section
91	MCP Card	Mother and Child Protection Card
92	MCTS	Mother and Child Tracking System
93	MDT	Multi Drug Therapy
94	MLC	Medico Legal Cases
95	MS	Medical Superintendent
96	MSBOS	Maximum Surgical Blood Order Schedule
97	MTP	Maternal Termination of Pregnancy
98	MUAC	Mid Upper arm Circumference
99	MVA	Manual Vacuum Aspiration
100	NACO	National Aids Control Organisation
101	NACP	National Aids Control Programme
102	NBCC	New Born Care Corner
103	NBSU	New Born Stabilization Unit
104	NCD Clinic	Non Communicable Diseases
105	NGO	Non Government Organisation



106	NHP	National Health Programme
107	NLEP	National Leprosy Elimination Programme
108	NPCDCS	National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and Stroke
109	NSSK	Navjat Shishu Suraksha Karyakrama
110	NSV	Non Scalpel Vasectomy
111	NVBDCP	National Vector Born Disease Control Programme
112	OB	Observation
113	OB and G	Obstetrics and Gynaecology
114	OCP	Oral Contraceptive Pills
115	OPD	Out Door Patient Department
116	OPG Services	Orthopantomogram Services
117	Opth	Ophthalmic
118	OPV	Oral Polio Vaccine
119	ORT Corner	Oral Rehydration Therapy Corner
120	OT	Operation Theatre
121	P V Set	Per Vaginal Set
122	PAC	Pre-anaesthesia Check up
123	PCPNDT	Pre-Conception and Pre-Natal Diagnostic Test
124	PCV	Packed Cell Value
125	PDCA	Plan, Do, Check, Act
126	PHC	Primary Health Centre
127	PI	Patient Interview
128	PIH	Pregnancy Induced Hypertension
129	PLHA	People living with HIV/AIDS
130	PNDT	Pre-Natal Diagnostic Test
131	PNS	Peripheral Nervous System
132	PPE	Personal Protective Equipments
133	PPH	Post Partum Haemorrhage
134	PPIUCD	Postpartum Intra Uterine Contraceptive Device
135	PPTCT	Prevention of Parent to child Transmission
136	PW	Pregnant Women
137	RBSY	Rastriya Bal Suraksha Karyakrama
138	RCS	Re Constructive Surgery
139	RDTK	Rapid Diagnostic Kit
140	RH Factor	Rhesus Factor
141	RKS	Rogi Kalyan Samiti
142	RMNCHA	Reproductive, Maternal, Newborn and Child Health



143	RNTCP	Revised national TB Control Programme
144	RO	Reverse Osmosis
145	RR	Record Review
146	RSBY	Rastriya Swasthya Bima Yojana
147	RTI	Right to Information Act
148	SBA	Skilled birth Attendant
149	SC	Sub centre
150	SI	Staff Interview
151	SMART	Specific, Measurable, Achievable, Relevant and time bound
152	SNCU	Sick New Born Unit
153	SOP	Standard Operating Procedure
154	STD	Sexually Transmitted Disease
155	STG	Standard Treatment Guideline
156	STI	Sexually Transmitted Infection
157	TB	Tuberculosis
158	TLC	Total Leukocyte Count
159	TLD	Thermo luminescent Dosimeter
160	TPR Chart	Temperature, Pulse, Respiration Chart
161	TSSU	Theatre Sterile Supply Unit
162	TT	Tetanus Toxoid
163	UIP	Universal Immunization Programme
164	UPS	Uninterrupted Power Supply
165	USG	Ultrasonography
166	UT	Union Territory
167	VDRL	Venereal Disease Research Laboratory
168	VED	Vital, Essential and Desirable
169	VVM	Vaccine Vial Monitor



# Annexure - 5

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# Index

S.No.	Key word	Reference Standard & ME
1	Abortion	Standard E20
2	Accident & Emergency Services	ME A1.10
3	Active Management of third Stage of labour	ME E17.1
4	Acute Malnutrition	ME E19.6
5	Administrative services	ME A5. 8
6	Adolescent health Services	ME A 2.5
7	Adolescent Reproductive and Sexual Health	Standard E21
8	Antenatal care	Standard E16
9	Antibiotic policy	ME F1.6
10	Asphyxia	ME E19.4
11	AYUSH	ME A1.7
12	Behaviours of staff	ME B3.3
13	Bio Medical Waste	Standard F6
14	Blood Storage Unit	Standard E12
15	Blood Transfusion	ME E12.5
16	Calibration	Standard D1
17	Cashless services	ME B5.1
18	Child health Services	ME A 2.4
19	Citizen charter	ME B1.3
20	Clinical Care & Safety Indicators	Standard H3
21	Community needs	Standard A6
22	Confidentiality	ME B3.4
23	Continuity of care	Standard E3
24	Contract management	ME D10.1
25	Corrective and preventive actions	ME G5.5
26	Cross matching	ME E12.3
27	C-section	ME E17.2
28	Curative services	Standard A1
29	Dental Treatment	ME A1.6
30	Diagnostic services	Standard A3
31	Diagnostic services	ME A3.3 for Service Provision and Standard E11 for Clinical Services
32	Diarrhoea	ME E19.7
33	Dietary services	ME A5. 1
34	Disaster Management	Standard E10
35	Efficiency Indicators	Standard H2
36	Emergency drug tray	ME C4.3
37	External assurance programmes	ME G3.2
38	Fire fighting Equipment	ME C2.5
39	General Medicine services	ME A1.1
40	General Surgery services	ME A1.2
41	Grievance redressal system	ME B4.5
42	Hand Hygiene	Standard F2
43	Hand over	ME E4.3
44	High alert drugs	ME E7.1
45	Housekeeping service	ME A5. 4
46	Illumination level	ME D3.6
47	Immunization services	ME E19.1
48	Infection control committee	ME F1.1
49	Informed consent	ME B4.1
50	Initial assessment	ME E2.1
51	Integrated Disease Surveillance Programme	ME A4.9 for Service Provision and ME E22.9 for Clinical Services
52	Internal assessment	ME G5.1
53	Internal quality assurance programme	ME G3.1
54	Intramural and extramural communication	ME C1.5
55	Intranatal care	Standard E17
56	Inventory management techniques	ME D2.5
57	Jaundice	ME E19.4
58	Job description	ME D9.1
59	Junk material	ME D3.4
60	Laboratory	ME A3.2
61	Landscaping	ME D3.1
62	Laundry services	ME A5. 2
63	Maintenance services	ME A5. 5
64	Maternal health Services	ME A 2.2
65	Medical Check-up	ME F1.4
66	Medical Records	ME A5. 7
67	Medication orders	ME E7.2
68	Medico legal cases	ME E10.5
69	Mental Health Programme	ME A4.6 for Service Provision and ME E22.6 for Clinical Services
70	Mock drills	ME C2.6
71	Narcotic and psychotropic	ME D2.8
72	National AIDS Control Programme	ME A4.4 for Service Provision and ME E22.4 for Clinical Services
73	National health Programme for deafness	ME A4.10 for Service Provision and ME E22.10 for Clinical Services
74	National Iodine deficiency Programme	ME A4.13
75	National Leprosy Eradication Programme	ME A4.3 for Service Provision and ME E22.3 for Clinical Services
76	National Program for healthcare of elderly	ME A4.14
77	National Programme for control of Blindness	ME A4.5 for Service Provision and ME E22.5 for Clinical Services
78	National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke	ME A4.8 for Service Provision and ME E22.8 for clinical Services



79	National Programme for the health care of the elderly	ME A4.7 for Service Provision and ME E22.7 for Clinical Services
80	National Programmes	Standard A4
81	National Tobacco Control Programme	ME A4.12
82	National Vector Borne Disease Control Programme	ME A4.1 for Service Provision and ME E22.1 for Clinical Services
83	New born resuscitation	ME E17.4
84	Newborn health Services	ME A 2.3
85	Nutritional assessment	ME D5.1
86	Obstetrics & Gynaecology	ME A1.3
87	Obstetrics Emergencies	ME E17.3
88	Ophthalmology Services	ME A1.5
89	OT Scheduling	ME E14.1
90	Paediatric Services	ME A1.4
91	Patient feed back	ME G2.2
92	Personal protection Equipment	Standard F3
93	Pest, rodent and animal control	ME D3.5
94	Pharmacy and store services	ME A5. 6
95	Physical Access	ME B2.4
96	Physical safety	Standard C2
97	Post operative care	ME E14.4
98	Post-anaesthesia care	ME E13.3
99	Postnatal care	Standard E18
100	Potable water	ME D4.1
101	Pre-anaesthetic Check up	ME E13.1
102	Productivity	Standard H1
103	Quality improvement	standard G7
104	Quality objectives	ME G6.2
105	Quality policy	ME G6.1

106	Quality team	ME G1.1
107	Radiology	ME A3.1
108	Rational use of drugs	ME E6.2
109	Referral Linkage	ME E3.2
110	Reproductive health Services	ME A 2.1
111	Revised National TB Control Programme	ME A4.2 for Service Provision and ME E22.2 for Clinical Services
112	Rights and responsibilities	ME B4.2
113	RMNCH+A	Standard A2
114	Rogi Kalyan Samitis	ME D6.1
115	Root-cause analysis	ME G2.2
116	security services	ME A5. 3
117	Seismic safety	ME C2.1
118	Sepsis	ME E19.4
119	Service counters	ME C1.6
120	Service Quality Indicators	Standard H4
121	Signage system	ME B1.1
122	Standard Operating Procedures	Standard G4
123	Statutory and regulatory requirement	Standard D8
124	Support services	Standard A5
125	Surgical Safety	ME E14.3
126	Triage	ME E19.2
127	Universal Immunization Programme	ME A4.11 for Service Provision
128	User charges	ME B1.4
129	Vaccines	ME D2.7
130	Visual privacy	ME B3.1
131	Work instruction	ME G4.4





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